

**Child and Family Services Review Round 2:  
Wisconsin Statewide Assessment**

**March 19, 2010**

## Table of Contents

<b>SECTION I - General Information</b>	2
Contact Persons	
Definitions of Terms	
Description of Wisconsin Child Welfare Agency	
Description of Wisconsin Child Welfare Program	
Wisconsin's Population and Service Demographics	
State Preparation for Federal CFSR	
<b>SECTION II – Wisconsin's FFY 2008 Data Profile</b>	14
<b>SECTION III – Safety, Permanency and Well-Being Outcomes</b>	
<b>SAFETY</b>	
Outcome S1: Children are, first and foremost, protected from abuse and neglect.	31
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.	35
<b>PERMANENCY</b>	
Outcome P1: Children have permanency and stability in their living situations.	40
Outcome P2: The continuity of family relationships and connections is preserved for children.	61
<b>CHILD AND FAMILY WELL-BEING</b>	
Outcome WB1: Families have enhanced capacity to provide for their children's needs.	70
Outcome WB2: Children receive appropriate services to meet their educational needs.	76
Outcome WB3: Children receive adequate services to meet their physical and mental health needs.	78
<b>SECTION IV – Systemic Factors</b>	83
Information System Capacity	
Case Review System	
Quality Assurance System	
Staff and Provider Training	
Service Array and Resource Development	
Agency Responsiveness to Community	
Foster/Adoptive Home Licensing, Approval and Recruitment	
<b>SECTION V – State Summary of Program Strengths, Concerns and Priorities</b>	117

## Section I - General Information

<b>Name of State Agency</b>	
<i>Wisconsin Department of Children and Families Division of Safety and Permanence</i>	
<b>Period Under Review</b>	
Federal Fiscal Year for Onsite Review Sample – <i>FFY 2008</i> Period of AFCARS Data – <i>FFY 2006 – 2008</i> Period of NCANDS Data – <i>FFY 2006 – 2008</i>	
<b>Primary Contact Person</b>	
<b>Name:</b>	John Tuohy
<b>Title:</b>	Department of Children and Families Regional Operations Director
<b>Address:</b>	Department of Children and Families 201 E. Washington Avenue, 2 <sup>nd</sup> Floor Madison, WI 53708
<b>Phone</b>	(608) 266 - 9030 Fax (608) 266 - 6032
<b>E-Mail</b>	<a href="mailto:john.tuohy@wisconsin.gov">john.tuohy@wisconsin.gov</a>

**Other Contact Information:**

<b>Contact Person for Child Welfare Data</b>	
<b>Name:</b>	Michelle Rawlings
<b>Title:</b>	Research & Eligibility Unit Manager
<b>Address:</b>	Division of Safety and Permanence
	201 E. Washington Avenue, 2 <sup>nd</sup> Floor
	Madison, WI 53708
<b>Phone</b>	(608) 264 - 9846 Fax (608) 266 - 6032
<b>E-Mail</b>	<a href="mailto:michelle.rawlings@wisconsin.gov">michelle.rawlings@wisconsin.gov</a>

<b>Contact Persons for Program Policy</b>	
<i>Safety and Well-Being</i>	
<b>Name:</b>	Mark Campbell
<b>Title:</b>	Director, Bureau of Safety and Well-Being
<b>Address:</b>	Division of Safety and Permanence
	201 E. Washington Avenue, 2 <sup>nd</sup> Floor
	Madison, WI 53708
<b>Phone</b>	(608) 266 - 8843 Fax (608) 266 - 6032
<b>E-Mail</b>	<a href="mailto:mark.campbell@wisconsin.gov">mark.campbell@wisconsin.gov</a>
<i>Permanency</i>	
<b>Name:</b>	Dondieneita Fleary-Simmons
<b>Title:</b>	Director, Bureau of Permanency and Out-of-Home Care
<b>Address:</b>	Division of Safety and Permanence
	201 E. Washington Avenue, 2 <sup>nd</sup> Floor
	Madison, WI 53708
<b>Phone</b>	(608) 266 - 8839 Fax (608) 266 - 6032
<b>E-Mail</b>	<a href="mailto:dondieneita.fleary-simmons@wisconsin.gov">dondieneita.fleary-simmons@wisconsin.gov</a>

## Definitions of Terms Used in the Statewide Assessment

<b>AFCARS</b>	Federal Adoption and Foster Care Analysis and Reporting System for permanency data.
<b>AR</b>	Alternative response
<b>ASFA</b>	Federal Adoption and Safe Families Act of 1997
<b>BMCW</b>	Bureau of Milwaukee Child Welfare
<b>BPI</b>	Bureau of Program Integrity
<b>BPOHC</b>	Bureau of Permanency and Out-of-Home Care
<b>BSWB</b>	Bureau of Safety and Well-Being
<b>CAN</b>	Child Abuse and Neglect
<b>Chapter 48</b>	Wisconsin Children’s Code
<b>Chapter 938</b>	Wisconsin’s Juvenile Code
<b>CPS</b>	Child Protective Services
<b>Children’s Court Improvement Program (CCIP)</b>	Wisconsin’s Children’s Court Improvement Program is operated as of the Director of State’s Court Office (DSCO) in the Department of Justice (DOJ)
<b>Children’s Court Initiative (CCI)</b>	Children’s Court Initiative is a comprehensive, ongoing collaborative project created by the CCIP evaluate court processes associated with Chapter 48 cases; CCI reviews are performed in conjunction with county and BMCW QSR on-site reviews
<b>Child welfare agencies</b>	Local county agencies or the BMCW responsible for child safety and the permanency of children in out-of-home care. County agencies manage both CPS and JJ cases.
<b>CHIPS</b>	Child in need of protection or services under Chapter 48
<b>COKC</b>	Court-ordered kinship care
<b>CQI</b>	Continuous Quality Improvement Unit (DCF) responsible for administering on-site reviews of county and BMCW child welfare programs
<b>CPS</b>	Child protective services
<b>CST</b>	Coordinated services team
<b>CY</b>	Calendar Year (January 1 – December 31)
<b>DCF</b>	Department of Children and Families (includes DSP and other child care, child support and economic security programs)

<b>DHS</b>	Department of Health Services
<b>DSP</b>	Division of Safety and Permanence (state child welfare agency)
<b>FFY</b>	Federal Fiscal Year (October 1 – September 30)
<b>HFS 56</b>	State administrative on foster home licensing
<b>ICWA</b>	Indian Child Welfare Act
<b>IL Program</b>	Wisconsin’s Independent Living program authorized under the federal Chafee Act.
<b>JIPS</b>	Juveniles in need of protection or services under Chapter 938
<b>JJ</b>	Juvenile justice, including status offenders and delinquents served under the Juvenile Code, Chapter 938
<b>KC program</b>	Wisconsin’s Kinship Care program is a financial assistance program funded under the Temporary Assistance for Needy Families (TANF) Block Grant
<b>MA</b>	Wisconsin’s Medicaid program
<b>MEPA</b>	Multi-Ethnic Placement Act
<b>OHC</b>	Out-of-Home care placement of children in foster care, group homes or residential care centers; corresponds with the federal definition of foster care.
<b>NCANDS</b>	Federal National Child Abuse and Neglect Data System for safety data.
<b>PEM</b>	Program Evaluation Manager in BMCW
<b>PIP</b>	Program Improvement Plan; as part of CFSR Round 1, Wisconsin’s PIP as referred to as the Program Enhancement Plan (PEP)
<b>QSR</b>	Quality Service Review is the process used by the CQI to evaluate county and BMCW child welfare practice and performance
<b>PSSF</b>	Promoting Safe and Stables Family Program
<b>RCC</b>	Residential care centers provide institutional OHC services, also known as a child caring institution
<b>SNAP</b>	Special Needs Adoption Program; all foster care adoptions are finalized by this state-operated program (DSP)
<b>TPR</b>	Termination of parental rights
<b>Training Partnership</b>	Regional training partnerships develop and provide pre-service and foundation training to child welfare workers statewide at the direction of Wisconsin’s Child Welfare Professional Development Council
<b>eWiSACWIS</b>	Electronic Wisconsin Statewide Automated Child Welfare Information System

## **Description of Wisconsin's Child Welfare Agency**

The Wisconsin Department of Children and Families (DCF – hereafter referred to as the Department) is an umbrella agency headed by a Cabinet-level Secretary that was created effective in July 2008. As part of the creation of the Department, multiple programs from the Department of Workforce Development and the child welfare program from the Department of Health and Family Services were merged to create a new state agency specifically focused on improving the lives of children and families. The Department has responsibility for the human service program areas of child and family services, economic security, child care, and child support enforcement.

Child and family services are located in the Division of Safety and Permanence (DSP – hereafter referred to as the Division). The Division is responsible for supervising Wisconsin's child welfare program including Title IV-B, Title IV-E, CAPTA and the Chafee Foster Care Independence Program (CFCIP). The Division is comprised of several bureaus as follows:

The Bureau of Safety and Well Being (BSWB) manages CAPTA and provides policy guidance and statewide leadership on child protective services, child welfare prevention and domestic violence programs. In addition, the Bureau provides case planning and care coordination on mental health, substance abuse and educational issues. The Bureau works with the 11 Tribal governments on implementation of the Indian Child Welfare Act.

The Bureau of Permanence and Out-of-Home Care (BPOHC) provides policy guidance and statewide leadership for all placement settings, including foster care, kinship care, group care and Chafee Independent Living programs. BPOHC is responsible for licensing child placing agencies, group homes, shelter care facilities, and residential care centers for children and youth and provides technical assistance to agencies regarding licensing. BPOHC also operates the Special Needs Adoption Program (SNAP) and other adoption services, including special needs adoptive placements, adoption assistance, paternal interest registry, and adoption search. Adoption services are provided using regional offices statewide and in Milwaukee through the Milwaukee adoption program. BPOHC also administers the Interstate Compact on the Placement of Children.

The Bureau of Milwaukee Child Welfare (BMCW) directly manages child welfare services in Milwaukee County, the state's largest county. The state-administered services in Milwaukee County are delivered using Division staff for intake and initial assessment functions in partnership with contracted service providers for in-home safety services, ongoing case management, adoption, and foster home licensing. BMCW delivers child protection, foster care, adoption, kinship care, and independent living services in accordance with state policies established by the Division.

The Bureau of Program Integrity (BPI) is responsible for federal data reporting, program outcome monitoring, and Title IV-E eligibility. BPI also includes the staff and contract staff responsible for eWiSACWIS, the state's automated child welfare information system.

In addition to the Division's bureaus, the following programs support the professional development and quality improvement responsibilities within the state's child welfare system:

- Wisconsin's child welfare training and professional development system is a partnership that is supported by the Division staff and contractors, county child welfare programs, tribal child welfare programs, the BMCW, the SNAP, and the University of Wisconsin system. The child welfare training system, through the use of regional Training Partnerships, provides training and professional development opportunities for over 2,000 child welfare workers throughout the state. The Wisconsin Child Welfare Professional Development Council is the governance structure of

the Training Partnerships and is designed to identify membership, roles, and responsibilities of the council, to establish the decision making structure of the council and to support working relationships with other training and technical assistance organizations.

- Wisconsin's quality assurance responsibilities are primarily managed through the Continuous Quality Improvement program. The CQI program operates within the Department's Office of Program and Quality Assurance. This unit is responsible for implementing the on-site Quality Service Reviews (QSR) of county and BMCW child welfare practice and for supporting continuing analysis of child welfare performance at the state and local levels.

## Description of Wisconsin Child Welfare Program

The child welfare service system in Wisconsin is primarily a county-operated, state-supervised system. The state provides program funding and oversees policy direction while county human or social service departments provide child welfare services to children and families. Counties also contribute significant local tax levy to fund the child welfare program and for services available to children and families served by the child welfare program. Over the past biennium, county levy contributions have increased or general reductions have been made at the local level due to reductions in the availability of federal and therefore, state funding to county allocations.

Wisconsin has 11 recognized Indian Tribes that are involved in child welfare services in areas of the state, primarily through memoranda of understanding (called “161 agreements”) with county agencies. Tribes receive funding from the Department for some child welfare services as well as funds directly from the federal government.

Two facets of the child welfare system are state operated, including the special needs adoption program for children with special needs and child welfare services in Milwaukee County.

Chapter 48 of the Wisconsin Statutes, also known as the Children’s Code, governs abuse and neglect reporting and protective service actions. In addition to statutes, CPS requirements and guidelines are described in the *CPS Access and Initial Assessment Standards*, *CPS Safety Intervention Standards* and the *CPS Ongoing Services Standards and Practice Guidelines*. Additional statewide policies are established through policy memos issued by the Division.

Under Chapter 48, CPS is given the responsibility to respond to reports of abuse to children by any other person, including other children, regardless of whether the other person is in a caregiver role with the child. Statutory requirements and requirements under the *CPS Access and Initial Assessment Standards* differ, depending upon the type of alleged maltreater. Maltreaters include:

- Primary assessment (a person in a parental role, a close relative or a person who has lived in the child’s home).
- Secondary assessment (a person charged with responsibility for a child, other than a primary caregiver, and a distant relative).
- Non caregiver assessment (a person unrelated to the child who has no care giving responsibilities).

The *CPS Access and Initial Assessment Standards* encompass practice requirements and decision making from intake/access through investigation/initial assessment, including protective or safety plan development and implementation when a child is determined to be unsafe. *CPS Safety Intervention Standards* specifies criteria for assessing threats to child safety, as well as a specific process for analyzing those threats, and developing a plan for controlling the threats. The process guides a worker through the various safety planning options, starting with the least intrusive (a family-managed safety plan) to the most intrusive (placement in out-of-home care).

The *CPS Ongoing Service Standards and Practice Guidelines* encompass practice requirements and decision making from the point in time when a case is opened for ongoing services through service provision and case closure. Specific criteria for assessment and engagement of the family are included, as well as specific criteria for an outcome-based case plan and ongoing case progress evaluations. Additionally, there are requirements for the continuing evaluation of child safety.

The *CPS Ongoing Service Standards and Practice Guidelines* require that ongoing services are provided to all families in which a child has been determined to be unsafe. Furthermore, all families that are receiving services because a child is unsafe or because there is risk of child maltreatment must be served in accordance with these standards. They apply to children and their families regardless of whether the child safety concerns resulted in removal of the child and placement in out-of-home care (OHC).

Children enter OHC through two primary routes: protective services or juvenile justice. Out-of-home care placements include relative care, family foster care, treatment foster care, group homes, and residential care centers. All OHC providers must meet the respective safety and/or licensing requirements, including criminal background check requirements. Children may also be placed under court order with relative providers; these providers may be licensed or unlicensed. Unlicensed relative providers may receive financial assistance via the state's Kinship Care program. As mentioned above, protective service entries occur as a result of abuse or neglect or threatened maltreatment where removal of children from the home and placement into OHC is necessary to protect the safety of the children. Parents can also seek voluntary placements for children with special care or treatment needs, often related to developmental disabilities or mental health issues requiring special care. Chapter 48 of the Wisconsin Statutes governs both protective services and voluntary placements.

Juvenile justice entries into OHC occur as a result of children displaying behavior that cannot be managed in their own home, including status offenses such as running away and truancy, or the commitment of delinquent offenses, where removal of the youth from the home is necessary to protect the youth, the family, or the community. A youth who commits status offenses or are in need of special care or treatment may be adjudicated as a juvenile in need of protection or services (JIPS). Youth ages 10 and over who commit delinquent acts may be adjudicated delinquent. Chapter 938 of the Wisconsin Statutes, also known as the Juvenile Code, governs status offenses and juvenile delinquency.

When children are placed in OHC, local child welfare agencies are responsible for permanency planning. Permanency goals include reunification with a parent or permanent placement with a fit and willing relative (whenever possible) adoption, guardianship, or other planned permanent living arrangements. Children in OHC who become available for adoption through the termination of parental rights (TPR) are referred by counties to the state special needs adoption program (SNAP). SNAP assumes guardianship of children following TPR and matches children with adoptive parents. Adoption assistance payments are made to persons who adopt children with special needs that meet the eligibility requirements for adoption assistance. Counties may be involved in other private adoptions, including adoptions by stepparents.

Wisconsin's Independent Living (IL) program is designed to help children make the transition from foster care to self-sufficiency. Older children who are likely to age out of out-of-home care receive IL services to help them make successful transitions to adulthood. The Wisconsin program requirements are based on the federal Chafee Act and state policy. Services focus on helping youth learn daily living skills; achieve a basic level of safety and well-being that includes sufficient employment, housing, income, and education; and remain connected to caring adults and their communities for ongoing support. Program eligibility targets youth ages 15-21 years who have been in out-of-home care placement for at least six months who do not reunify prior to exit from OHC.

The Kinship Care (KC) program is a financial assistance program funded under the Temporary Assistance for Needy Families (TANF) Block Grant. The program was initiated in 1997 as a replacement for the Non-Legally Responsible Relative (NLRR) component of the former Aid to Families with Dependent Children (AFDC) program. The KC program is often utilized as a child welfare service that assists children to remain within their extended family structure. Kinship Care may be used to fund voluntary living arrangements with relatives and court-ordered OHC placements with relatives where a child is found to be in need of protection or services.

## Wisconsin's Population and Service Demographics for 2008

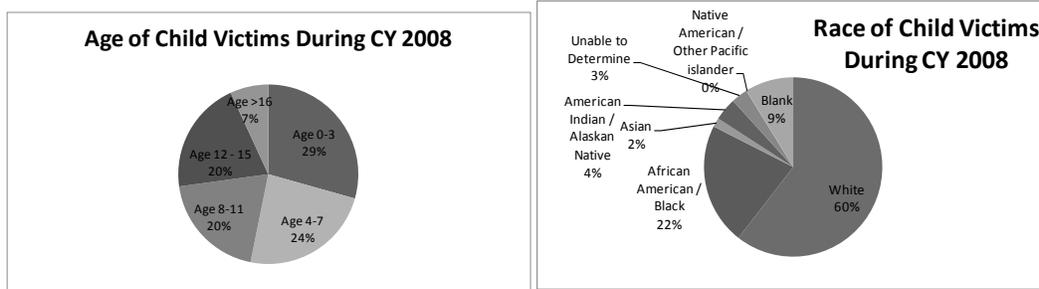
### Population Summary

The state of Wisconsin has 5,627,967 residents, 1,314,412 of whom are under the age of 18. Nearly one million residents live in Milwaukee, with the rest living in the balance of the state (BOS). The racial make-up of the population differs slightly for the population as a whole compared with the under 18 population.

	White	African American / Black	American Indian / Alaskan Native	Asian
Under 18 Population	85%	10%	2%	3%
Whole Population	90%	7%	1%	2%

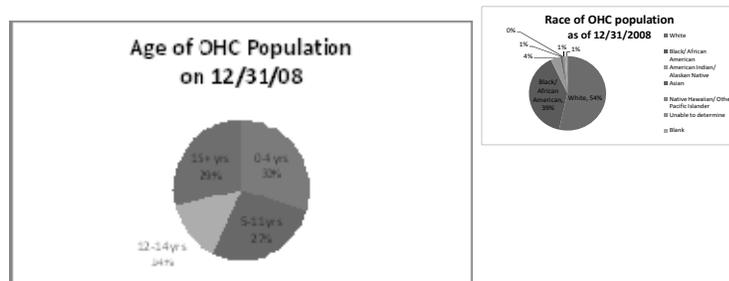
### Child Protective Services Summary

In 2008 there were 30 reports of child maltreatment per 1,000 children statewide. For the year, 30,234 CPS referrals were screened out, and 26,700 were screened in for a CPS investigation. The statewide screened in referral percentage was 47%, but there was significant variation by county from 4% to 91% screened in, and from 9% to 97% screened out. 15% of screened in referrals resulted in a maltreatment substantiation statewide, and counties range from a 4% substantiation rate to a 71% substantiation rate. The child victims were comprised of 56% females and 43% males (1% undocumented gender). Age and race of child victims are depicted below:



### Out of Home Care Summary

In 2008, there were 7,372 kids in out of home care. The population was 54% male and 46% female. The age distribution of children is as follows:



### Racial Disparities in the Wisconsin Child Welfare System

For the past several years, the Department has been actively studying racial disparities in the child welfare system with an eye towards understanding which decision points result in the greatest disparities. Beginning in 2009 the Department worked with the University of Wisconsin and the Annie E. Casey

Foundation to gain a more complete picture of racial disparities in the system (the “Disparity Study”). The Department is utilizing this research to inform upcoming targeted strategies to reduce racial disparities.

Analysis of the 2007 flow of children through the child welfare system reveals racial disparities at both the front-end of the system (screening decisions) and the deep end (removal and out of home care). Below is a chart with the statewide relative rate index for African American youth, as compared to white youth, at different points in the system from 2005 – 2007 (number provided by the Disparity Study).

Statewide RRI for African American Children 2005 - 2007		
Year	Decision Point	RRI
2005	Investigation	4.14
	Substantiation	0.90
	Removal	1.45
2006	Investigation	4.21
	Substantiation	0.82
	Removal	1.39
2007	Investigation	4.60
	Substantiation	0.78
	Removal	1.41

The Relative Rate Index is a tool for understanding racial disparities at different decision points. It compares the over- or underrepresentation of a population of children of color at a certain decision point, in relation to a white child. According to this data, in 2007 child protective services investigated cases involving African American children at a rate 4.6 times the rate at which cases involving white children were investigated. American Indian children were found to have a statewide RRI of 3.7 at the investigation stage, nearly the same overrepresentation level as African American children. The Disparity Study did not analyze the substantiation or removal RRIs for American Indian children. Further research is necessary to determine the racial inequities for the Asian, Native Hawaiian and Pacific Islander groups as well.

	% of Child Population	% of OHC Population	Rate per 1,000 children of same race
White	85%	53%	3.5
Black / African American	10%	39%	21.9
American Indian / Alaskan Native	2%	4%	15.6
Asian	3%	1%	2.0

The out of home care population also shows significant racial disparities. African American children made up only 10% of the child population, but 39% of the out of home care population. Conversely, white children make up 85% of the child population but only 53% of the out of home care population. American Indian children made up 2% of the child population, but 4% of the out of home care population. The rate of children in out of home care is four to six times higher for Black / African American and American Indian / Alaskan Native children than white children. Moving forward, it is a priority for the Department to understand the underpinnings of these racial disparities and devise strategies to address them.

## **State Preparation for Federal CFSR Round 2**

### **Background**

Wisconsin underwent the initial federal Child and Family Services Review (CFSR) in August 2003 and the federal CFSR report was received in January 2004. To address the issues identified in the first round of the CFSR, Wisconsin formed a Program Enhancement Plan (PEP) Core Team in September 2003 to begin work on a comprehensive plan to improve child welfare practice. The Core Team and other processes used for PEP input included counties, tribes, other departments, agencies or systems, consumers, advocacy groups, and other child welfare stakeholders. The work of the Core Team and other stakeholder input resulted in the Wisconsin PEP that was implemented during the period of November 1, 2004 through October 31, 2006. Final performance on statewide improvement targets was verified in January 2008. In March of 2008, the former Department of Health and Family Services (DHFS) was notified by the federal Administration for Children and Families that it successfully completed all provisions of its PEP developed and implemented to improve the safety, well-being and permanency of children involved in Wisconsin's child welfare system.

### **Child welfare agency and key stakeholders involvement**

To support development and implementation of program improvements required by the PEP, several statewide committees were created and continue to provide support and guidance to the Division. These committees are comprised of state, county, and stakeholder representatives and address the following program areas:

- The Case Process Committee addresses program improvements associated with CPS Access, Initial Assessment, and Ongoing Services practice and performance.
- The OHC & Adoption Committee addresses program improvements associated with OHC and Adoption practice and performance.

The committees meet on a monthly or quarterly basis depending on status of their respective initiatives. The Division continues to work with committee members to identify strengths and weaknesses of the Wisconsin child welfare program and to identify opportunities for improving the effectiveness of child welfare services.

### **Children's court system involvement**

The Department has also worked with the Director of State Courts Office (DSCO) Children's Court Improvement Program (CCIP) to support ongoing efforts to evaluate the state's child welfare system performance during 2008 and 2009. The first annual Wisconsin Summit on Children and Families was held on September 24 – 26, 2008. The summit was attended by state and county child welfare agency managers, children's court officials, children's court legal personnel, and tribal child welfare agency staff and court personnel. As part of the Summit, structured focus groups and a survey tool were used to gather information from and across these key stakeholders regarding the state's performance and issues affecting performance related to several key permanency measures including:

- Re-entry.
- Permanency for children in care over 24 months.
- Placement stability.

The Commission on Children, Families, and the Courts also provided feedback to the Division to support further evaluation of the state's child welfare system performance. The Commission is comprised of judicial, legal, state, and child welfare agency executives, and tribal child welfare and court representatives. It works to identify and address child welfare system improvements, particularly as related to court and agency coordination. Division representatives met with the commission to review data and evaluate performance in May 2009 and October 2009.

### **Youth Involvement**

The Wisconsin Youth Advisory Council's (YAC) mission and purpose, as defined by the youth, is to inspire change by providing education, advocacy, support, training, and awareness to governmental systems and the general public to better the image of youth and address issues on behalf of current and former youth in foster care in Wisconsin. Areas of focus include reforming the system, educating the public including officials of the issues of foster care, providing a forum for youth to have a voice, enhancing networking between youth and the community, assisting youth in becoming self advocates, educating youth on their rights and responsibilities, and partnering with adults in child welfare.

Membership of the statewide Council is composed of youth from four of the five child welfare regions and Milwaukee. Participants either are or have been in foster care and are between the ages of 15 and 23. The statewide council meets on a quarterly basis, usually in January, March, June, and September or at a time that is most convenient for youth.

The Division regularly obtains feedback from the youth regarding issues surrounding OHC placement and independent living policies and procedures at each meeting. A large portion of their meeting on October 17, 2009, was dedicated to gaining feedback regarding the state's performance on critical CFSR measures and feedback and direction related to the state's planning and development underway to meet new federal Independent Living reporting requirements.

### **Tribal Involvement**

Each of the 11 federally-recognized Indian Tribes located in Wisconsin is a sovereign entity focused on improving the lives of the children and families in our state. The Department is committed to working with the 11 Tribes, both individually and collectively. This includes consulting with and involving Tribes in all Departmental programs, including child welfare, child support, economic security, domestic violence, and child care to ensure that mutual goals for children and families are achieved. Current efforts are directed toward effective implementation of the new state Indian Child Welfare Act codified in state statutes in December 2009, collaboration with tribes to better serve Indian children and families and addressing needs for culturally competent service for Indian children in OHC.

The Department holds bi-annual consultation sessions with Tribal leaders regarding its programs and other topics of interest to Tribal people. Through the consultation sessions, specific issues are identified to work on and specific implementation plans are developed.

In addition to the consultation process, representatives from the Department and the Division regularly meet with the directors of the tribal child welfare programs for each of the 11 tribes to work on Indian child welfare issues. The tribal child welfare Directors Group has established a set of child welfare program priorities that the Department pursues with the Directors Group. The tribal child welfare priorities are included by the Division in the annual Child and Families Services Plan (CFSP).

### **Data Sources**

The following data sources have been used by the Division to evaluate Wisconsin's performance related to the CFSR Performance Items, CFSR Systemic Factors (where applicable), and CFSR National Standards:

- Wisconsin CFSR Data Profile produced by the Children's Bureau for FFY 2008
- dWiSACWIS CFSR Datamart for CY 2005-2008 (Described further in Item 24)
- eWiSACWIS Standardized Reports (Periods specified in narrative)
- Quality Services Review (QSR) Database and Qualitative Review Feedback
- Children's Court Improvement (CCI) Review Data

## Section II- Federal FFY 2008 Data Profile

CHILD SAFETY PROFILE	Fiscal Year 2006ab						Fiscal Year 2007ab						Fiscal Year 2008ab					
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%
<b>I. Total CA/N Reports Disposed<sup>1</sup></b>	29,029		41,230		34,091		26,978		39,671		32,797		26,382		38,557		32,231	
<b>II. Disposition of CA/N Reports<sup>3</sup></b>																		
Substantiated & Indicated	6,872	23.7	8,583	20.8	7,934	23.3	5,468 <sup>A</sup>	20.3	7,856	19.8	7,151	21.8	4,250 <sup>A</sup>	16.1	5,787	15.0	5,407	16.8
Unsubstantiated	20,924	72.1	30,861	74.9	24,817	72.8	21,510	79.7	31,815	80.2	25,646	78.2	22,130	83.9	32,742	84.9	26,808	83.2
Other	1,233	4.2	1,786	4.3	1,340	3.9	B						2 <sup>B</sup>	0	28	0.1	16.0	0
<b>III. Child Victim Cases Opened for Post-Investigation Services<sup>4</sup></b>			4,485	52.3	4,051	51.1			4,507	57.4	4,022	56.2			3,617	62.5	3,326	61.5
<b>IV. Child Victims Entering Care Based on CA/N Report<sup>5</sup></b>			2,341	27.3	2,090	26.3			2,420	30.8	2,125	29.7			1,971	34.1	1,774	32.8
<b>V. Child Fatalities Resulting from Maltreatment<sup>6</sup></b>					13	0.2					22	0.3					29 <sup>C</sup>	0.5
<b>STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY</b>																		
<b>VI. Absence of Maltreatment Recurrence<sup>7</sup></b> [Standard: 94.6% or more; national median = 93.3%, 25 <sup>th</sup> percentile = 91.50%]					3,501 of 3,728	93.9					3,236 of 3,487	92.8					2,253 of 2,390	94.3
<b>VII. Absence of Child Abuse and/or Neglect in Foster Care<sup>8</sup> (12 months)</b> [standard 99.68% or more; national median = 99.5, 25 <sup>th</sup> percentile = 99.30]					12,975 of 13,013	99.71					12,411 of 12,463	99.58					12,193 of 12,224	99.75

<b>Additional Safety Measures For Information Only (no standards are associated with these):</b>																			
	<b>Fiscal Year 2006ab</b>						<b>Fiscal Year 2007ab</b>						<b>Fiscal Year 2008ab</b>						
	Hours				Unique Childn. <sup>2</sup>	%	Hours				Unique Childn. <sup>2</sup>	%	Hours				Unique Childn. <sup>2</sup>	%	
<b>VIII. Median Time to Investigation in Hours (Child File)<sup>9</sup></b>	>24 but<48						>24 but<48						>48 but<72						
<b>IX. Mean Time to Investigation in Hours (Child File)<sup>10</sup></b>	103						103						147						
<b>X. Mean Time to Investigation in Hours (Agency File)<sup>11</sup></b>	104						109						157						
<b>XI. Children Maltreated by Parents While in Foster Care.<sup>12</sup></b>					66 of 13,013	0.51						62 of 12,463	0.50					74 of 12,224	0.61
<b>CFSR Round One Safety Measures to Determine Substantial Conformity (Provided for informational purposes only)</b>																			
	<b>Fiscal Year 2006ab</b>						<b>Fiscal Year 2007ab</b>						<b>Fiscal Year 2008ab</b>						
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	
<b>XII. Recurrence of Maltreatment<sup>13</sup></b> [Standard: 6.1% or less]					227 of 3,728	6.1					251 of 3,487	7.2					137 of 2,390	5.7	
<b>XIII. Incidence of Child Abuse and/or Neglect in Foster Care<sup>14</sup> (9 months)</b> [standard 0.57% or less]					32 of 11,680	0.27					46 of 11,344	0.41					18 of 11,123	0.16	
<b>NCANDS data completeness information for the CFSR</b>																			
<b>Description of Data Tests</b>												<b>Fiscal Year 2006ab</b>	<b>Fiscal Year 2007ab</b>	<b>Fiscal Year 2008ab</b>					
<b>Percent of duplicate victims in the submission</b> [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]												7.2	8.5	6.3					
<b>Percent of victims with perpetrator reported</b> [File must have at least 95% to reasonably calculate maltreatment in foster care]*												99.6	99.4	98.1					
<b>Percent of perpetrators with relationship to victim reported</b> [File must have at least 95%]*												89.3	94.2	96.7					
<b>Percent of records with investigation start date reported</b> [Needed to compute mean and median time to investigation]												100	100	100					
<b>Average time to investigation in the Agency file</b> [PART measure]												Reported	Reported	Reported					

<b>Percent of records with AFCARS ID reported in the Child File</b> [Needed to calculate maltreatment in foster care by the parents; also, All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child <b>does not have to be in foster care to have this ID</b> ]	100	100	100
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	-----	-----

\*States should strive to reach 100% in order to have maximum confidence in the absence of maltreatment in foster care measure.

### FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

*Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FFY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)*

*Starting with FFY 2003, the data year is the fiscal year.*

*Starting with FFY 2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.*

- 1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.*

2. *The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.*
3. *For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.*
4. *The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.*
5. *The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.*
6. *The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.*
7. *The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect").*
8. *The data element "Absence of Child Abuse/or Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect"). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.*
9. *Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.*
10. *Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.*

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
12. The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

**Additional Footnotes**

- A. WI provided the following comment about the continuing decrease in the number of substantiated children:  
 "Two policy changes and corresponding statewide training likely contributed to the decrease in the number of substantiated reports, victims, and perpetrators in Wisconsin. 2005 Wisconsin Act 232 eliminated the requirement, effective October 2006, that CPS agencies complete a CPS initial assessment in situations where the alleged maltreater is not a caregiver for the children. Non-caregivers include peer maltreaters, family friends, or strangers. This law change has contributed to a decline in reports, substantiations, and perpetrators, particularly among sexual abuse cases. Second, in September 2007, the Department released the CPS Access and Initial Assessment Standards. In these new standards, the allegation type 'abuse or neglect is likely to occur' was discontinued and this allegation type was removed from our SACWIS system. The 'abuse or neglect is likely to occur' allegation was being used, in many cases, in reports that already contained another maltreatment type that accurately described the abuse. It was found that the 'abuse or neglect is likely to occur' allegation could be more appropriately categorized under one of the other maltreatment types to represent the risk of maltreatment, in most cases neglect."
- B. For FFY 2007, NCANDS code for report dispositions was corrected to reflect program requirements within the state. Per lead policy and program staff, all investigations completed within the State are required by statute to have a disposition, either substantiated or unsubstantiated. This change means that WI no longer reports Other dispositions. In FFY 2008, WI had two reports with Unknown disposition. These dispositions were identified as data errors. In the March 2008 release of WI SACWIS, an appropriate edit check was reintroduced to and this error should not occur in the future.
- C. In FFY 2008, WI reported one additional fatality in the Agency File.

<i>POINT-IN-TIME PERMANENCY PROFILE</i>	<b>Federal FFY 2006ab</b>		<b>Federal FFY 2007ab</b>		<b>Federal FFY 2008ab</b>	
	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>
<b>I. Foster Care Population Flow</b>						
Children in foster care on first day of year <sup>1</sup>	7,567		7,042		7,227	
Admissions during year	5,446		5,421		4,997	
Discharges during year	5,323		4,687		4,619	
Children discharging from FC in fewer than 8 days (These cases are excluded from length of stay calculations in the composite measures)	632	11.9% of the discharges	539	11.5% of the discharges	405	8.8% of the discharges
Children in care on last day of year	7,695		7,778		7,610	
Net change during year	128		736		383	
<b>II. Placement Types for Children in Care</b>						
Pre-Adoptive Homes	183	2.4	137	1.8	173	2.3
Foster Family Homes (Relative)	2,263	29.4	2,395	30.8	2,375	31.2
Foster Family Homes (Non-Relative)	3,947	51.3	3,964	51.0	3,818	50.2
Group Homes	580	7.5	583	7.5	515	6.8
Institutions	610	7.9	600	7.7	598	7.9
Supervised Independent Living	0	0.0	0	0.0	15	0.2
Runaway	111	1.4	83	1.1	97	1.3
Trial Home Visit	1	0.0	16	0.2	19	0.2
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
<b>III. Permanency Goals for Children in Care</b>						
Reunification	3,871	50.3	4,168	53.6	4,158	54.6
Live with Other Relatives	415	5.4	355	4.6	332	4.4
Adoption	1,038	13.5	1,083	13.9	1,140	15.0
Long Term Foster Care	968	12.6	837	10.8	767	10.1
Emancipation	160	2.1	153	2.0	123	1.6
Guardianship	337	4.4	364	4.7	357	4.7

Case Plan Goal Not Established	282	3.7	299	3.8	357	4.7
Missing Goal Information	624	8.1	519	6.7	376	4.9

<i>POINT-IN-TIME PERMANENCY PROFILE</i>	Federal FFY 2006ab		Federal FFY 2007ab		Federal FFY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IV. Number of Placement Settings in Current Episode</b>						
One	2,778	36.1	2,876	37.0	2,846	37.4
Two	1,995	25.9	2,074	26.7	1,998	26.3
Three	1,022	13.3	1,037	13.3	1,058	13.9
Four	534	6.9	528	6.8	527	6.9
Five	327	4.2	341	4.4	332	4.4
Six or more	1,039	13.5	921	11.8	849	11.2
Missing placement settings	0	0.0	1	0.0	0	0.0
<b>V. Number of Removal Episodes</b>						
One	5,639	73.3	5,704	73.3	5,581	73.3
Two	1,455	18.9	1,457	18.7	1,475	19.4
Three	387	5.0	408	5.2	359	4.7
Four	117	1.5	108	1.4	114	1.5
Five	39	0.5	46	0.6	38	0.5
Six or more	46	0.6	40	0.5	27	0.4
Missing removal episodes	12	0.2	15	0.2	16	0.2
<b>VI. Number of children in care 17 of the most recent 22 months<sup>2</sup> (percent based on cases with sufficient information for computation)</b>	1,815	42.2	1,799	41.8	1,741	42.7

<b>VII. Median Length of Stay in Foster Care</b> (of children in care on last day of FFY)	14.4		13.6		14.5	
<b>VIII. Length of Time to Achieve Perm. Goal</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>
Reunification	3,585	5.0	3,216	5.0	3,221	5.5
Adoption	816	31.6	668	29.1	618	30.1
Guardianship	278	33.3	141	16.8	131	18.3
Other	622	26.2	632	28.3	595	29.4
Missing Discharge Reason (footnote 3, page 16)	17	8.4	28	16.0	49	8.8
Total discharges (excluding those w/ problematic dates)	5,318	9.5	4,685	9.4	4,614	9.8
Dates are problematic (footnote 4, page 16)	5	N/A	2	N/A	5	N/A

**Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4**

	<b>Federal FFY 2006ab</b>	<b>Federal FFY 2007ab</b>	<b>Federal FFY 2008ab</b>
<b>IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher].</b> Scaled Scores for this composite incorporate two components	State Score = 89.6	State Score = 95.7	State Score = 97.4
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	42 of 47	40 of 47	40 of 47
<b>Component A: Timeliness of Reunification</b> The timeliness component is composed of three timeliness individual measures.			
<b>Measure C1 - 1: Exits to reunification in less than 12 months:</b> Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 <sup>th</sup> percentile = 75.2%]	69.5%	68.4%	69.7%
<b>Measure C1 - 2: Exits to reunification, median stay:</b> Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 <sup>th</sup> Percentile = 5.4 months (lower score is preferable in this measure <sup>B</sup> )]	Median = 6.9 months	Median = 6.8 months	Median = 6.8 months
<b>Measure C1 - 3: Entry cohort reunification in &lt; 12 months:</b> Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months	49.3%	48.6%	48.0%

from the date of the latest removal from home? (Includes trial home visit adjustment) [ <b>national median = 39.4%, 75<sup>th</sup> Percentile = 48.4%</b> ]			
<b>Component B: Permanency of Reunification</b> The permanency component has one measure.			
<b>Measure C1 - 4: Re-entries to foster care in less than 12 months:</b> Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [ <b>national median = 15.0%, 25<sup>th</sup> Percentile = 9.9% (lower score is preferable in this measure)</b> ]	27.4%	23.2%	22.6%

	<b>Federal FFY 2006ab</b>	<b>Federal FFY 2007ab</b>	<b>Federal FFY 2008ab</b>
<b>X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].</b> Scaled Scores for this composite incorporate three components.	State Score = 116.4	State Score = 117.8	State Score = 116.9
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	9 of 47	9 of 47	9 of 47
<b>Component A: Timeliness of Adoptions of Children Discharged From Foster Care.</b> There are two individual measures of this component. See below.			
<b>Measure C2 - 1: Exits to adoption in less than 24 months:</b> Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [ <b>national median = 26.8%, 75<sup>th</sup> Percentile = 36.6%</b> ]	29.4%	36.8%	35.9%
<b>Measure C2 - 2: Exits to adoption, median length of stay:</b> Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [ <b>national median = 32.4 months, 25<sup>th</sup> Percentile = 27.3 months(lower score is preferable in this measure)</b> ]	Median = 31.6 months	Median = 29.1 months	Median = 30.1 months
<b>Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.</b> There are two individual measures. See below.			
<b>Measure C2 - 3: Children in care 17+ months, adopted by the end of the year:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reuniFFY, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [ <b>national median = 20.2%, 75<sup>th</sup> Percentile = 22.7%</b> ]	20.5%	16.9%	15.7%

<p><b>Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [national median = 8.8%, 75<sup>th</sup> Percentile = 10.9%]</p>	11.1%	8.6%	8.3%
<p><b>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.</b> There is one measure for this component. See below.</p>			
<p><b>Measure C2 - 5: Legally free children adopted in less than 12 months:</b> Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75<sup>th</sup> Percentile = 53.7%]</p>	72.1%	77.2%	73.5%

	Federal FFY 2006ab	Federal FFY 2007ab	Federal FFY 2008ab
<b>XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher].</b> Scaled Scores for this composite incorporate two components	State Score = 121.7	State Score = 116.2	State Score = 117.7
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	16 of 51	25 of 51	20 of 51
<b>Component A: Achieving permanency for Children in Foster Care for Long Periods of Time.</b> This component has two measures.			
<b>Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months.</b> Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75 <sup>th</sup> Percentile = 29.1%]	31.3%	23.9%	24.6%
<b>Measure C3 - 2: Exits to permanency for children with TPR:</b> Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75 <sup>th</sup> Percentile = 98.0%]	97.2%	97.0%	97.0%
<b>Component B: Growing up in foster care.</b> This component has one measure.			
<b>Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More.</b> Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 <sup>th</sup> birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25 <sup>th</sup> Percentile = 37.5% (lower score is preferable)]	45.7%	46.4%	46.7%

	<b>Federal FFY 2006ab</b>	<b>Federal FFY 2007ab</b>	<b>Federal FFY 2008ab</b>
<b>XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher].</b> Scaled score for this composite incorporates <b>no components</b> but three individual measures (below)	State Score = 97.6	State Score = 97.2	State Score = 98.1
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	17 of 51	19 of 51	14 of 51
<b>Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [ <b>national median = 83.3%, 75<sup>th</sup> Percentile = 86.0%</b> ]	82.8%	83.5%	84.0%
<b>Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [ <b>national median = 59.9%, 75<sup>th</sup> Percentile = 65.4%</b> ]	62.9%	61.6%	62.4%
<b>Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [ <b>national median = 33.9%, 75<sup>th</sup> Percentile = 41.8%</b> ]	38.6%	38.9%	39.7%

**Special Footnotes for Composite Measures:**

- A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, "1 of 47" would indicate this State performed higher than all the States in 2004.
- B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75<sup>th</sup> percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25<sup>th</sup> percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

<b>PERMANENCY PROFILE</b> <i>FIRST-TIME ENTRY COHORT GROUP</i>	<b>Federal FFY 2006ab</b>		<b>Federal FFY 2007ab</b>		<b>Federal FFY 2008ab</b>	
	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>
<b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months)	1,908	71.4	1,820	72.7	1,734	74.3
<b>II. Most Recent Placement Types</b>						
Pre-Adoptive Homes	27	1.4	27	1.5	16	0.9
Foster Family Homes (Relative)	564	29.6	572	31.4	533	30.7
Foster Family Homes (Non-Relative)	912	47.8	852	46.8	830	47.9
Group Homes	244	12.8	185	10.2	171	9.9
Institutions	150	7.9	164	9.0	157	9.1
Supervised Independent Living	0	0.0	0	0.0	3	0.2
Runaway	11	0.6	11	0.6	15	0.9
Trial Home Visit	0	0.0	9	0.5	9	0.5
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
<b>III. Most Recent Permanency Goal</b>						
Reunification	1,215	63.7	1,235	67.9	1,152	66.4
Live with Other Relatives	48	2.5	31	1.7	52	3.0
Adoption	57	3.0	59	3.2	50	2.9
Long-Term Foster Care	29	1.5	23	1.3	31	1.8
Emancipation	15	0.8	26	1.4	17	1.0
Guardianship	19	1.0	37	2.0	22	1.3
Case Plan Goal Not Established	485	25.4	369	20.3	368	21.2
Missing Goal Information	40	2.1	40	2.2	42	2.4
<b>IV. Number of Placement Settings in Current Episode</b>						
One	1,105	57.9	971	53.4	956	55.1
Two	480	25.2	556	30.5	473	27.3
Three	179	9.4	197	10.8	173	10.0

Four	68	3.6	57	3.1	53	3.1
Five	32	1.7	22	1.2	35	2.0
Six or more	44	2.3	17	0.9	44	2.5
Missing placement settings	0	0.0	0	0.0	0	0.0
<b>PERMANENCY PROFILE</b> <i>FIRST-TIME ENTRY COHORT GROUP</i> <i>(continued)</i>	<b>Federal FFY 2006ab</b>		<b>Federal FFY 2007ab</b>		<b>Federal FFY 2008ab</b>	
	# of Children	% of Children	# of Children		# of Children	% of Children
<b>V. Reason for Discharge</b>						
Reunification/Relative Placement	884	91.9	756	91.3	759	93.7
Adoption	14	1.5	22	2.7	6	0.7
Guardianship	18	1.9	12	1.4	10	1.2
Other	42	4.4	34	4.1	25	3.1
Unknown (missing discharge reason or N/A)	4	0.4	4	0.5	10	1.2
	<b>Number of Months</b>		<b>Number of Months</b>		<b>Number of Months</b>	
<b>VI. Median Length of Stay in Foster Care</b>	8.9		11.2		not yet determinable	

<b>AFCARS Data Completeness and Quality Information (2% or more is a warning sign):</b>						
	<b>Federal FFY 2006ab</b>		<b>Federal FFY 2007ab</b>		<b>Federal FFY 2008ab</b>	
	<b>N</b>	<b>As a % of Exits Reported</b>	<b>N</b>	<b>As a % of Exits Reported</b>	<b>N</b>	<b>As a % of Exits Reported</b>
File contains children who appear to have been in care less than 24 hours	0	0.0 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	5	0.1 %	2	0.0 %	5	0.1 %
File contains "Dropped Cases" between report periods with no indication as to discharge	14	0.3 %	5	0.1 %	20	0.4 %
Missing discharge reasons	17	0.3 %	28	0.6 %	49	1.1 %
	<b>N</b>	<b>As a % of adoption exits</b>	<b>N</b>	<b>As a % of adoption exits</b>	<b>N</b>	<b>As a % of adoption exits</b>

File submitted lacks data on Termination of Parental Rights for finalized adoptions	5	0.6 %	9	1.3 %	4	0.6 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	17	2.1% fewer in the adoption file.	12	1.8% fewer in the adoption file.	25	3.9% fewer in the foster care file.
	<b>N</b>	<b>Percent of cases in file</b>	<b>N</b>	<b>Percent of cases in file</b>	<b>N</b>	<b>Percent of cases in file</b>
File submitted lacks count of number of placement settings in episode for each child	0	0.0 %	1	0.0 %	0	0.0 %

\* The adoption data comparison was made using the discharge reason of “adoption” from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were “placed by public agency” reported in the AFCARS Adoption files.

**Note: These are CFSR Round One permanency measures. They are provided for informational purposes only.**

	Federal FFY 2006ab		Federal FFY 2007ab		Federal FFY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IX.</b> Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) <b>[Standard: 76.2% or more]</b>	2,677	74.6	2,351	73.1	2,341	72.6
<b>X.</b> Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) <b>[Standard: 32.0% or more]</b>	240	29.4	246	36.8	222	35.9
<b>XI.</b> Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) <b>[Standard: 86.7% or more]</b>	5,425	84.8	5,298	85.2	5,026	85.3
<b>XII.</b> Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) <b>[Standard: 8.6% or less]</b>	1,037	19.0 (71.8% new entry)	919	17.0 (73.1% new entry)	719	14.4 (75.0% new entry)

*FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE*

<sup>1</sup>The FFY 06, FFY 07 , and FFY 08 counts of children in care at the start of the year exclude 158 , 160 , and 132 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

<sup>2</sup>We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

<sup>3</sup>This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

<sup>4</sup>The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

<sup>5</sup>This First-Time Entry Cohort median length of stay was 8.9 in FFY 06. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

<sup>6</sup>This First-Time Entry Cohort median length of stay was 11.2 in FFY 07. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

<sup>7</sup>This First-Time Entry Cohort median length of stay is Not Yet Determinable for FFY 08. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

## SECTION III – Safety, Permanency and Well-Being Outcomes

### A. Safety

**Safety Outcome S1: Children are first and foremost, protected from abuse and neglect.**

**Item 1: Timeliness of initiating investigations of reports of child maltreatment. How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?**

#### **Previous CFSR rating**

Item 1 was rated as an Area Needing Improvement. Of the 23 cases which involved child maltreatment, this item was a Strength in 14 cases (61%), and an Area Needing Improvement in 9 cases (39%). Ratings for this item differed markedly between CFSR sites. The item was rated as a Strength in 69% of Milwaukee cases, 50% of Kenosha cases and 33% of Outagamie cases.

#### **CFSR Round 1 PIP Policy Initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 1:

- *Child Protective Services Access Standard for Receipt and Analysis of Report Information* issued in November 2005
- *CPS Access and Initial Assessment Standards* issued in October 2007

#### **Policy and practice requirements**

*Child Protective Services Access Standard for Receipt and Analysis of Report Information*, issued in November 2005, was updated and incorporated into the *CPS Access and Initial Assessment Standards* which were issued in October 2007. The revisions did not change response requirements, but they did better define the response times when present or impending danger threats are identified.

Under the above standards, local child welfare agencies are required to assess reports of alleged maltreatment and make a screening decision within 24 hours from receipt of report; most screening decisions are made within 2-4 hours of the receipt of the report. Screened in reports where circumstances provided in the report indicate there are present danger threats to the child require a same day response, i.e. immediate or within the same day; possible impending danger threats as indicated within the report require a response within 24 – 48 hours, i.e. within 24-48 hours of the date and time of the screening decision; and reports where danger is not indicated require a response of within 5 business days, i.e. within 5 business days of the screening decision. Exceptions to meeting the response time must be justified, noted, and approved by the child welfare supervisor.

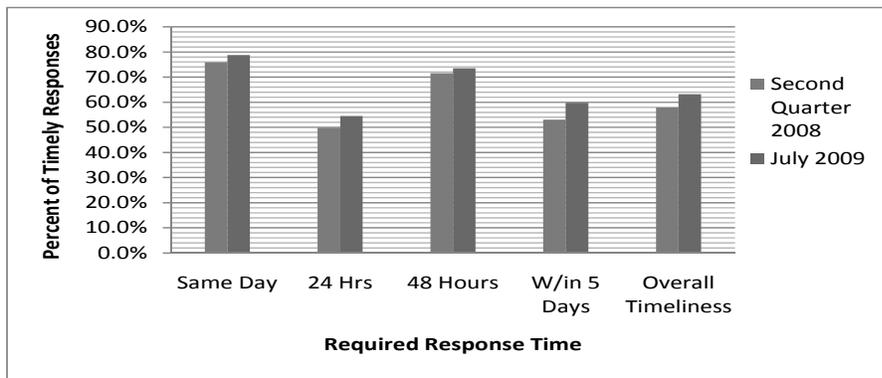
Requirements for meeting the response timeframe, i.e. initiating the investigation, as directed in the above standards, are met when the local child welfare case worker makes face-to-face contact with a member of the family who are subjects of the report. While the standards do not require a specific person or family member is contacted first, initial face-to-face contact is usually made with the child or children who are identified as alleged victims in the screened in report.

In 2009, eWiSACWIS was modified to automate response time in cases where present or possible impending danger is identified at Access.

#### **Evaluation of policy and practice**

Federal baseline data for FFY08 provides mean time to initiating CPS initial assessments ranging from 147 hours (as calculated through the child's file) to 157 hours (from the local child welfare agency file).

*CPS Access and Initial Assessment Standards'* requirements for assigned response time and first contact with family are used to evaluate the timeliness of CPS response.



Timeliness of local child welfare agency response appears to correlate to seriousness of the allegations. The Division’s CPS case reviews in CY 2007 – 2009 found that when agencies do not meet assigned response times, the most common reason is inability to reach the family or child. Other reasons include workload, with workers prioritizing and responding first to cases with higher safety concerns.

**Promising approaches and barriers to effectiveness**

Child welfare case worker knowledge and skills in the identification of safety threats at CPS access are improving, due to specialized technical assistance and training provided by the Training Partnerships and the Division. The current priority is to ensure that the correct timeline is assigned, and then the timeliness is met with diligent efforts if actual contact is not made. The new IA QSR protocol, to be implemented in June 2010, will assess whether correct response time is being assigned and assess the timeliness and quality of decision making at CPS Access and Initial Assessment.

Some barriers to achieving this item include agencies assigning an incorrect response time when safety threats are not correctly identified at access. Some child welfare case workers handling access reports after 5 pm during business days and on weekends are not trained in access standards or safety assessment. Additionally, concerns related to data quality, including timeliness of data entry, are have been identified to pose continued challenges in monitoring screening decisions and timeliness of initiating CPS initial assessments. The decentralized CPS access across local child welfare programs lends itself to inconsistent decisions about response times.

**Item 2: Absence of maltreatment recurrence. How effective is the agency in reducing the recurrence of maltreatment of children?**

**Previous CFSR rating**

Item 2 was rated as an Area Needing Improvement. Of the 39 applicable cases, item 2 was rated as a Strength in 37 (95%) cases and an Area Needing Improvement in 2 (5%) cases. The two cases needing improvement were substantiated reports within six months of a previous report and involved the same circumstances and the same perpetrator.

**CFSR Round 1 PIP Policy Initiatives**

As a result of the requirements prescribed by Wisconsin’s PIP from the first round of the CFSR, the following policy initiatives will implemented during or as a result of the state’s PIP for the following Performance Item 2:

- *CPS Safety Intervention Standards* issued in July 2006
- Statutory change made to eliminate the requirement that local child welfare agencies conduct a CPS investigation where the alleged maltreater is a non-caregiver effective October 2006
- *CPS Access and Initial Assessment Standards* issued in October 2007

**Policy and practice requirements**

The absence of maltreatment recurrence rate is influenced by several policy requirements. Local child welfare agencies are required to document and make a screening decision on information provided by anyone alleging abuse or neglect of a child. If a referral is screened in for CPS initial assessment, information is gathered to make a thorough assessment of the threats to child safety and the protective capacities of the parents or caregivers. The local child welfare agencies are required to determine if maltreatment occurred as part of the CPS initial assessment.

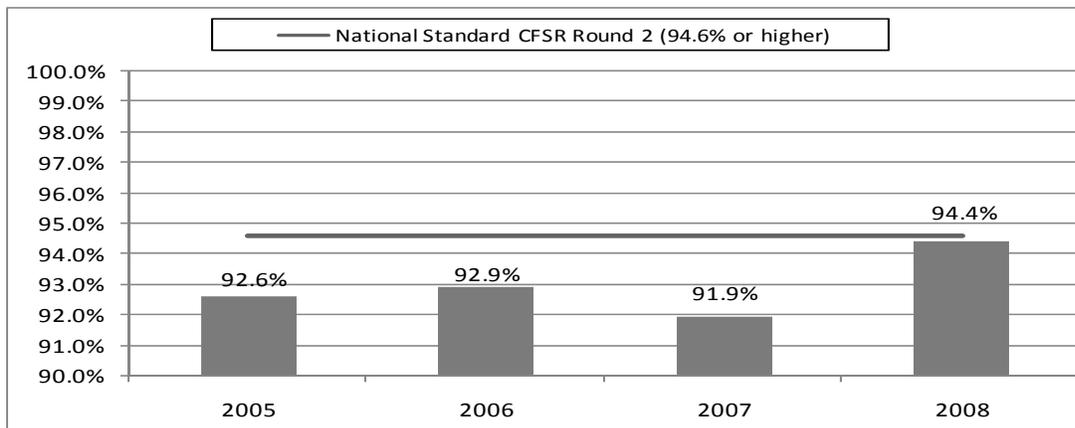
Since the last CFSR, several policy changes issued by the Division have affected this measure. In July 2006, the Division issued the *CPS Safety Intervention Standards* which led to improvements in identifying, understanding and responding to concerns that affect child safety.

In October 2006, a change in state statute eliminated the requirement that local child welfare agencies conduct a CPS investigation in situations where the alleged maltreater is a non-caregiver who did not have supervisory responsibility for the child. Many of the cases no longer investigated were related to incidents of mutual sexual activity among peers; any allegations of sexual abuse of a child by an adult or another child are required to be investigated. In October 2007, the standards were modified to remove the maltreatment allegation related to the “likelihood of abuse or neglect” occurring. This change also provided clarification regarding the specific criteria by which concerns related to the risk of maltreatment would be screened in for an initial assessment on an already open case. Together, these four policy changes have significantly pinpointed our analysis of this recurrence measure.

Training was developed and delivered on safety assessment, the access functions of gathering information and screening of reports of alleged child maltreatment, initial assessment practices, engagement of families, and motivational interviewing. These trainings contribute to more thorough assessments of threats to child safety and maltreatment determinations.

**Evaluation of policy and practice**

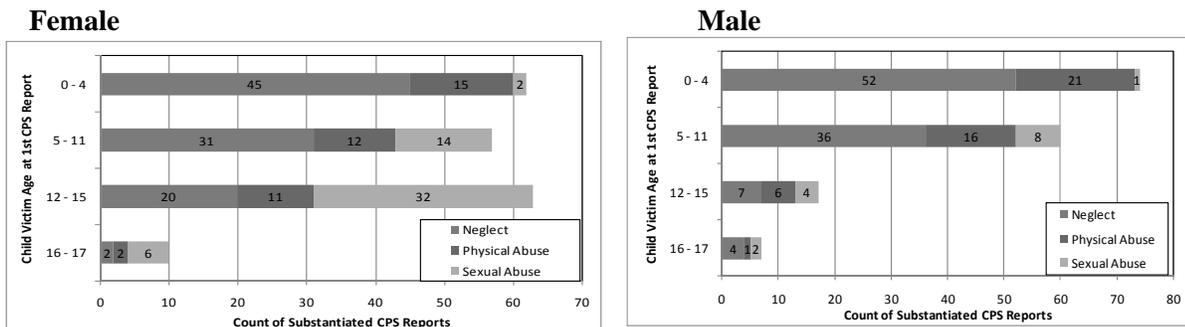
The baseline data for FFY 2008 provides an absence of maltreatment in 94.3% of cases, just below the federal standard of 94.6%. Wisconsin’s score on this measure has improved significantly since the previous CFSR. Wisconsin’s performance trend from CY 2005 – 2008.



The absence of maltreatment recurrence rate for the state is 95.0% for the previous four quarters (from 10/1/2008 – 9/30/2009). Due to a statutory change eliminating the requirement to investigate allegations of maltreatment by non-caregivers, there was a significant decline in the number of non-caregiver CPS initial assessments in 2007. This statutory change contributed to the decline in the substantiation rate from 2006 to 2007. A subset of the non-caregiver CPS initial assessments included allegations related to peer mutual sexual activity. The CPS Access and Initial Assessment Standards outline the procedure for handling reports of sexual contact between peers. Mutual sexual activity among teens was a significant percentage of the sexual abuse reports. No longer having child protective services respond to all incidents of sexual contact also contributed to the decline of the substantiation rate from 2006 to 2007. A decline in the substantiation rate would also contribute to an increase in the absence of maltreatment recurrence rate.

Beginning in October 2007, the determination of “likely to occur” was no longer available. Because many counties had developed their own definition of the term, it had no consistent meaning statewide. The revisions of both the Safety Intervention Standards and the Access and Initial Assessment Standards, along with the training and technical assistance, provide guidance in making the determination as to whether there are impending danger threats to a child’s safety rather than if abuse or neglect is “likely to occur”.

From CY 2005 – 2008, neglect occurred as a form of maltreatment most often, in 71% of the cases. 31% of recurrences were substantiated within 30 days of the initial substantiation. Detailed analysis of CY 2008 data shows that females, particularly 12-15 year old females, are most likely to have a recurrence of sexual abuse. For both genders, the most common recurrence is neglect in the 0-4 age range. Below are the breakouts for recurrence by gender and age for CY 2008.



There has been at least a 10 percentage point decrease in the screening decision rate of CPS referrals in 30 of the 72 counties from 2007 to 2009. This change may be due in part to the issuance of the *CPS Safety Intervention Standards* and the *CPS Access and Initial Assessment Standards* which, along with continued training and technical assistance, provide guidance to toward more consistent practice statewide.

The substantiation rate among counties has shown a marked decline from 2006 to 2008, with substantiation rates as follows:

Year	Substantiation Rate
2006	18.1%
2007	16.1%
2008	14.9%

Over the period from CY 2006 to 2009, there has been a decrease in the percent of referrals screened in for CPS initial assessment/investigation in 50 of the 72 counties. This change may be due in part to the revisions of the standards and training and technical assistance. It is also possible that counties are using

screening decisions to control workload. During the same time period, there is considerable variation among the counties in the screening rate. The decrease in percentage of referrals a local child welfare agency investigates would contribute to the increase in the absence of maltreatment recurrence as there would be fewer incidents of maltreatment to substantiate.

### **Promising approaches and barriers to effectiveness**

Beginning in July 2010 Alternative Response (AR) will be piloted in the BMCW and four additional counties in the balance of the state. The AR model is intended to promote the thorough assessment of the family's situation and to identify any services needed to ensure child safety. National research on AR shows that allegations related to child neglect are appropriate referrals for this assessment model. With the elimination of the maltreatment determination in cases receiving the AR, the absence of maltreatment rate will likely increase.

One of the goals of the Department is to enhance the prevention and early intervention efforts throughout Wisconsin. One vehicle to do this is to expand on the home visiting pilots currently operating in the state. The belief is that a concerted effort on prevention and early intervention services will have an impact on the absence of maltreatment recurrence. It is better for children and families to overcome the struggles that limit their ability to care for their children before they come to the attention of the child protective services.

**Safety Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?**

### **Previous CFSR rating**

Item 3 was rated as an Area Needing Improvement. 31 of the 37 (84%) applicable cases were rated as a Strength, with the remaining 6 (16%) rated as an Area Needing Improvement. The cases where this item was a Strength included cases where appropriate services were provided to prevent removal and cases where children were appropriately removed due to safety concerns. Those rated as an Area Needing Improvement included cases where services were inadequate to address risk for all children, or where no efforts were made to prevent a foster care placement (2 cases).

### **CFSR Round 1 PIP Policy Initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 3:

- *CPS Safety Intervention Standards* issued in July 2006
- *CPS Access and Initial Assessment Standards* issued in October 2007

### **Policy and practice requirements**

The child protective services practice model of using an assessment process to gather, understand, and assess family information and dynamics helps identify the services necessary to prevent removal of children from their home. The *CPS Ongoing Service Standards and Practice Guideline* issued in 2002 and currently under revision, establish the criteria for case opening to ongoing services and include any family in which the child is found to be unsafe and the threats to child safety cannot be fully managed by family members and informal supports.

The *CPS Access and Initial Assessment Standards* and the *CPS Safety Intervention Standards* direct case practice to provide a comprehensive assessment of the family situation, rather than an incident-focused investigation, establishing a foundation on which to build a more thorough family assessment. This approach will improve the ability to identify the services necessary for a child to remain at home or return to their home. The availability of needed service to match identified family needs varies statewide. Examples of factors contributing to this include financial resources, program or service provider availability, transportation, etc.

The Coordinated Services Team (CST) initiative has expanded to include 51 counties and four tribes. The CFSR sites of Milwaukee, Sauk, and La Crosse counties are part of the CST initiative. This initiative is a joint effort between the Department and DHS to promote a systemic change in the way services are delivered to children and families involved in the child welfare, mental health and substance abuse systems. Funding, training, and technical assistance are provided to the counties to maximize the use of existing resources and support collaborative efforts to provide appropriate services to families to keep their children in the home or support their return where appropriate. As described below, this service model is also being advanced as part of the federal Regional Partnership Grant in 19 counties and two tribes in the western region of the state.

Training and technical assistance on engaging families, motivational interviewing, initial assessment functions, and safety assessment and planning have been provided to help agencies better assess the services necessary to keep children in the home.

Family preservation services are offered through both county and private agencies. These services include, but are not limited to, respite care, intensive in-home therapy, supervised home visits, school-home liaison services, AODA and/or mental health services, parent training and mentoring services, support groups, economic resources, employment training, child care, and resource referrals.

**Evaluation of policy and practice**

In QSR reviews from 2005 to 2009, item 3 was rated as follows.

Strength	Needs improvement	Number of observations
86%	14%	595

According to the QSR statewide review, in 86% of cases there was a shared big picture understanding of the child and family’s strengths and needs, which was used to help the family achieve safety in the home. Additionally, a well-reasoned, ongoing process was being used for controlling and managing impending danger.

<b>CPS removals to out of home placements have stayed declined slightly in the past several years.</b>		
CY 2006	CY 2007	CY 2008
3113	3123	2849

The increased attention through Division policy and related training and technical assistance is working to move practice from incident-based investigations to assessments of child safety and services to support it. The Safety Foundation training supports child welfare caseworkers in developing the skills necessary to assess and understand the threats to child safety and the services necessary to control those threats. Fidelity to this service model must be monitored in order to change the culture and practice within the state. The assessment and services provided to address the threats to the safety of the child as well as build the protective capacities of the parents will help determine the services necessary to help children remain safely in the home.

#### **Promising approaches and barriers to effectiveness**

In June 2009, Chapter 48 was modified to support a pilot to support a pilot of Alternative Response (AR) decision making process in Eau Claire, La Crosse, Marathon, and Pierce counties and the BMCW beginning in July 2010. As part of the AR pilot, the Division has modified related standards of practice, will provide training and technical assistance on assessing the needs of families receiving these services as part of the CPS process and is required to evaluate the effectiveness of this approach.

The trauma informed interventions pilot currently being conducted with Dr. Bruce Perry will help assess and provide appropriate services for families to allow children to remain in the home or to support the family when the children return home. The CFSR sites of Milwaukee, Sauk, and La Crosse counties are part of the trauma informed interventions pilot.

The Regional Partnership Grant for the western region of the state is using the Coordinated Services Team initiative to provide integrated services to the families in the child welfare system with caregivers affected by substance abuse disorders. The Coordinated Services Team initiative has expanded to include 51 counties and four tribes. This initiative is a joint effort between the Department and the DHS to promote a system change in the way services are delivered to children and families involved in multiple systems. Funding, training and technical assistance are provided to the counties to maximize the use of existing resources and support collaborative efforts to provide appropriate services to families to keep their children in the home or support their return where appropriate.

Continuing barriers to improvement include a gap in knowledge in the field surrounding effective in-home safety planning, variability from county to county of what types of cases are served on an in-home order, and inconsistent practices in in-home services. An increase in resources and staffing for training and technical assistance would help ameliorate these concerns. In Milwaukee, specific concerns have been raised about the roles of ongoing workers versus safety services workers, which is an additional training issue.

#### **Item 4: Risk assessment and safety management. How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?**

##### **Previous CFSR rating**

Item 4 was rated as a Strength. Of the 49 applicable cases, this was a Strength in 42 cases, and an Area Needing Improvement in 7 cases. The seven cases needing improvement included six cases where the services offered by local agencies were insufficient to reduce risk of harm to the child, and one case where the safety assessment was not sufficient to identify underlying problems that contributed to the risk of harm.

### **CFSR Round 1 PIP Policy Initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 4:

- *CPS Safety Intervention Standards* issued in July 2006
- *CPS Access and Initial Assessment Standards* issued in October 2007
- *Criteria for Assessing the Safety of a Foster Home or Relative Placement* policy effective November 2008

### **Policy and practice requirements**

Consistent with state statutes and standards of practice, CPS services include promoting the well being of children in their homes wherever possible. A thorough understanding of child safety decisions and actions is essential and relevant for both initial assessment/investigation and ongoing Child Protective Services (CPS). Safety assessment, safety analysis, safety planning, and the management of child safety occur in every aspect of CPS involvement with a family. Wisconsin uses criteria based, comprehensive assessment process to identify children who are in need of protection or services and assure that unsafe children are protected by engaging parents in implementing an in-home safety plan. When remaining safely in the home is not possible and removal of a child from the home is necessary, safety in the OHC placement is continually assessed and monitored in compliance with the *CPS Safety Intervention Standards* and the federal Adoption and Safe Families Act (ASFA).

Numerous policy changes in the past several years have improved upon the ability to track and prevent the risk of harm to children in the CPS system. The *CPS Safety Intervention Standards* and the *CPS Access and Initial Assessment Standards* were updated to include protective capacity family assessment and safety requirements. Division policy, *Criteria for Assessing the Safety of a Foster Home or Relative Placement*, became effective November 2008. Safety Foundation Training was updated to encompass the newly issued safety standards and requirements.

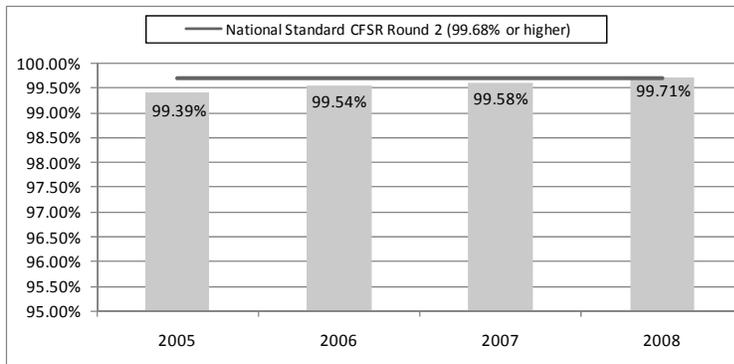
### **Evaluation of policy and practice**

In QSR reviews from 2005 to 2009, item 4 was rated as follows.

Strength	Needs improvement	Number of observations
86%	14%	595

Item 4 covers to what degree the child is free from abuse, neglect and exploitation in their daily life, whether parents or caregivers provide the attention, actions and supports necessary to protect the child from known threats, and whether the child is avoiding self-endangering and self-harming behaviors.

Baseline data for FFY 2008 reveals this area as a Strength. The 99.75% absence of maltreatment in foster care exceeds the federal standard of 99.68%. The graph below shows trend data for absence of maltreatment in out-of-home care for CY 2005 to 2008.



In CY 2007, the federal definition of “foster parent” was expanded to include more categories of licensed and unlicensed providers, which may impact this occurrence rate. The number of children placed in OHC to address identified safety threats increased slightly (from 3,113 in 2006 to 3,123 in 2007). In 2007, 275 children found to be unsafe were safely maintained in their homes via in-home safety services. Comparable data for 2006 in-home cases is not available.

In 2009, a case practice review in Milwaukee confirmed the safety of OHC placement for 503 (100%) children aged 5 years and under. Factors positively impacting performance include the implementation of safety standards, safety training and other technical assistance to agencies. The slight increase in the number of children placed in OHC may be the result of increased safety expertise of child welfare case workers and better identification of safety threats. A factor causing continued concern for the safety of children is incident-based practice, where the maltreatment allegations are the focus of the investigation, rather than current and future child safety.

### **Promising approaches and barriers to effectiveness**

In 2009, the Training Partnerships piloted a Safety Booster follow-up course to enhance safety assessment and intervention. The Division requested interested counties apply to pilot an AR Program in July 2010, eliminating the need for a maltreatment determination in qualified cases. In some counties, workload is identified as a primary reason for continuing incident-based practice rather than using a comprehensive family assessment approach at CPS initial assessment.

Key priorities for the Division include looking at the quality of the CPS initial assessment through the QSR process and assessing safety in relative placements. More training on comprehensive initial assessment approaches, including implementation of AR, will reduce incident-based investigations, which are less effective as a case planning strategy. Improvements have been noted in Milwaukee regarding the provision of support to foster parents and in the new requirement to assess safety in relative placements.

## **B. Permanency**

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

#### **Item 5: Foster care re-entries. How effective is the agency in preventing multiple entries of children into foster care?**

##### **Previous CFSR rating**

Item 5 was rated as an Area Needing Improvement. All five applicable cases were rated as a Strength, because the child's entry into foster care during the period under review did not take place within 12 months of discharge from a prior episode. However, the State Data Profile indicated that Wisconsin's re-entry rate for FFY 2001 (25.5%) exceeded the national standard of 8.6% or less.

##### **CFSR Round 1 PIP Policy Initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 5:

- Written direction issued regarding via the eWiSACWIS Placement Documentation Manual regarding data entry associated with the use of shelter and detention facilities in February 2006
- *Trial Reunification for Children in Out-of-Home Care* (i.e. trial home visit) policy issued in August 2008

##### **Policy and practice requirements**

Local child welfare agencies are required to ensure the safety of children in their homes in all cases, as well as the safety of the community in situations involving children with behavioral or mental health needs. Local child welfare agencies work with local courts to reunify children when safety of the child or community can be managed in the family home. When circumstances change so that safety can no longer be managed in the home, children may need to re-enter foster care as required by state statute.

Since the last CFSR, the Division has modified the way in which it documents the use of shelter and detention facilities. This change begins with February 2006 data. The modification of data entry includes the uses of shelter and detention facilities for children as sanctions, which are not considered placements into out-of-home care. Previously, agencies were documenting sanctions as placements, which adversely affected re-entry rates. Sanctions are primarily used in juvenile justice cases. As a result, re-entry rates have declined somewhat.

In addition, in August 2008, the Division issued a trial reunification policy for children in out-of-home care. This policy provides requirements for the use and documentation of trial reunification for child protective services cases, but can serve as a model for other types of cases, such as juvenile justice cases. eWiSACWIS was modified to allow the documentation of trial reunification as an out-of-home placement. Agencies are not required to use trial reunification when planning for a child to be reunified with his or her family; however, agencies using trial reunification must follow specific criteria, including court authorization for a trial reunification.

##### **Evaluation of policy and practice**

Wisconsin's FFY 2008 baseline for re-entry is 22.6%. This is substantially above the national median of 15.0%. However, Wisconsin's re-entry rate does appear to be trending downward. See table below.

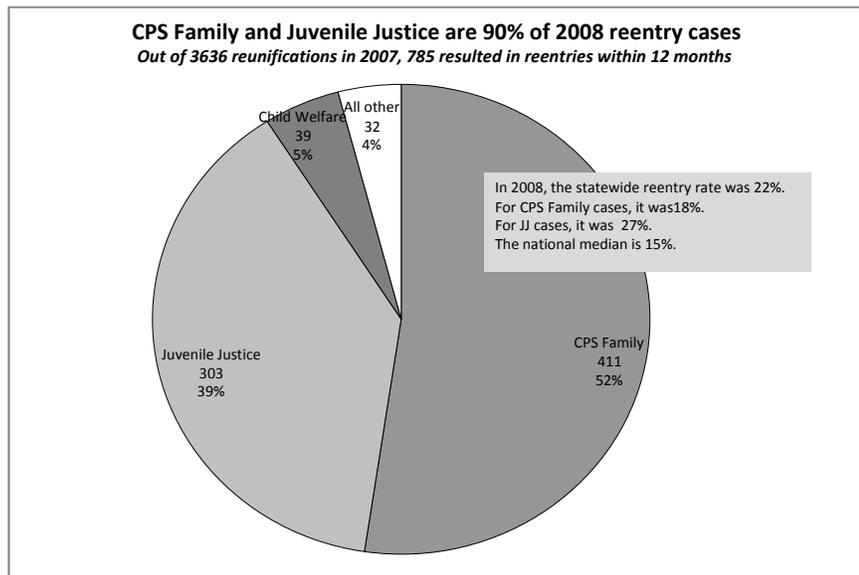
<b>Re-entries to foster care in less than 12 months</b> (measure C1.4)				
<i>Lower score is preferable</i>				
Of all children discharged from foster care to reunification in the 12-month period prior to the year shown, what percent re-entered foster care in less than 12 months from the date of discharge?				
National 25 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
9.9%	15.0%	27.4%	23.2%	22.6%

Wisconsin continues to struggle with re-entry rates for children who are in OHC. There are several contributing factors, including a high re-entry rate among the juvenile justice population which represents a significant proportion of the OHC caseload include the following:

- Significant variation in how OHC placements are used to address the needs of juveniles experiencing mental health or behavioral concerns;
- Lack of a standardized permanency planning process for reunifying children and youth outside of the trial reunification process, and;
- Lack of standardized provision of after-care services for reunified children and youth.

The trial reunification policy does not appear to have had the anticipated results, due to limited use and lack of clarity regarding how this policy would be implemented for children in OHC due primarily to JJ concerns. Many local child welfare agencies are still not using this process, which is not required and, more significantly, is not codified in state statute. Of the 3,636 reunifications that occurred in CY 2008, only 53 cases (1%) appear to have used a trial reunification prior to reunification.

In CY 2008, the statewide re-entry rate was 22%, (CPS cases had a re-entry rate of 18%. JJ cases, 27%). Out of 3,636 reunifications in 2007, 785 resulted in re-entries within 12 months. Of the 785 re-entries, 411 (52%) were CPS family cases and 303 (39%) were juvenile justice cases.



As noted in the above data, there are high re-entry rates for both CPS and JJ cases.

Males appear to re-enter in the two youngest age groups at a slightly higher rate than females. Females in the 16-18 year-old age group appear to re-enter at a slightly higher rate than males of the same age.

<b>Male and female children had similar re-entry rates from CY 2005 to 2008</b>					
For children discharged from foster care to reunification, What percent re-entered foster care within 12 months?					
Child Age	Female	Male	Both	Both re-entry count	Both reunification count
0-4 yrs	15%	18%	17%	685	4,105
5-11 yrs	16%	18%	17%	653	3,763
12-15 yrs	30%	29%	29%	1,456	4,940
16-18 yrs	39%	34%	36%	924	2,545
18+ yrs	100%	0%	50%	2	4
All	24%	24%	24%	3,720	15,357

The decline in re-entry rates over time appears to be driven primarily by declines in the re-entry rate for children ages 12-15 yrs and 16-18 yrs. From CY 2005 to 2008, the re-entry rate for children 12-15 years old declined from 34% to 24%. For children ages 16-18 years old, the rate declined from 40% to 31%. As noted above, a 2006 change in documentation of shelter and detention use may also be driving some of this decline between 2005 and 2006 for these older age groups. See table below.

<b>Re-entry rates for children ages 12-18 declined steadily from CY 2005 to 2008</b>				
	CY 2005	CY 2006	CY 2007	CY 2008
0-4 yrs	15%	18%	16%	18%
5-11 yrs	18%	17%	17%	18%
12-15 yrs	34%	30%	29%	24%
16-18 yrs	40%	39%	34%	31%
total	27%	26%	23%	22%

#### **Promising approaches and barriers to effectiveness**

As noted above, the trial reunification policy has not had the anticipated results of reducing re-entry into OHC. The Division is continuing to explore whether or not statutory change is necessary since some jurisdictions are reporting their courts will not approve of a Trial Reunification without statutory language that expressly permits its use and evaluating how the policy could be modified to apply to older children served in OHC primarily related to JJ concerns.

In addition, improving and standardizing policy and practice around reunification appears to warrant further exploration. Lack of policy and training around permanency planning has led to inconsistent practices across counties in the critical areas of in-home safety planning and transition planning. This is particularly an issue in the inconsistent provision of appropriate services – including wraparound services and teen-specific service – to better meet the needs of teens with behavior and mental health problems.

Toward these ends, the Division is working with the Case Process Committee to revise the *CPS Ongoing Services Standards and Practice Guidelines*. The revisions include increased attention to the permanency planning requirements and processes associated with reunification to improve practice.

**Item 6: Stability of foster care placement. Was the child in a stable placement at the time of the onsite review, and were any changes in placement that occurred during the period under review in the best interest of the child and consistent with achieving the child’s permanency goals?**

### **Previous CFSR rating**

Item 6 was rated as an Area Needing Improvement. The State Data Profile for FFY 2001 indicated that the percentage of children experiencing no more than two placements in their first 12 months in foster care (93.8%) met the national standard of 86.7% or more. In 19 of 25 (76%) applicable cases, this item was rated as a Strength, because the child either did not experience a placement change during the period under review or because the placement change experienced was in the child's best interest. However, in 6 of 25 (24%) applicable cases, this item was rated as an Area Needing Improvement. As a result, this item was assigned an overall rating of Area Needing Improvement.

### **CFSR Round 1 PIP Policy Initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 6:

- *Support Service for Foster Families* policy issued July 2006

### **Policy and practice requirements**

Local child welfare agencies are required to ensure OHC providers have the skills, knowledge, experience, and training to meet the needs of the children placed with them. In July 2006, Division policy was used to direct local child welfare agencies regarding requirements associated with the implementation of a support plan for foster parents to clarify statutory requirements regarding permanency planning requirements to ensure a child's needs are met while in OHC and to provide local child welfare agencies with a sample form that could be used to document the support services provided to foster parents to meet this requirement.

However, providing appropriate support services is dependent upon an accurate and robust understanding of a child's needs. Currently, Wisconsin does not use a standardized tool to assess the needs of children who come into OHC. However, the Division is creating policy to begin using one in January 2011 as part of the Levels of Care initiative discussed below. At this point, no standardized tool to assess the competence of the potential provider has been identified by state policy staff, though Wisconsin continues to explore viable options. As discussed below, mandated foster parent training and rate regulation should help ensure providers are able to offer services that better match the needs of children placed with them.

Several changes to state statutes enacted June 2009 are expected to impact future placement stability: a provider licensing initiative called Levels of Care, rate regulation, and relative notification. Under Levels of Care, as of January 2010, relative licensing provides increased resources and support services to relative providers. In addition, foster parents are required to have or acquire specific training, skills, knowledge, abilities, and experience. As of January 2011, training will be mandated for all foster parents and a standardized assessment tool will be used to assess the needs of each child placed in foster care. This tool will also be used to assist in matching a child's needs in higher level placements such as treatment foster care, group homes, and RCCs. In conjunction with rate regulation, the use of this tool helps ensure that providers are well-matched with children's needs and are appropriately compensated for services they provide. Rate regulation ensures that providers are licensed to provide a certain level of care, based on the types of services they offer, and receive a pre-defined amount for providing those services to a child who needs them. Rate regulation applies to the administrative rate of treatment foster care, and the per diem rates of group homes, and RCCs. Finally, as of December 2009, state statute and

Division policy require that relatives be notified within 30 days of a child’s removal from the parental home. This is expected to increase the availability of relatives as placement or other resources.

**Evaluation of policy and practice**

Wisconsin’s FFY 2008 baseline for placement stability is a state score of 98.1 on the Placement Stability Composite. This is below the national standard of 101.5 or higher, but above the national median of 93.3, which gives the state a national ranking of 14th out of 51 states on this item.

<b>Placement Stability</b> (Permanency Composite 4)				
National Standard	National Median	FFY 2006	FFY 2007	FFY 2008
101.5 or higher	93.3	97.6	97.2	98.1

Wisconsin appears to be trending slightly upward on two of the three individual measures that make up this composite. The state appears to remaining relatively stable on the third. See tables below.

<b>Two or fewer placement settings for children in care <u>less than 12 months</u></b> (measure C4-1) Of all children served in foster care during the 12 month period who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?				
National 75 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
86.0%	83.3%	82.8%	83.5%	84.0%

<b>Two or fewer placement settings for children in care for <u>12 to 24 months</u></b> (measure C4 -2 ) Of all children served in foster care during the 12 month period who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?				
National 75 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
65.4%	59.9%	62.9%	61.6%	62.4%

<b>Two or fewer placement settings for children in care for <u>24+ months</u></b> (measure C4 -3 ) Of all children served in foster care during the 12 month period who were in foster care for at least 24 months, what percent had two or fewer placement settings?				
National 75 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
41.8%	33.9%	38.6%	38.9%	39.7%

Children in JJ cases are more likely to have multiple placements, having spent more time in OHC placement episodes, and thus score lower on all three placement stability measures.

For children in care 0-24 months, county size doesn’t appear to dramatically impact placement stability. However, for children in care 24+ months during CY 2005 to 2008, large counties appear to provide significantly more stability (37% of children with two or fewer placements) than do medium (49%) or small (53%) counties. This could be due to community and local child welfare agency resources available.

Children in the 0-4 age group score well above the statewide average for two or fewer placements regardless of their length of stay in out-of-home care. Children in the 12-15 age group score the lowest on placement stability on all three measures. Children in the 16-18 age group score below average for

placement stability when in care <12 months and between 12 and 24 months but score above average when they are in out-of-home 24+ months. See table below.

<b>Children 0-4 yrs old appear to have the highest placement stability</b>			
Percent of children in foster care with two or fewer placements CY 2005-2008			
Child Age at Removal	Children in foster care for < 12 months	Children in foster care for 12-24 months	Children in foster care for > 24 months
0-4 yrs	90%	73%	46%
5-11 yrs	89%	66%	36%
12-15 yrs	76%	46%	33%
16-18 yrs	80%	52%	52%
Statewide average	84%	62%	39%

Children with clinically diagnosed conditions score lower than the statewide average on placement stability for all three measures. These scores were driven by the clinically diagnosed condition most commonly documented for children in out-of-home care: emotionally disturbed. However, children with other disabilities appear to have higher placement stability than the statewide average. This is particularly true for children with other disabilities who are in care for more than 12 months. It appears improved identification of providers who can meet the child's needs, along with supports and services directed at the identified needs, would be valuable. Rate regulation is expected to provide this.

<b>Emotionally disturbed children appear to have lower placement stability</b>			
Percent of children in foster care with two or fewer placements CY2005 to 2008			
	Children in foster care for < 12 months	Children in foster care for 12-24 months	Children in foster care for > 24 months
Emotionally disturbed	77%	51%	30%
Mental retardation	84%	64%	39%
Other medically diagnosed condition	84%	65%	40%
Physical disability	88%	74%	45%
Visual/hearing disability	85%	70%	45%
All clinically diagnosed conditions	80%	58%	34%
Statewide average	84%	62%	39%

Children whose most recent placement settings include institutional placements or are missing from out-of-home care have the lowest scores on placement stability when in care less than 12 months. These children are generally involved in juvenile justice related case types. Children whose most recent placement setting is a relative foster home or pre-adoptive home have the most stability for all lengths of stay in out-of-home care. The Level of Care initiative and improved location of relative resources should increase the number of children who are placed with relatives and thus improve stability.

<b><i>POINT-IN-TIME PERMANENCY PROFILE</i></b>	<b>Federal FFY 2006ab</b>		<b>Federal FFY 2007ab</b>		<b>Federal FFY 2008ab</b>	
	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>

<b>IV. Number of Placement Settings in Current Episode</b>						
One	2,778	36.1	2,876	37.0	2,846	37.4
Two	1,995	25.9	2,074	26.7	1,998	26.3
Three	1,022	13.3	1,037	13.3	1,058	13.9
Four	534	6.9	528	6.8	527	6.9
Five	327	4.2	341	4.4	332	4.4
Six or more	1,039	13.5	921	11.8	849	11.2
Missing placement settings	0	0.0	1	0.0	0	0.0

The Division recognizes the need to improve the stability of placements in for children in OHC, particularly for young children and teens who can have complex issues, including past trauma and legal troubles. The implementation of a standardized child needs assessment tool and of mandated training and other improved supports for foster parents is expected to improve the match between child and provider and thus improve placement stability. However, the Division is just beginning to implement these policy changes, so it is no possible to evaluate their impact at this time.

**Promising approaches and barriers to effectiveness**

As described above, promising approaches include the Levels of Care initiative and rate regulation. These provide increased support to relative providers; mandate training for foster parents; require the use of a standardized needs assessment tool for children coming into care; and help ensure that providers are well-matched with children’s needs. Other states that have implemented similar changes have showed improved outcomes for children.

While there is general acknowledgement that the above changes in practice will meaningfully improve outcomes for children, implementing these changes in such a short time, and during financially difficult times, creates challenges for local child welfare agencies and for tribes. Both will be required to dedicate staffing, time, and dollars to support this transition. As a result, the Division has budgeted funding in CY 2010 to provide regional foster care coordinators who will help support counties and tribes in successfully implementing these changes.

**Item 7: Establishment of an appropriate permanency goal for the child in a timely manner. How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?**

**Previous CFSR rating**

Item 7 was rated as an Area Needing Improvement. In 15 of 25 (60%) applicable cases, this item was rated as a Strength, because local child welfare agencies had established an appropriate permanency goal for the child in a timely manner. However, in 10 of 25 (40%) applicable cases, this item was rated as an Area Needing Improvement.

**CFSR Round 1 PIP Policy Initiatives**

As a result of the requirements prescribed by Wisconsin’s PIP from the first round of the CFSR, the following policy initiatives will implemented during or as a result of the state’s PIP for the following Performance Item 7:

- *Continuous Permanency Planning Timeline* policy guidance regarding concurrent planning issued December 2005

**Policy and practice requirements**

State statute requires that a permanency plan be developed within 60 days of initial removal from the home. Plans are reviewed every six months by either a judicial review or an administrative review panel. At any time in the case, the secondary goal or concurrent plan can become the primary goal. Since December 2005, Division policy has also provided guidance to child welfare case workers on concurrent planning.

Concurrent planning referrals are made to state permanency consultants in an effort to assist child welfare case workers in decision making. Consultants also provide support on ASFA exceptions documentation. The expectation is for a referral to be made at the 12th month of placement.

**Evaluation of policy and practice**

In QSR reviews from 2006 to 2009, item 7 was rated as follows.

Strength	Needs improvement	Number of observations*
65%	35%	280

\*Total number of observations do not include 101 cases due to data quality concerns related to Permanency scores derived from 2005 QSR reviews.

Based on a eWiSACWIS permanency planning report, of the 5,337 children in care as of October 31, 2009, 81% had a permanency plan documented. For children in care 13 months or more, 54% had a documented concurrent goal. Primary permanency goals were as follow: 52% reunification, 10% adoption, 5% transfer of guardianship, 5% placement with relative, and 27% other.

As discussed in item 5, lack of policy and training around permanency planning has led to inconsistent practices across local child welfare agencies. This is especially true in the use of permanency goals and concurrent planning, and in the engagement of families in understanding permanency planning.

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FFY 2006ab		Federal FFY 2007ab		Federal FFY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>III. Most Recent Permanency Goal</b>						
Reunification	1,215	63.7	1,235	67.9	1,152	66.4
Live with Other Relatives	48	2.5	31	1.7	52	3.0
Adoption	57	3.0	59	3.2	50	2.9
Long-Term Foster Care	29	1.5	23	1.3	31	1.8
Emancipation	15	0.8	26	1.4	17	1.0
Guardianship	19	1.0	37	2.0	22	1.3
Case Plan Goal Not Established	485	25.4	369	20.3	368	21.2
Missing Goal Information	40	2.1	40	2.2	42	2.4

POINT-IN-TIME PERMANENCY PROFILE	Federal FFY 2006ab		Federal FFY 2007ab		Federal FFY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>III. Permanency Goals for Children in Care</b>						
Reunification	3,871	50.3	4,168	53.6	4,158	54.6
Live with Other Relatives	415	5.4	355	4.6	332	4.4
Adoption	1,038	13.5	1,083	13.9	1,140	15.0
Long Term Foster Care	968	12.6	837	10.8	767	10.1
Emancipation	160	2.1	153	2.0	123	1.6
Guardianship	337	4.4	364	4.7	357	4.7
Case Plan Goal Not Established	282	3.7	299	3.8	357	4.7
Missing Goal Information	624	8.1	519	6.7	376	4.9

### **Promising approaches and barriers to effectiveness**

Lack of uniform policy and training related to permanency has resulted in inconsistent permanency planning practices across local child welfare agencies. Efforts are underway to revise ongoing service standards that institutionalize best practices in permanence. Draft revisions of *CPS Ongoing Services Standards and Practice Guidelines* define practice requirements related to permanency planning, mandate concurrent goal setting and planning, tracking and adjusting permanence goals in a timely manner, earlier engagement by permanency consultants, and enhanced training for caregivers and child welfare case workers.

The engagement of state permanency consultants with child welfare caseworkers has led to more positive outcomes for children in moving them towards permanency. In March 2007, BMCW implemented a specialized function to better support permanency consultation efforts in Milwaukee and the SNAP program has been working on practice standards to clarify the role of permanency consultants in the balance of the state. Consultants focus on implementing case practice that provides meaningful concurrent permanency goals and plans, and supports timely analysis and decision-making associated with federal ASFA requirements. However, the role of these consultants needs to be strengthened.

The use of concurrent planning is inconsistent statewide. Some local child welfare agencies indicated they have judicial and legal representatives who are reluctant to file a TPR or support the move to a concurrent plan of legal guardianship, adoption or another alternate living arrangement. Requiring concurrent planning under state statute or Division policy could improve its use.

### **Item 8: Reunification, guardianship, or permanent placement with relatives. How effective is the agency in helping children in foster care return safety to their families when appropriate?**

#### **Previous CFSR rating**

Item 8 was rated as an Area Needing Improvement. In 6 of 13 (46%) applicable cases, this item was rated as a Strength, because reunification had been achieved in a timely manner or local child welfare agencies had made, or were making, concerted efforts to reunify the child in a timely manner. However, in 7 of 13 (54%) applicable cases, this item was rated as an Area Needing Improvement. In addition, data from the State Data Profile for FFY 2001 showed that Wisconsin's percentage of reunifications occurring within 12 months of entry into foster care (71.0%) did not meet the national standard of 76.2% or more.

### **CFSR Round 1 PIP Policy Initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 8:

- While many Division policy initiatives were implemented during and as a result of the state's PIP, no specific policies were developed or implemented that directly related to permanency planning requirements for reunification.

### **Policy and practice requirements**

The Division's goal is to reunify children with parents whenever it is in the best interest of the child. When children are removed from home, state statute requires local child welfare agencies to consider placement with fit and willing relatives first, when such relatives are available. State and federal policy require that all children placed in OHC have permanency goals. The most frequently used goal is reunification (55% in FFY 2008).

Since the last CFSR, changes in Division policy have significantly increased the likelihood of parents and other family members stay in contact and engaged with children in care. By increasing opportunities to parent and bond, this increases the odds of reunification. Division policy enacted July 2005 requires at least weekly interaction between parents and children in care. Policy issued February 2007 requires agencies to make diligent efforts at defined points in the process to locate and engage non-custodial parents and other relatives as possible placement resources. Policy issued December 2009 requires agencies to provide notice to all relatives within 30 days of the child's removal from home.

### **Evaluation of policy and practice**

In QSR reviews from 2006 to 2009, item 8 was rated as follows.

Strength	Needs improvement	Number of observations*
41%	59%	214

\*Total number of observations do not include 74 cases due to data quality concerns related to Permanency scores derived from 2005 QSR reviews.

Wisconsin's FFY 2008 baseline for Timeliness and Permanency of Reunification is a state score of 97.4 on the Reunification Composite. This is well below the national standard of 122.6 or higher, which gives the state a national ranking of 40th out of 47 states on this measure.

<b>Timeliness and Permanency of Reunification</b> (Permanency Composite 1)				
National Standard	National Median	FFY 2006	FFY 2007	FFY 2008
122.6 or higher	113.7	89.6	95.7	97.4

Changes in policy and practice have led to increased placement of children with relatives which are expected to lead to an increased likelihood of, but longer timeframe, to permanence. Nonetheless, Wisconsin has experienced declining performance in reunification.

As discussed in earlier items, including items 5 and 6, state policy does not provide consistent guidance or training on permanence planning. This includes policy on services like after-care and in-home safety planning, which would in turn impact the likelihood and stability of reunification outcome.

The above composite is made up of two components: timeliness and permanency. Wisconsin's Permanency Composite 1 score is driven heavily by its performance on the Re-entry measure as discussed under item 5, Re-entries. For the three individual measures that make up the timeliness component, Wisconsin scores at the national median for one and at the 75<sup>th</sup> percentile for another, but does not meet the national median for the third. See tables below.

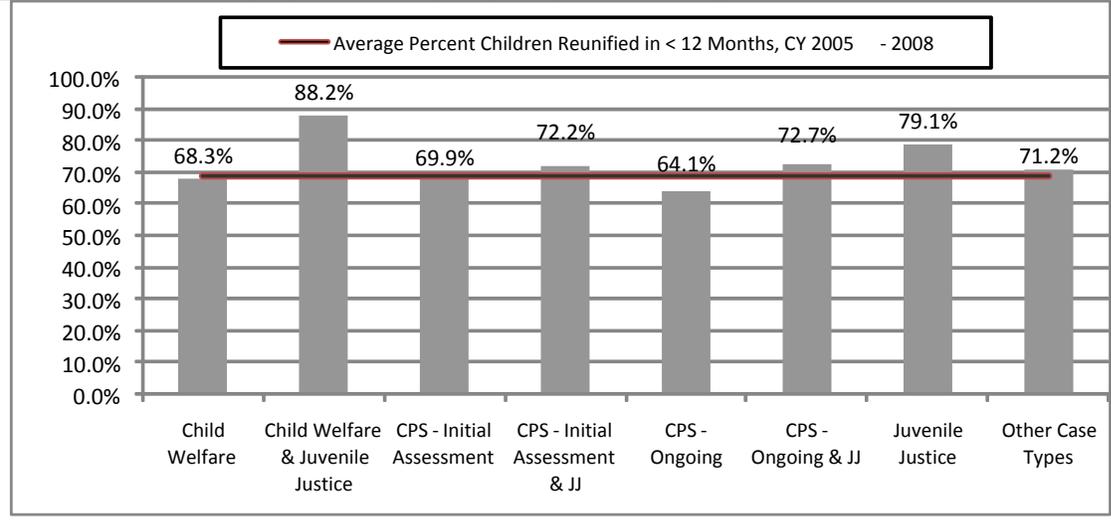
<b>Exits to reunification in less than 12 months</b> (measure C1.1)				
Of all children discharged from foster care to reunification in the federal fiscal year who had been in foster care for 8 days or longer, what <b>percent</b> were reunified in less than 12 months from the date of the latest removal from home?				
National 75 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
75.2%	69.9%	69.5%	68.4%	69.7%

<b>Exits to reunification, median stay</b> (measure C1.2)				
<i>Lower score is preferable</i>				
Of all children who were discharged from foster care to reunification in the federal fiscal year, and who had been in foster care for 8 days or longer, what was the median length of stay <b>in months</b> from the date of the latest removal from home until the date of discharge to reunification?				
National 25 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
5.4 months	6.5 months	6.9 months	6.8 months	6.8 months

<b>Entry cohort reunification in less than 12 months</b> (measure C1.3)				
Of all children entering foster care for the first time in the 6 month period just prior to the year shown, and who remained in foster care for 8 days or longer, what <b>percent</b> was discharged from foster care to reunification in less than 12 months from the date of the latest removal from home?				
National 75 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
48.4%	39.4%	49.3%	48.6%	48.0%

During CY 2005 to 2008, of all children reunified within the past year, a higher percentage of children in JJ cases were reunified in less than 12 months. The CPS-ongoing case type had the lowest percentage of children reunified in less than 12 months.

During CY 2005 – 2008, by case type:  
of all children reunifying within the past year, percent exiting within 12 months



During CY 2005 – 2008, male and female children exited to reunification in less than 12 months at the same rate (69%). In addition, of all children who reunified, children in the oldest age group were most likely to reunify in less than 12 months, during CY 2005 – 2008. Most of these youth were involved in juvenile justice cases. Children in the 5-11 year old age group had the lowest percentage of children reunifying in less than 12 months.

**16-18 year-olds are most likely to reunify within 12 months. 5-11 year olds are least likely.**  
Percent of exits to reunification in less than 12 months, CY 2005 – 2008

Age Group	Count of children who reunified within 12 months	Count of children reunified	Percent of children reunified within 12 months
0-4 yrs	2,233	3,377	66%
5-11 yrs	1,832	2,957	62%
12-15 yrs	2,463	3,537	70%
16-18 yrs	1,237	1,397	89%

As seen above in the above tables, children served in JJ or JJ related cases or who represent older age groups are more likely to be reunified within 12 months; this is likely due to the nature of JJ placements, which are usually short term and used to address behavioral concerns with the child, rather than safety issues in the home.

During CY 2005 – 2008, of all children who did reunify, African American children were least likely to exit to reunification within 12 months (60% of children reunified within 12 months) while Asian children were most likely (81%). Native Hawaiian/Other Pacific Islander children were also less likely (65%) to reunify within 12 months. Children of other racial groups, including those of Hispanic ethnicity, tended to exit close to the statewide average rate of 70%.

Child removal reason appears to drive the likelihood of reunifying within 12 months, if a child is going to reunify. During CY 2005 to 2008, “caretaker’s inability to cope” was the most common child removal reason and children with this removal reason had the second lowest percentage of exits to reunification in less than 12 months of all removal reasons. “Children removed due to the child’s disability” was the

lowest. Large counties had a particularly low percentage of children exiting to reunification within 12 months when the child was removed due to “caretaker’s inability to cope” (59%). See table below.

In addition, in situations where removal reasons primarily involved issues with the child such as a child’s behavior problem, drug abuse by child, and alcohol abuse by child, local child welfare agencies were more successful at moving children to reunification within 12 months. Please note that children can have more than one removal reason. See table below.

<b>AFCARS removal reason</b>	<b>Count of children who reunified in &lt;12 months</b>	<b>Count of children reunified</b>	<b>Percent of children who reunified in &lt; 12 months</b>
Caretaker's inability to cope	4,582	7,490	61%
Neglect	1,450	1,831	79%
Child's behavior problem	1,007	1,135	89%
Physical abuse	796	929	86%
Incarceration of parent(s)	352	443	80%
Drug abuse by parent	316	420	75%
Inadequate housing	226	289	78%
Alcohol abuse by parent	194	244	80%
Sexual abuse	123	171	72%
Drug abuse by child	104	121	86%
Child's disability	87	143	61%
Alcohol abuse by child	67	74	91%
Abandonment	48	63	76%
Relinquishment	17	19	90%
Death by parent(s)	11	14	79%
<i>Statewide Average CY 2005 to 2008</i>			<i>69%</i>

**Promising approaches and barriers to effectiveness**

As discussed above, the Division lacks policy about how to establish and use the full range of permanency goals allowed under state statute, including the use of legal guardianship. While BMCW operates a subsidized guardianship program authorized under a Title IV-E Demonstration Waiver, subsidized guardianship is not currently included as a provision in our State Title IV-E Plan and therefore, is not currently available elsewhere in the state. As a result, cases where a child has been placed with a relative may remain open longer and child permanency is not achieved in order to provide continued financial support to the relative provider who would otherwise be a permanent placement for the child.

Finalizing the *CPS Ongoing Services Standards and Practice Guidelines* will help improve permanence planning and outcomes by standardizing and focusing efforts on those strategies that are most likely to be effective. The existing draft would mandate the creation and use of concurrent goals, provide guidance for the appropriate use of different permanency goals, and provide guidance on in-home safety planning. In addition, a subsidized guardianship program could positively impact permanency for children. The Division plans to explore the possible implementation of such a program. Finally, educating the legal community about the elements of a good permanent placement would help dispelling concerns and reluctance to proceed with TPRs for children in care.

**Item 9: Adoption. How effective is the agency in achieving timely adoption when that is appropriate for a child?**

**Previous CFSR rating**

Item 9 was rated as an Area Needing Improvement. In three of six (50%) applicable cases, this item was rated as a Strength, because a finalized adoption had been achieved in a timely manner, or were making concerted efforts to achieve adoption in a timely manner. However, in three of six (50%) applicable cases, this item was rated as an Area Needing Improvement. In addition, data from the State Data Profile for FFY 2001 showed that Wisconsin’s percentage of finalized adoptions occurring within 24 months of removal from home (21.2%) did not meet the national standard of 32.0% or more.

**CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin’s PIP from the first round of the CFSR, the following policy initiatives will implemented during or as a result of the state’s PIP for the following Performance Item 9:

- While many Division policy initiatives were implemented during and as a result of the state’s PIP, no specific policies were developed or implemented that directly related to permanency planning requirements for adoption.

**Policy and practice requirements**

When a child is taken into out-of-home care, supervision of the case remains with the county until there is a termination of parental rights. During the time that the child is in care, a state permanency consultant works with the county, at the local child welfare agency’s referral, to ensure that the local child welfare agency casework is working to reunify the child with family or developing a concurrent plan for permanency. State statutes permit child welfare case workers to make reasonable or active efforts towards a primary and secondary permanence goal simultaneously. After the termination of parental rights, the state assumes custody and guardianship of the child. Once this occurs, the case is managed by the private contract adoption partner agency so that a home study assessment of the provider and preparation of the child for adoption is completed, and the finalization can occur in a timely manner.

**Evaluation of policy and practice**

In QSR reviews from 2005 to 2009, item 9 was rated as follows.

Strength	Needs improvement	Number of observations
54%	46%	140

Wisconsin’s FFY 2008 baseline for Timeliness of Adoptions is a state score of 116.9 on the Reunification Composite. This is substantially above the national standard of 106.4 or higher, which gives the state a national ranking of 9th out of 47 states on this measure.

<b>Timeliness of Adoptions (Permanency Composite 2)</b>				
National Standard	National Median	FFY 2006	FFY 2007	FFY 2008
106.4 or higher	95.3	116.4	117.8	116.9

This composite is made up of five measures. Wisconsin scores above the national median for both measures (C2-1, C2-2) that make up Component A: timeliness of adoptions for children discharged from

foster care. In addition, Wisconsin scores well above the national 75th percentile on component C (measure C2-5), indicating that children who become legally free for adoption in Wisconsin are very likely to be adopted within 12 months from becoming legally free. However, there is room for improvement within the two measures (C2-3, C2-4) that make up Component B, progress toward adoption for children in foster care for 17+ months; this is particularly true for measure C2, children in care 17+ months, adopted by the end of the year, since Wisconsin fell well below the national median for this measure. See tables below.

<b>Exits to adoption in less than 24 months (measure C2-1)</b>				
Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal?				
National 75 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
36.6%	26.8%	29.4%	36.8%	35.9%

<b>Exits to adoption, median length of stay (measure C2-2)</b>				
<i>Lower score is preferable</i>				
Of all children who were discharged from foster care to a finalized adoption in the year shown, what was the median length of stay in foster care (in months) from the date of latest removal from home to the date of discharge to adoption?				
National 25 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
27.3 months	32.4 Months	31.6 Months	29.1 Months	30.1 months

<b>Children in care 17+ months, adopted by the end of the year (measure C2-3)</b>				
Of all children in foster care on the first day of the year shown who were in foster care for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from foster care with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from foster care to a finalized adoption by the last day of the year shown?				
National 75 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
22.7 %	20.2%	20.5%	16.9%	15.7%

<b>Children in care 17+ months achieving legal freedom within 6 months (measure C2-4)</b>				
Of all children in foster care on the first day of the year shown who were in foster care for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown?				
National 75 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
10.9%	8.8%	11.1%	8.6%	8.3%

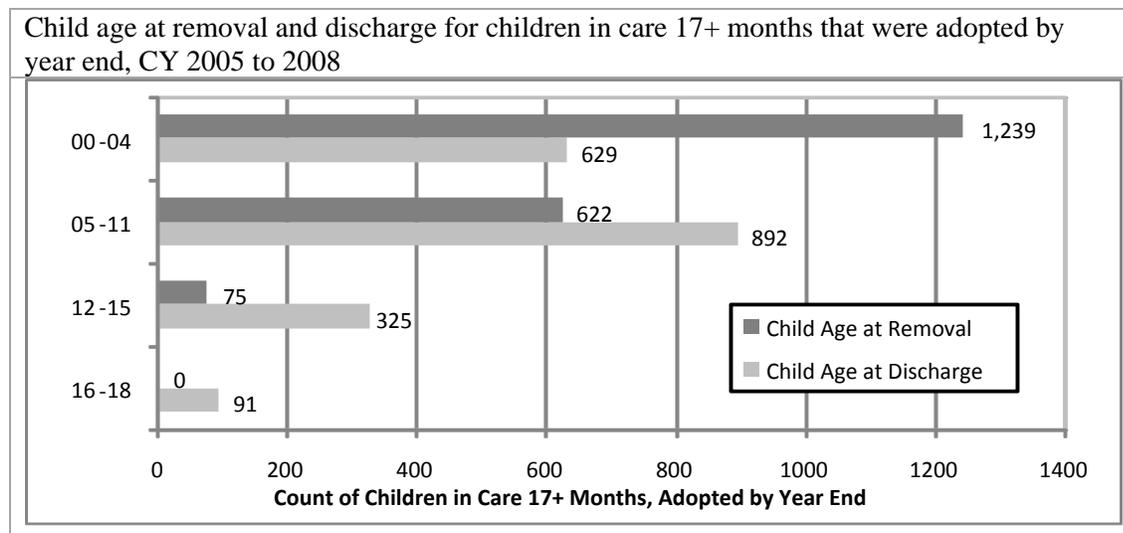
<b>Legally free children adopted in less than 12 months (measure C2-5)</b>				
Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free?				
National 75 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
53.7%	45.8%	72.1%	77.2%	73.5%

Children who were in care for more than 17 months who were adopted by year end were in out-of-home care an average of 4 years, 9 months before they were discharged to adoption. However, discharge date was missing for approximately 17% of adopted children in care for 17+ months.

Of children in care for 17+ months that were adopted by year end, 81% were removed to out-of-home care only once, 15% were removed twice, 2% were removed three times, and less than 1% was removed more than three times.

Looking at the likelihood of adoption for children in care 17+ months during CY 2005 to 2008, we can see the following:

- Boys appear to be more likely to be in out-of-home care for 17+ months, but girls in this group appear more likely to be adopted. During CY 2005 to 2008, there were 6,020 boys in out-of-home care for 17+ months, and 5,020 girls. Within this group, girls were slightly more likely to be adopted (19%) than boys (17%).
- The younger the child is at removal, the higher the likelihood of being adopted after being in out-of-home care for 17+ months. During CY 2005 to 2008, the majority of children who were in out-of-home care for more than 17 months and were adopted were removed when they were age 0-4. A significant number of children were still 4 or under when adopted but the majority had reached the 5 – 11 age group. See chart below.



- Race appeared to influence the likelihood of adoption. Asian (12%), American Indian (16%), and African American (17%) children had a lower-than-average likelihood of adoption. Hispanic children had a higher-than-average likelihood (28.8%).

### Promising approaches and barriers to effectiveness

As discussed above, lack of consistent policy and training on permanency planning has led to significant variation in practices across local child welfare agencies. There also appears to be similar inconsistencies across the courts. Based on QSR and CCI reviews, inconsistencies impact the timeliness of those children who achieve permanency through adoption in several ways:

- Child welfare case workers may lack knowledge or skills to support effective concurrent planning practices;
- Certain local child welfare agencies and courts may wait to terminate parental rights until an adoptive resource is found;

- Some judicial and legal representatives are reluctant to pursue TPR for children in OHC.

In addition, there may be delays in TPR – and thus in adoption – when parents appeal the TPR decision or exercise their option to use a jury trial. Finally, as the Division tries to understand its adoption practices, successes, and challenges, it may not always have the most accurate data. Again, because of lack of consistent policy and training, eWiSACWIS data entry practices may not be consistent and approval of key casework documentation by supervisors is not always completed in a timely fashion.

Several promising new initiatives have been implemented to enhance the timeliness of children achieving permanence through adoption including the following:

- Division policy implemented December 2005 providing guidance to local child welfare agencies to initiate concurrent planning referrals to the SNAP permanency consultant after a child has been in OHC for 12 months.
- Division policy implemented September 2007 requiring general training for pre-adoptive families.
- Implementation of targeted adoptive home recruitments efforts via teaming between the state’s permanency consultants, regional adoption supervisors, and private contract adoption supervisors conducts.
- Implementation of the new Permanency Pathways QSR protocol to better evaluate program and practice dynamics that contribute to or distract from timely and stable adoptions of children with special needs; this evaluation will enable to Division to better understand and address concerns related the availability and accessibility of post-adoption services and to identify program practices and organizational attributes that affect timely and stable adoptions.

**Item 10: Other planned permanent living arrangement.** How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?

**Previous CFSR rating**

Item 10 was found to be an Area Needing Improvement. Of the six applicable cases, item 10 was rated as a Strength in five cases (83%) and an Area Needing Improvement in one case (17%). In the one case, child welfare agencies had not made concerted efforts to ensure that the child’s placement was stable and that the child was receiving appropriate services.

**CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin’s PIP from the first round of the CFSR, the following policy initiatives will implemented during or as a result of the state’s PIP for the following Performance Item 10:

- While many Division policy initiatives were implemented during and as a result of the state’s PIP, no specific policies were developed or implemented that directly related to permanency planning requirements for an alternate permanent planning living arrangement.

**Policy and practice requirements**

Wisconsin does not have specific policy or statutes related to the permanency goal of “other planned permanent living arrangement” via long term foster care and independent living outside statutory. State statutes and related state policy governing permanency planning, including permanency plan review

requirements, address all permanency goals. Permanency goals associated with alternate permanent planned living arrangements include the following:

- Alternate Permanent Plan-Sustaining Care (Post-TPR)
- Alternate Permanent Plan-Long-term Foster Care
- Alternate Permanent Plan-Independent Living

There are specific requirements associated with the permanency goal of Alternate Permanent Plan-Sustaining Care whereby a child, post TPR, the provider and the local child welfare agency sign an agreement regarding care of the child to the age of majority. This agreement is approved by the court.

Wisconsin’s independent living (IL) program is designed to help children make the transition from foster care to self-sufficiency. Requirements are based on the federal Independent Living law and state policy. Services for youth ages 15-18 focus on learning daily living skills. Services for youth ages 17.5-21 focus on the transition to independence, including maintaining employment, obtaining housing and pursuing higher education. Program eligibility includes youth ages 15-18 while they are in care, youth adopted after age 16, and youth placed in court-ordered guardianship after age 15. Youth who age out of care (including eligible adopted and guardianship youth) remain eligible up to age 21. Agencies have broad discretion to implement their IL program. Services are provided through foster parents, case workers, or IL coordinators, depending on local child welfare agency policy.

Changes in the IL program since the previous CFSR include: 1) eligibility for juvenile justice youth placed in out-of-home care; 2) youth must age out of care at age 18 for continued eligibility up to age 21; 3) all IL Services must be documented in eWiSACWIS; 4) youth who age out of foster care are now eligible to receive continued Medicaid coverage (Badger Care Plus) until their 21<sup>st</sup> birthday; 4) a formalized transition plan is required 90 days prior to a youth’s 18<sup>th</sup> birthday and entered in eWiSACWIS.

**Evaluation of policy and practice**

In QSR reviews from 2005 to 2009, item 10 was rated as follows.

Strength	Needs improvement	Number of observations
49%	51%	95

In the QSR review, it was found that in just over half of applicable cases the youth was moving toward living safely and functioning independently of the local child welfare agency, and developing long-term connections that would support him or her into adulthood. QSR data shows agencies struggle to prepare youth with independent living skills.

FFY 2008 baseline data from the Data Profile reveal performance above the national median, but below the national standard on this composite score. The chart below shows trends for the past three fiscal years, along with the national medians for each measure.

<b>Permanency for Children and Youth in Foster Care for Long Periods of Time</b> (Permanency Composite 3)				
National Standard	National Median	FFY 2006	FFY 2007	FFY 2008
121.7 or higher	112.7	121.7	116.2	117.7

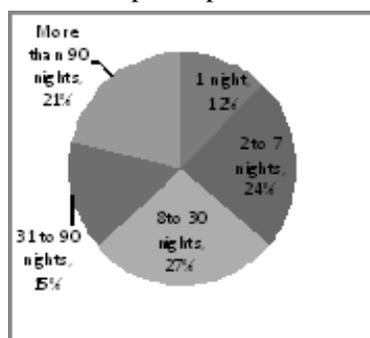
This composite is made up of three measures. In FFY 2008, Wisconsin scored below the national median on measure one and better than the national median on measures two and three.

<b>Exits to permanency prior to 18<sup>th</sup> birthday for children in care 24 + months (measure C3-1)</b>				
Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18 <sup>th</sup> birthday and by the end of the fiscal year?				
National 75 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
29.1%	25.0%	31.3%	23.9%	24.6%

<b>Exits to permanency for children with TPR: (measure C3-2)</b>				
Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge, what percent were discharged to a permanent home prior to their 18 <sup>th</sup> birthday?				
National 75 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
98.0%	96.8%	97.2%	97.0%	97.0%

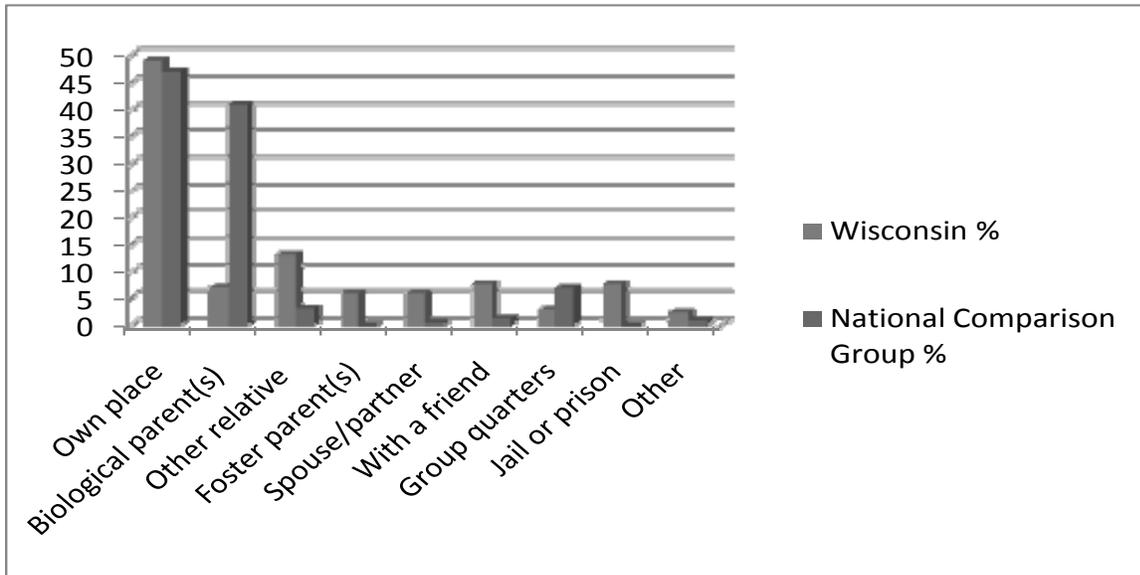
<b>Children emancipated who were in foster care three years or more (measure C3-3)</b>				
<i>Lower score is preferable</i>				
Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 <sup>th</sup> birthday while in foster care, what percent were in foster care for 3 years or longer?				
National 25 <sup>th</sup> Percentile	National Median	FFY 2006	FFY 2007	FFY 2008
37.5%	47.8%	45.7%	46.4%	46.7%

Wisconsin participated in the Midwest Evaluation of the Adult Functioning of Former Foster Youth (“Midwest Study”) over the last five years. This study, by Chapin Hall, utilizes survey data collected from young people in Wisconsin, Iowa and Illinois at age 17/18, 19 and then 21, to describe outcomes for foster youth.

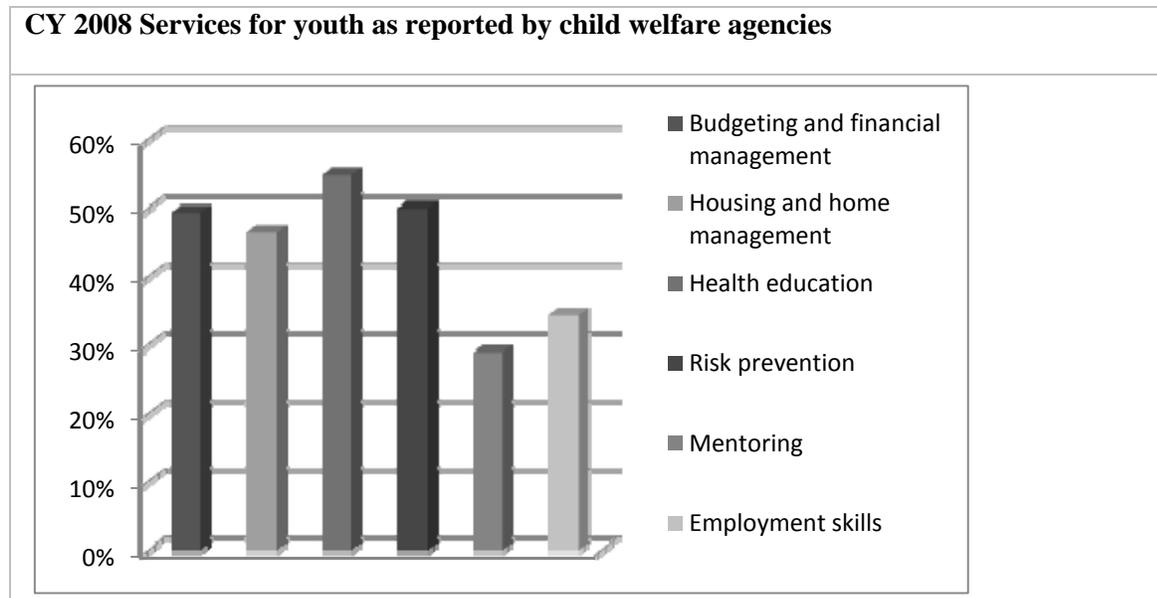


Homelessness since exiting foster care is one measure that was tracked through the Midwest Study. Of the Wisconsin youth studied, 19% had been homeless at least once since exiting care. Of the youth who had been homeless at least once, nearly 60% experienced multiple episodes of homelessness. Lengths of longest homeless spell ranged from a single night to more than 90 nights. Homelessness numbers as reported by the local child welfare agencies were significantly less than those cited in the Midwest Study.

Compared to their peers, youth who were in foster care had significantly higher incidents of living with relatives, non-relatives, spouse/partners, friends or incarcerated and lower incidents of living with biological parents than youth who had never been removed from their homes.

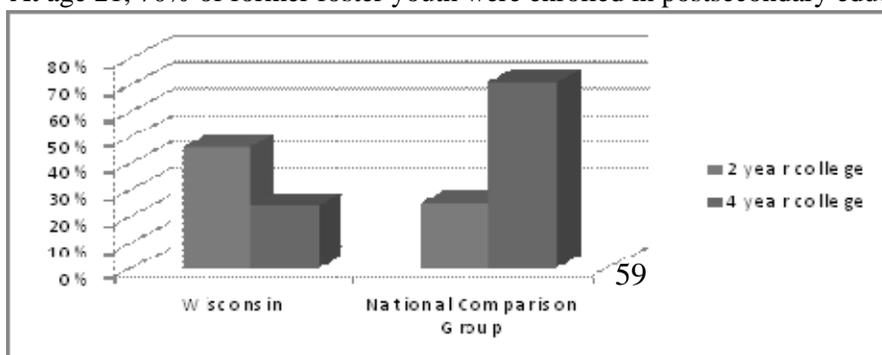


Wisconsin data show that youth participated in the following services in 2008:



The Midwest Study also gauges how prepared youth feel for self-sufficiency. Perceived preparedness increased from the 17/18 survey to the 21 year old survey. At 21, youth reported feeling most prepared to meet their health needs and least prepared to achieve their educational goals or manage their budget and finances.

At age 21, 70% of former foster youth were enrolled in postsecondary education, compared with 97% of youth who had never been removed from their homes.



### **Promising approaches and barriers to effectiveness**

In December 2008, new IL assessment and service reporting functionality was added to the state's eWiSACWIS system. This new functionality supports the IL program practice requirements and will support the state's ability to meet the new federal IL reporting requirements. Outcome reporting will be added in 2010.

Additional time and resources need to be devoted to developing a clear set of strategies targeted at working effectively with adolescents. The technical improvements listed above will assist in a more in-depth analysis of this population to determine high level service gaps. Through continued professional development and training programs, it will be possible to better incorporate local child welfare agency permanency planning standards with this adolescent population. These improvements will increase Wisconsin's efficacy at transition planning for older adolescents, an area of significant concern to the Department at this time.

Barriers include a very fragmented, county based system and high caseworker/IL coordinator turnover. These barriers are exacerbated by extremely limited funding, federal or state. The funding which is received is dispersed so broadly across the 72 counties as to provide little fiscal opportunity for programmatic improvements. Additionally, Wisconsin continues to struggle with limited transitional housing, and insufficient connections for youth who have permanency goal of another permanent planned living arrangement for youth over age 17 discharged to independence.

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

**Item 11: Proximity of foster care placement. Were concerted efforts made to ensure that the child's foster care placement was close enough to the parent(s) to facilitate face-to-face contact between the child and the parent(s) while the child was in foster care?**

#### **Previous CFSR rating**

Item 11 was rated as a Strength. In 25 of 25 (100%) applicable cases, this item was rated as a Strength, because the child was either placed in the same county or community as the family of origin or because out-of-county placement was necessary to meet the child's service or treatment needs.

#### **CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 11:

- While many Division policy initiatives were implemented during and as a result of the state's PIP, no specific policies were developed or implemented that directly related to placement proximity.

#### **Policy and practice requirements**

Local child welfare agencies are required to make efforts to place children within 60 miles of their home of origin unless such a placement is not possible or not appropriate. The child's permanency plan must contain a statement of the proximity of the placement to the home of origin, or an explanation of why a placement within 60 miles was impossible or inappropriate. Agencies are required to consider placement with relatives before other out-of-home care options. Children are to remain in their home schools if possible, and federal funding is available to reimburse for transportation costs to maintain children in their home schools.

#### **Evaluation of policy and practice**

In QSR reviews from 2005 to 2009, item 11 was rated as follows.

Strength	Needs improvement	Number of observations
69%	31%	381

The above QSR data shows that in 69% of cases reviewed, children were placed in the same community or county as their home of origin in order to preserve connections to family, school, and home community. 50% of the children not placed in their home county were involved with the juvenile justice system.

**Promising approaches and barriers to effectiveness**

As of January 2010, Division policy through the Levels of Care initiative transitions current court-ordered kinship care providers into licensed foster parents if they are eligible for licensure. This makes them eligible for additional benefits as providers, which in turn creates an incentive to licensure as foster parents. Division policy issued December 2009 also requires that notice to relatives be provided within 30 days of a child’s removal.

**Item 12: Placement with siblings. Were concerted efforts made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings?**

**Previous CFSR rating**

Item 12 was rated as an Area Needing Improvement. In 7 of 14 (50%) applicable cases, this item was rated as a Strength, because the child was either placed with all of his or her siblings, or the separation of the siblings was deemed necessary to meet at least one child’s safety or treatment needs. However, in 7 of 14 (50%) applicable cases, this item was rated as an Area Needing Improvement because the insufficient efforts were made to place siblings together, even when children requested that they be placed together.

**CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin’s PIP from the first round of the CFSR, the following policy initiatives will implemented during or as a result of the state’s PIP for the following Performance Item 12:

- *Placement of a Child with a Foster Parent, Adoptive Parent or Proposed Adoptive Parent of the Child’s Sibling* policy issued August 2006

**Policy and practice requirements**

Local child welfare agencies are required to consider sibling relationships when a child is removed from the home. The permanency plan must contain a statement regarding the availability of a placement with a sibling, or a statement of why such a placement was not safe or appropriate. Prior to placing a child for adoption whose sibling was adopted or placed for adoption, placement for adoption with that sibling’s adopted parent or proposed adoptive parent must be considered. Licensing rules allow general foster homes to exceed the capacity of four foster children (to up to six foster children) in order to accommodate sibling groups, and the DCF Exceptions Panel can approve exceptions to place sibling groups over six together. However, treatment foster homes have a fixed maximum capacity of four placements.

Division policy issued August 2006 provides guidance on placement of a child with a foster parent, adoptive parent, or proposed adoptive parent of the child’s sibling. Division policy issued February 2006 provides additional guidance on sibling placements.

Division policy issued December 2009 describes the requirements of the federal Fostering Connections Act and the state law requiring placement with siblings where possible or appropriate, and sibling interaction if placement together is not possible or appropriate. This policy mandates that if siblings cannot be placed together, reasonable efforts must be made for frequent visitation or other ongoing interaction between the siblings, unless such visitation or interaction would be contrary to the safety or well-being of any of the children. Frequency of visitation or interaction has not been defined in current policy.

**Evaluation of policy and practice**

In QSR reviews from 2005 to 2009, item 12 was rated as follows.

Strength	Needs improvement	Number of observations
82%	18%	299

The above QSR data shows that in 82% of cases reviewed (246 of 299 children), children were placed with all of their siblings or were separated from their siblings only when a separation was warranted. Warranted separations include those that would jeopardize the safety or well-being of any of the members of the sibling group.

**Promising approaches and barriers to effectiveness**

The Levels of Care licensing initiative will allow providers to care for children at or below their level of certification to accommodate children of varying levels of need, which will assist in placing sibling groups that contain children who are assessed as needing care at various levels on the spectrum. In the past, local child welfare agencies have struggled to place together sibling groups that had some children needing treatment foster care when others did not. This was because providers were licensed to provide care at only one treatment level. The Levels of Care initiative will allow providers to care for children at different levels.

The above does not override the requirement for treatment foster homes to maintain a fixed maximum capacity of four placements regardless of considerations for sibling placements. This can provide a challenge to placing siblings together, since increasing numbers of children in care are being assessed as needing treatment foster care.

**Item 13: Visiting with parents and siblings in foster care. Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity with these close family members?**

**Previous CFSR rating**

Item 13 was rated as an Area Needing Improvement. In 13 of 24 (54%) applicable cases, this item was rated as a Strength, because visits with parents and siblings in foster care were occurring with sufficient frequency to meet the needs of children and families or, where they were not, local child welfare agencies were making diligent efforts to increase the frequency of these visits. However, in 11 of 24 (46%) applicable cases, this item was rated as an Area Needing Improvement because agencies had not made concerted efforts to ensure that visitation between parents and children and between siblings was of sufficient frequency to meet the needs of the child.

### **CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 13:

- *Family Interaction for Child Protective Services Cases When A Child Is In Out-of-Home Care* (i.e. visitation between child, siblings and parents) policy issued July 2005
- *Locating and Involving Non-Custodial Parents, Alleged Fathers and Other Relatives* issued in February 2007

### **Policy and practice requirements**

Local child welfare agencies are required to create a family interaction plan for children in out-of-home care and to make diligent efforts to locate non-custodial parents, usually fathers, and relatives of the non-custodial parent. Division policy issued July 2005 outlines the policy on family interaction for children in out-of-home care. This policy has been embedded into the *CPS Ongoing Services Standards and Practice Guidelines*. The family interaction policy applies to all child protective services cases and is not required for juvenile justice cases, leaving no mandate for children in the juvenile justice system to have contact with their parents and siblings. The policy requires the development of a plan that interaction between children and their families must occur no less than weekly, and children must have other interaction with their parents (which could include phone calls, emails, letters, etc.) at least weekly. The plan must be created no later than 60 days after a child is removed from his or her home, documented in the case record and is required to address the following information:

- A description of the parent's responsibilities to arrange/confirm visits with the agency worker, plan and prepare activities for family interaction, and assist their child with the transition at the conclusion of family interaction;
- A description of the arrangements and responsibilities for transportation, and;
- Any barriers that must be addressed by the agency to assure that family interactions occur on a regular basis.

Division policy issued February 2007 directs agencies to conduct a diligent search to locate non-custodial parents, alleged fathers, and relatives for a child in out-of-home care. The policy is designed to involve the child's father and the father's family with the child as potential placement resources but more importantly, as potential lifelong connections for the child. The search for non-custodial parents and alleged fathers must occur at the following points in a case: when it is likely that a child will be placed in out-of-home care; when the child is placed in out-of-home care on an emergency basis or with prior planning; when it is likely that the child's placement will change; when a concurrent permanency goal is established; when reunification is no longer the primary goal; and when a child is determined to be subject to ICWA. The policy describes the importance of involving fathers early in the process of service provision and classifies fathers into two categories: fathers who are known (or thought to be known) and those who are unknown. The policy also outlines the search that must be conducted when the father's paternity has not been established.

Division policy issued December 2009 describes the requirements of the federal Fostering Connections Act and the state law requiring placement with siblings where possible or appropriate, and frequent sibling interaction or contact if placement together is not possible or appropriate.

### **Evaluation of policy and practice**

In QSR reviews from 2005 to 2009, item 13 was rated as follows.

Strength	Needs improvement	Number of observations
----------	-------------------	------------------------

62%	38%	345
-----	-----	-----

The above QSR data shows that in 62% of cases reviewed, children had family interactions that were rated as a strength in comparison to the remainder of the population reviewed, meaning that those children’s interaction plans were in the range of minimally adequate maintenance to optimal maintenance of family relationships with their mothers, fathers, or siblings (as applicable). These children’s patterns of interaction with their mothers, fathers, or siblings (as applicable) were rated in the range of minimally adequate to high quality, sustained pattern of interaction.

In some cases, where scores were low, this reflected lack of diligent efforts by the local child welfare agency. In others, it reflected family members’ lack of response to agency requests to schedule family interaction.

**Promising approaches and barriers to effectiveness**

It is helpful that local child welfare agencies can include expenses for travel required for visitation into exceptional payments to foster parents. Nonetheless, due to different levels of care needed by different children and the proximity of providers to one another, significant distance may exist between placements, making travel challenging.

Another challenge to preserving family relationships and connections is that local child welfare agencies are not mandated to create a family interaction plan for juvenile justice cases.

**Item 14: Preserving connections. How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?**

**Previous CFSR rating**

Item 14 was rated as an Area Needing Improvement. In 15 of 24 (62.5%) applicable cases, this item was rated as a Strength, because children’s connections had been significantly preserved while in foster care and local child welfare agencies had made diligent efforts to preserve the child’s heritage or the child’s primary connections with extended family, former foster family, school or community. However, in 9 of 24 (37.5%) applicable cases, this item was rated as an Area Needing Improvement because agencies had not made diligent efforts to preserve children’s connections.

**CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin’s PIP from the first round of the CFSR, the following policy initiatives will implemented during or as a result of the state’s PIP for the following Performance Item 14:

- *Family Interaction for Child Protective Services Cases When A Child Is In Out-of-Home Care* (i.e. visitation between child, siblings and parents) policy issued July 2005
- *Locating and Involving Non-Custodial Parents, Alleged Fathers and Other Relatives* issued in February 2007

**Policy and practice requirements**

Local child welfare agencies are required to create a family interaction plan for children in out-of-home care. The requirements for this plan are contained within the *CPS Ongoing Services Standards and Practice Guidelines*. Agencies are required to first consider placement with relatives, including non-custodial parents, prior to considering other out-of-home care placement options. Division policy issued

February 2007 requires agencies to locate and engage non-custodial parents, alleged fathers, and other relatives that are not known to the local child welfare agency to engage them as resources for children in out-of-home care. Agencies are to maintain children in their home schools if possible and appropriate. Agencies are required to follow specific orders of preference when placing an Indian child in out-of-home care or placing for adoption. Within 30 days of removing a child from the parental home, agencies are required to notify all adult relatives of the child regarding the removal as well as information regarding opportunities to become a placement option or a connection for the child.

In efforts to improve compliance with ICWA, several initiatives were implemented during the Summer 2009 including the following efforts implemented by the DSCO and the Division:

- DSCO provided training to circuit court judges and court commissioners regarding ICWA compliance;
- Circuit court forms were updated to include documentation and findings related to ICWA compliance, and;
- eWiSACWIS case documentation was enhanced to better track and document identification of Indian children and ICWA compliance.

In the fall 2009, statewide roundtables were conducted to inform court, local agency and private agency staff regarding the major changes to Chapters 48 and 938 to support ICWA codification into these statutes.

State statute codifying the federal Indian Child Welfare Act into Wisconsin law was issued December 2009. This provides placement direction related to maintaining Indian children in their tribes and communities. Division policy issued December 2009 directs local child welfare agencies to provide notice within 30 days of removal to all adult relatives of a child who is removed from the home.

**Evaluation of policy and practice**

In QSR reviews from 2005 to 2009, item 14 was rated as follows.

Strength	Needs improvement	Number of observations
96%	4%	313

The QSR data above shows that in 96% of cases reviewed, children in care had current living arrangements, alternative living arrangements, and special cultural accommodations (as appropriate) that were rated as a strength in comparison to the remainder of the cases reviewed.

Based on QSR and CCI reviews, concerns continue to be noted regarding the timeliness and effectiveness of identifying Indian children at the point of a child’s removal, providing requisite notice to Tribal child welfare agencies, and consistently following all the requirements of ICWA. The codification of ICWA in the state statutes provides greater direction on placement preferences when placing an Indian child in order to maintain connections to their families, tribes, and communities. In addition, statutory requirements to provide notice to all adult relatives of a child who is removed from the home establishes and promotes familial connections for children who are removed from the home.

**Promising approaches and barriers to effectiveness**

The requirement to create and implement a family interaction plan does not apply to juvenile justice cases, which results in inconsistent policies and practices in meeting children’s need for connections.

It is important to be able to provide culturally diverse foster homes to match the needs of children from a variety of ethnicities, cultures, and traditions. Recruitment efforts attempt to target such homes. A subcommittee within the CQI group was created in 2007 to develop an instrument to measure county compliance with the Indian Child Welfare Act (ICWA). This instrument went through three field tests before becoming finalized in October 2009. It will be added to the existing protocols in June 2010 when the CQI team resumes its reviews of Wisconsin's local child welfare agencies.

**Item 15: Relative placement. Were concerted efforts made to place the child with relatives when appropriate?**

**Previous CFSR rating**

Item 15 was rated as an Area Needing Improvement. In 15 of 23 (65%) applicable cases, this item was rated as a Strength, because the child was either placed with relatives or the local child welfare agency had made diligent efforts to search for and assess both maternal and paternal relatives as placement resources. However, in 8 of 23 (35%) applicable cases, this item was rated as an Area Needing Improvement because agencies had not made diligent efforts to search for either paternal or maternal relatives, had sought paternal but not maternal relatives, or had sought maternal but not paternal relatives.

**CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 15:

- *Locating and Involving Non-Custodial Parents, Alleged Fathers and Other Relatives* issued in February 2007

**Policy and practice requirements**

State statute requires that when children are placed in out-of-home care, placement with a relative must be considered and, if a child is not placed with a relative, the reasons must be documented in the permanency plan. When a child is being removed from his or her home, child welfare case workers have a responsibility to search out and locate relatives and make attempts to involve them in the child's life as a placement or as a resource and potential future placement.

Division policy issued February 2007 directs agencies to conduct a diligent search to locate non-custodial parents, alleged fathers, and relatives for a child in out-of-home care. The policy is designed to involve the child's father and the father's family with the child as potential placement resources but more importantly, as potential lifelong connections for the child.

As of December 2009, Division policy requires that the relatives of all children in out-of-home care be notified of their status within 30 days of removal. This notice provides an opportunity for relatives to step forward and provide care. In addition, January 2010 implementation of the Levels of Care Initiative provided improved supports to relatives, including required training, financial benefits, and other resources offered to foster care providers. Previously, some local child welfare agencies were not licensing relatives and thus not affording the same opportunities to relatives. With the Levels of Care initiative, agencies need to license everyone who is licensable and thus provide financial and other supports.

**Evaluation of policy and practice**

In QSR reviews from 2005 to 2009, item 15 was rated as follows.

Strength	Needs improvement	Number of observations
74%	26%	371

As shown in the QSR data above, 74% of cases reviewed show this as a Strength. This means that 74% of children were either placed with relatives or appropriate efforts were made in relative placement. In December 2009, relative care accounted for 30% of total placements statewide, 35% of placements in Milwaukee and 28% of placements in the balance of state. See table below.

	Relatives: % of total placements	Children in open placements	Subtotal relative placements	Percent of relative placements		
				Court- ordered kinship care	Licensed relative foster home	Unlicensed relative placements
Wisconsin	30%	6,508	1,963	62%	18%	20%
Milwaukee	35%	2,302	804	61%	25%	14%
Balance of state	28%	4,206	1,159	62%	13%	25%

### **Promising approaches and barriers to effectiveness**

Engaging families earlier in the process increases resources and permanency options for children in care. The Levels of Care licensing initiative will also ensure better supports are made available to relative providers. In addition, within 30 days of removing a child from the parental home, local child welfare agencies are required to notify all adult relatives of the child regarding the removal as well as provide them with information about opportunities to become a placement option or a connection for the child.

### **Item 16: Relationship of child in care with parents. How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?**

#### **Previous CFSR rating**

Item 16 was rated as an Area Needing Improvement. In 15 of 24 (62.5%) applicable cases, this item was rated as a Strength, because local child welfare agencies promoted the parent-child relationship by facilitating and encouraging frequent interaction, or made active efforts to promote bonding through the continued involvement of parents with their children. However, in 9 of 24 (37.5%) applicable cases, this item was rated as an Area Needing Improvement because agencies had not made diligent efforts to promote the child's relationship with the mother, father, or either parent.

#### **CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 16:

- *Family Interaction for Child Protective Services Cases When A Child Is In Out-of-Home Care* (i.e. visitation between child, siblings and parents) policy issued July 2005
- *Locating and Involving Non-Custodial Parents, Alleged Fathers and Other Relatives* issued in February 2007

**Policy and practice requirements**

Local child welfare agencies are required to create a family interaction plan for children in out-of-home care. *CPS Ongoing Services Standards and Practice Guidelines* defines requirements for this plan. For CPS cases, initial family interaction must occur within five working days of the child’s placement into out-of-home care, and for the duration of the placement, family interaction must occur no less than weekly based on the child’s developmental needs. In addition to face-to-face interaction, children shall have other family interaction (with parents) at least weekly. Agencies are required to first consider placement with relatives, including non-custodial parents, prior to considering other out-of-home care placement options.

As discussed in detail for Performance Item 13, the Division has initiated several policy initiatives to support the quality of a child’s relationship with his or her parents while the child is in OHC. To summarize, Division policy published July 2005 outlines the policy for family interaction for children in out-of-home care; this policy has also been embedded into the *CPS Ongoing Services Standards and Practice Guidelines*. The Division’s family interaction policy applies to all child protective services cases, but is not required for juvenile justice cases. Thus, there is no mandate for children in the juvenile justice system to have contact with their parents and siblings.

Division policy published February 2007 requires the diligent search efforts to locate non-custodial parents and their relatives and directs agencies to consider placement with relatives. Finally, the Division recently issued policy in December 2009 directing agencies to provide notice within 30 days of removal to all adult relatives of a child who is removed from the home regarding the child’s removal as well as information regarding opportunities to become a placement option or a connection for the child. This creates and promotes familial connections for the child in care.

**Evaluation of policy and practice**

In QSR reviews from CY 2005 to 2009, item 16 was rated as follows.

Strength	Needs improvement	Number of observations
63%	37%	353

As shown in the QSR data above, in 63% of cases reviewed, children in care had family relationships that were rated as a strength in comparison to the remainder of the cases reviewed, meaning that those children’s relationships with their family members (namely, their parent(s)), were in the range of minimally adequate to optimal quality. These children’s quality of relationship with their family members ranged from minimally adequate to high quality and sustained, leading to a rating of strength on this measure.

**Promising approaches and barriers to effectiveness**

*CPS Ongoing Services Standards and Practice Guidelines* requires local child welfare agencies to create a family interaction plan. However, agencies are not mandated to create a similar plan for juvenile justice cases. This results in inconsistent practices in addressing children’s need for family interaction. This disparity can be especially challenging when children from the same family are removed from the home for different reasons and end up with inconsistent requirements for family interactions.

## C. Child and Family Well-Being

**Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.**

**Item 17: Needs and services of child, parents, foster parents. How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?**

### **Previous CFSR rating**

Item 17 was rated as an Area Needing Improvement. Of the 17 applicable cases, 29 (58%) were rated as a Strength, and 21 (42%) were rated in the Area Needing Improvement category. In 42% of cases, child welfare agencies had not adequately assessed and/or addressed the service needs of children, parents and foster parents.

### **CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 17:

- *CPS Safety Intervention Standards* issued in July 2006
- *Criteria for Assessing the Safety of a Foster Home or Relative Placement* policy effective November 2008

### **Policy and practice requirements**

Permanency plans for children must include a comprehensive description of the overall needs of the entire family and a description of services identified to meet those needs. Permanency planning requirements also pertain to needed services and support for the foster family.

The *Ongoing Services Standards and Practice Guidelines* were implemented in May 2002 prior to the state's first CFSR. While additional policies have been issued to better support and clarify casework process and practice requirements associated with caseworker visits, family interaction (i.e. visitation), involvement of relatives in the case planning process, and use of trial reunification (i.e. trial home visit), no significant changes have been made to these standards since they were issued in May 2002. These standards are in the process of being revised to better support and integrate case planning and permanency planning processes.

These standards, coupled with the *CPS Safety Intervention Standards*, provide a framework that supports a uniform approach for case workers to assess family strengths and needs, conduct family and safety assessments, implement case and safety plans, and routinely evaluate case progress for children and families served by the CPS system.

The *CPS Safety Intervention Standards* together with 2008 Division policy guidance support the requirements for assessing safety in foster and relative placements. Additionally, June 2006 Division policy related to support services for foster families addresses services and support needs of foster parents by highlighting statutory language, providing direction where information about support plans and services should be included in the child's permanency plan, giving examples of support services for foster families and a template for support plans and revisions.

### **Evaluation of policy and practice**

In QSR reviews from CY 2005 – 2009, item 17 was rated as follows.

Strength	Needs improvement	Number of observations
78%	22%	620

In the cases reviewed, 78% of cases were Strengths and 22% Needed Improvement related to overall assessment and understanding of family strengths, needs, risks, and underlying issues. This data reflects that additional support needs to be provided to local child welfare agencies in order to strengthen the capacity of child welfare case workers in assessing and understanding family strengths and needs.

Milwaukee specific QSR scores have shown marked improvement in the assessment practices related to better understanding of child safety and family assessment. These scores have been bolstered through significant training efforts since the state’s first CFSR, including development and implementation of a new safety training curriculum and more comprehensive safety assessment training. Similar training statewide could result in similar improvements in Wisconsin’s overall case planning safety and assessment scores.

As a part of the QSR process, the reviewer team evaluates whether all individuals have a shared “big picture” understanding of the underlying issues that resulted in the family’s involvement with the child welfare agency and whether a comprehensive assessment was conducted to identify the strengths and needs of the family. This information serves as the road map in achieving permanency and safe case closure. It is likely that the QSR overstates performance on this measure, given the lower scores on permanency, engagement and teaming.

**Promising approaches and barriers to effectiveness**

Several initiatives will improve upon the ability to assess needs and adequately provide needed services. In the near future a standardized assessment tool will be used to assess the needs of each child placed in foster care. The lack of such a tool to date is a significant barrier to assessing service needs for each child and family.

eWiSACWIS was enhanced in June 2006 to move initial assessment information to ongoing services cases. This flow of information enhances the ability to track child and family needs and provide needed services as a case moves through the system.

The Coordinated Services Team initiative has expanded to include 51 counties and four tribes. This initiative is a joint effort between the Department and DHS to promote a system change in the way services are delivered to children and families involved in the child welfare, mental health and substance abuse systems. Funding, training, and technical assistance are provided to the local child welfare agencies to maximize the use of existing resources and support collaborative efforts to provide appropriate services to families to keep their children in the home or support their return where appropriate.

The Training Partnerships also work with local child welfare agencies individually to improve practice and performance outcomes after the local QSR by implementing coaching and mentoring around the central issues of engagement with families, interviewing and team based practice for the purpose of institutionalizing these newly acquired skills within the local child welfare agency.

**Item 18: Child and family involvement in case planning. How effective is the agency in involving parents and children in the case planning process?**

**Previous CFSR rating**

Item 18 was found to be an Area Needing Improvement. Of the 50 applicable cases, 31 (62%) were rated as Strengths on this item, while 19 (38%) were rated as an Area Needing Improvement. Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 38% of the cases, local child welfare agencies had not made diligent efforts to involve parents and/or children in the case planning process.

**CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin’s PIP from the first round of the CFSR, the following policy initiatives will implemented during or as a result of the state’s PIP for the following Performance Item 18:

- *CPS Safety Intervention Standards* issued in July 2006

**Policy and practice requirements**

Both the *CPS Ongoing Services Standards and Practice Guidelines* and the *CPS Safety Intervention Standards* promote child and family involvement in the case planning process.

A central tenet of the *CPS Safety Intervention Standards* is that parents or caregivers are the primary authorities in their family and are most accountable for safety and security within the family unit. Additionally, engaging families to form a collaborative partnership supports family involvement in a change based case planning process.

**Evaluation of policy and practice**

In QSR reviews from CY 2005 – 2009, item 18 was rated as follows

	Strength %	Needs improvement %	Number of applicable observations
Engagement of Mother	70%	30%	592
Engagement of Father	49%	51%	471
Engagement of Child	89%	11%	420

QSR data shows that mothers and children are consistently more engaged in the case planning process than fathers. Of the combined data for engagement of father from 2005 - 2009, 49% of fathers had this item as a Strength, and 51% as an Area Needing Improvement. Mothers and children scored better, with this item rating as a Strength in 70 and 89% respectively. Additionally, based on available 2009 QSR final reports, substitute caregivers are generally more engaged in the case planning process than fathers. Statewide, engagement of fathers is an area needing enhancement.

The QSR process also measures the degree that parents are significant, ongoing participants in the decisions made about change-based strategies, services, and supports. For the first 42 counties reviewed, 85% of mothers scored as a Strength, and 15% as Needs Improvement. For fathers, 65% scored as a Strength, and 35% as Needs Improvement. This data indicate that child welfare agencies need to continue to seek ways to improve the involvement of both mothers and fathers in a change-based process.

### **Promising approaches and barriers to effectiveness**

The use of team approaches (Coordinated Services Teams, Family Group Conferencing, etc.) is an effective practice that supports family involvement in the case planning process. The Division continues to support implementation of Coordinated Services Teams effort led by the DHS and as part of the federal Regional Partnership Grants currently being implemented in the state's western region.

In addition, foundation training and the post-QSR coaching and mentoring process provided by the Training Partnerships also support caseworkers in their work to partner with families throughout the case process. The redesign of the foundation training series for new workers was undertaken to focus more on building skill in the areas of engaging families, gathering assessment information and team based practice in child welfare.

Workload and competing requirements or mandates are the reasons primarily cited as barriers to comprehensive family involvement in case planning.

### **Item 19: Caseworker visits with child. How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?**

#### **Previous CFSR rating**

Item 19 was rated as a Strength. For the 50 applicable cases, item 19 was rated as a Strength in 44 (88%) of the cases and an Area Needing Improvement in 6 (12%) of the cases. In 88% of the cases, caseworker visits with children were of sufficient frequency and quality to meet the needs of the children.

#### **CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will implemented during or as a result of the state's PIP for the following Performance Item 19:

- *Family Interaction for Child Protective Services Cases When A Child Is In Out-of-Home Care* policy issued July 2005.
- *Face-to-face Contacts with Children and Families Following the Initiation of Ongoing Services* policy issued October 2005; this policy was updated in July 2008 to reflect new federal caseworker contact requirements and to include children in all case types.

#### **Policy and practice requirements**

In October 2005, the Division issued the policy *Face-to-face Contacts with Children and Families Following the Initiation of Ongoing Services* to guide caseworkers in assessing the needs of children, parents, and foster-parents. The policy outlines the purpose of visits as well as prescribes timeframes for initial and ongoing caseworker visits.

Additionally, in July 2005, the Division issued the family interaction policy. This policy outlines the purpose, requirements, and frequency of family interaction (visitation) to assure family connections are maintained while children are in out-of-home care.

As a result of the federal Child and Family Services Act of 2006, in July 2008 the Division issued additional policy related to caseworker contact requirements for children and juveniles in out-of-home care. This policy outlines requirements for monthly case contact including the need to focus on the safety, permanence, and well-being of the child. Additionally, enhancements were made to eWiSACWIS to better support documentation of these monthly contacts.

In setting the proposed benchmarks for the percent of children and juveniles visited each month, the Division anticipates there will be little improvement in FFY 2008 because the knowledge and tools to achieve this goal have not been provided to local child welfare agencies. However, it is likely that documentation by caseworkers for children and juveniles placed in the county will improve rapidly once policy, administrative reports, and eWiSACWIS system changes are complete. It is likely that compliance by county child welfare workers for children placed outside of the county will improve more slowly.

**Evaluation of policy and practice**

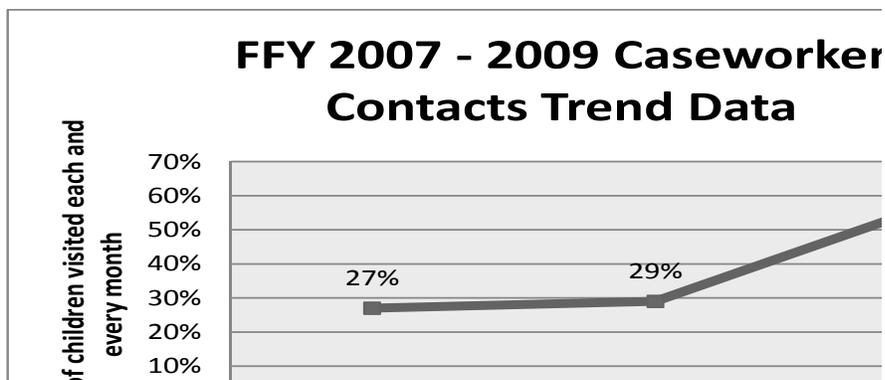
In QSR reviews from CY 2005 – 2009, item 19 was rated as follows.

Strength	Needs improvement	Number of observations
92%	8%	540

Caseworker contacts were a Strength in 92% of QSR reviews.

In addition to the QSR findings, the Division led a review in 2009 of over 500 cases with children in the custody of BMCW placed in either relative or foster care homes. These cases were reviewed to assure children were safe in their placement setting. The review found that BMCW was seeing children in out-of-home care on a monthly basis. However, the review also found that the quality and the content of the visits needed improvement in order to focus on a child’s safety, permanency, and well-being needs.

The State met its FFY09 performance improvement goal of 55% of all children in OHC having a documented face-to-face contact each month the children were in OHC. Wisconsin’s performance indicates that 59% of these children had a documented face-to-face contact each month they were in out-of-home care. Significant improvements in documentation contributed to this marked increase in performance in FFY 2009.



Wisconsin continues to meet and exceed federal performance expectations related to the children in OHC being contacted in their residence, seeing significant improvements in the documentation of contacts with children in OHC during a given month. During FFY 2009, 75% of the children in OHC had a monthly caseworker visit documented for any month a child was in OHC; this represents a 10% increase over FFY 2008 monthly caseworker visit performance.

### **Promising approaches and barriers to effectiveness**

The Division is researching policies nationally in order to improve the quality of contact with children in out-of-home care. A promising policy from Iowa provides caseworkers guidance regarding developmental activities during contact with children.

The Division utilized IV-B caseworker visits funds to purchase mobile equipment to help document visits in real time. These purchases have improved the state's data entry practices, including timeliness of caseworker visit documentation.

### **Item 20: Worker visits with parents. How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?**

#### **Previous CFSR rating**

Item 20 was found to be an Area Needing Improvement. For the 50 applicable cases, item 20 was rated as a Strength in 35 cases (77%) and an Area Needing Improvement in 15 cases (23%). The overall rating of Area Needing Improvement was based on a determination that in 23% of cases the frequency and/or quality of caseworker visits with parents were not sufficient to monitor the safety and well-being of the child or to promote attainment of case goals.

#### **CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 20:

- *Family Interaction for Child Protective Services Cases When A Child Is In Out-of-Home Care* (i.e. visitation between child, siblings and parents) policy issued July 2005
- *Locating and Involving Non-Custodial Parents, Alleged Fathers and Other Relatives* issued in February 2007

#### **Policy and practice requirements**

In October 2005, the policy *Face-to-face Contacts with Children and Families Following the Initiation of Ongoing Services* was issued to guide caseworkers in assessing the needs of children, parents, and foster-parents. The policy outlines the purpose of visits as well as prescribes timeframes for initial and ongoing caseworker visits. Coupled with the *CPS Safety Intervention Standards*, these policies outline the purpose of visits with parents and substitute care providers as well as prescribe specific timeframes for face-to-face contact.

Additionally, in July 2005, the Division issued the policy *Family Interaction for Child Protective Services Cases When A Child Is In Out-of-Home Care*. This policy outlines the purpose, requirements, and frequency of family interaction (visitation) to assure family connections are maintained while children are in out-of-home care.

In February 2007, the Division issued the policy *Locating and involving non-custodial parents, alleged fathers, and other relatives*. It provides guidance to locate and involve family members as resources for children, especially those placed in out of home care.

#### **Evaluation of policy and practice**

In QSR reviews from CY 2005 – 2009, item 20 was rated as follows.

Strength	Needs improvement	Number of observations
74%	26%	620

QSR data indicates that worker visits with mother and father were rated as a Strength in 74% of the 620 reviews.

Engaging fathers, in particular, is an area that needs to be enhanced statewide. Information from the QSR indicates contact with fathers is routinely less than with mothers or out of home care providers. Feedback from child welfare case workers confirms this finding especially in the instances where mothers are the primary caregivers.

### **Promising approaches and barriers to effectiveness**

The issuance of policy that supports the engagement of family members in the child welfare case process should bolster Wisconsin in improving upon our case practice in this item. However, as the QSR results show, this is an area that needs additional attention by child welfare case workers. One promising practice is the post-QSR mentoring and coaching process that supports agencies in developing plans to improve case practice. Barriers to improving contact with parents relate to competing caseworker priorities.

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

### **Item 21: Educational needs of the child. How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?**

#### **Previous CFSR rating**

Item 21 was rated as a Strength. Of the 33 applicable cases, item 21 was rated as a Strength in 30 cases (91%) and as an Area Needing Improvement in 3 cases (9%). Item 21 was assigned an overall rating of Strength because in 91% of the applicable cases, the diligent efforts had been made to meet children's educational needs.

#### **CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 21:

- While many Division policy initiatives were implemented during and as a result of the state's PIP, no specific policies were developed or implemented that directly related to educational well-being.

#### **Policy and practice requirements**

In 2004, an addendum was made to the CPS investigation standards, now referred to as the *CPS Access and Initial Assessment Standards*, in regard to referring children under 3 years old to the Birth to Three Program for screening, evaluation, and intervention services. Any child less than 3 years old who is substantiated as having been abused or neglected by a primary caretaker will be referred by the local child welfare agency. For children who are substantiated as abused or neglected by a secondary caretaker, the local child welfare agency is required to explain the Birth to Three Program to the parents and allow them to make the decision about whether to request a referral or not.

There are no state policies explicitly addressing the educational needs of the older child involved in the child welfare system. However, it is a requirement of the local child welfare agency responsible for placement of the child in out-of-home care to meet the foster child’s educational needs, including addressing any noted deficits. It is an expectation that agencies coordinate and collaborate with the child’s educational partners. Local child welfare caseworkers are responsible for assessing and addressing the needs of the child as it relates to his or her educational success, as well as requesting additional services from both the school and community if necessary (e.g., tutoring, IEPs). *CPS Ongoing Services Standards and Practice Guidelines* requires that information be provided regarding a child’s educational level and status in the permanency plan document, as well as the family assessment. This information is required to be documented in eWiSACWIS. It is a requirement of the local child welfare agency serving the child to have updated information in regard to the educational needs of the child, as well as to coordinate and collaborate with the child’s educational partners.

**Evaluation of policy and practice**

In QSR reviews from CY 2005 – 2009, item 21 was rated as follows.

Strength	Needs improvement	Number of observations
85%	15%	619

The statewide QSR revealed similar results as round 1 of the CFSR. Educational needs being met for the children reviewed in the QSR revealed that 85% of cases were a Strength. While some cases required additional follow up, local child welfare agencies are consistently attending to the educational needs of children involved in the child welfare system, as scored on the QSR in the learning and development indicator. Additionally, the statewide QSR tracks co-occurring conditions for the child that can impact school performance (e.g. trauma, mental health issues, or physical disabilities). This data reveal that, despite children having significant physical and emotional challenges, child welfare agencies are meeting the educational needs of children in foster care.

In regard to the Birth to Three referrals and evaluations for children under age 3, there does not appear to be statewide tracking on whether these referrals are completed and about the effectiveness of this policy. Some of the children reviewed in the Milwaukee Safety Evaluation in 2009 were in need of referrals to the Birth to Three Program, and some evaluations were being completed via telephone rather than in person with the child. This appears to be an area that could use more evaluation and attention.

Despite the state’s strong performance in the first round of the CFSR for this item, it might be advantageous to examine this area in more detail to include understanding how often children’s school placements are changed and the reasons for changes, as well as how often schools are represented at team and CST meetings. Additionally, because child welfare is a state-advised county-run system, local child welfare agencies have different procedures in ensuring that children’s educational needs are met and tracking of information may be a challenge.

Despite reported improvement in communication between local child welfare agency case workers and school personnel, the QSR focus group participants often indicated this as an area needing continued attention. Schools and local child welfare agency case workers appear to have difficulty in understanding each others’ roles. Both also struggle with how much information to share with each other, as it relates to confidentiality with the foster child. Based on feedback obtained as part of the QSR reviews, school

personnel are not always invited to attend team meetings and this lack of communication can impact the child's success both in school and in foster care.

### **Promising approaches and barriers to effectiveness**

It is clear from the results of the first CFSR, the state has a strong foundation on which to build in regard to meeting the educational needs of children, particularly for children in OHC. The continued working relationship between the Division and the Department of Public Instruction (DPI) is an essential piece to the success of agencies being able to adequately and appropriately meet the educational needs of children.

DPI, the Department and the Wisconsin Association of Family and Children's Agencies have collaborated to update a resource for both educators and local child welfare agency case workers entitled, "Educational Services for Children Placed in Foster Care" which will be published in the near future. It is anticipated this publication will facilitate cooperation between local child welfare agencies and public school systems by: 1) summarizing the legal responsibilities of each system to serve children living in foster care, and 2) share practices and resources that can help to improve how these two systems serve children living in foster care.

Barriers to improvement include the lack of formal tracking devices statewide to analyze how educational needs are being met. While the permanency plan and family assessment do require that local child welfare agencies have knowledge of the educational status and success of children on their caseloads, this information is not formally tracked. The tracking of children on IEPs or who are enrolled in special education might provide some additional insight into the needs of the children involved in the foster care system across Wisconsin. In addition, it could prove beneficial to develop a policy in regard to case workers' attendance at IEP meetings. Regular and consistent attendance at IEP sessions could help improve case plans as well as overall outcomes for children.

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

#### **Item 22: Physical health of the child. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?**

#### **Previous CFSR rating**

Item 22 was rated an Area Needing Improvement. In the 46 applicable cases, item 22 was a Strength in 38 (83%) of the cases, and an Area Needing Improvement in 8 (17%) of the cases. In 17% of applicable cases, child welfare agencies had not adequately addressed children's health needs.

#### **CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 22:

- While many Division policy initiatives were implemented during and as a result of the state's PIP, no specific policies were developed or implemented that directly related to physical health outcomes and well-being.

#### **Policy and practice requirements**

According to state Medicaid (MA) policy, the caregiver of foster children will arrange for medical and dental examinations of the foster child in accordance with the Health Check Program within 30 days of placement. When resources are limited, medical and dental examinations must be arranged within 30 days

and examinations should occur as soon reasonably possible. However, the examinations do not need to occur within the 30 days. Where availability is not an issue, the examinations should occur within 30 days. Thereafter, children in an out-of-home placement or in-home under court supervision are required to complete a yearly physical and dental exams. Responsibility for medical care of children involved with child welfare through a Voluntary Agreement or receiving in-home services remains with the parents and is not formally monitored by the Division.

In addition, BMCW requires that all children placed in out-of-home care have a medical screening within five business days at the Child Protection Center, which is a member of Children’s Hospital and Health Care System.

In 2008, BMCW hired a Medical Director for case staffing and consultation for premature and medically fragile infants and for all children with a known medical condition/health concern. The BMCW Medical Director develops an individualized health supervision case plan for each infant or child. The purpose of the health supervision case plan is to provide medical and developmental perspectives to help BMCW child welfare case workers identify and frame the individual health and safety issues that must be addressed to assure the healthy development of infants and children under BMCW care. Lastly, state MA benefits for were expanded to include youth aging out of foster care until the age of 21 un the state’s BadgerCare Plus program.

**Evaluation of policy and practice**

In QSR reviews from CY 2005 – 2009, item 22 was rated as follows.

Strength	Needs improvement	Number of observations
99%	1%	620

The QSR findings demonstrated that physical health is an area of strength in the state of Wisconsin, with 99% of children scoring as a Strength. QSR scores reflect that children interfacing with their local child welfare agencies are demonstrating minimally or good steady health patterns.

Wisconsin completed a Health and Safety Review in Milwaukee County in spring 2008. The review encompassed children who are 5 years old and under, who had been in their out-of-home placement for 10 months or less as of December 1, 2008. A total of 503 children participated in this review and the findings demonstrated that 497 (99%) children scored in the acceptable range for physical health. Children were achieving or maintaining their best attainable health status given the disease diagnosis and prognosis.

QSR focus group participants revealed that out-of-home care providers are driving to neighboring counties to access needed resources and are able to submit transportation reimbursement through Medicaid. In addition, as found in the last CFSR, there is a lack of resources across the state for providers who accept Medicaid for medical services, and even more so for dental services. Focus group participants reported that this impacts the timeliness of services being provided for children.

**Promising approaches and barriers to effectiveness**

QSR focus group participants reported ongoing collaboration between child welfare agencies with local medical and dental providers to increase accessibility to medical and dental services for children in foster care. Milwaukee County has implemented the Mobile Dentist on a monthly basis. The Mobile Dentist travels to a designated area, rotating locations each month to provide preventative and basic dental

services. Wisconsin Oral Health Programs through DHS are also connecting with children through school districts.

As result of the CFSR findings in 2003, Wisconsin continues to enhance policy and manuals that support and guide local child welfare agencies in their practice. The Training Partnerships are exploring the development of curriculum directed at understanding the medical, dental, developmental, and mental health needs of children in out-of-home care. In 2009, BMCW integrated additional health care consultants to assist staff and out of home providers in identifying, understanding, and responding to children's health care needs for Milwaukee.

Not all county agencies are able to monitor their health outcomes through eWiSACWIS due to limited staff resources. However, BMCW has been advancing efforts to monitor physical and dental health of children through its quality assurance processes. Additionally, the BMCW is working with the Division on a new eWiSACWIS report to track health care visits required for children in OHC by state administrative code and make sure they are completed on time.

Access to providers, particularly specialized providers (dental, child mental health) is an ongoing area of concern across the state.

**Item 23: Mental/behavioral health of the child. How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?**

**Previous CFSR rating**

Item 23 was rated as an Area Needing Improvement. Of the 32 applicable cases, item 23 was a Strength in 22 (69%) of the cases, and an Area Needing Improvement in 10 (31%) of the cases. Item 23 was assigned an overall rating of an Area Needing Improvement because in 31% of applicable cases, child welfare agencies had not made sufficient efforts to address the mental health needs of children. A key concern identified pertained to the lack of consistent mental health assessment services when it was apparent that a mental health assessment is needed.

**CFSR Round 1 PIP policy initiatives**

As a result of the requirements prescribed by Wisconsin's PIP from the first round of the CFSR, the following policy initiatives will be implemented during or as a result of the state's PIP for the following Performance Item 23:

- While many Division policy initiatives were implemented during and as a result of the state's PIP, no specific policies were developed or implemented that directly related to mental health outcomes and well-being.

**Policy and practice requirements**

Mental health and substance abuse services for children and families are not mandated by statute or policy, but are determined by individual child welfare case workers. Caseworkers are responsible for determining the needs of their clients and making necessary referrals for screenings, assessments and treatment based on their assessment of the family and information gathered.

**Evaluation of policy and practice**

In QSR reviews from CY 2005 – 2009, item 23 was rated as follows.

Strength	Needs improvement	Number of observations
85%	15%	549

QSR data show this to be an area of strength. This measure indicates that a large proportion of children are demonstrating age-appropriate emotional development, adjustment, and coping skills, as well as maintaining adequate behavioral functioning in daily activities and social groups. QSR data reflects the child’s mental/behavioral functioning at the time of the review and based on the level at which the child is expected to function. This data may differ from CFSR data which evaluates local child welfare agency’s practice with regard to the child’s mental/behavioral health, i.e. whether the agency has conducted a mental health assessment of the child and whether the agency has provided the child with mental health services to address his or her needs.

Local child welfare agencies have been offered training and consultation opportunities on the impact of trauma on children and families and how to design trauma-informed and responsive systems of care. Information gained through the QSR indicates that local child welfare caseworkers are demonstrating greater understanding of how abuse and neglect affect children and families. Subsequently, they are initiating the assessment and referral process for appropriate screenings, assessments, and treatments earlier in the case process and service referrals reflect a greater understanding of the family’s needs and challenges. Simultaneously, child welfare agencies that are working to develop a trauma-informed system of care within their agencies and among their key stakeholders are providing a context that supports child welfare staff in their efforts to better address the mental health and substance abuse issues.

Additionally, the QSR demonstrates that caseworkers are engaging in more family teaming and family-centered practice. As a result, families are more engaged in the process and more forthcoming regarding their needs and challenges. In turn, case workers have a better understanding of the child and family’s mental health and other treatment needs, so that appropriate referrals can be made. An example of this is the CST approach, currently active in 52 counties and four tribes.

**Promising approaches and barriers to effectiveness**

There are some barriers that prevent optimal status in this area. Not having state policy to guide case practice in addressing the mental health and substance abuse needs of families continues to be a barrier and introduces the likelihood of inconsistent practice across county agencies. As in round 1, the ability to give consent for mental health or substance abuse treatment remains with the biological parent or guardian. Also, the limitations or lack of insurance prevent access to services; moreover, there continue to be long waiting lists for both mental health assessments and treatment. There also continues to be an insufficient number of mental health providers that specialize in child and adolescent psychiatry or mental health treatment. Ongoing state and county budget cuts continue to be a serious barrier to meeting the mental health and substance abuse needs of families in the system.

Although mental health and substance abuse services for children and families are not mandated by statute or policy, several promising approaches are being explored to increase the state’s effectiveness in this area. A trauma proposal created within the Department aimed to increase the awareness among policy makers, case workers, and other staff who work with children in the child welfare system on the impact of trauma. It also aimed to develop a strategic plan for building a trauma-informed and responsive child welfare system. As a result, the state is offering more training opportunities through the Training Partnerships on trauma and its impact on children and families. Also, seven counties have been participating in monthly consultations with a national trauma expert and his team around how to develop trauma-informed systems of care.

Finally, the Division adopted a modified version of a mental health screening instrument used in California and piloted this version in ten different counties and tribes. Using feedback from the first pilot, a second pilot is currently being conducted with five counties. Child welfare case workers have been trained to use the screening tool. The screenings are conducted by child welfare case workers, who assess the safety of children and determine if the children have been maltreated. As part of the pilot, infant and child mental health specialists are available to each of the participating agencies to consult with the child welfare case workers who conduct the screenings. In conjunction with these activities, several local child welfare agencies have participated in the Trauma Informed Care Initiative through DHS to improve their systemic response to trauma, which includes performing trauma-informed screenings and assessments when children and families first enter the child welfare system.

## Section IV - Systemic Factors

### A. Statewide Information System Capacity

**Item 24: Statewide Information System. Is the State operating a statewide information system that, at a minimum, 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?**

#### **Previous CFSR rating**

Item 24 was rated as a Strength. This item was rated as a Strength based on the determination that the state is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding months, has been) in foster care.

#### **Policy and Practice**

The Wisconsin SACWIS system, currently known as eWiSACWIS, is operated by the Division and is used by all county child welfare agencies, BMCW, and SNAP. The system 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. The eWiSACWIS system is the source of information for federal reporting, as well as for state child welfare data reporting purposes. The Wisconsin eWiSACWIS system is operated statewide and is now considered in the maintenance phase of implementation.

Users of eWiSACWIS are required to follow Wisconsin CPS practice standards for timeliness. The system has built in ticklers based off of the creation of certain pieces of work that remind workers and supervisors of work that needs to be documented and approved. If a piece of work is not created in a timely manner, it gets escalated to the supervisor. These are some ways of determining that work is entered in a timely manner. Additionally the recording of a child's placement in eWiSACWIS is the trigger for payment to the provider so workers are quick to enter the placement so their provider receives their check. We would hear in quick fashion if a provider were not being paid.

The system's responsiveness continues to be augmented and numerous technical enhancements have been made to the application to reduce duplicative data entry, reducing the time it takes to enter into and manage cases within the application.

#### **Evaluation of Policy and Practice**

Considerable user input is sought to assist in eWiSACWIS maintenance and enhancement efforts. These efforts include regional user groups which meet on a quarterly basis to provide technical assistance and review of upcoming application changes, annual conferences to present and discuss program and technical changes to the application, annual one to one consultation between local child welfare agency representatives and the assigned eWiSACWIS business analyst staff, and involvement of users in the design and testing of application changes. We receive much feedback from our users, the feedback is mostly positive, and the users are so savvy in the application that the enhancement requests that they make are very detailed and complex, which shows the mastery of the system.

eWiSACWIS includes an application called eWReports, which supports state and county access to a variety of reports capturing service data and monitoring performance. Service data reports include counts of critical summary and detailed information related to child welfare service activity, such as CPS reports, CPS initial assessment decision making, and OHC placement counts. Performance monitoring reports are designed to provide summary and detailed data associated with state and federal practice requirements, such as timeliness of initial CPS investigations, permanency plan reviews, ICWA, and the federal ASFA

requirements. Local child welfare agencies are also provided a copy of their respective data on a daily basis for local reporting and monitoring purposes. Current efforts are geared toward the development and statewide implementation of a data warehouse. The data warehouse is primarily used by state central office staff at this time and includes data and reports related to placements, providers and adoption and includes a program that generates monthly CFSR Round 2 performance data using the federal Children's Bureau SPSS syntax. Future development efforts include planning and implementation for rolling data warehouse report access to local child welfare agencies and transitioning reports currently available to counties in eWReports to the data warehouse.

Several external entities have limited access to eWiSACWIS including:

- Eleven tribes who have read-only access;
- Private group home and residential facility agencies who can enter case notes to document child contacts as authorized by local child welfare agencies;
- Contracted private providers who deliver independent living services to young adults as authorized by local child welfare agencies.

The Division has also granted limited access to data related to child placements for economic and child support staff to enable child support collection and economic assistance eligibility determinations. Finally, specific staff within the Department's Division of Early Care and Education has been given access to eWiSACWIS to do child care licensing background checks under the state's caregiver law.

### **Promising approaches and barriers to effectiveness**

Since October 2008, the Division has implemented several enhancements to the data warehouse, including the addition of data related to OHC placements, pre-finalized adoptions, OHC providers, and Child and Family Services Review (CFSR) Round 2 outcome measures. 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. Subsequent phases of the eWiSACWIS data warehouse will include child protective service and fiscal information.

While the Division has successfully developed multiple reports available to local child welfare agencies to monitor services and performance related to child safety, permanency and well-being, most local child welfare agencies are not able to readily access and utilize these reports for day-to-day management of their organizations.

## **B. Case Review System**

**Item 25: Written Case Plan. Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?**

### **Previous CFSR rating**

Item 25 was rated as an Area Needing Improvement. This rating was primarily based on local child welfare agencies failing to routinely involve both parents, particularly fathers, in the development of the case plan.

### **Policy and practice**

Wisconsin has a comprehensive case review system, required by state statutes and standards, to establish case plans for children served in the family home and for children placed in OHC. Key aspects of child welfare case planning process include the following factors:

- Thorough identification and analysis of factors affecting child safety and risk of future harm.
- Development and implementation of case plans and ongoing progress evaluations with families and key collateral contacts to the family system to address factors affecting child safety and future risk of harm.
- For children placed in OHC, use of the case plan and results of subsequent progress evaluations as a basis for conducting permanency plan reviews, assessing compliance with federal ASFA requirements, and modifying the permanency goal, as necessary.

For CPS cases and cases where one or more children are placed in OHC, the case plan, as prescribed by *CPS Ongoing Service Standards and Guidelines*, identifies specific goals and objectives, describes the services or resources needed to achieve those goals and objectives, and defines family and provider responsibilities in the case planning process. When children are placed in OHC, the case plan and case plan progress evaluations support the identification or modification of the permanency goal and permanency planning efforts. For JJ cases, Chapter 938 governs permanency plan goal development, permanency plan review requirements, and court determinations regarding child, family and agency efforts to achieve the permanency goal.

Permanency plans for children in OHC include a comprehensive description of the overall functioning and needs of the entire family and the services that are designed to meet those needs. The primary consideration for safety or other well being of the child can be isolated to meet the needs or conditions of an individual family member. In this context, emphasis is placed on the use of family-managed safety plans before consideration will be given to agency-managed safety plans and then to removal of a child from his or her home. The family is considered the client, rather than any one member of the family. State policy and statutes have been established to support compliance with the requirement under the federal ASFA law to pursue termination of parental rights (TPR) for children who have been in out-of-home care for 15 of the most recent 22 months.

The state's eWiSACWIS system supports permanency planning and the federal ASFA practice requirements and documentation and the application has been modified to synthesize and streamline some documentation functionality related to assessment and planning. In addition, reports based on permanency planning and ASFA are available to state and local child welfare agencies to monitor monthly performance related to these requirements.

### **Evaluation of policy and practice**

As of December 2009, based on an eWiSACWIS report, of almost 6,000 children in OHC for more than 60 days, 85% of the children had a permanency plan and goal documented, 10% did not have a permanency goal documented, and 5% did not have a permanency plan documented in eWiSACWIS.

In QSR reviews from 2006 to 2009, item 7 (Permanency Planning) was rated as follows.

Strength	Needs improvement	Number of observations*
65%	35%	280

\*Total number of observations do not include 101 cases due to data quality concerns related to Permanency scores derived from 2005 QSR reviews.

The QSR scores associated with establishing a timely and appropriate permanency goals and supporting permanency goal achievement. Based on these scores, it appears that challenges in these areas of practice are greatest for children ages 10-14 years old and for males.

County size also appears to affect performance in this area, where small counties experience the greatest challenges establishing and achieving permanency plan goals and large counties see the greatest successes in the area.

Based on QSR review observations and local child welfare agency feedback regarding permanency planning efforts, the court orders are used to guide agency involvement versus case planning efforts performed by the child welfare caseworker with the family. Often caseworker dispositional recommendations and court orders, focused on compliance with “cookie cutter” requirements versus the specific behavioral changes that will ensure child safety and family well-being, were used by the child welfare caseworkers to direct permanency planning and case planning process.

Concerns have also been noted among court stakeholders within the CCI reviews regarding the consistency of guardian ad litem (GAL) representation across the state and adherence to the minimum statutory requirements for guardians ad litem, including adherence to the special requirements and cultural considerations for Indian children as provided by ICWA. These concerns related to the lack of adequate training and support, as this function is managed at the county level, are likely having a negative impact on the quality of permanency planning practices for young children in OHC. Additional advocacy support from the state’s Court Appointed Special Advocates (CASA) program is available in some areas of the state.

Furthermore, stakeholders reported that the quality of permanency planning for Indian children has also been negatively affected due to the lack of awareness by CASA, district attorneys, corporation counsel, private attorneys, the circuit court, and private and county agencies of the special requirements and cultural considerations that are required in cases involving Indian children and families.

### **Promising approaches and barriers to effectiveness**

As described in the Permanency 1 Performance Items section, the Division is in the process of revising its *CPS Ongoing Services Standards and Practice Guidelines*. As part of these revisions, increased emphasis has been directed toward integrating the permanency and case planning functions and timelines governed by state statutes and state practice standards respectively. Better integrating practice and process expectations regarding case planning between the agency and court practices will better align and focus child and family expectations on the behavioral changes need to ensure child safety and support child and family well-being. Changes associated with these revisions will also support more targeted and meaningful court findings related to preventing removal and finalizing the permanency plan.

A subcommittee of the circuit court Chief Judges evaluated concerns related to GALs within the state and developed recommendations, including revisions to related court forms, to better ensure the consistency and adequacy, including training, of a child’s representation by GAL in the court process. In addition, recent state legislation, effective January 2010, requires consultation with the child regarding the development and modification of the permanency plan.

### **Item 26 and Item 27: Periodic Reviews & Permanency Hearings.**

- **Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?**
- **Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?**

#### **Previous CFSR rating**

Item 26 was rated as a Strength. This rating was based on the CFSR findings that for the most part, 6-month periodic reviews of a child's permanency status were conducted in a timely manner across the state.

Item 27 was rated as a Strength. This item was rated as a Strength because the State's process, as directed by state statute, ensures that each child in OHC has a permanency hearing in a qualified court or administrative body no later than 12 months from the his or her removal date and no less frequently than every 12 months thereafter. Although stakeholders indicated that sometimes hearings were delayed due to problems with court scheduling, these delays were not a frequent occurrence.

#### **Policy and practice**

State statutes require that the child's permanency plan be reviewed at least every six months as long as the child remains in OHC. The six-month permanency plan reviews heard by the court or by an administrative review panel approved by the court. The six months is based on the date a child is removed from his or her home. State statutes require the court to hear the permanency plan review at the point a child in OHC requires a 12-month permanency plan review. The 12 months is based on the date a child is removed from his or her home.

If the child's permanency plan is reviewed by a court approved administrative panel at the 6 month review, a written summary of the determinations made by the panel must be submitted to the court within 30 days of the review, including any changes recommended by the panel.

Consistent with federal Title IV-E requirements, as part of the permanency plan hearing, the court is required to make a determination as to whether or not the child welfare agency has made reasonable efforts to assist the family in achieving the child's permanency goal.

#### **Evaluation of policy and practice**

As part of the CCI reviews to date, results indicated the six-month review of a child's permanency plan is done in a timely fashion in 574 of the 688 (83%) cases subject to this requirement. Of the six month reviews that were not timely, 56.1% of these reviews were performed by an administrative panel and 38.6% were performed by the courts. Of the remaining cases, no six-month review occurred and it was not possible to determine whether an administrative panel or the court would have conducted the review. In the 356 cases where an administrative review of the permanency plan occurred, the written review summary was filed by the agency within the statutorily required 30 days after the administrative review in 70% of the cases.

As part of the CCI reviews to date, results indicated that the court's twelve-month review of a child's permanency plan is done in a timely fashion in 230 of the 267 (86%) cases subject to this requirement. In several of the cases where the permanency plan hearing by the court was not conducted within 12 months after removal, the hearing was less than 30 days late. The timeliness of permanency plan hearings was

negatively affected when local child welfare agencies filed the request to review the permanency plan with insufficient time to provide notice of the hearing as required by state statutes.

The court is required to address the “reasonable efforts to achieve the goal of the permanency plan” finding at the twelve-month review. While this finding was routinely made on the permanency plan hearing order (95%), based on CCI reviews, the level of detail and whether the specific phrase “reasonable efforts to achieve the goal of the permanency plan” was stated varied by judicial officer.

### **Promising approaches and barriers to effectiveness**

Local child welfare agencies where the courts perform the six-month review and twelve-month hearing are more likely to have the review in a timely manner. Recent state legislation, effective January 2010, affirms that court commissioner, as representatives of the courts, may conduct the six-month review and hear the twelve-month hearing to better support consistency, quality and timeliness of permanency planning reviews and hearings.

Promising practices noted during the CCI reviews that support timely reviews or hearings are as follows:

- Scheduling the six-month or twelve-month review as a part of the initial disposition hearing.
- Increased use of reminders from and communication between local courts to local child welfare agencies regarding the notice due dates and permanency plan review hearings.
- Judges conducting more frequent review hearings after disposition to discuss family interaction, transportation issues, compliance with the conditions for return, steps the agency has made put services in place, and whether the parents are in need of any additional services.

### **Item 28: Termination of parental rights. Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provision of the federal Adoption and Safe Families Act?**

#### **Previous CFSR rating**

Item 28 was rated as an Area Needing Improvement because the TPR process was not being consistently implemented in accordance with the provisions of the ASFA due to court- and agency-related delays in filing for TPR and in attaining TPR.

#### **Policy and practice requirements**

Current policies are mandated by the federal ASFA law and by state statutes. Consistent with ASFA, Wisconsin statutes specify that a TPR petition must be filed by the agency, district attorney, corporation counsel or other appropriate official for a child who has been in out-of-home care for 15 of the last 22 months unless there are compelling reasons not to file the petition. Those reasons must be documented in the information system as an exception by the 15th month in out-of-home care. Under Wisconsin statutes, these exceptions include: the child is being cared for by a fit and willing relative; the child’s permanency plan indicates and provides documentation that TPR is not in the child’s best interest; the agency has not provided the child’s family the services necessary for the safe return of the child to his or her home; and the grounds for an involuntary TPR do not exist. State statutes outline the required processes involved in a TPR and a TPR may be voluntary or involuntary. State statute outlines the grounds for involuntary TPR. TPR petitions are typically filed by the District Attorney’s Office or Corporation Counsel’s Office and is determined at the county level. However, in some counties, the county agency contracts with a private attorney to file TPR petitions on their behalf.

State permanency consultants consult with county CPS staff to assess the appropriateness of termination of parental rights in individual cases. The Division issued policy guiding concurrent permanency planning in December 2005 to better support local child welfare agency staff in meeting the federal ASFA required timelines.

Permanency consultants monitor compliance with the federal ASFA requirements using an eWiSACWIS report and conduct focused consultations with the assigned county workers for all cases nearing their 15<sup>th</sup> month in out-of-home care.

### **Evaluation of policy and practice**

As was discussed in item 9, there is room for improvement within the two measures that make up Component B within Permanency Composite 2: progress toward adoption for children in foster care for 17+ months. This is particularly true for measure C2-3, children in care 17+ months, adopted by the end of the year, since Wisconsin's rate (15.7%) fell well below the national median (20.2%) for this measure. For measure C2-4, children in care 17+ months achieving legal freedom within 6 months, Wisconsin's rate (8.3%) fell just below the national median (8.8%).

For children who had TPRs during CY 2008, on average, there were 26 months between removal and TPR, and 8 months between TPR and adoption. Statewide, the number of months from removal to TPR has declined from 39 in 2004. This is a decline of over 30% and is driven more by declines in Milwaukee than in the balance of the state. The number of months between TPR and adoption appears to have remained relatively constant over time. Data from CCI reviews in 57 counties indicate that the county average for the time from TPR petition to TPR disposition ranged from 22 days to 174 days. The average of the county averages was 79 days (2.6 months).

Data from CCI reviews shows that, for three-fourths of counties reviewed, there appeared to be no notable delays in the filing of TPR petitions. Specifically:

- In 44 of 58 counties reviewed (76%), there were no notable delays in the filing of TPR petitions identified during the CCI review.
- In 2 of 58 counties (3%), there were relatively few CHIPS and TPR cases compared to other counties of similar size and demographics.
- In 12 of 58 counties (21%), there were notable delays in the filing of TPR petitions identified during the CCI review.

For those counties with notable delays (12 counties), the delay was predominantly attributed to high caseloads and insufficient staffing levels in the District Attorney's Office or Corporation Counsel's Office (5 counties) or to the District Attorney or Corporation Counsel not giving TPR cases priority (2 counties). For the remaining counties (5 counties), it was reported that children are remaining in OHC for long periods of time without achieving permanency because involuntary TPR petitions are not being filed as directed by statute. Reasons provided by focus group participants include: workload issues in the prosecutor's office, involuntary TPR cases are extremely time consuming, it is a highly specialized area of law, the prosecutor lost at trial or on appeal and is now reluctant to file TPR petitions, the prosecutor wants to build strong cases, agency gives parents too many chances, and the agency has not adequately documented information necessary for trial.

In addition, stakeholders report that lack of legal representation for parents during CHIPS cases results in parents who may have had an insufficient understanding of their rights, court processes and timelines. This concern is most commonly seen that the point of issues being litigated at TPR, when parents are required to be represented, which could have been identified and mitigated earlier in the court process.

As part of the Division's continuing efforts to monitor compliance with the federal ASFA requirements and to support timely permanence for children in OHC, state permanency consultants report that they are experiencing an increase in the number of cases on which they are being consulted, with some indication that the requests for consultation regarding permanency plan goals and planning efforts are being received earlier in the cases.

### **Promising approaches and barriers to effectiveness**

Promising approaches include expansion of the QSR process to better evaluate and understand county and state performance related to achieving and sustaining child permanency through adoption. This addition to the state's quality assurance program has been effective in persuading local child welfare agencies, including the state's BMCW and SNAP programs, to address identified issues through improvements to policy and practice. In addition, with recent changes in the SNAP program, state permanency consultant staff will actively consult on cases open for 12 months in out-of-home care to further support permanency planning efforts within counties and the BMCW.

Barriers to effectiveness include having Division concurrent planning policy issued as guidance rather than as a policy requirement. In addition, county legal staff is often reluctant to pursue a TPR if there is not an identified adoptive resource, which is often an issue for the most challenging children. There are differing policies and practices among the state's 72 counties, including the CPS units, legal staff, and court systems. Finally, there are a significant number of TPR cases that are appealed. This impacts the timeline to permanence. Also, when TPRs are overturned as a result of the appeal decisions, this can make local child welfare agencies and legal staff reluctant to pursue an involuntary TPR.

Promising practices noted during the CCI reviews that support timely TPR filings:

- The court supporting GALs filing a TPR petition in cases where it is appropriate but the agency or prosecutor has not pursued filing a TPR petition.
- The agency designating a separate caseworker to cases that are likely proceed to TPR. As a result of this practice, the original caseworker assigned to the case is able to continue focusing his or her efforts on reunification. Furthermore, if and when TPR becomes necessary, the TPR caseworker is able to fully and timely prepare the case for TPR.
- The agency and prosecutor regularly staffing cases, which includes a discussion about permanency planning, concurrent planning, and TPR.
- County-created checklist that the caseworker completes to ensure they have fulfilled certain requirements and have the necessary documentation before forwarding the case to the prosecutor's office to file a TPR petition.

### **Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?**

#### **Previous CFSR rating**

Item 29 was rated as an Area Needing Improvement because the processes for notifying tribal child welfare agencies, foster parents, pre-adoptive parents, and relative caregivers about reviews and hearings were not being implemented in a timely or consistent manner.

#### **Policy and practice**

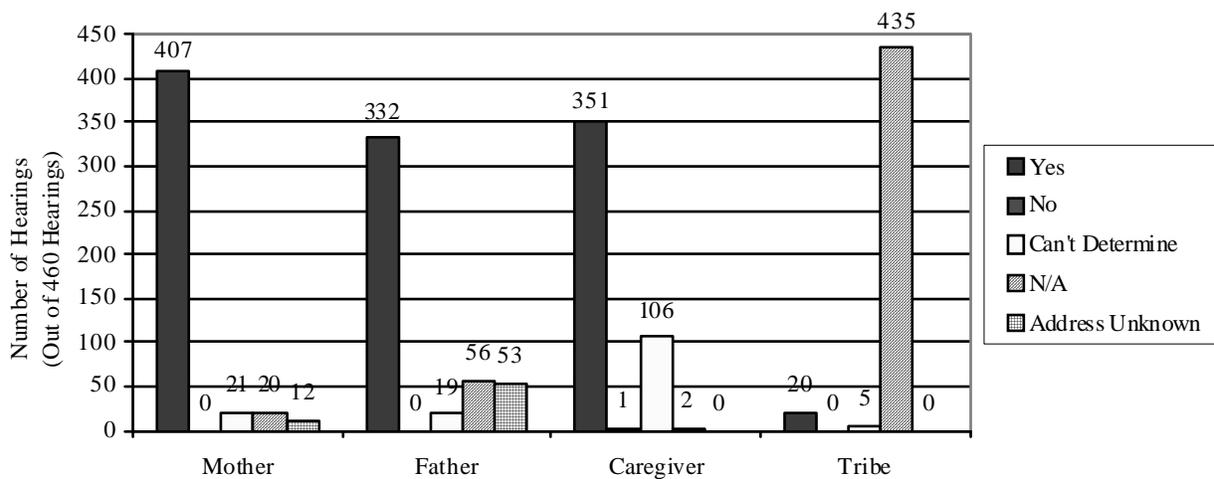
State statute effective in January 2010 gives foster parents and relative caregivers a "right" to be heard at hearings and administrative reviews in juvenile cases by making a written or oral statement at or prior to the hearing/review. Prior to this, state statute gave the caregiver the "opportunity" to be heard. This change was made to address provisions required under the federal Fostering Connections Act.

Furthermore, Wisconsin statutes require that the caregiver be provided notice of all hearings in CHIPS and TPR cases. The first notice in a case must be in writing. The timeframes for providing notice are set out in Wisconsin statutes and differ depending on the type of hearing. The caregiver and other participants are required to be notified of permanency plan hearings not less than 30 days before the

hearing. In CHIPS cases, notice to the caregiver may be made by the court or any suitable person under the direction of the court. In TPR cases, the petitioner is responsible for providing notice to the caregiver. However, the process for providing notice of hearings to caregivers and other participants, including who provides the notice and the method, varies depending on local county practice.

**Evaluation of policy and practice**

Based on CCI reviews conducted to date, where addresses were known, parental and OHC caregivers were routinely given notice of and, if present, afforded the opportunity to be heard in court in the vast majority of the counties reviewed. The following table provides detailed information by party type regarding these findings related to the provision of notice for the child’s most recent permanency plan hearing:



Furthermore, CCI review results indicate that the judges allowed caregivers to make statements in court if the caregivers wanted to say something. However, it was found in several counties that some foster parents (particularly newer foster parents) were unaware that the statutes provide them with an opportunity to be heard at hearings or were uncomfortable making a statement in court without first being asked directly to do so. In addition, the level of caregiver participation and whether they were asked directly to make a statement varied depending on the judicial officer and hearing type (e.g., caregiver participation at dispositional and permanency plan hearings was generally greater than at hearings earlier in the case like temporary physical custody and plea hearings).

**Promising approaches and barriers to effectiveness**

In December 2009, the Division issued a new Foster Parent Handbook which describes court process and foster parent rights as part of the court process. Recent state legislation, effective January 2010, modifies state statutes from requiring caregivers to have an “opportunity” to be heard at court proceedings and administrative reviews to having a “right” to be heard at court proceedings and administrative reviews. The Division also released a Guide for Foster Parents and Other Physical Custodians to Provide Information at Court Hearings in January 2010.

Promising practices were identified in several counties as part of the CCI reviews. These include, but are not limited to the following:

- Providing specific direction within the notice to the caregivers encouraging participation in the court proceeding and/or submitting a written statement to the court.
- Creating and administering a written questionnaire or form which is sent to caregivers to provide specific information and input at permanency plan reviews and hearings.

- Having court officials thank the foster parent or relative caregiver in court for coming to the hearing and the work they do and asking the caregiver if there is anything that the court or agency can do to help them with the placement.
- Having court officials attend foster parent meetings/functions.
- Seeking caregiver input and/or a written statement by the prosecutor or caseworker in advance of the court proceeding and relaying this information to the court as part of a review or hearing.

In several counties, the use of CST and family group decision making practices seemed to promote caregiver comfort with and participation in the case and in permanency planning.

Finally, codification of ICWA into Chapters 48 and 938 solidifies notice requirements to Tribes re: court proceedings for Indian children.

### C. Quality Assurance System

**Item 30: Standards Ensuring Quality Services. Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?**

#### **Previous CFSR rating**

Item 30 was rated as a Strength because the State had developed and implemented both initial investigative standards and ongoing service guidelines for children in foster care.

#### **Policy and practice requirements**

Since the first round of the CFSR, Wisconsin has developed and implemented the *CPS Safety Intervention Standards* and updated the *CPS Access and Initial Assessment Standards*. These are meant to provide county agencies with more specific direction in conducting child abuse and neglect investigations than is offered by state statute alone.

The *Ongoing Services Standards and Practice Guidelines* were implemented in May 2002 prior the state's first CFSR. While additional policies have been issued to better support and clarify casework process and practice requirements associated with caseworker visits, family interaction (i.e. visitation), involvement of relatives in the case planning process, and use of trial reunification (i.e. trial home visit) no significant changes have been made to these standards since they were issued in May 2002. These standards are in the process of being revised to better support and integrate case planning and permanency planning processes. The Case Process Committee has been meeting to develop statewide standards that are aligned with the goals established with the state's first PIP and to develop recommendations related to case plan integration as several planning documents are required as part of state statutes, standards, and policy.

Additional administrative rules govern other areas of the child welfare program including:

- Foster Care Licensing- Administrative Rule DCF 56
- Kinship Care Program- Administrative Rule DCF 58
- Caseworker Training- Administrative Rule DCF 43

The state's Level of Care Initiative introduces significant changes to the administrative rule governing foster care licensing including, but not limited to the following key areas:

- Establishing consistent licensing standards for relative and non-relative caregivers;

- Implementing a standardized needs assessment tool for all children entering and remaining in OHC, and;
- Formalizing expectations for higher levels of care such as treatment foster homes based on results of the child's needs and expertise of the provider.

### **Evaluation of policy and practice**

Case practice is evaluated through the use of the QSR review process which has been conducted in 54 counties since its inception in 2005, with five of these counties being reviewed more than once.

More recently and with increasing severity, barriers to effective and meaningful implementation of child welfare practice requirements across state departments, with child welfare agencies and key stakeholders include the following:

- Mandated furlough days for state and county staff.
- State and county hiring freezes or elimination of vacant positions.
- Decreasing federal, state, and local revenue.

These factors have negatively affected state, county, and stakeholder capacity to dedicate staff and operational resources to implement, sustain and monitor substantive program and policy initiatives.

### **Promising approaches and barriers to effectiveness**

As described above, the Division is in the process of revising its *CPS Ongoing Services Standards and Practice Guidelines*. As part of these revisions, increased emphasis has been directed toward integrating the permanency and case planning functions and timelines governed by state statutes and state practice standards respectively. Better integrating practice and process expectations between the agency and court practices related to case planning and permanency planning will better align and focus child and family expectations on the behavioral changes need to ensure child safety and support child and family well-being.

The Levels of Care Initiative will also further support that state's efforts to adequately and appropriately assess and respond to service needs and to better support the quality and consistency of OHC providers across the state.

The Training Partnerships and the CQI program have used results of the QSR reviews to identify and target professional development needs associated with practice that supports the requirements of the program standards. The child welfare training system, through the Training Partnerships, provides training for over 2,000 child welfare workers throughout Wisconsin. This includes pre-service and foundation training for new workers and ongoing training for advanced practice skills and specialized topics.

**Item 31: Quality Assurance System. Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?**

### **Previous CFSR rating**

Item 31 was rated as an Area Needing Improvement. This rating was rated as an Area Needing Improvement because the Department did not have a quality assurance system with the capacity to evaluate the quality of services, provide relevant reports, or evaluate the implementation of program improvement measures.

## **Policy and practice requirements**

At the time of the first CFSR, the state did not have a comprehensive, statewide, quality assurance system that had the capacity to evaluate the quality of child welfare services, provide relevant reports, or evaluate the implementation of program improvement measures. There were local agency-initiated quality assurance efforts that were identifiable, notably the BMCW comprehensive case review system, where case reviews were conducted annually. Wisconsin's eWiSACWIS had not yet been fully implemented in all 72 Wisconsin counties.

As part of the state's PEP improvement strategies, a statewide Continuous Quality Improvement (CQI) Committee was formed in February 2005 and helped to shape policies, procedures, and practices needed to implement the state's child welfare quality assurance program. In July 2005 the CQI Committee selected the QSR review process after a pilot was conducted in La Crosse County. In August 2005 the CQI team collaborated with Paul Vincent, director of the Child Welfare Policy and Practice Group (CWP&PG), and Ray Foster, director of Human Systems & Outcomes (HSO), to develop Wisconsin's first QSR protocol. The protocol was designed to evaluate practice and outcomes for cases in the ongoing phase of Child Protective Services (CPS). In September 2005 the CQI team brought in certified QSR reviewers from other states and field tested our Wisconsin QSR protocol and system of review in Pierce and Washington Counties. In November 2005 the QSR review system was launched by CQI, meeting the PEP deadline approved by the Children's Bureau.

In spring of 2005 the statewide CQI Committee established the cycle for reviews. It calculated the 19 largest counties contained 72% of Wisconsin's child population and believed they should be reviewed every three years. It was anticipated that the CQI team was to perform 15 to 16 reviews a year, with an estimated time to review all 72 counties being 6 ½ years per cycle. The cycle has been extended to 7 ½ years since the yearly number of reviews is now down to 12.

As of December 2009, 54 individual counties have been reviewed utilizing the QSR ongoing protocol, all of them in conjunction with the Children's Court Initiative (CCI) reviews. Five of the 54 counties have had a second review and the Bureau of Milwaukee Child Welfare (BMCW) has been reviewed on three occasions. In early 2007 the Children's Rights group, plaintiff in the Milwaukee court settlement, approved substituting the QSR for the compliance oriented model of review. Subsequently, QSR's are required every 18 months in Milwaukee County.

In October 2005 the CQI team recognized it lacked capacity to perform the 15 to 16 county reviews required by the state's PEP. At a minimum each review required six case review teams and there were only 5 CQI Specialists. The CQI Section Chief expanded the reviewer pool by soliciting experienced child welfare stakeholders within each region that were interested in becoming certified QSR case reviewers. The process for certification required they participate in a two day training followed by two weeks of onsite coaching/mentoring, with a certified QSR case reviewer, during the actual review of two counties. Each trainee (shadow 2) observed their coach/mentor take the lead on the first case and they took the lead on the second case of the week. The shadow 2 received a written evaluation of their performance after review. If recommended, the shadow 2 took the lead in both cases during the second review week with additional coaching and mentoring from their certified partner. Ninety-two percent of the shadow 2's demonstrated the requisite skills and competencies required for certification. Currently Wisconsin has over 70 certified QSR peer reviewers in their pool.

The CQI/QSR county reviews, similar to the CFSR, have included individual case reviews (ideally 12 ongoing cases) and approximately 15 stakeholder focus groups to gather perspectives related to the larger systemic factors impacting child and family outcomes. Each QSR case review takes two full days to complete. The first case review activity is a file review, followed by a series of interviews (we have averaged 8 ½ persons on each case). During the afternoon of the second day, the review team scores the

case, debriefs with the caseworker and supervisor on the strengths and challenges and offers suggestions as to possible next steps. This is followed by Case Presentations (“Grand Rounds”) which is characterized as a 10 minute summation of what was learned on each case. On Friday morning, a power point Summary Presentation of the aggregate scores on the protocol indicators and findings from the focus groups are provided. After a celebratory brunch county leadership meets with the site leader(s) to begin Action Planning to identify opportunities to improve outcomes in areas of practice or systemic issues uncovered through the review.

One of the early discoveries within the QSR process was that capacity and experience in Action Planning varied across counties. This resulted in inconsistency in both the quality and functionality of their Action Plans. In 2007 additional funds were provided to design and implement a structured facilitation protocol to guide counties in the development of their post QSR Action Plans. Fourteen persons were trained and coached/mentored to use the facilitation protocol. Thirty-seven counties have used facilitators to guide them in developing their Action Plans. The Department of Children and Families has not issued a mandate to counties to develop an Action Plan, however only 2 of the 54 counties reviewed have declined to develop and implement a formal Action Plan.

In December 2007 the CQI team added a newly developed protocol to its review of local child welfare systems. The Permanency Pathway protocol evaluates case practice and outcomes for children whose permanency goal was adoption. Forty two cases in 14 counties were reviewed with this protocol and the findings served as the basis for a report called “Permanency Pathway: State of the State.”

In January 2007 the statewide CQI committee created a subcommittee to develop two new instruments to measure and assess practice at the "front door" of Wisconsin's child welfare system. The subcommittee researched what other states had developed and found them to be instruments measuring compliance. It was determined Wisconsin's instruments should have a more qualitative focus. In collaboration with HSO, the subcommittee spent the next two and a half years developing two protocols to evaluate the Access and Initial Assessment phase of child protective services. The protocols were field tested twice in 2009, each resulting in further refinements. In February 2010 the CQI Section Chief arranged for 14 professionals with extensive experience in access and initial assessment to complete two-day training in the new protocols.

In January 2007 a second sub-committee was also created to work with the Indian Child Welfare (ICW) directors to develop a protocol that measures compliance with the federal Indian Child Welfare Act (ICWA). In 2009 this protocol was field tested in two counties and is now ready for full implementation.

In June 2010 the ICWA, Access and Initial Assessment protocols will join our Ongoing QSR and Permanency Pathway protocols, enabling all phases of CPS case practice to be evaluated during a CQI review of county child welfare systems.

### **Promising approaches and barriers to effectiveness**

For the past three years, the CQI section has paid for trained facilitators to guide county child welfare agencies in their development of Action Plans. This is seen as a promising approach since the post-QSR facilitation process uses a root-cause analysis methodology to assist local child welfare agencies in identifying underlying factors that may be inhibiting progress toward desired outcomes and strategies for alleviating these factors. The root-cause analysis focuses on areas within their case practice framework (e.g. engagement, assessment, case planning etc.), therefore many of the strategies counties design typically include a request for training. Since 2007 the CQI Section Chief has provided county Action Plans to the DCF Central Training Unit that uses the plans to identify specific training needs and when necessary craft an individualized curriculum. They have also provided post training coaching/mentoring to enhance transfer of learning.

Another promising approach is that Wisconsin's CQI section has developed a process for training, coaching/mentoring and certifying its QSR site leaders and case reviewers. In addition, Wisconsin has a peer review system with more than 70 certified QSR case reviewers who are available to carry out the required 12 to 13 reviews each year.

As described earlier over the past three years, various CQI sub-committees have developed new protocols which now cover the full range of CPS case practice. Again they are ICWA, Access, Initial Assessment, Ongoing, and Permanency Pathways. The CQI team has instituted internal quality assurance procedures before, during and after reviews through ongoing feedback, evaluation and assistance to case reviewers. In 2006 and 2008 HSO conducted "QSR Agreement Studies", which were used to measure and improve inter-rater reliability amongst case reviewers.

Another opportunity for the Division is to advance efforts to integrate quantitative information (eWiSACWIS data) with the scores and qualitative results from the QSR reviews to improve its capacity to improve practice in child welfare throughout the state and evaluate program improvement efforts. Beginning in September 2009, the Department implemented a monthly quality improvement process called KidStat for all program divisions within the Department. KidStat participation includes Division managers and staff as well as key leadership from the budget, fiscal, and technical sections of the Department to more readily identify, discuss and address short-term and long-term needs associated with program improvement strategies. For the Division of Safety and Permanence, this process focuses on many CFSR performance measures as well as specific outcome measures associated with BMCW settlement agreement. Kidstat can also serve as a standardized forum to integrate and synthesize data from e-WiSACWIS and the CQI/QSR county reviews.

#### **D. Staff and Provider Training**

**Item 32: Initial Staff Training. Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?**

##### **Previous CFSR rating**

Item 32 was rated as an Area Needing Improvement. This rating was based on findings that while there was a collaborative approach to training among the State, counties, training partnerships, Tribes, and universities, training requirements did not ensure that child welfare caseworkers receive the initial training necessary to provide services that support the goals and objectives of the CFSP.

##### **Policy and practice requirements**

Following the first CFSR, the Department promulgated the administrative rule for pre-service, foundation and ongoing training for child protective workers and supervisors. A PEP subcommittee that included county agencies, Division and private agency staff developed these requirements. The Division was able to build an infrastructure for centralized support for the training system by adding a statewide training coordinator, curriculum coordinator and statewide trainer who works with local child welfare agencies individually to coordinate training related activities on a statewide basis to ensure consistency.

The administrative rule related to child welfare services training for child welfare staff (Access, Initial Assessment and Ongoing child welfare) went into effect February 2008. The components of the new staff training for county, BMCW and SNAP caseworkers (which means an employee of an agency whose primary job function is the provision of child protective services, including access, investigation/initial assessment, and ongoing child protective services) and supervisors of the same functions listed for

caseworkers, serves as an initial (preservice) training prior to receiving a primary case assignment in the eWiSACWIS system. This training requirement is met through completion of 9 online pre-service training modules including an overview of child welfare services in Wisconsin, Engagement of Families, child safety, permanency, development and dynamics of human behavior, Access, Court, Initial Assessment and ongoing services. These online modules are completed in a maximum of 40 hours. The rule does not specify consequences if initial training requirements are not met.

In addition, the new training requirements established within the rule require new staff to complete 15 days (90 hours) of foundation training, including the training related to child safety assessment, ICWA and skill development in the principles of engagement, assessing families and team based practice, as well as courses which each worker takes related to their specific job function (Access, Initial Assessment, Legal Aspects of Child Welfare). These foundation courses are required within the first two years of employment. Supervisory staff that has not previously completed the required foundation training must do so within one year of their hire as a supervisor.

### **Evaluation of policy and practice**

The Division's continued commitment to improve the area of staff and provider training led to an assessment of the current child welfare training system by the Butler Institute for Families in 2008. This assessment has resulted in clear action steps that will lead to further growth and development of a statewide professional development system.

Monitoring of the administrative rule requirements is done through the eWiSACWIS system. County/agencies are responsible for entering and maintaining data in the system and are able to use an eWiSACWIS report developed to track these requirements at a state and local. Requirements include entering hire date, completion date of pre-service, completion of foundation training and completion date of continuing education requirement. The Division and the Training Partnership currently rely on data entered by individual local child welfare agencies, including the BMCW and SNAP programs, related to the compliance of with the new staff training requirements. However, concerns continue to be identified related to inaccuracy and discrepancies between the eWiSACWIS data and attendance data managed by the Training Partnerships.

Due to the autonomous history of the regional training partnerships, the university-based training partnerships, including the Milwaukee training partnership, continue to struggle with issues around standardization and coordination with the Division. The Butler Institute assessment highlighted these issues and recommended strategies to address and remedy these issues. Concerns noted as part of this assessment include the following:

- The lack of a learning management system (LMS) needed to accurately track completion of training requirements and identify needs of staff.
- The training system lacks a research-based evaluation component that could measure the effectiveness of training being delivered. Pre Service Training modules include built in quizzes throughout the content to assess post training knowledge acquisition. Currently, the training system relies on Level I satisfaction surveys at the end of training sessions and anecdotal information gathered by regional training staff to evaluate the effectiveness of training sessions.
- A continued constraint on the child welfare training system is the limited state funds available to support further growth of the training system and the dependence of the training partnerships on federal Title IV-E funds. This is exacerbated by the decrease in the Title IV-E reimbursement rate for training activities in the state due to changes in federal Title IV-E policy.

### **Promising approaches and barriers to effectiveness**

The Division is working with the University of Wisconsin, Division of Information Technology to identify and purchase a comprehensive learning management system that will allow data collection and analysis on a statewide level. This data will be generated simultaneously with participant registration and attendance. Additionally the LMS will be able to maintain individual training attendance records at the state level. This will assist in understanding accurately the needs of staff and to better monitor compliance in real time.

Integration of coaching and mentoring as well as provision of individualized training identified through the QSR process has been effective in helping county agencies to move more consistent practice and performance outcomes. In addition, the redesign of foundation training for new workers to align better with the practice principles that are being evaluated as part of the QSR process.

The initiative taken by DCF to have the Butler Institute conduct an assessment of the child welfare training system has resulted in supporting strategies to further integration of autonomous regional training events to the development of a more integrated system statewide system of professional development. This included a change in the governance structure of the training system. This governance change placed the decision making authority in the hands of the funders of the training system, DCF, the counties and tribes, allowing more efficiencies in the system and more standardization statewide. By adding additional financial and staffing resources to the Training Partnership and continuing to support involvement of county and private agencies, the Division has emphasized the importance of professional development across the state's child welfare system.

The development and implementation of an academy model of training new workers at the Bureau of Milwaukee Child Welfare. The Division would like to evaluate the feasibility of replicating this approach to new workers in the balance of the state.

### **Item 33: Ongoing Staff Training. Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?**

#### **Previous CFSR rating**

Item 33 was rated as an Area Needing Improvement because the CFSR determined that the collaborative approach among the State, counties, training partnerships, Tribes, and universities does not consistently ensure that caseworkers and supervisor in all child welfare offices receive ongoing training that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

#### **Policy and practice requirements**

As described above, the new administrative rule on staff and provider training went into effect in February 2008. The rule requires that local child welfare caseworkers ( which means an employee of an agency whose primary job function is the provision of child protective services, including access, investigation/initial assessment, and ongoing child protective services) and supervisors of the same functions listed for caseworkers, including staff and supervisors from the state's BMCW and SNAP programs, receive 30 hours of child welfare related continuing education every two years following the completion of foundation training. The rule does not specify consequences if ongoing training requirements are not met.

### **Evaluation of policy and practice**

Currently, the training system relies on Level I satisfaction surveys at the end of training sessions and anecdotal information gathered by regional training staff to evaluate the effectiveness of training sessions.

### **Promising approaches and barriers to effectiveness**

The training system has made effective use of distance learning technology to create blended learning events for ongoing child welfare training and has integrated individualized as training evaluations and approaches as part of the QSR process.

While eWiSACWIS supports are provided to regional user meetings, one-on-one technical assistance from the Division eWiSACWIS business analysts, and the annual user conference, the Division continues to struggle with effectively providing comprehensive initial and ongoing e-WISACWIS training that is integrated with other related practice training. Currently, this training is offered via web-based training, and sporadically face-to-face, based on individual agency needs. The Training Partnership does not integrate the e-WISACWIS web-based trainings managed by the Division's eWiSACWIS unit into practice related trainings offered by the Training Partnerships and the Division continues to explore ways to integrate these two training systems.

**Item 34: Foster and adoptive parent training. Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?**

### **Previous CFSR rating**

Item 34 was rated as an Area Needing Improvement. This rating was based on the CFSR finding that while there was a well-developed training curriculum for foster parents and curriculum was made available to the local child welfare agencies, neither pre-placement nor ongoing training for foster parents was State mandated.

### **Policy and practice requirements**

As a result of the last CFSR, the Division created the Foster Parent Training Committee who has been meeting over the past five years to create a competency based curriculum and make recommendations to the Division about mandating foster parent training. In the beginning of 2008, the Division approved and distributed Pre-Placement Training materials to all public, private, and tribal agencies. In the beginning of 2009, the Division approved and distributed Foundation Training materials to those agencies who attended the train-the-trainer sessions. There will be more train-the-trainer sessions in 2010. The Foster Parent Training Committee provided the Division with recommendations for mandating foster parent training in the summer of 2009. Based on those recommendations, the Governor included funding to support statewide mandated foster parent training in the approved biennial budget. For the first year of the biennium the Division is working to establish a Foster Parent Training Infrastructure and the mandate will begin for those families licensed by agencies not currently receiving Title IV-E funding on January 1, 2011.

Recent state legislation requires the Department to promulgate an administrative rule establishing minimum requirements related to the issuance of foster care licenses. The Department included the changes to mandate foster parent training into our Emergency Rule promulgation of Ch. DCF 56 Admin. Rule "Foster Home Care for Children," which became effective January 1, 2010. This rule includes the requirement for foster parents to successfully complete training in the care and support needs of children who are placed in foster care. Furthermore, the rule prescribes training that is required for each

certification level for Pre-Placement, Foundation, and Ongoing training commensurate with the providers certification level.

Until January 1, 2011, training for foster/adoptive parents is the responsibility of individual child welfare agencies. While many agencies, including the BMCW, have extensive and comprehensive foster parent training requirements, there is no statewide training mandate. All agencies who receive Title IV-E funding from DCF for foster parent training allow foster parents, adoptive parents, and relative caregivers to attend trainings that their agencies put on. Depending on the numbers of families needing training each agency provides a variety of opportunities to attend training each year. All of the agencies allow adoptive parents, foster parents from other counties, and relatives to attend. When families are not able to come to the group trainings agencies use an individual format of the training materials that has been developed by the Foster Parent Training Committee.

Treatment foster parents are mandated to complete pre-service, initial licensing, and ongoing training through Administrative Rule Ch. DCF 38. The Division's decisions to move forward with a complete statewide foster parent training mandate will bring our general foster homes more in line with our current treatment foster parents who are primarily licensed through private child placing agencies.

### **Evaluation of policy and practice**

Local county and private agencies providing foster care licensure currently maintain voluntary foster training records. With the upcoming foster parent training mandate requirement, modifications were made to eWiSACWIS in March of 2009 to improve the ability of licensing agencies to monitor and document each licensee's compliance with foster parent training.

With just over half of counties in the state providing mandated foster parent training, the Division has recognized a need to change practice and improve outcomes for children in OHC through mandated foster parent training.

Private child placing agencies with mandated foster parent training appear to provide much more training than the minimum requirements set forth in administrative rule. Our private child placing agencies provide limited information to DCF to enter into eWiSACWIS about each license, they are not required to report training of treatment foster parents at this time for input into the system. When DCF Child Welfare Licensors do monitoring visits 10% of the agencies foster care files are pulled for review. This review includes a review of the families compliance with training requirements. If the treatment foster parents are not in compliance with requirements the agency will be written a non-compliance statement and will have to create a plan to remedy the situation.

### **Promising approaches and barriers to effectiveness**

The Division contracts with the Foster Care and Adoption Resources Center to provide some ongoing foster parent trainings each year. The center has developed training resources that are presented statewide and available electronically for foster and adoptive parents.

The Division has worked with a subcommittee of the state training council to develop an extensive array of training that will become required January 1, 2011. This array includes the following expectations for foster parents as prescribed by the Levels of Care initiative:

- Level I Foster Care Providers (child specific licenses) will be required to complete a minimum of six hours of pre-placement training within the first 6 months of licensure;
- Level II Foster Care Providers (general license) will be required to complete the minimum of six hours of pre-placement training and must complete a minimum of 30 hours of training within the

initial licensing period and completed 10 hours of training related to individual provider needs and development within each 12 month period following the initial licensing training.

The training resources that have been created are available to all public, private, and tribal child welfare agencies in both an individual and group format to improve accessibility to families across the state. The Division is creating an electronic version of the Pre-Placement materials to improve accessibility to training to all foster families across the state. The Division will continue to explore a variety of training modalities to ensure training is accessible statewide as we move to mandated foster parent training.

## **E. Service Array and Resource Development**

**Item 35: Array of Services. Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?**

### **Previous CFSR rating**

Item 35 was an Area Needing Improvement because the State did not have in place an array of services to address the needs of children and families to enable children to remain safely with their parents when reasonable, and to help children in foster and adoptive placements achieve permanency. Dental and mental health services were found to be particular gaps in service.

### **Policy and practice requirements**

The *CPS Ongoing Services Standards and Practice Guidelines* states: "Ongoing services may be provided directly by the agency or through a contracted provider. The contracted provider, under supervision of the agency, is responsible for the implementation of all pertinent standards." The *CPS Ongoing Standards and Practice Guidelines* inform caseworkers, supervisors and contracted staff of requirements for when services should be implemented and guidance on when they may be implemented to address issues regarding the child's safety, permanence and well-being.

*CPS Ongoing Services Standards and Practice Guidelines* require, as part of the Case Progress Evaluation, that the child welfare caseworker gather and document information pertaining to "the quality of service implementation, appropriateness of services and providers, and any barriers to service provision." This must be done within six months after development of the case plan and every six months thereafter. For children in out-of-home care, the Case Progress Evaluation must be completed within 90 days of the development of the original case plan and every 90 days thereafter.

The *CPS Safety Intervention Standards* 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 out-of-home care. 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 reasons of safety. They further provide guidance with 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 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.

In July 2006, the Division issued a new policy clarifying requirements for supportive services for foster parents in a child's permanency plan and provided direction about where information about support plans and services should be included in documentation. The policy provided examples of support services,

such respite care, mentoring with other foster families, formalized support programs and specialized training and programming that may be included in permanency planning for a child placed in foster care.

Part of the statewide array of programs available to children and families at-risk of or involved in the child welfare system including home visiting services and an array of services provided as part of the state’s Community Services Block grant and Promoting Safe and Stable Families grant. In addition, local child welfare agencies receive state funds to support the delivery of prevention, early intervention, and ongoing assistance services necessary to ensure children’s safety and permanency.

**Evaluation of policy and practice**

One area of evaluation during the QSR is the use of resources and support for the child, parents, and foster parents, when applicable. QSR review scores for this review item, based on reviews conducted from 2006 to 2009, were as follows.

Resource/Support Needs of:	Strength	Needs improvement
Child	89%	11%
Parents	68%	32%
Foster Parent (when applicable)	93%	7%

Many services are available statewide to families at-risk of or involved in the child protective service system. However, counties have developed individualized service strategies based on the needs of the population, the availability of service providers, local implementation of state MA benefits, primarily related to mental health and long-term support programming. Local service arrays, therefore, are highly dependent on the degree to which local tax levy is used to fund local services. In general, service arrays vary from county to county. Often, larger, more urban counties contract with outside agencies to provide services that meet the needs of families. Smaller, more rural counties have fewer options and tend to administer services within their own child welfare agency or rely on the child welfare caseworkers to perform the service themselves.

In April and May 2006, local child welfare agencies completed a survey designed to assess services availability and accessibility to services identified as critical to the child welfare population served by local child welfare agencies. The survey gained information on the availability of services in five categories (Community/Neighborhood Prevention, Early Intervention Services Investigative, Assessment Functions, Home-Based Interventions/Services, Out-of-Home Reunification/Permanency Services, and Child Welfare System Exits Services) and the gauged the importance of these services to child safety and permanency. It was conducted in Results of the statewide service array survey were released in October 2006 and notable results included identification of the following services as most essential to assuring safety and permanency:

- Parent aide services;
- In-home therapy services;
- Reunification services;
- Supervised visitation/family interaction services, and;
- Post-reunification aftercare and support services.

One additional measure was implemented in 2006 to evaluate service and support needs for foster parents. This task was completed by the OHC & Adoption Committee, which was assigned to evaluate the array

of services and identify support needs of foster parents and make recommendations for responding to those needs. To accomplish these tasks, the committee used existing sources of information from foster parents and also held regional focus groups with foster parents, child placing agencies, contracted service providers, and county foster care coordinators. As a result of this evaluation, strengths and challenges were identified in the areas of training, support and communication. The outcomes were detailed in a report was later used in the development of Division policy.

### **Promising approaches and barriers to effectiveness**

Promising approaches have been identified within and across local child welfare agencies as part of the QSR review process. These promising approaches to supporting an adequate and appropriate array of services include:

- Use of CST or Family Group Conferencing as part of the case planning process and as part of the federal Regional Partnership Grant (RPG) operational in the 19 counties and two tribes located in the state's western region;
- Use of wraparound programming to individualize and target service interventions, and;
- Collaboration with local agencies, such as schools, to target and support interventions, particularly for preparing youth to age out of foster care.

Barriers to effectiveness of service array are often a result of accessibility and availability of services and have been exacerbated by recent reductions in federal and state funding associated with services for children and families served by the child welfare system. Though larger counties may offer a wider array of services, they also have a larger number of children and families in need of such services, often resulting in waitlists for such services or reductions in non-mandated services. However, waitlists are not unique to larger counties. Some of the smaller counties have been able to access services and resources, such as in-home parent aides, which individuals report are more successful in achieving sustainable behavioral changes with families, yet they only have one aide to serve multiple families.

### **Item 36: Service Accessibility. Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?**

#### **Previous CFSR rating**

Item 36 was an Area Needing Improvement because services were not accessible to families and children in all political jurisdictions. A key concern identified by stakeholders was that the State did not provide counties with sufficient funds for basic child welfare services, and that counties' ability to provide local funds for services varied by county.

#### **Policy and practice requirements**

Because Wisconsin is primarily a state-supervised, county-administered child welfare system, service array and accessibility are dependent upon a strategy of local collaboration and community-wide planning efforts. The statewide array of programs includes the home visiting program and support services provided as part of the state's Community Services Block grant and Promoting Safe and Stable Families grant. Local child welfare agencies also receive state funds to support the delivery of prevention, early intervention, and ongoing assistance services necessary to ensure children's safety and permanency. Services are available statewide, although counties have developed individualized services strategies based on the needs of the population and the availability of service providers.

In April and May 2006, local child welfare agencies completed a survey designed to assess services availability and accessibility to services identified as critical to the child welfare population served by local child welfare agencies. The survey included identification of core services necessary to ensure

safety and achieve permanency, an analysis of services available in a given in order to identify gaps in service availability and barriers to accessing services, and evaluation of the underlying barriers to the availability and accessibility of services.

### **Evaluation of policy and practice**

QSR reviews conducted in 54 counties between CY 2005 – 2009 demonstrate some themes in the area of service accessibility. While many local child welfare agencies have an array of available services as described above, most counties lack the ability to access services consistently within and across counties. Concerns with both availability and accessibility of key services have been noted as a result of the QSR review as follows:

- Transportation services, especially in more rural areas where there is no public transportation; Dental provider availability and accessibility, particularly for those relying on the state's MA program;
- Mental health providers, regardless of geographic location, and more specifically access to and availability of provider who are knowledgeable and skilled at applying "trauma informed" therapeutic services;
- Child care services and supervised visitation services for parents working second and third shifts, and;
- Spanish-speaking or other culturally competent services are also lacking in most of the state.

In addition, many counties have only one provider for a specific type of service. For this reason, the provider may have difficulty meeting the needs of the family if the service provided does not specifically address those needs and the provider lacks the capacity to address those needs.

As described above, a survey was implemented statewide in April and May 2006 to better assess service accessibility and availability. Survey results indicated that there continue to be geographic differences in service availability across the state. Based on the ranking of services as they relate to safety and permanency, the availability of services in both the Southern and the Southeast Regions have remained the same over the last five years. While housing assistance was ranked as less available in the Northeast Region, the availability of other services viewed as important to assuring safety and permanency have remained the same. In the Western and Northern Regions, services important to assuring safety and permanency are less available.

This service array survey was also used to begin to determine where gaps in services exist and what barriers exist in accessing critical services. The survey focused 85 discrete services in five categories identified as most salient to meeting the safety, permanency and well being needs of children and there families. Service areas needing the greatest improvement in terms of availability and accessibility were parent aide services and parenting education.

### **Promising approaches and barriers to effectiveness**

The Department is in the process of hiring a state staff and allocating funds awarded a Project LAUNCH grant to enhance the prevention and early intervention efforts using the Home Visiting Program model. The goals of these programs, currently in place in Milwaukee County and 10 locations in the balance of the state, are to reduce child abuse and neglect and out of home placements by improving the child health and family functioning for participants. These services are currently provided to families eligible for medical assistance and who are at risk of abuse or neglect or poor birth outcomes. In addition to the Home Visiting Program, the Department continues to work with the Children's Trust Fund to support implementation of the Community Response program implemented in 11 sites across the state. The Community Response program provides comprehensive services to families who have come to the

attention of the local child protective service agency, yet have been screened out because there is no immediate safety risk to the child. The families are provided with voluntary services to address the issues that brought them to the attention of the child protective services agency. These programs are a partnership between the Family Resource Centers, Community Action Agencies, the county child protective services agency, United Ways and others in each community.

Additional promising approaches to service accessibility were identified through QSR reviews. Some counties are joining together to provide services to families such as wraparound programming and supports, foster care coordination, and out-of-home care cost sharing. A few counties have acquired teleconferencing capabilities that enable families to consult with child psychiatrists or to facilitate family interaction when children are placed outside the county. Volunteer transportation services have been successful in counties that have implemented such programs to enable families to travel to appointments, meetings, court hearings, and to have family interaction. Finally, in February 2008, the state's MA program was enhanced to include coverage for youth who are aging out of foster care, parents of children who were removed from the home where the child's permanency goal is reunification, and court-ordered relative caregivers.

Significant differences in the ability of counties to fund services through local tax levy tax were identified. Because service array and accessibility are heavily dependent upon local funding, it is unlikely that improvements service accessibility have been seen since the state's first CFSR. Concerns regarding declining resources and funding for services, particularly prevention services, are exacerbated by the current economic crisis at the local, state, and national level. As part of the QSR reviews, specific concerns related to service accessibility has been identified and include service rationing to those families where the services are ordered by the local court and use of waitlists for services where there is a lack of appropriate and available service providers.

Three items were consistently rated as barriers to accessing appropriate services across in the survey of counties. These were lack of client cooperation, provider capacity limits, and lack of funding. In addition, the survey results showed that geographic distance between families and providers and a lack of providers created barriers to ensuring service accessibility and availability to children and their families.

**Item 37: Individualizing Services. Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?**

**Previous CFSR rating**

Item 37 was rated as a Strength because Wisconsin had a network of service providers who worked in collaboration with the local agencies and BMCW to individualize services to meet families' unique needs.

**Policy and practice requirements**

By the *CPS Ongoing Standards and Practice Guidelines*, the selection of services and service providers should be based on a thorough understanding of the family members and their needs and should represent the best match possible to meet their needs. To the extent possible, the family should choose the preferred provider. Services should be culturally appropriate to the family. In addition, they should be responsive to gender and parenting issues. For example, a program designed specifically for mothers provides the best substance abuse services for the mother of a newborn. In the absence of a specific service, the program should be flexible enough to meet her need for substance abuse services while supporting her attachment with her infant. Services need to be accessible to the family in terms of location, transportation, and scheduling. No changes have been made since the last CFSR.

### **Evaluation of policy and practice**

The QSR evaluates a county's ability to individualize services through the Tracking and Adjustment indicator. Tracking refers to the ongoing monitoring of the child and family's progress through continual communication between all parties. Tracking the child and family's progress allows those involved, including the child and family, to recognize when interventions are in need of modification, or Adjustment, because the strategies or services are no longer necessary or are not a good fit to reach the desired outcome. Combined data from the first 47 counties reviewed by the QSR indicate that this is an area of Strength for the state. Tracking was a Strength in 78 percent of the cases reviewed and Adjustment was a Strength in 65 percent of the cases.

Providing individualized services is county specific. There are typically more challenges in rural counties rather than urban areas. Rural counties generally have limited service array and/or accessibility which impede their ability to individualize services.

### **Promising approaches and barriers to effectiveness**

The State is in the process of revising the *CPS Ongoing Services Standards and Practice Guidelines*, which will include guidance for child welfare caseworkers and supervisors in regards to developing case plans that outline individualized strategies to move a family through the change process. Also, the Training Partnerships has developed training curriculum in the areas of engagement, interviewing and teaming to enhance caseworker knowledge and skills. Skills in these areas will foster improved assessments of strengths and needs which are imperative to ensure services and strategies are adequately matched to a family's unique needs.

Some counties have the ability to provide in-home services (agency-based or through contract providers), such as therapy or parent aides. This personalized service has been shown to produce better results for the family.

Many counties throughout the state have implemented teaming approaches into practice with families. These teaming approaches include Coordinated Services Teams (CST), Family Group Conferencing, and Wraparound programming. Productive teams have been identified to use team meetings to track progress and adjust case plans to ensure positive outcomes for families. These approaches to practice can be compromised by several factors include:

- Lack of engagement successful engagement with the families;
- Ineffective or inconsistent use of team-based approaches to assessment and case planning;
- Court ordered services prior to completion of an assessment of family needs and goals;
- Court ordered services based on compliance versus behavioral change using a "cookie cutter" approach to the services required within the court disposition;

Nine counties and one reservation have participated in the Brighter Futures Initiative. Projects consist of partnerships between agencies designed to maximize resources by using a cross-systems approach. The Initiative encourages pooling of prevention funds including state, federal, county, local, and private grants; as well as in-kind services such as shared transportation, facilities, and staff. Services range from educational outreach, positive youth development, primary prevention and early intervention (secondary prevention).

## **F. Agency Responsiveness to Community**

### **Items 38 & 39: State Engagement in Consultation With Stakeholders & Agency Annual Reports Pursuant to the CFSP**

- **In implementing the provisions of the CFSP, does the State engage 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 include the major concerns of these representatives in the goals and objectives of the CFSP?**
- **Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?**

### **Previous CFSR ratings**

Item 38 was rated as an Area Needing Improvement because there was a need for a clearly delineated and structured consultation process that allowed for Tribal and other stakeholders to provide input into the goals and objectives of the CFSP.

Item 39 was rated as a Strength because of the Division's efforts to develop annual reports of progress and services in conjunction with representatives of their Executive Steering Committee.

### **Policy and practice**

The Division engages in ongoing consultation with local agencies, tribes, and key stakeholders that are part of the state's child welfare program, mainly through the implementation of specific policy or program modifications, via the Casework and OHC/Adoption Committees. In addition, Department Regional Office staff hold regular 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.

The Department regularly works with groups representing key constituencies in the child welfare program to identify and resolve issues. These groups include, but are not limited to, the Wisconsin County Human Services Association, the Wisconsin Foster/Adoptive Parent Association, the Wisconsin Association of Family and Children's Agencies, the Great Lakes Inter Tribal Council, the DSCO Children's Court Improvement Program, Wisconsin's Youth Advisory Council and the Wisconsin Departments of Corrections and Health Services. The Division also continues to co-chair and advance the work of the Casework Process and OHC & Adoption Committees comprised of state, local child welfare agency, and key stakeholder representatives.

The BMCW Partnership Council, consisting of representatives from state and local government, the courts, service providers, and other key stakeholders, meet regularly to discuss Milwaukee child welfare program issues. BMCW provides the Partnership Council with regular reports on program activity and performance in Milwaukee.

Wisconsin currently has Citizen Review Panels in three counties – Milwaukee, Marathon, and Outagamie – which discuss key program and practice issues related to child welfare service delivery.

The Department makes regular reports accessible to stakeholders via the Department's website related to the following program areas:

- Annual Child and Family Services Plan (CFSP)
- Annual and monthly child abuse and neglect reports
- Annual and monthly out of home care caseload reports
- Semi-annual reports of BMCW performance
- Annual adoption report

In addition, the Department has implemented a policy to support consultation with Tribes in Wisconsin.

### **Evaluation of policy and practice**

The Department is committed to transparent and inclusive engagement and coordination with key stakeholders to better understand and address concerns related to the child welfare program and service system. These efforts include the ongoing coordination of the Caseworker and OHC/Adoption Committees and the Youth Advisory Council, participation in the Commission on Children, Families and the Courts, and ongoing outreach and consultation with Tribes and to foster parent and provider advocacy organizations to develop and implement related programming and policy initiatives.

The Department has been successful in coordinating with stakeholder to develop and implement several significant changes to state statutes, administrative code, and child welfare service system related to the CFSP as follows:

- Coordination with child welfare agencies, tribes, and OHC provider agencies and families to develop and begin January 2010 implementation of the Levels of Care initiative.
- Coordination with tribes and DSCO to codify ICWA requirements into state statute in October 2009.
- Coordination with WCHSA and Training Partnerships to expand child welfare training opportunities and to clarify the program's governance structure.

These initiatives, as well as other significant initiatives scheduled to take place over the next 5 years, are described in the state's CFSP.

### **Item 40: Coordination of CFSP services with other federal programs. Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?**

#### **Previous CFSR Rating**

Item 40 was rated as a Strength because services authorized under the CFSP are coordinated with services of other federal or federally assisted programs that serve the child welfare population.

#### **Policy and Practice**

As stated previously, the Department is an umbrella agency headed by a cabinet-level Secretary. It became effective in July 2008. As part of the creation of the Department, multiple programs from the Department of Workforce Development and the child welfare program from the Department of Health and Family Services were merged into the new Department. Programs from DWD include the state's child support, child care, and TANF economic security programs. This organizational change affords greater opportunity to coordinate and integrate services across these federal program areas to children and families across this state.

#### **Evaluation of policy and practice**

The new Department continues to work with other state agencies, including DHS, DWD and DOC, to address the ongoing needs of children and families served by the state's child welfare system. The Department continues to work with DHS to coordinate and address the health, dental care and mental health needs of children and families, including children served in OHC placement. Many of these efforts are targeted toward specific projects such as implementation of mental health screening, coordination of new health and mental health initiatives, and statutory or program improvements with juvenile justice.

Executives of the respective state agencies meet regularly to discuss program priorities and needs and to address cross-system issues that affect child safety, permanency, and well-being.

### **Promising approaches and barriers to effectiveness (Items 38-40)**

The Department continues to work with key stakeholder groups to improve communication and coordination efforts related to child welfare services required by the CFSP and by other federal programs related to child and family services. In February 2010, the Department will hold the first meeting of the Secretary's Council on Child Welfare. The council includes representatives from the Department, local child welfare agencies (including BMCW and the SNAP), and key stakeholders from Tribal child welfare agencies, service providers and advocacy programs. The council will serve to advise the Department and the Division on the development and implementation of strategic initiatives to provide input to upcoming CFSP and PIP processes and to address and support child welfare system performance and outcomes.

## **G. Foster and Adoptive Home Licensing, Approval, and Recruitment**

**Item 41: Standards for foster homes and institutions. Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with the recommended national standards?**

### **Previous CFSR rating**

Item 41 was rated as a Strength because the State had standards for foster family homes and child care institutions that were in accord with recommended national standards.

### **Policy and practice requirements**

Under state statute and administrative rule, the Department licenses child placing agencies, group foster homes, shelter care, and residential care centers. 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.

Under state statute and administrative code, counties, tribes, and private child placing agencies license and monitor foster homes and treatment foster homes. Potential licensees must pass background checks and physical plant checks of the home, as well as complete an assessment process with the licensing agency, in order to become a licensed foster or treatment foster home. Two dedicated Division staff train licensing staff across the state, provide technical assistance, and review licensing situations as requested. The standards for the administrative code for all of the above licenses was developed using national standards, the Child Welfare League of America standards, federal laws, state statute, stakeholder feedback, and legislative input. The administrative codes are minimum standards that each licensed facility must follow. The state encourages providers to exceed the minimum standards.

In October 2006, Wisconsin implemented the Structured Family Analysis Evaluation (SAFE) model for the Special Needs Adoption Program (SNAP) and BMCW to do home studies of foster and adoptive parents. The SAFE home study format was developed by the Consortium for Children using a federal grant from ACF and provides a universal home study model for both foster and adoptive parents. In Wisconsin, the SAFE home study format is referred to as the Resource Family Evaluation (RFA). The RFA was added to eWiSACWIS in September 2006 and is required for foster and adoptive home studies performed by the SNAP and BMCW. Local child welfare agencies can use the RFA on a voluntary basis for their foster parents. The RFA has also been made available by the Consortium for Children for use by tribal and private agency staff.

Since March 2009, the Division completes complete caregiver background checks for each licensee every two years during their renewal period. Licenses do not expire but the licensee has to submit a renewal packet to the Division every two years. The renewal packet includes any changes to the program and policies for the agencies. If an agency fails to submit required continuation materials within the required time frames, the license is closed.

Effective January 2010, the Levels of Care initiative provides specific requirements for foster parents, support for foster parents, foster homes, and promotion of sibling connections. These include requirements for foster parent training, skills, knowledge, abilities, and experience. The Levels of Care initiative also provides case-by-case waivers of non-safety related licensing requirements for relative caregivers only. Examples of licensing code requirements that can be granted a waiver to are space requirements and home owners or renters insurance. Depending on the waiver, either the licensing agency or the DCF Exceptions Panel can grant a waiver to a relative caregiver. These items are cited in the Emergency Rule for Ch. DCF 56 Admin. Rule effective January 1, 2010. Exceptions can be granted to most items in licensing code either by the licensing agency or the DCF Exceptions Panel. An exception is different from a waiver in that there must be a plan to come into compliance with code or an alternative provision to meet the intent of the licensing code. Both relative caregivers and non-related caregivers can be granted exceptions to foster care licensing requirements. The ability to be granted a non-safety related waiver is the only difference for relative and non-related caregivers seeking foster care licensure. For both waivers and exceptions, the agency must ensure that granting the exception or waiver would not jeopardize the health, safety or well-being of foster children in the home. The state does not permit licensing agencies to grant exceptions or waivers to safety related licensing requirements.

In June 2010, significant facility licensing tracking requirements will be implemented in the state's eWiSACWIS system. These enhancements support the Division's ability to monitor foster care licensing practices of public and private child placing agencies. Additional enhancements will include the use of exceptions and waivers for foster care licenses, background check reminders, and an ability to track licensing decisions in the system. In CY 2011, the Division expects to implement similar policy, program, and eWiSACWIS enhancements related to licensing, supports, and documentation associated with treatment level foster homes.

### **Evaluation of policy and practice**

As with the last CFSR, Wisconsin's standards for foster homes and institutions meet national standards. Recent improvements referenced above – including tracking improvements in eWiSACWIS and licensing changes made through the Levels of Care initiative – are being implemented, and have not yet been in place long enough to be evaluated.

With state approval and oversight, Title IV-E contract staff ensures that all foster and treatment foster parents who are licensed by public and private child placing agencies receiving children who may be Title IV-E eligible comply with licensing requirements through the eligibility unit. For instance, if an agency has not entered background checks into eWiSACWIS, Title IV-E contract staff will follow up with them until the proper documentation is completed.

Our private child placing agencies provide information to enter into eWiSACWIS about each license and caregiver background check compliance information for all facility staff. When the Division Child Welfare Licensors do monitoring visits 10% of the agencies foster care files are pulled for review. This review includes a review of compliance with licensing code. Child Welfare Licensors report that the majority of foster and treatment care files are in compliance with the licensing codes. If the foster parent or treatment foster parents are not in compliance with licensing requirements the agency will be written a non-compliance statement and will have to create a plan to remedy the situation.

### **Promising approaches and barriers to effectiveness**

Wisconsin is currently implementing rate regulation. Rate regulation ensures that providers are licensed to provide a certain level of care, based on the types of services they offer, and receive a pre-defined amount for providing those services to a child who needs them. This helps ensure that providers are well-matched with children's needs and are appropriately compensated for services they provide. Rate regulation applies to the administrative rate of treatment foster care, as well as the per diem rates of group homes and RCCs.

Staffing limits can present a challenge. Four licensing specialists monitor the 240 licensed programs in the entire state. This includes conducting complaint investigations, visiting to follow up on identified concerns, and providing technical assistance. Moreover, there is no regular process to monitor county foster care licensing processes outside of an egregious incident, complaint, or technical assistance request. With only two Division staff dedicated to the foster care program, there is limited capacity to monitor local licensing practices.

Finally, licensing authorities can be inconsistent in entering and updating licensing information, which can compromise the Division's ability to provide accurate and complete licensing data.

### **Item 42: Standards applied equally. Are the Standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?**

#### **Previous CFSR rating**

Item 42 was rated as a Strength because licensing standards were being applied to all licensed or approved foster family homes or child care institutions receiving Title IV-E or IV-B funds.

#### **Policy and practice requirements**

Foster homes and treatment 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. A foster home or treatment foster home license cannot be issued prior to the completion and receipt of the Adam Walsh checks. Effective January 2010, court-ordered kinship care providers will be encouraged to be licensed as foster homes through the Levels of Care initiative.

As discussed in item 41, the Division licenses child placing agencies, group foster homes, shelter care, and residential care centers. A license is only issued when a completed Caregiver Background Check has been reviewed, a licensing visit of the proposed facility has been conducted to ensure all required items are in place, and all the required documentation has been submitted, as identified in the licensing standards. Each agency is assigned a state licensing specialist who is responsible for ensuring compliance of the administrative rules by conducting on-site monitoring visits at the agency.

For the above institutions, initial provider licenses are six-month probationary licenses. A second six-month probationary license may be issued if the provider is not able to demonstrate compliance with rules. After the first or second probationary period, a regular continuing license will be issued or denied, based on ongoing site visits from licensing staff, demonstrated compliance, and a review of the required documentation. Regular continuing licenses have no expiration date and are valid unless the Division revokes the license or the licensee surrenders it voluntarily. A revocation would take place if the provider is not in compliance with the licensing rules.

In addition, regular audits of the process and outcomes are conducted by the federal government, the state legislative audit bureau, and the Division to ensure compliance with the licensing rules. Additional

reviews of foster home and treatment foster home licenses occur during county reviews, following egregious incidents, and when technical assistance is sought.

### **Evaluation of policy and practice**

As with the last CFSR, Wisconsin is applying standards equally. Recent improvements referenced above – including licensing changes made through the Levels of Care initiative – are being implemented, and have not yet been in place long enough to be evaluated.

### **Promising approaches and barriers to effectiveness**

The Levels of Care initiative will equalize expectations of, and supports to, relative foster care providers.

In addition, the Division has budgeted funding in CY 2010 to provide regional foster care coordinators who will help support counties and tribes in successfully implementing changes required by the Levels of Care initiative. These coordinators will also help monitor the application of licensing standards.

**Item 43: Requirements for criminal background checks. Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?**

### **Previous CFSR rating**

Item 43 was rated as a Strength because the state generally enforced the provisions of criminal background checks to ensure that clearances relating to licensing or approving foster care and adoptive placements addressed the safety of foster care and adoptive placements for children.

### **Policy and practice requirements**

Wisconsin complies with federal requirements for criminal background clearances that relate to licensing or approving foster and adoptive placements. A statewide protocol includes the completion of background checks for all adults in the home, and for all children over the age of ten in foster homes. The Division reviews background checks as a part of the quality assurance review of child placing agencies.

Since the last CFSR, state statute and Division policy changes have focused on the implementation of Adam Walsh legislation. Specifically, Division policy issued December 2007 requires fingerprinting and Child Abuse or Neglect registry checks of prospective foster and adoptive parents. Other Division policy issued August 2009 requires a Sex Offender Registry search, by address, for any entity that applies for licensure or certification or any placement of a child under state statute. Finally, Division policy issued August 2009 creates an exception to the confidentiality of client records to permit disclosure of information to a public or private agency that is assessing a person for purposes of foster or adoptive care licensing.

### **Evaluation of policy and practice**

As with the last CFSR, Wisconsin continues to effectively enforce the provisions of criminal background checks.

### **Promising approaches and barriers to effectiveness**

Wisconsin has 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. As discussed in item 41, other functionality enhancements have improved the Division's ability to monitor compliance with licensing requirements, including background checks.

An issue which has arisen is the timeliness of receiving fingerprint based background checks. Timely submission is necessary to assure all checks have been received prior to the conclusion of the study for foster or adoptive homes.

**Item 44: Diligent recruitment of foster and adoptive homes. Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?**

**Previous CFSR rating**

Item 44 was rated as a Strength because Wisconsin had established a process for ensuring the diligent recruitment of potential foster and adoptive families that reflected the ethnic and racial diversity of children in the state for whom foster and adoptive homes were needed.

**Policy and practice requirements**

Wisconsin is committed to recruiting foster and adoptive parents that reflect the racial, ethnic, and cultural diversity of the children in out-of-home care. Local child welfare agencies, including the state's BMCW and SNAP programs, and private child placing agencies are responsible for recruiting families for the children living in out-of-home care. The Division has increased resources to all licensing and placing agencies to support their efforts to recruit foster and adoptive parents who reflect the children in our care.

The Division is committed to assisting local agencies with targeted and child-specific recruitment. State permanency consultants work with counties and BMCW to identify children needing targeted and child-specific recruitment efforts so that these children can also move to permanence in a more timely fashion. Emphasis is placed on local recruitment activities to reach families that can meet the needs of the children in care.

Special emphasis is being placed on targeted recruitment. The Division will be doing benchmarking initially in the areas of Indian family recruitment and recruitment of families willing to accept sibling groups of three or more children and may move into other targeted ethnic areas of need. In addition, the Division is involved in a federal grant with the Professional Association of Treatment Homes called REACH that is focused on Native American family recruitment.

The Special Needs Adoption Program (SNAP) is in the process of changing recruitment strategies from an open recruitment to targeted recruitment based the characteristics of children placed through SNAP and children awaiting adoptive placements. This change to targeted recruitment is scheduled to begin in July 2010.

In January 2005, as a result of the last CFSR, the Governor created the Foster Care and Adoption Resource Center. A main focus of the Center is assisting the Division with recruitment and retention of foster and adoptive families across the state.

BMCW has participated in two recent reviews, one of which specifically focused on foster care licensing practices and recruitment efforts of foster families. As a result, BMCW now has a specific recruitment and retention plan intended to increase the diversity and pool of available placement resources for children in the Bureau's care, as well as provide support services to retain the families.

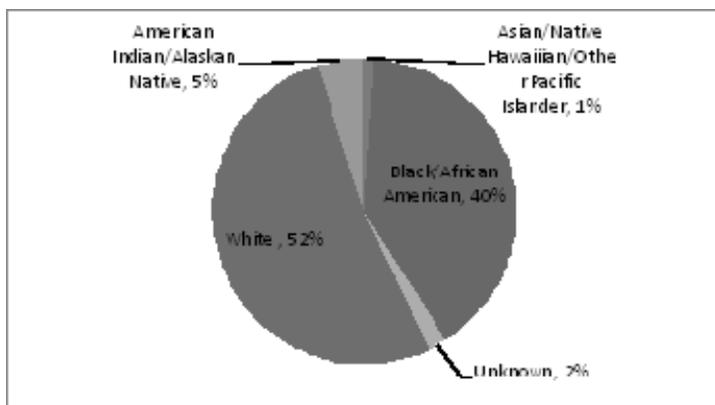
Previous changes to eWiSACWIS, as well recent changes made in February 2010, will enhance the Division's ability to collect data on retention and recruitment efforts statewide.

### Evaluation of policy and practice

The Division's recruitment and retention plan is a strength in the State's overall child welfare system. Specifically, the Foster Care and Adoption Resource Center retains statistics on recruitment statewide; however, the data is submitted by counties and child placing agencies, which may not be providing it consistently.

For the time period of January 1, 2008 – June 30, 2008, child welfare agencies indicated local agency methods and Foster Care and Adoption Resource Center Recruitment Tools/Resources as the highest number for given recruitment efforts statewide, followed by word-of-mouth from another family (Foster Care and Adoption Resource Center Quarter Four and Year End Summary Report 2008). It is difficult to decipher whether or not the local efforts include the tools made available by the Division have improved recruitment results at the local level.

Based on an eWiSACWIS report, of all the child in OHC on October 31, 2009, fifty-two percent of children in foster or treatment foster homes are white children, the next largest racial group are Black/African American children at forty percent (see chart below for full racial background of children in foster and treatment foster homes).



As child welfare agencies create their agency specific recruitment plan they must take into consideration the children they are recruiting care of. The racial background is only one component in recruitment efforts that must be considered.

The foster and treatment foster parents in Wisconsin are racially diverse. DCF continues to support a variety of targeted

recruitment efforts for foster parents that include materials that are targeted for the racial backgrounds of the children in our care. Based on an eWiSACWIS report, the demographic composition of the primary foster parent (if a two parent foster home) for providers licensed during October 2009 shows that 74% have a primary race of white, 24% have a primary race of Black/African American and 10% are Indian/Alaskan Native.

### Promising approaches and barriers to effectiveness

The creation of the Foster Care and Adoption Resource Center has provided valuable help in the Division's efforts. The Center produces a variety of recruitment resources for agencies to use at a local level, including general, targeted, and child-specific resources. Additionally, it has supported the recruitment and retention of foster and adoptive families through a pre-conference summit before the annual foster care coordinators' conference. In the recent state budget, the Governor approved additional funding for a public foster care campaign.

However, not all system partners understand their role in recruiting and retaining foster families. To remedy this, the Division is improving training for agency line staff, legal partners, and other system participants. This training will help them understand how their interactions with foster families impact the retention and recruitment of these families as foster and adoptive resources. In addition, the Division

elicited help from the Utah Foster Care Foundation to work with one of BMCW's key contractors to improve that organization's recruitment and retention efforts and to engage the Milwaukee County community in its efforts.

**Item 45: State use of cross-jurisdictional resources for permanent placements. Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?**

**Previous CFSR rating**

Item 45 was rated as an Area Needing Improvement because further efforts were needed to develop a process for the effective use of cross-jurisdictional resources facilitating timely adoptions and permanent placements for waiting children.

**Policy and practice requirements**

Wisconsin supports the placement of children across state lines to facilitate the timely and appropriate achievement of permanence for these children. Since 1998, Wisconsin has participated in the Interstate Compact on the Placement of Children program. The State enforces the Compact through state statute and administrative code, and provides quarterly training to BMCW and counties across the state as requested. The top ten states that Wisconsin had placement requests with in 2009 were in this order: IL, MN, FL, IA, MI, TX & CA tied, IN, UT, and MO.

Wisconsin supports cross county placements and changes in venue to facilitate permanence for children in out-of-home care. The Wisconsin County Human Services Association published a protocol for transfer of cases between counties to resolve issues of financial and supervisory responsibility, the "Wisconsin Inter-County Agreement on Venue, Jurisdiction, Placement and Funding Responsibility in CHIPS, JIPS and Delinquency Cases."

Division policy issued since 2003 provides guidance to facilitate more timely and efficient placements across interstate and intra-state jurisdictions. Most critical among these are:

- The Levels of Care initiative which became effective January 2010.
- Improvements in notification of relatives who may become placements for children issued December 2009.
- Interstate Adoption provisions issued December 2009.
- Policy related to the Safe and Timely Interstate Placement Act of 2006 issued between December 2006 and December 2009. The Safe and Timely Interstate Placement Act purports to provide financial incentives for home studies completed within 30 days of initial contact. It also requires courts to consider all relatives, regardless of jurisdiction, when seeking placements for children.
- Requirements to notify agencies when clients move to a new county issued January 2008.
- Procedures for adoption venue transfers for BMCW and inter-state adoptions issued in December 2005.

**Evaluation of policy and practice**

Current policy adequately supports inter-jurisdictional placements. Interstate Compact on the Placement of Children staffing of three full-time state staff is adequate for caseload distribution.

An increase in venue transfers indicates that policy and practice have positively influenced cross-jurisdictional placements, both intra- and inter-state. In 2009, 248 more placements (438 total) transferred

venue between counties or state SNAP offices for permanency than transferred in 2003 (193). This is an increase of over 100%.

Consistent data was not collected on inter-state cases until 2006. In 2006, Wisconsin received 826 interstate placement requests and referred 665 to other states; this is a total of 1,491 cases. In 2009, Wisconsin received 966 requests and referred 710 to other states, for a total of 1,676 cases. This is an increase of 185 cases over three years. This increase is likely due to increased emphasis on sibling and relative placements.

### **Promising approaches and barriers to effectiveness**

Wisconsin plans to investigate the appropriateness of entering border agreements with neighboring states to facilitate more efficient transfer of children across our bordering counties.

Barriers to effectiveness include the fact that the Interstate Compact on the Placement of Children and the Wisconsin County Human Services Association Inter-County Agreement are not equipped with necessary punitive measures to enforce compliance, especially in joint supervision of inter-county placements. Thus, counties and states may apply them inconsistently.

In addition, one state staff person for the Interstate Compact on the Placement of Children has been temporary, project, or contract staff for the past four years. It is an ongoing challenge to hire and train new temporary personnel every year. The need for three permanent staff is critical.

Finally, the Division is proposing to introduce the newly reformed Interstate Compact on the Placement of Children to the state legislature this spring for legislative action. If this new Compact is passed by the majority of states, as expected, and Wisconsin does not pass it, the State would need to enter into memoranda of understanding with each state individually. This would be a time and labor intensive process that would significantly delay placement of children.

## **Section V – Summary of State Strengths, Concerns and Child Welfare Program Priorities**

### **A. Safety Outcomes and Performance Items**

Based on the Evaluation of program and policy and description of Promising approaches and barriers to program success described in Section III, the following represents a summary of critical program strengths, concerns and priorities related to the CFSR outcomes and performance items for:

- Item 1- Timeliness of initiating investigations of reports of child maltreatment
- Item 2- Repeat maltreatment
- Item 3- Services to protect child(ren) in the home and prevent removal or re-entry into foster care
- Item 4- Risk assessment and safety management

#### **Program Strengths**

- The Division has updated and implemented several critical initiatives to better support the CPS process related to initial assessment (investigation) and safety assessment and planning, including revisions to the *CPS Access and Initial Assessment Standards* and implementation of the *CPS Safety Intervention Standards*.
- New training content related to the *CPS Safety Intervention Standards* has been implemented by the Training Partnerships and is part of the core training received by all child welfare caseworkers and supervisor.
- The eWiSACWIS system supports the practice expectation required by these standards and has monthly reports available to monitor CPS screening, timeliness and findings.
- The CQI team is in the process of piloting a new addition to the Initial Assessment (IA) QSR protocol to better assess the quality and timeliness of decision-making in the CPS access and initial assessment processes.
- The state's performance on the Safety Outcome measures, Absence of Repeat Maltreatment and Maltreatment in OHC have improved since the state's first CFSR.
- For Maltreatment in OHC, specific program improvements were implemented by the BMCW and have resulted in significant reductions in the number of children in OHC maltreated by their respective OHC provider. These specific program improvements include the following:
  - In May 2005, implementation of BMCW procedures requiring the development and implementation of support plans with foster parents at the time of a child's placement in the foster home and quarterly thereafter, and;
  - In December 2005, implementation of the Mobile Urgent Treatment Team (MUTT) designed to provide immediate crisis intervention services to OHC providers licensed by the BMCW.

#### **Program Concerns**

- Despite specific requirements, including state standards and policy and state statutes associated with CPS screening, response times and maltreatment findings, there is considerable variation in these practices across local child welfare agencies. This concern is exacerbated by the following factors:
  - Limited capacity within the Division and in post-QSR follow-up with local child welfare agencies to provide training and technical assistance regarding CPS practice standards, and;
  - Significant variability in practice models across local child welfare agencies including workload distribution, caseload size and supervisor to staff ratios.
- Case reviews continue to result in identification of initial assessment practices that are incident focused, resulting in an incomplete understanding of and implementation of a practice model that supports identification of family strengths and needs and family engagement. This practice concern is

further accentuated by statutory and due process requirements associated with an investigatory approach to conducting initial assessments.

- While new standards and training related to safety assessment and planning have been implemented, case reviews indicate that practice improvements are needed to support the development and implementation of in-home safety plans, coordination of in-home safety plans during the transition to ongoing services, and coordination with courts regarding implementation of these plans in court-ordered in-home cases.

### **Program Priorities**

- Implementation of the IA QSR protocol addressing access and initial assessment processes will enable the Division and local child welfare agencies to better understand practice, staffing, and resource issues associated with following items:
  - Accuracy of CPS screening decisions;
  - Timeliness of meeting access and initial assessment requirements, and;
  - Quality of CPS service interventions at access and initial assessment.
- Additional consideration should be given to the feasibility and implications, e.g. impact on local communities, staffing needs, costs, etc., associated with a statewide, centralized CPS access program to support consistency of CPS screening and response time decision making across the state.
- Increased efforts to monitor and provide training and technical assistance to local child welfare agencies and courts regarding the effective use of in-home safety planning, including use of in-home safety plans to support use of Trial Reunification (e.g. trial home visit) placements, is needed.
- Implementation of the Alternative Response pilot in June 2010 will enable the Division to better evaluate how the CPS process can be used to better engage families in a non-adversarial manner, understand family strengths and needs, and reduce focus on specific incidents related to maltreatment or risk of maltreatment.

## **B. Permanency, Performance Items and Related Systemic Factors**

Based on the Evaluation of program and policy and description of Promising approaches and barriers to program success described in Sections III and IV, the following represents a summary of critical program strengths, concerns and priorities related to the CFSR outcomes and performance items for:

### Performance Items

- Item 5- Re-entry to out-of-home care
- Item 6- Placement stability while in out-of-home care
- Item 7- Permanency goal for the child
- Item 8- Reunification, guardianship, and placement with relatives
- Item 9- Adoption
- Item 10- Other planning living arrangement
- Item 11- Placement proximity
- Item 12- Placement with siblings
- Item 13- Visiting with parents and siblings in out-of-home care
- Item 14- Preserving connections
- Item 15- Relative placement
- Item 16- Relationship of child in care with parents

### Systemic Factors

- Item 25- 29 Case Review
- Item 41- 45 Foster and Adoptive Home Licensing, Approval and Recruitment Standards

### **Program Strengths**

- The Department has garnered statutory authority to support systemic improvements in critical practice areas associated with the Levels of Care initiative, provider rate regulation, and codification of the ICWA requirements in Chapters 48 and 938.
- Significant improvements have been made to eWiSACWIS functionality and data quality related out of home care placements, permanency planning, and ASFA documentation.
- The Department has strong working relationships with the DSCO Children’s Court Improvement Program and continues to examine performance concerns related to permanency and work together to implement improvement strategies with court stakeholders.
- Notable improvements have been made in placing children with relatives who provide a greater likelihood of providing permanence for the child.
- The state’s performance on the Timeliness to Adoption outcome exceeds the federal performance expectation for this outcome measure.

### **Program Concerns**

- Performance on most of the Permanency outcome measures, particularly Re-entry into OHC, is below the federal performance standards.
- The lack of integrated policy related to case planning, permanency planning and concurrent planning have led to significant variation among local child welfare agencies related to permanency planning practice and outcomes, inconsistency in the provision of post-reunification services, and diminished use of meaningful concurrent planning efforts.
- Stakeholder feedback provided during the QSR and from the Commission on Children, Families and the Courts identifies critical practice concerns related to differing expectations between local child welfare agencies and courts in the following areas:
  - Inconsistent timelines associated with agency case planning process, timeliness to court disposition, and permanency planning requirements under state statutes.
  - Court expectations related to identification and provision of services prior to completion of a comprehensive family assessment.
  - Court ordered dispositions that are not individualized and based on the specific behavioral changes needed for and agency expectations associated with ensuring child safety and achieving child permanency.
- Implementation of the Trial Reunification policy has not been effective, primarily due concerns regarding local child welfare agency practice related to in-home safety planning (described above) and to the court’s reluctance to pursue trial reunification without formal statutory authority.
- While the Division continues to operate a subsidized guardianship program in Milwaukee, subsidized guardianship has not been implemented statewide resulting in diminished success in achieving permanency for children who are placed with a relative and cannot achieve permanency through reunification or adoption.
- Prior to January 2010, expectations of and program supports to court-ordered relative caregivers were different from licensed relative and non-relative foster homes.
- Approaches to assessing needs of children entering out-of-home care vary across local child welfare agencies and are primarily driven by the foster care rate processes.

### **Program Priorities**

- The Division is in the process of revising its *CPS Ongoing Service Standards and Practice Guidelines*. Revisions to and provision of training and ongoing support for implementation of the revised standards will provide greater clarity regarding case planning expectations and support better

integration of child welfare agency expectations and documentation related case planning with permanency planning expectations and documentation required by state statute.

- The Division is in the process of implementing the first phase of its Levels of Care initiative; continued support and monitoring is critical to support improvements in the state's permanency outcomes and systemic factors associated with identification of child needs, foster care licensing, and foster parent training and support.
- In order to better support the achievement of guardianship as a permanent outcome where appropriate and needed, the Division has begun exploring modifications to the state's Title IV-E State Plan to support implementation of a statewide subsidized guardianship program.
- While the Division has issued policy regarding the use of Trial Reunification (e.g. trial home visit), there has been limited use of this approach to supporting stable reunification. Additional consideration is needed to address barriers to use of the Trial Reunification process, including concerns related to in-home safety planning and court concerns related to the lack of statutory authority to use this process.
- The Division is implementing program improvements related to regulating rates of higher-levels of care, including administrative rates for treatment foster homes and per diem costs for group homes and residential care centers; rate regulation, in conjunction with standardized needs assessment of all children in OHC under the Levels of Care initiative, will ensure that providers are well-matched with children's needs, better supported and trained to meet these needs, and are appropriately compensated for services they provide.
- While guidance has been provided to local child welfare agencies regarding concurrent planning, this guidance has not demonstrated sufficient impact on the state's performance on the CFSR Permanency Outcomes. Additional consideration needs to be given in establishing this as a required policy versus guidance and in implementing statewide training associated with this policy for local child welfare agency staff and supervisors, legal representatives and court personnel, to better support effective concurrent planning practices by local child welfare agency staff and court systems.
- The Division is preparing to develop and issue policy and guidance regarding the federal Fostering Connections Act provisions related to transitioning youth successfully to independent living from OHC. These policies and related practice will have emphasis in identifying specific goals, needs and services of youth in preparing the young person for adulthood and identification of program improvement strategies will be advance by the state's data submitted to meet federal Independent Living reporting requirements beginning in May 2011.
- The Department continues working with local child welfare agencies to implement the new ICWA provisions now required by Chapters 48 and 938. These efforts are supported through an agreement between the Division and the Midwest Child Welfare Implementation Center (MCWIC), and funded by the federal Children's Bureau, to support implementation of this project. Goals of the ICWA implementation project include development of policy and best practices related to ICWA compliance, identification and implementation of organizational improvements that support ICWA compliance and provision of ICWA compliance training and technical assistance.

### **C. Well Being Outcomes, Performance Items and Related Systemic Factors**

Based on the Evaluation of program and policy and description of Promising approaches and barriers to program success described in Sections III and IV, the following represents a summary of critical program strengths, concerns and priorities related to the CFSR outcomes and performance items for:

### Performance Items

- Item 17- Needs and services of child, parents and foster parents
- Item 18- Child and family involvement in case planning
- Item 19- Worker visits with child
- Item 20- Worker visits with parents
- Item 21- Educational needs of child(ren)
- Item 22- Physical health needs of child(ren)
- Item 23- Mental health needs of child(ren)

### Systemic Factors

- Item 35- Array of services
- Item 36- Service accessibility
- Item 37- Individualizing services

### **Program Strengths**

#### Casework performance

- The Division has begun efforts with the Case Process Committee to revise the *CPS Ongoing Service Standards and Practice Guidelines*, as described above.
- Increased resources and use of team decision making service models such as CSTs and Family Group Conferencing have been identified during the QSR reviews to lead to better performance related to assessment and case plan development and implementation.
- Increased use of post-QSR training, including coaching and mentoring, through the state's central training unit has contributed to improved performance at the local level.
- As part of the creation of the Department, the Division was organized to include a section within its BSWB dedicated to the advancement of practice, policy and program initiatives designed to support the educational, physical and mental health needs of children and their families served within the state's child welfare program.

#### Child well-being and service provision

- The Division is currently in the process of working with the state's education agency, the Department of Public Instruction, to update and issue a collaborative publication. The purpose of the publication is to support coordination between local child welfare agencies and schools, particularly for children in OHC.
- Efforts to monitor and address improved health outcomes have been implemented by the BMCW, including the addition of two medical staff, i.e. a MD and a RN, to better direct program efforts related to health outcomes of children and families served by the BMCW.
- The Department continues to advance prevention programming through coordination with the Children's Trust Fund Community Response project and implementation of the Home Visiting Program and to support initiatives implemented at the local level to enhance service coordination, i.e. group decision making models, and service availability, i.e. wraparound services, as part of the federal Regional Partnership Grant currently being implemented in the 19 counties and two tribes in the western region of the state.
- Access to health, mental health and dental health services have been expanded to ensure all youth aging out of foster care, parents of children removed from the home pending reunification, and court-ordered relative providers have health insurance via the state's MA program through the Badgercare Plus.
- At the BMCW and local levels, there is increased use of wraparound service models to better address the needs of children with significant mental health needs.

## **Program Concerns**

### Casework practice

- The QSR scores currently used to represent performance on CFSR Performance Item 17, i.e. scores related to overall assessment, overall case and permanency planning (if applicable), achievement of child and family behavioral outcomes and adequacy of change, provision of resources and support to the child(ren) and parent(s), and service tracking and adjustment, may not be resulting in computations that reflect current concerns regarding practices and performance associated with this CFSR item.
- Significant concerns are noted by local child welfare caseworkers and supervisors related to workload and case complexity in implementing current practice requirements related to assessing needs and developing, implementing, and evaluating effective case plans.
- QSR reviews show that while local child welfare agencies are most effective at including the child in the case planning process, concerns continue to be noted regarding parental involvement in the case planning process, particularly for father.

### Child well-being and service provision

- While the Department has implemented strategies to better address the health and mental health service array for families served by the BMCW, additional consideration is needed in exploring the service capacities in the balance of the state.
- Although the new MA program, Badgercare Plus, extends physical, mental and dental health care coverage, concerns regarding the availability and accessibility of providers continue.
- Specific concerns have been noted by county agencies regarding the availability of services for special needs children, particularly those with diagnosed disabilities such as autism, severe emotional disturbance, where service deficits increase the likelihood of placement in specialized, higher level of care facilities.
- Specific concerns regarding service availability and accessibility have been identified as part of the QSR related to the following services:
  - Prevention services
  - Transportation services
  - Mental health services, particularly those related to child psychiatry, severe emotional disturbance, crisis intervention, and trauma-informed mental health services
  - Dental health services

## **Program Priorities**

### Casework Practice

- The Division is in the process of revising *its CPS Ongoing Service Standards and Practice Guidelines*. Revisions to these standards will provide greater clarity regarding case planning expectations and support better integration of child welfare agency expectation related case planning with permanency planning expectation required by state statute.
- The state's Levels of Care initiative (described in detail above) will support a variety of program improvements, including use of a standardized needs assessment tool to better identify the needs of and screen for the mental health need of children entering and remaining in OHC.

### Child well-being and service provision

- The Department will continue efforts to increase prevention resources, including expansion of the Home Visiting Program in Milwaukee County and 10 other sites in the balance of the state. These in-home services provide information in the areas of physical health and safety, child development and available resources to support parents.
- In January 2010, the Department began efforts to implement the Health Engagement Initiative designed to improve health outcomes of children served in the BMCW through early identification of

health care needs, ensuring delivery of appropriate health services, and documenting and monitoring health status over time for children served by the BMCW; this initiative includes a dual approach of direct service, including ongoing clinical assessment and injury surveillance for children served at each of the BMCW sites, as well as oversight and monitoring of healthy development through medical case planning in collaboration with BMCW and existing healthcare providers.

- Based on QSR reviews, identify strategies to enhance local child welfare agency capacity to ensure the availability of and access to mental health services, particularly in the areas of child psychiatry, services to adolescents and trauma informed services, and dental health services.

#### **D. Organizational Systemic Factors**

Based on the Evaluation of program and policy and description of Promising approaches and barriers to program success described in Section IV, the following represents a summary of critical program strengths, concerns and priorities related to the CFSR outcomes and performance items for:

- Item 24- Statewide information system
- Item 30- Standards ensuring quality services
- Item 31- Quality assurance system
- Item 32- Initial staff training
- Item 33- Ongoing staff training
- Item 34- Foster and adoptive parent training
- Item 38- State engagement of consultation with stakeholders
- Item 39- Agency annual reports pursuant to the CFSP
- Item 40- Coordination of CFSP services with other federal programs

#### **Program Strengths**

- The Division has fully implemented its eWiSACWIS system, developed multiple management reports available to monitor state and local performance on a monthly, quarterly and annual basis, and continues to actively seek user input in the design and testing of major application enhancements.
- The Department has implemented a statewide, ongoing quality assurance program with local child welfare agencies using the Quality Service Review (QSR) process; has implemented the Permanency Pathways QSR protocol to evaluate program and practice dynamics that contribute to or distract from timely and stable adoptions of children with special needs and is in the process of developing or implementing specialized QSR protocols intended to better assess CPS, Adoption and ICWA practice and performance.
- In May 2009, the Department began development of a statewide Child Maltreatment Egregious Incident and Child Fatality Review protocol to ensure a consistent method is used to evaluate practice and other systemic factors that impact the likelihood of child maltreatment egregious incidents, including child death resulting from maltreatment.
- Beginning in September 2009, the Department implemented a monthly quality improvement process called KidStat for all program divisions within the Department. KidStat participation includes Division managers and staff as well as key leadership from the budget, fiscal, and technical sections of the Department to more readily identify, discuss and address short-term and long-term needs associated with program improvement strategies.
- The Division has implemented requirements associated with new and ongoing child welfare caseworker and supervisor training and has implemented improvements to the operation of the state's training program; foster parent training requirements have been established as part of the Levels of Care initiative and will be implemented statewide in January 2011.
- The Department was created effective July 2008 to introduce the needs of its constituents as a cabinet-level organization and to more effectively align the state's programs and resources dedicated

to child and family needs across the service areas of economic security, child care, child support and child welfare; consistent with the new Department's mission, many new positions were created to better support program initiatives related to the CFSR well-being outcomes and to provide greater accountability and transparency in addressing its responsibilities for quality assurance and improvement efforts.

- The Division continues to engage stakeholders in the prioritization, development and implementation of key child welfare program improvements, including program goals identified in the state's CFSP.

### **Program Concerns**

- While the Division has successfully developed multiple reports available to local child welfare agencies to monitor services and performance related to child safety, permanency and well being , most local child welfare agencies are not able to readily access and integrate use of these reports into management decision-making responsibilities.
- While the Department's implementation of the QSR process has been very successful and served to support local child welfare agency involvement and investment in the quality assurance program, additional focus is needed to readily and routinely incorporate findings from the QSR and CCI review processes, as well as administrative data maintained by the state and reported to the federal Children's Bureau, into analysis and decision-making related statewide policy and program improvement strategies
- Additional considerations are needed regarding improvements to the state's training program as follows:
  - Development and implementation of a learning management system (LMS) to better monitor compliance with child welfare caseworker and supervisor training requirements;
  - Better understanding of and capacity to address the training needs of child welfare agency managers and executives;
  - Continued efforts to integrate training curricula currently developed by individual Training Partnerships;
  - Further evaluation of strategies, including feasibility, to incorporate formal eWiSACWIS training, including training regarding effective use of eWiSACWIS reports, within training currently developed and offered by the through the training council and to develop and implement the BMCW Learning Academy model statewide.

### **Program Priorities**

- To advance the state's quality assurance program, the Department will implement improvement strategies to better integrate information collected from the QSR and CCI reviews and the state's administrative data from eWiSACWIS with Division policy staff to better support and target program improvements.
- The Department will continue implementation efforts associated with the new QSR protocol to better understand program and practice implications associated with CPS Access and Initial Assessment, ICWA and special needs adoptions.
- Beginning in April 2010, the Department will introduce the CFSR Round 2 measures to its monthly KidStat meetings and continue efforts to use this process to better focus and integrate quality assurance efforts within the Division's program, quality assurance and data teams.
- In the Spring 2010, the Department will implement the new statewide Child Maltreatment Egregious Incident and Child Fatality Review protocol; findings from this statewide process will be used to better inform practice and program changes that will improve case practice and reduce the likelihood of future incidents.
- The Division has begun to implement several of the recommendations provided as part of the Butler Institute's evaluation of the state's training program; continued efforts are needed to support

implementation of the new Child Welfare Professional Development Council governance structure and integration of training curricula development across the regional Training Partnerships.

- The Department is in the process of implementing the statewide Secretary's Council on Child Welfare; the council will serve as a multi-disciplinary forum to evaluate, prioritize and develop program initiatives designed to better support practice and performance of the state's child welfare program.