



Wisconsin Department of  
Children and Families

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## Wisconsin Child and Family Services Review

### Round 3 – Program Improvement Plan

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Reporting Schedule and Format

- Schedule: Wisconsin will report progress on PIP activities to the Children's Bureau at 6-month intervals.
- Format for PIP reporting: Provided separately

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## Executive Summary

### Structure and Framework for Wisconsin's Child Welfare System

The child welfare system in Wisconsin (WI) is a county-operated, state-supervised system with the exception of Milwaukee County and the statewide public adoption program, which are administered by the Department of Children and Families (DCF). In Wisconsin there are 72 local child welfare agencies composed of 71 non-Milwaukee "balance of state" (BOS) counties that administer child welfare services in their respective jurisdictions and DCF Division of Milwaukee Child Protective Services (DMCPS) that administers child welfare services in Milwaukee County. There are also 11 tribes in Wisconsin - Bad River Band of Lake Superior Chippewa, Forest County Potawatomi, Ho-Chunk Nation, Lac Courte Oreilles Band of Lake Superior Chippewa, Lac du Flambeau Band of Lake Superior Chippewa, Menominee Indian Tribe of Wisconsin, Oneida Nation, Red Cliff Band of Lake Superior Chippewa, Sokaogon Chippewa Community, St. Croix Chippewa Indians of Wisconsin, and Stockbridge-Munsee Band of Mohican Indians. As sovereign nations, tribes provide child welfare services directly based on their tribal codes, policies, and tribal practices and may also have written agreements with county agencies.

Wisconsin's child welfare system is guided by the Wisconsin Child Welfare Model for Practice, which was developed by the Department in collaboration with counties and other child welfare partners. As stated in the Model for Practice:

- The purpose of the Child Welfare System is to keep children safe and to support families to provide safe, permanent, and nurturing homes for their children. The system does this by safely keeping children and youth in their own home, family, tribe, and community whenever possible.
- When it is not possible to keep children safely in their home, the system engages with the courts and others to provide a safe, stable, and temporary home that nurtures and supports the child's development. The system aims to transition children in out-of-home care (OHC) safely and quickly back with their family, whenever possible, or to another permanent home.
- The system strives to engage with children, youth, and families to expand healthy connections to supports in their community and tribes and bolster resiliency in families to help them thrive.

Interactions and services in the child welfare system are based on the principles of trust, engagement, accountability, trauma-informed, culturally responsive, workforce support, and family-centered practices.

The Wisconsin Child Welfare Model for Practice is the compass that guides our work and decision-making, including the development of this Child and Family Services Review (CFSR) Program Improvement Plan (PIP) DCF is in the process of developing a strategic plan focused that will further strengthen the child welfare system and align with the Model for Practice and the Wisconsin PIP approach.

### *Data-based Development*

Consistent with our commitment to data-driven policy and program development, Wisconsin's PIP is based on robust data analysis, including root cause analysis, using a broad range of data sources. Key sources of quantitative and qualitative data used in the development of the PIP include:

- The federal CFRS report for Wisconsin and Onsite Review Instrument (OSRI) data for the 65-case sample in the April 2018 on-site review;
- Wisconsin's statewide annual 2015-16 Continuous Quality Improvement (CQI) reviews of Access, Initial Assessment and Ongoing Services; the Ongoing Services CQI reviews are composed of a statistically significant sample of 271 cases using the OSRI tool;
- Administrative data from the eWiSACWIS child welfare information system;
- Cross-system linked data between (a) the eWiSACWIS child welfare information system and the Consolidated Court Automation Program (CCAP) court information system and (b) the eWiSACWIS child welfare information system and the K-12 education information system;
- National AFCARS data
- Input from stakeholders in CFRS and PIP preparatory meetings hosted by DCF in 2016, 2017, and 2018 and in the CFRS stakeholder interviews; and,
- Reinforced through DCF and Child Welfare System strategic planning launched in 2019.

### *Involvement of Stakeholders*

Agency Responsiveness was noted as a strength in Wisconsin's 2018 CFRS. To that end, collaboration was a key component of DCF's PIP development that included a strong collaborative process with stakeholders. As detailed in the Wisconsin Statewide Assessment, DCF held consultations with a wide range of stakeholders during the two years prior to the April 2018 on-site CFRS to solicit stakeholder input on the strengths and areas needing improvement in the state's child welfare system and possible strategies for inclusion in the state's PIP following the CFRS. In January 2018 DCF established the PIP Advisory Group composed of internal and external stakeholders, including judges, legal partners, the Children's Court Improvement Program, counties, tribes, foster youth, foster parents, providers, the Child Abuse and Neglect Board, and the state mental health agency. The PIP Advisory Group that met monthly in 2019 was charged with assisting DCF in developing a comprehensive, effective, trauma-informed PIP that focused on strengthening the child welfare system and improving outcomes for the families and children in the system. A list of PIP Advisory Committee members is included in Appendix B. In September 2018, DCF expanded the PIP planning process to include issue-specific advisory strategy teams in the following areas: Prevention, Practice, Cross-System Process, and Out-of-Home Care Continuum. Each strategy team is composed of a broad range of internal and external stakeholders and is meeting every other month. The analyses and options developed by the issue-specific strategy teams were reviewed by the PIP Advisory Group, consistent with its charge of viewing the PIP in its entirety. These broad-based stakeholder groups and teams also advised DCF on the development of Wisconsin's 2020-2024 Child and Family Services Plan (CFSP) and Wisconsin's planning for implementation of the federal Family First Prevention and Services Act (FFPSA) to ensure these efforts align with the PIP.

In addition to these PIP-specific advisory groups, DCF invited input on the draft PIP from standing stakeholder groups at their regular meetings, including the Wisconsin County Human Services Association (WCHSA) Policy Advisory Committee, the Wisconsin Commission on Children, Families, and the Courts and the Indian Child Welfare (ICW) directors of the 11 Tribes.

### *Overall Context*

Wisconsin has a comprehensive child welfare policy framework and a strong, dedicated, and competent child welfare workforce. In the last six years, Wisconsin has experienced a significant increase in out-of-home care cases. After falling steadily from 2000 to 2012, the number of children in out-of-home care began increasing sharply after 2012 and has risen from 6,255 in December 2012 to 8,038 in June 2018. The increase has been especially sharp in BOS counties where the out-of-home care caseload grew from 3,977 in December 2012 to 5,514 in June 2018, for an increase of 41%. In Wisconsin, the drug epidemic hit Milwaukee earlier than the balance of the state which partially accounts for the difference in rising caseloads happening later in BOS counties.

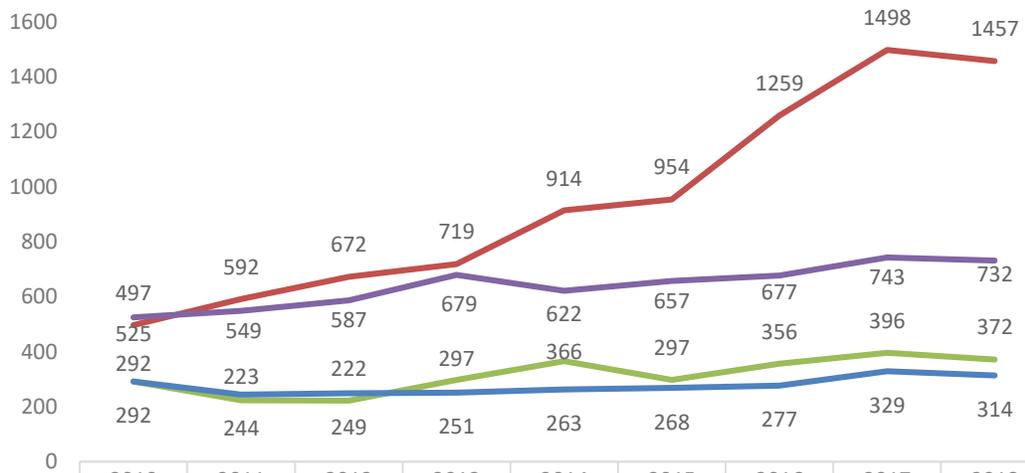
The child welfare system in Wisconsin is funded by state, federal, and county funding. State and federal funding is distributed to BOS counties via a block grant called the Children and Family Allocation (CFA). From 2012 to 2018, CFA funding increased 13.2%--a rate lower than the 41% increase in BOS out-of-home caseloads. Due to statutory limits on county property tax levy rates and other fiscal demands, county funding for child welfare services increased approximately 26% since 2012, which is also not at a rate commensurate with the caseload increase.

Based on analysis of eWISACWIS administrative data shown in the graph on the following page, the factor contributing most significantly to the rise in child welfare cases is parental drug abuse, which reflects the significant rise in opioid and methamphetamine use in the state. Both the number and proportion of removals due to parental/caregiver drug abuse has risen dramatically from 497, accounting for 10% of removals, in December 2010 to 1,457, accounting for 29% of removals, in December 2018. Research has shown that parental drug abuse-related child welfare cases are generally more complex than other child welfare cases, and therefore costlier in terms of caseworker time and services than other child welfare cases.<sup>1</sup>

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<sup>1</sup> Ghertner, M, Baldwin, G., Radcl, and A. Waters, "The Relationship between Substance Use Indicators and Child Welfare Caseloads", *ASPE Research Brief*, Washington, D.C: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, revised March 9, 2019. Available at <https://aspe.hhs.gov/pdf-report/relationship-between-substance-use-indicators-and-child-welfare-caseloads>.

## Statewide Removals due to Caregiver Drug Abuse, Caregiver Alcohol Abuse, Caregiver Incarceration, or Inadequate Housing CY 2010 - CY 2018



	2010	2011	2012	2013	2014	2015	2016	2017	2018
Caretaker drug use	497	592	672	719	914	954	1259	1498	1457
Inadequate housing	292	223	222	297	366	297	356	396	372
Incarcerated caretaker	525	549	587	679	622	657	677	743	732
Caretaker alcohol abuse	292	244	249	251	263	268	277	329	314
Unique child removals	4735	4728	4471	4949	4976	4942	4991	5271	5064

Due to the sharp rise in caseload, workload on child welfare workers has increased significantly. Based on the discussions with stakeholders prior, during and after the CFSR, including county caseworkers and managers, a major root cause of any weaknesses in performance on case practice items, is the increased workload and caseloads on child welfare workers. The Wisconsin County Association (WCA) and Wisconsin County Human Services Association (WCHSA) identified increased child welfare funding as one of their top priorities in the 2019-21 state biennial budget and were active in undertaking outreach efforts with legislative and administrative policy makers to highlight the need for this funding. The Governor’s 19-21 biennial budget bill introduced in February of 2019 requested \$15 million for counties. The final state budget appropriated additional state funding of \$18.875 million in calendar year 2020 and an increase of \$18.5 million in calendar year 2021. Funding is distributed to BOS counties as part of the Children and Families Allocation.

In addition, DCF has been working with counties since 2017 on caseload and workload issues for Wisconsin child welfare workers. An outside evaluator was selected in 2019 to conduct a caseload and workload study to gain an understanding of the resources needed to complete child welfare functions in Wisconsin. This study is underway with expected findings available in late summer, 2020. This effort will build on the work already done by WCHSA and will inform future funding decisions for the state’s child welfare system as well as identify possible efficiencies to streamline workload. Given the increased caseloads and planning to implement that provisions of the Family First Prevention and Services Act (FFPSA), a major consideration in the state’s PIP is to streamline the workload faced by caseworkers, wherever possible. DCF will continue working with county staff to ensure that new initiatives do not make it more difficult or challenging to carry out critical ongoing child welfare practices.

## Wisconsin's Approach

Wisconsin has a long-standing commitment to quality improvement. We have strengthened the child welfare system in important ways through our last PIP and other policy and program initiatives in recent years and remain committed to pursuing positive, meaningful change. We are aware of and actively addressing many of the cross-cutting issues highlighted in the federal CFSR report as needing improvement. DCF has been concurrently planning for the two-year PIP period as well as the five-year Child and Family Services Plan to comprehensively address findings of the CFSR. This process includes working with stakeholders to clearly identify short- and long-term milestones achievable in two years and in five years. For the PIP we have identified major high impact areas for improvement achievable in two years consistent with and guided by the Wisconsin Child Welfare Model for Practice as a guide. This work has included determining root causes for key challenges, identifying desired changes in performance, using evidence-based or evidence-informed strategies, and incorporating evaluation for monitoring progress, as explained more fully in the following sections of this document.

## Wisconsin's PIP Goals

Wisconsin's PIP capitalizes on the efforts already underway to continue improving the quality of services and strengthening the outcomes of children and families touched by the child welfare system. Wisconsin's PIP is focused on improving the quality of safety and permanency services, and more effectively engaging children and families in all aspects of the child welfare system and address the outcomes and systemic factors identified in the Wisconsin CFSR Final Report issued in September of 2018. The specific goals developed are also aligned with the Children's Bureau Vision for Changing Child Welfare Practice:

- Goal 1: Prevent the maltreatment and unnecessary placement of children by improving timely response that supports child and family safety.
- Goal 2: Improve the availability of safety services for children and families.
- Goal 3: Improve the quality and availability of permanency services by engaging children and families in more meaningful ways.
- Goal 4: Serve more children in their homes or home-like settings by addressing the range of emotional, physical, educational and social needs of children and youth.
- Goal 5: Strengthen documentation of worker training through training and information system improvements.

Integral to meeting the Wisconsin PIP goals will be the use of ongoing evaluation, monitoring and quality improvement mechanisms to successfully achieve proposed strategies. This will include working with Wisconsin's Professional Development System and partner agencies to identify and provide appropriate training, coaching and mentoring that prepare the workforce for effective implementation of strategies.

## 2018 Final Report Findings, Cross-Cutting Issues and Strategies to Address

Wisconsin participated in a traditional CFSR during the week of April 16-20, 2018. The Children's Bureau issued a final report to Wisconsin in September 2018. Wisconsin's PIP responds to cross-cutting issues identified in the CFSR final report including:

- Concerns about assuring safety throughout the life of child welfare cases;
- A need identified to improve the quality of caseworker visits and interactions with families; and,
- A challenge identified to more effectively engage youth and families, particularly fathers.

A chart showing Wisconsin's full performance for the 2018 CFSR can be found in Appendix A. More specific information on Wisconsin's performance in Round 3 follows.

### Safety Outcome 1

Both CFSR data and Wisconsin administrative data confirm Wisconsin's strong performance on timeliness of initiating investigations of child maltreatment. Specifically, in the CFSR review, 93% of cases had timely initiation; eWiSACWIS data for the second quarter CY2018 indicates that statewide 91.1% of all cases achieved or attempted timely initial face-to-face contact. Wisconsin's 2015 Initial Assessment CQI report indicates that a total of 77.9% of cases reviewed demonstrated timely face-to-face contact with either all (65.7%) or some (12.2%) of the alleged victims: <https://dcf.wisconsin.gov/files/cqi-cfsr/pdf/report/ia-report2015.pdf> .

Based on the presence of present or impending danger and whether the alleged maltreatment is occurring in an out-of-home setting, cases are assigned a response time of same day, 24-48 hours, within 3 working days, or within 5 working days. Further analysis of Wisconsin administrative data indicates that timeliness performance is strongest on urgent cases that require a same day or 24-48-hour response time, and slightly less strong on the least urgent cases that require a response within 5 working days. A cross-cutting issue from the CFSR Report reinforced by stakeholder discussions is that caseworkers are appropriately prioritizing urgent cases. However, due to the caseload pressure described above, caseworkers do not consistently have sufficient time to respond to the remaining non-urgent cases within the assigned timeframe.

One of the tools DCF developed to support timely initiation of investigations is a dashboard using eWiSACWIS data for use by caseworkers and supervisors that shows performance on timely initial face-to-face contact by worker, local child welfare agency, region and state for any selected period. DCF has found that making county and caseworker-specific performance data accessible to counties, supervisors, and workers through dashboards and other tools can stimulate improvement in practice. For example, Wisconsin's monthly caseworker contact improved to the FFY2018 level of 97.2% after the Department began several years ago systematically disseminating, monitoring, and putting local improvement plans in place for caseworker contact data to counties, initially manually and later through an automated public facing dashboard. DCF collects information on how frequently the dashboards are used. In 2018, the Initial Assessment performance dashboard, which displays data on timely initiation of investigation, was used 1,395 times. It is evident that these tools are being used and that making this data available at the county level served to inform and focus county attention on areas needing improvement. To strengthen further the use of the Department's data dashboards, DCF developed an ongoing training in 2019 for child welfare supervisors through the Child Welfare Professional Development System on the

use and value of the dashboards as tools in their daily work. For the reasons stated above, **Goal 1, Strategy 1** enhances the initiation of investigation data dashboards.

## **Safety Outcome 2**

Wisconsin child welfare standards and the Wisconsin Child Welfare Model for Practice promote safely keeping children and youth in their own home, family, tribe, and community whenever possible, which is Safety Outcome 2. While the CFSR review resulted in a 35% performance rating on Safety Outcome 2, Wisconsin's 2015-16 and 2017-18 statewide CQI review resulted in higher performance outcomes of 64% and 67%, respectively. Given that Wisconsin's CQI review is based on a statistically significant statewide sample of 271 cases, it is likely that it is more representative of Wisconsin's performance than the smaller CFSR sample.

DCF recognizes a CFSR *cross-cutting issue* of ongoing safety concerns in child welfare cases. Addressing concerns relative to safety throughout the life of the case can be found in addressing service needs through the safety services program (Strategy 2.1 described below), addressing better articulation and attention to safety and permanency considerations in dispositional orders (Strategy 3.2) and in improvements to the quality of caseworker visits (Strategy 3.3). Addressing service needs for families in the child welfare system, using a best practice approach of providing wraparound service delivery model, on a time-limited basis, to maintain children in their home and prevent removal, whenever possible through an in-home Safety Services (Safety Services). This type of program has been in place in Milwaukee County since 1998, when state administration of the Milwaukee County child welfare system began and began in BOS counties in 2011 on a pilot basis in interested counties, expanding every year since that time, based on funding availability.

### *Theory of Change*

**PROBLEM STATEMENT:** Children and families identified as unsafe in the child welfare system have specific needs that must be met in order to avoid further engagement in the child welfare system. These needs include identification of and access to services to meet a variety of family needs assure child and family safety and well-being.

**ROOT CAUSE:** Lack of in-home supports and access to key resources are identified as reasons why families come the child welfare system. These conditions lead to stress and sometimes parent inability to meet family needs that may cause further interactions with the child welfare system including the need to remove children from their homes.

**PROJECT:** The Safety Services program provides funding to local child welfare agencies to serve families whose children are assessed to be unsafe and at-risk of removal from their home. Funding support is provided for intensive and short-term services as identified in the family's Protective Plan or Safety Analysis and Plan that is required by policy when one or more children are identified to be unsafe in the family home to mitigate the threats to the child(ren)'s safety in order to prevent removal from his or her family home. In addition to identifying and providing services, a robust safety assessment and planning model is used that is recorded through the state's SACWIS system, and embedded in Wisconsin's supervisory and caseworker professional

development and training programs and integrated into Children’s Court Improvement initiatives. Currently, 44 of the 72 Wisconsin counties and 1 of the 11 tribes are participating in the Safety Services program and this initiative moves funding the program toward statewide expansion.

**MEASURABLE FINAL OUTCOME OR GOAL:** Program becomes available statewide and counties report an increase in the number of families that are successful with in-home services and avoid future contact with the child welfare system.

**PATHWAY TO CHANGE:** Children in families that are identified as unsafe out of the child welfare system are assessed for safety needs and services SO THAT needs and services are identified and provided SO THAT families are able to manage personal and family needs SO THAT their children can remain safely in their home and avoid re-entry to the out-of-home care system SO THAT as this program provides more supports and services across the state through statewide expansion, Wisconsin will see less disruption for families and decrease in out-of-home care placements.

**RESEARCH-BASED EVIDENCE INTERVENTION:** Safety Services is not currently an evidence-based practice but counties that have supported families through Safety Services report that families have access to resources that are preventing further engagement in the child welfare system.

**Goal 2, Strategy 1** expands the Safety Services program statewide to ensure that all counties and tribes have access to this important resource. The Governor requested and received funding in the 2019-2021 state biennial budget to support statewide Safety Services expansion.

**Permanency Outcome 1**

The Wisconsin CFSR results, 33%, and Wisconsin CQI results, 34%, are similar for Permanency Outcome 1 regarding the permanency and stability of children in their living situations. To deepen the understanding of this performance outcome, Wisconsin has undertaken further data analysis regarding the different types of permanency.

**Wisconsin Performance on Permanency Measures**

Measure	Q1 2018	Q2 2018	Q3 2018	Federal Performance Target
Legal Permanency for children in OHC < 12 months	40.10%	40.70%	39.10%	40.50%
Legal Permanency for children in OHC 12-23 months	44.30%	43.80%	43.70%	43.60%
Legal Permanency for children in OHC 24+ months	39%	39.90%	41.20%	30.30%

As shown in the table, Wisconsin is performing at the federal permanency timeliness benchmarks for children in OHC for less than 12 months and in OHC for 12-23 months and is significantly outperforming the federal benchmark for children in OHC for 24 months and longer. DCF plans to continue the use of Permanency Roundtables (PRTs) as a tool to promote reunification and other forms of permanency, especially for complex cases. These roundtables were initiated in response to the last CFSR and are a comprehensive approach to addressing a range of permanency needs for children that have resulted in improvements in Wisconsin's permanency rates for children in care more than 24 months.

A Wisconsin team composed of representatives from DCF and the Wisconsin Children's Court Improvement Program, judges, legal partners, counties, and tribes participated in a technical assistance workshop in December of 2018 in Chicago administered by the Capacity Building Center (CBC) for Courts. At that workshop, the CBC trained the Wisconsin team on root cause analysis and the Change Management Process. Under the direction of the CBC, the WI team developed a number of root cause analyses. As discussed at the December workshop, consistent with Wisconsin's commitment to a collaborative, inclusive PIP development process, the Wisconsin team discussed the root-cause analyses developed at the CBC workshop with the stakeholder advisory groups established by DCF to advise on PIP development. Based on the discussion with stakeholders, Wisconsin selected for inclusion in its PIP one of the root cause analyses and action steps developed at the December CBC workshop: Child Safety and Tailored Court Orders Project. Following is a refined version of the preliminary root-cause analysis developed at the December 2018 Capacity Building Center for the Courts technical assistance workshop.

### *Background on Wisconsin's Process*

Prior to disposition, the agency caseworker submits a dispositional court report with recommendations for the court-ordered conditions for return, rules of supervision, and services to be provided to the family. These recommendations are based off case planning with the parents to work towards safe reunification with the child, any completed assessments, and other relevant information. The court orders the conditions for return that each parent must complete as part of the dispositional order. This strategy makes changes to the current process so that the conditions around what is required to support safety, necessary behavior changes and steps to promote timely permanency are: (1) tailored to meet the needs and services of the individual parents, including those required to enhance the parent's protective capacities and control danger threats in the home, (2) written in a sequence of priority to address the most significant issues, and (3) understood by families, legal parties and accurately articulated in the conditions for return. The new process for the court order and conditions for return will shape the permanency plan that is used for establishing safe and timely permanence that will be monitored by the court in an ongoing basis at permanency reviews/hearings and other post-dispositional proceedings.

### *Theory of Change*

**PROBLEM STATEMENT:** Reunification, i.e., permanency, is delayed when parents are not successful in completing the conditions for return. The practice of having standard conditions for return for all parents, that are lengthy and not based on safety factors, creates a barrier to the parent's ability to complete the conditions.

ROOT CAUSE: The court report and dispositional order, which contain the conditions for return and rules of supervision, are not tailored, and understandable to parents. Orders are not based on the specific circumstances and behaviors that must occur in order for the child to be returned home safely.

PROJECT: Tailored Dispositional Orders and Conditions for Return Project for timely permanence.

MEASURABLE FINAL OUTCOME OR GOAL: Timelier reunification or another permanence option for children in out-of-home care. (Item 6)

PATHWAY TO CHANGE: Caseworkers utilize the safety plan, which clearly articulates identified threats, areas of protective capacity that must be addressed, including required behavior changes and key services that will help family achieve goals, when developing the case plan and court report with the parents SO THAT conditions for return are clear, measurable, realistic, based on behavior change, and effectively addresses safety SO THAT conditions for return ordered by the court are tailored and understood by the parents and legal partners involved in the case SO THAT parents understand and complete the steps needed to address the most significant issues preventing reunification SO THAT the conditions for return will be updated and integrated into the child's permanency plan SO THAT the parents' efforts and progress are considered and discussed by the court, parents, and attorneys at each subsequent court hearing (including Permanency Hearings, Review Hearings, Extension Hearings, etc.) SO THAT the court and judicial partners work with the parents to understand the next action steps, the timeline for accomplishing these steps, and the consequences if reunification does not occur within the timeframe SO THAT reunification is achieved, or another permanency option is pursued if the parents fail to meet the conditions for return.

INTERVENTION: DCF and CCIP will work with child welfare, court, and legal partners to modify the current process including the court report and conditions for return. To support the modified process guidance and training will be provided to support the child welfare and court systems. The resources, policies, and technical assistance will be piloted in three innovation zones in the state to assess the effectiveness of the project and identify any modifications that may be needed before the project is rolled out statewide.

The Child Safety and Tailored Court Orders Project described above is PIP **Goal 3, Strategy 2**.

MEASURABLE FINAL OUTCOME/GOAL: The final measurable outcome of this strategy is that timelines to permanence will be shorter because families better understand meet goals.

An additional *cross-cutting* issue identified in Wisconsin's CFSR was challenges related to the quality of caseworker visits, particularly assessing safety and quality through the life of the case. DCF has been using the CQI system to identify and more systematically identify how to improve the quality of caseworker visits.

### *Theory of Change*

PROBLEM STATEMENT: An area identified as needing improvement in the CFSR through stakeholder interviews and in case review findings is that workers and families are not engaging in quality contacts consistently.

ROOT CAUSE: Caseworkers are not always aware of the characteristics and goals to achieve when attempting a quality contact due to lack of training and inconsistencies in knowledge and standards around what actually constitutes a quality contact and how to document such a contact.

PROJECT: Use improvement science and rapid-cycle change (e.g., Plan Do Study Act (PDSA) cycles) to improve the quality of contacts between workers and families. This strategy will build on an existing process led by the Wisconsin CQI Advisory Committee that has already begun testing PDSA cycles in certain counties around the state to improve the quality of visits. These small, rapid-cycle tests have included additional supervision before and after visits, incorporating components of quality visits into the initial training of new child welfare workers, and completing case note reviews to identify any shift in the documentation of quality visits.

MEASURABLE FINAL OUTCOME OR GOAL: Increased percentage of quality contacts as reflected in documentation and child welfare workforce feedback; increased preparedness in child welfare workforce when entering contacts with families; and, increased clarity state-wide around what constitutes a quality contact.

PATHWAY TO CHANGE: Rapid-cycle change projects focused on caseworker visit practice will be implemented SO THAT practices reflect local county needs to improve quality contacts SO THAT counties are able to adapt change projects to meet their specific needs SO THAT child welfare staff gain more knowledge of the characteristics and goals of a quality visit SO THAT workers will feel more prepared going into contacts with children and families SO THAT workers and families will have more clarity around the goals of a contact SO THAT contacts between families will be higher- quality and promote positive family engagement SO THAT families participate fully in addressing the issues resulting in involvement with the child welfare system and therefore experience better outcomes.

RESEARCH-BASED EVIDENCE INTERVENTION: Using PDSA cycles as a vehicle for systems-level improvement is an evidence-informed change strategy developed by the Institute for Healthcare Improvement. Their theory and methodology can be found in the book, *The Improvement Guide: A Practical Approach to Understanding Organization Performance* (Norman et al., 1996). Further sources Wisconsin used to develop this strategy include accessing a clearinghouse of information that includes evidence informed and evidence-based strategies developed by the Children's Bureau Capacity Building Center for States, Atif & National Resource Center for Child Protective Services, National Resource Center for Family-Centered and Permanency Planning.

In addition, DCF's caseworker engagement strategy will also address both Permanency 1 and Well-being 1 outcomes through improved engagement resulting in more effective and timely identification and securing of services that address permanency and well-being outcomes for children and families. **Goal 3, Strategy 3** will improve the quality of caseworker visits.

## **Permanency Outcome 2**

The Wisconsin CFSR results, 55%, and Wisconsin CQI results, 56%, are similar for Permanency Outcome 2. Wisconsin has a strong commitment to the goal of Permanency Outcome 2: preserving the continuity of family relationships and connections. *Cross-cutting* themes identified in the CFSR report included a need for additional foster homes and a lack of family engagement, particularly for fathers.

An additional *cross-cutting issue* identified in Wisconsin's CFSR was effective and consistent family engagement, particularly for fathers in the child welfare system. The following root cause analysis was conducted to determine how to most effectively engage families, including fathers and extended family members in case planning, court processes and maintaining connections for children in out-of-home care. Caseworkers understand the importance inclusion of families, however, currently they do not have the tools, resources and knowledge to integrate their knowledge of the importance into actual practice with families to locate, identify, and engage relatives. The Family Find and Engagement Model (FFE) increases the familial connections and the use of relatives for of out-of-home placements, promote permanency, and address the shortage of foster parents<sup>2</sup>. The Family Finding Engagement model, provides caseworkers with explicit tools to use to increase the identification of relatives, access to DCF sponsored resources (State Permanency Consultants and Seneca Searches), and practice with tools to engage with the identified relatives and important adults to integrate the knowledge gained with a specific case throughout the training series. For these reasons, relative connections and placement with family members directly and indirectly improve performance on the items measured in Permanency Outcomes 1 and 2. Currently, 39% of children in out-of-home care in Wisconsin are placed with relatives, which exceeds the national average of 32% (AFCARS data report #25). To promote and achieve this relatively high rate of relative placements DCF has been utilizing Family Find and Engagement (FFE) training.

**PROBLEM STATEMENT:** Fathers, mothers and extended family are not consistently engaged in case planning, court processes, and maintaining connections for children in out-of-home care. Specifically, mothers were engaged in 67% and 83% of cases in the CFSR and Wisconsin CQI reviews, respectively, and fathers were engaged in 45% and 71% of cases in the CFSR and Wisconsin CQI reviews, respectively. (OSRI outcome 13)

**ROOT CAUSE:** Lack of knowledge, values and consistent application of family finding and engagement techniques by caseworkers leads to family members and important adults not consistently being informed about or provided the opportunities to remain connected with, be considered placements for, or reviewed as permanent homes for children living in out-of-home care.

**PROJECT:** Implement statewide the Family Finding and Engagement model.

**MEASURABLE FINAL OUTCOME OR GOAL:** Increased rates of placements with relative caregivers, increased measures of connections for children in out-of-home care, increased involvement of fathers, mothers and other paternal relatives, and increased rates for permanency for children in out-of-home care.

**PATHWAY TO CHANGE:** Child welfare staff will have the knowledge and skills to identify, locate, and engage relatives to maintain connections for children in the child welfare system, particularly those in out-of-home care SO THAT child welfare caseworkers better engage relatives in case planning and placement SO THAT more relatives and non-custodial parents are notified and provided an opportunity to build or maintain connections to children

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<sup>2</sup> ChildFocus, "Making 'Relative Search' Happen, A Guide to Finding and Involving Relatives at Every Stage of the Child Welfare Process," October 2007 and Generations United, ChildFocus, and ABA Center of Children and the Law, "WikiHow for Kinship Foster Care," [http://www.grandfamilies.org/Portals/0/KinshipCareWikiHow\\_lowrez.pdf](http://www.grandfamilies.org/Portals/0/KinshipCareWikiHow_lowrez.pdf).

who are at high risk of being isolated from family, particularly when they are in out-of-home care SO THAT relatives can provide continued opportunities to engage with child members of their families to avoid permanently disconnecting children from their families SO THAT children experience less trauma when involved in the child welfare system SO THAT more children are placed with relatives, connections between children, family members and important adults and maintained, and more children achieve permanency through reunification or guardianship within their own family system.

RESEARCH-BASED EVIDENCE INTERVENTION: Family Finding and Engagement model by Kevin Campbell.

FFE is an evidence-based model that began in Wisconsin as a pilot in six counties in 2014 and is now available in 25 counties. In addition, two tribes have participated in the training. FFE is a holistic approach to family contact and support, while seeking family connections for the child(ren) placed in out-of-home care or to assist the child(ren) to remain in-home. FFE strategies include training child welfare staff to focus on strengthening relationships between siblings and strengthening engagement with fathers and paternal relatives. Data analysis by DCF found a higher, 7%, growth in relative placements in Wisconsin FFE counties compared to 5% growth in non-FFE counties. On a national basis, other outcomes of FFE include a reduced length of stay in foster care, increased placement stability, increased emotional permanence, greater family involvement, increased legal permanence and reduced re-entry into out-of-home care (Making “Relative Search” Happen, Childfocus 2007). Wisconsin will build on this successful approach by expanding Family Find and Engagement statewide as **Goal 3, Strategy 1**, Wisconsin is using funding from its FFY19 Adoptions Incentives Award and FFY19 Kinship Navigator Award to support the statewide expansion of FFE.

Wisconsin will also build on current efforts to more broadly engage relative caregivers. Currently, 39% of children in out-of-home care in Wisconsin are placed with relatives, which exceeds the national average of 32% (AFCARS data report #25). The proportion of children placed with relatives has consistently grown since the Levels of Care initiative from our last PIP when we had 31% of children placed with relatives. With this rise, services and supports for relatives have grown, however coordination and navigation of services and supports has continued to lag. In October 2018, DCF established an advisory group of relative caregivers. Discussions with the new relative caregiver advisory group and research from the Family Connection Discretionary Grants Cross-site evaluation report (James Bell Associates, Inc. 2015) informed our root cause analysis. The root cause identified the unique needs of relative caregivers not being attended to in the coordination and navigation of services and supports for children in their care hampering provision of appropriate services due to the relative’s lack of familiarity and experience by relatives with the child welfare and other service systems. With the infusion of the new FFY19 federal Kinship Navigator funding, as **Goal 3, Strategy 5**, DCF will increase support for relative caregivers by developing user-friendly information and referral materials, connecting relatives to services for the children in their care, and supporting relative caregivers through peer support groups and other mechanisms.

### **Well Being Outcomes 1, 2, and 3**

Wisconsin will also work on an identified concern in the CFSR relative to how to better identify the social, emotional and physical needs of children served in their home. This effort will build on Wisconsin’s current strategic planning underway to articulate a “home-like” continuum for services that will result in serving more

families in their own homes. The strategic planning aligns with the transformation in child welfare services that is the goal articulated by the Family First Prevention and Services Act. An intensive internal and external process is underway to identify how to best develop a process that better understands and plans for the physical, educational, social and emotional needs of children who are served in their homes. **Goal 3, Strategy 1** will address Well-Being 1, 2 and 3.

Family engagement, particularly in case planning and in court processes, is also a key component of Well Being Outcome 1 and a *cross-cutting* theme cited in the federal report as needing improvement.

### *Theory of Change*

**PROBLEM STATEMENT:** Birth mothers and birth fathers are not consistently engaged in case planning and court processes leading to inadequate guidance and support services resulting in children not being able to remain safely in the home or are not reunified after being placed out- of-home.

**ROOT CAUSE:** National research and Wisconsin stakeholder feedback from birth parents identified that birth parents involved in the child welfare system often are distrustful of and intimidated by the child welfare system and not fully aware of the steps in the child welfare process and the expectations and opportunities for participation for them.<sup>3</sup> Stakeholder feedback noted inconsistency in the level of birth parent involvement in case planning and the overall CPS process as well as parent challenges navigating and managing the required activities and mandates, and understanding the legal processes, fees, and language.

**PROJECT:** Develop and implement a Wisconsin family voice model.

**MEASURABLE FINAL OUTCOME OR GOAL:** Higher rates of reunification and lower rates of re-entry into the child welfare system

**PATHWAY TO CHANGE:** Birth parents entering the child welfare system will be provided a trained peer mentor, who is a parent with lived experience of the child welfare system SO THAT a trusting relationship is established with a birth parent SO THAT they become more knowledgeable about and comfortable with the expectations and opportunities for effective involvement in their child's child welfare case and have access to a support person to help navigate the child welfare process at each step SO THAT birth parents actively and effectively participate in case planning and court processes SO THAT appropriate services and timelines are established to address parents' needs SO THAT parents engage in services and court reviews and develop the skills and make the changes needed to provide a safe and stable home for their children SO THAT their children remain safely at home or are more likely to be reunified if they are in out- of-home care and less likely to re-enter the child welfare system.

**RESEARCH-BASED EVIDENCE INTERVENTION:** The Iowa Parent Partners Model is an evidence-based Parent Voice model

Based on this root cause analysis, Wisconsin is including the development and implementation of a Wisconsin

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<sup>3</sup> Leake, Robin; Longworth-Reed, Laricia; Williams, Natalie; and Potter, Cathryn, "Exploring the Benefits of a Parent Partner Mentoring Program in Child Welfare," *Journal of Family Strengths*: Vol. 12: Issue 1, Article 6

family voice model as a PIP strategy. Elevating and incorporating parent and youth voice will strengthen parent, including father, and youth engagement in assessing their needs, one of the key measures in Well-Being Outcome 1. Parent voice has been incorporated in other child and family serving systems in Wisconsin, including the Child Abuse and Neglect Prevention Board, the Office of Children’s Mental Health, and the Department of Health Services Children with Special Health Care Needs program. These existing family voice initiatives in other systems have successfully engaged families in systems-change work both at the local and state levels. Key learnings from their efforts are:

- Engagement is achieved through critical relationship building to recruit families;
- To best engage birth families, comprehensive supports and coaching are needed to consistently engage them to engage for systems change work, and
- It is critical to embark on agency/system culture change to create necessary and meaningful space for families to be at the decision-making table.

In addition to program experience Wisconsin has researched the Iowa Parent Partners model through an on-site visit to Iowa by a team of judges and court staff and a team from DCF, review of program material, and discussions with Iowa program staff and program participants. Wisconsin intends to use the Iowa program as the starting point for development of the Wisconsin program because the Iowa program is evidence-based. Specifically, an evaluation of the Iowa program by a team of researchers at the University of Nebraska found that children of families who participated. It was found that in the Parent Partner program returned home at a higher rate and were less likely to re-enter the CPS system within 12 months of reunification<sup>4</sup>. In addition, the model was found to positively impact the relationship between the child welfare system and the families it served.<sup>5</sup>

As **Goal 3, Strategy 4** Wisconsin will develop and implement a family voice model that more systematically elevates and incorporates parent, including father, and youth voice in their own case planning and in the development of services, policies, and processes to meet parent and child needs more effectively. Wisconsin will use a portion of its annual federal CAPTA allocation to support this strategy.

Wisconsin will also work on an identified concern in the CFSR relative to how to identify needs and services through assessments. This effort will build on Wisconsin’s current strategic planning underway to articulate a “home-like” continuum for services that will result in serving more families in their own homes, with relatives or in foster families. The strategic planning aligns with the transformation in child welfare services that is the goal articulated by the Family First Prevention and Services Act. An intensive internal and external process is underway to identify how to best develop a process that better understands and plans for the physical educational, social and emotional needs of children who are served in their homes. **Goal 3, Strategy 1** will address Well-Being 1, 2 and 3.

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<sup>4</sup> Chambers, J. & Cooper, M., “Iowa Parent Partner Program Report on Child and Family Outcomes.” Nebraska Center on Children, Families, and the Law, 2017.

<sup>5</sup> Midwest Child Welfare Implementation Center, “Partnering with Parents for Systems Change, The Iowa Parent Partner Approach: Perspectives from Families and Parents,” 2013

## Systemic Factors

Wisconsin has prioritized focusing on the following systemic factors which were found not in substantial conformity:

- *Case Review-Periodic Review*: See Permanency Outcomes 1 and 2 above (**Goal 3, Strategy 2**). DCF and CCIP will address the CFSR finding related to timeliness. DCF will develop a report to measure the timeliness of six-month Permanency Reviews as well as provide training to improve the quality of Permanency Hearings using an administrative review panel (**Goal 3, strategy 6**)
- *Quality Assurance System*: **Goal 3, Strategy 3** utilizes ongoing work of the CQI system to improve the quality of caseworker visits to address a CFSR *cross-cutting issue* and an overall theme of continuous quality improvement. In addition, more systematic steps that tie back to the CQI system are identified in **Goal 3, Strategy 4**, Parents Supporting Parents. The CQI project is guided by an advisory committee that provides a foundation of collaboration within and across state agencies, county and tribal child welfare agencies, and other key stakeholders such as the Children's Court improvement Program and the University System. Guided by the leadership of the CQI Advisory Committee, local improvement projects that work with counties and tribes to identify and pilot approaches that help improve child welfare practice are overseen and supported. This will be continued through the caseworker engagement strategy. The CQI Advisory Committee will continue to tap local leaders to further engage local child welfare agency participation in the development and implementation of follow up activities based on the state's case review and relevant administrative data to ensure that a feedback loop to individual counties is supported regarding findings in reviews of cases from their local child welfare agency.
- *Service Array* - access to services to meet family needs was identified as a cross-cutting issue in Wisconsin's CFSR. Areas of Wisconsin's PIP that address service array are: **Goal 2, Strategy 1**, the Safety Services Program, and **Goal 3, Strategy 4** Parents Supporting Parents focus on more effective and more timely identification of needs and connection to services to meet family needs. Goal 4, Strategy 1 will also result
- *Training and Management Information System*- **Goal 5, Strategy 1** to strengthen documentation and tracking of worker training through training and information system improvements is focused on addressing issues raised in Wisconsin's final report relative documentation of training requirements in the state's Training system including improvements to the state eWiSACWIS system.

## DCF Goals and Strategies

Below are the Goals and Strategies Wisconsin will pursue for its Program Improvement Plan. Please note that since Wisconsin is now submitting revisions to the PIP for the third time, activities that have already taken place are shaded in green if they are complete and shaded in yellow if the activities are underway with respect to the original goals and strategies. Further you will note that some of the timelines have been moved up in the quarters for proposed completion dates. The CFSR item(s) that are addressed by each strategy are listed after the strategy. For reference, Appendix C provides a list of the CFSR items.

### Goal 1: Prevent maltreatment and unnecessary placements by improving child and family safety. (Safety Outcome 1)

#### Strategy 1.1: Enhance use of technology to promote timely initiation of investigations.

DCF will enhance dashboards based on input from internal and external stakeholders and continue quarterly reviews of administrative data with follow up discussions and technical assistance, as appropriate, with counties performing outside of expectations.

Key Activity		Proposed Completion Date
1.1.1	Continue DCF practice of reviewing on a quarterly basis administrative data on initiation of investigations and have DCF regional staff follow up with counties performing outside of expectations.	Q1
1.1.2	Track and report on performance related to timely initiation.	Q1-Q8

## Goal 2: Improve the availability of safety services for children and families. (Safety Outcome 2, Service Array)

### Strategy 2.1: Improved safety supports for children being served in the home.

DCF will make the Safety Services program available statewide: expanding the program from the current set of 44 local child welfare agencies - including the Division of Milwaukee Child Protective Services - to the remaining counties in the balance of the state and to all tribes in the state. Under the IHSS program, funding is provided to local child welfare agencies to strategically infuse additional intensive, time-limited case management and direct services - formal and informal - to the child and his/her family to ensure child safety while serving the child(ren) in their home with their family.

Key Activity		Proposed Completion Date
2.1.1	Support implementation of the in-home Safety Services program funding to the newly participating county and tribal child welfare agencies. as part of the 2020 Annual State/County and State/Tribal contracts.	Q1
2.1.2	<ul style="list-style-type: none"> <li>• Gather information with and from key stakeholders to assist DCF in the following key deliverables:</li> <li>• Assessing implementation efforts and fidelity to program requirements;</li> <li>• Identifying resource needs, including training and professional development needs, as well as other factors affecting implementation, fidelity, and funding/service implications; and</li> <li>• Developing a Safety Services evaluation plan to better understand program effectiveness and case practice fidelity and service provision factors that affect program outcomes.</li> </ul>	Q2-Q4
2.1.3	Incorporate evaluation results into ongoing implementation and contracts associated with the in-home Safety Services program funding.	Q5-Q8

### Goal 3: Improve the quality of and availability of permanency services by engaging Children and Families in more meaningful ways. (Permanency 1 and 2, Case Review, Quality Assurance and Foster and Adoptive Recruitment)

#### Strategy 3.1: Expand Family Find and Engagement (FFE) statewide.

DCF will expand the research based FFE initiative statewide to all local child welfare agencies to increase and strengthen family connections, including strengthening relationships between siblings and strengthening engagement with fathers and paternal relatives. Subject to availability of staff and fiscal resources, DCF will offer FFE training to OHC providers in the second year of the PIP. DCF has established a statewide training schedule, to be held from March-December 2019, for statewide rollout of FFE.

Key Activity		Proposed Completion Date
3.1.1	<ul style="list-style-type: none"> <li>• Determine manner for statewide expansion of Family Find and Engagement:</li> <li>• Begin planning for regional trainings, including local child welfare agency composition of each region, taking into account counties already on the waitlist for FFE</li> <li>• Consult with National Institute for Permanent Family Connectedness (NIPFC) to develop trainer schedules</li> <li>• Coordinate and host kick-off meeting for all local child welfare agency directors and supervisors</li> <li>• Partner with Professional Development System (PDS) to enroll agency participants</li> <li>• Above activities completed</li> </ul>	Q1
3.1.2	Understand and identify systematic barriers to FFE and work with counties to put supports in place and remove barriers.	Q1-Q4
3.1.3	Create and publish Permanency Tools online training, which includes all FFE Tools. Activity completed.	Q1
3.1.4	Incorporate FFE principles in caseworker pre-service trainings: Placement, Permanency, and Ongoing Services. Activity completed.	Q1
3.1.5	Provide full FFE training statewide through Professional Development System (PDS) and Seneca Center.	Q1-Q4
3.1.6	Enhance eWiSACWIS documentation capacity of relative connections and include a genogram. Activity in process.	Q1
3.1.7	Create modified FFE Training for future and ongoing coaching and mentoring of staff, based on the original FFE training (administered Q2-Q4). This training will support FFE efforts of agency staff into the future once the online resources within pre-service trainings and the Permanency Tools online training have been developed and incorporated into worker pre-service and Foundation courses. Activity in process.	Q1
3.1.8	Partner with the Professional Development System to refine and update training for new hires and staff.	Q4 – Q8
3.1.9	DCF will review OSRI data and over time placement data to determine if family engagement is improving.	Q4 – Q8

### Strategy 3.2: Implement Tailored Dispositional Orders Project

DCF and CCIP will implement a Tailored Dispositional Order and Conditions for Return Project that was developed at the Capacity Building Center for Courts PIP Strategies Workshop in Chicago. DCF and CCIP will implement a Tailored Dispositional Order and Conditions for Return Project, which will be piloted in three counties before implementing it statewide. As articulated in the theory of change, this strategy promotes the shared responsibility of the parents, child welfare agency, court, and legal partners in achieving timely reunification for the child and makes changes to the current process by tailoring the conditions for return to the child’s safety and identifies the parent’s behavior changes that are needed to achieve timely permanence.

Key Activities		Quarters
3.2.1	DCF and CCIP will convene an internal workgroup of subject-matter experts to guide the project.	Q1
3.2.2	Identify examples of well-written conditions for return from counties who have developed tailored and effective dispositional orders, as well as from national organizations.	Q1
3.2.3	CCIP and DCF will identify 3 innovation zones where the project will take place in consultation with judicial and child welfare stakeholders.	Q1-2
3.2.4	DCF and CCIP will create resources and supports for effectively using tailored conditions for return and disposition orders, including judicial bench cards, sample conditions for return, and modified/supplements to the court report, permanency plan and dispositional order templates.	Q2-Q3
3.2.5	DCF and CCIP will develop multi-disciplinary training curriculum for child welfare workers, attorneys, and judicial officers in each innovation zone. The multi-disciplinary training will include child safety decision-making, examples of tailored conditions for return that address enhancing the parent’s protective capacities and controlling danger threats in the home, and drafting conditions for return in a sequence of priority so parents understand the most significant issues that must be addressed prior to reunification.	Q2-Q3
3.2.6	Implement the Tailored Court Orders Project in three innovation zones by providing the training and resource from activities 1.2.3 and 1.2.4, along with a framework and expectations for implementation:	Q4-Q6
3.2.7	Mid-Implementation Evaluation & Feedback to Innovation Zones: CCIP and DCF will monitor the project’s implementation by evaluating whether there has been a shift in the county’s culture and practice. The evaluation process will include court file review, court observation, meetings with stakeholders, and/or reviewing eWisACWIS documents. The innovation zone will be provided with a written report regarding their current progress and suggestions for the remainder of the duration of the project.	Q5-Q6
3.2.8	DCF and CCIP will request feedback from stakeholder groups regarding status and implementation updates, including the resources and training curriculum mentioned above, i.e., Judicial Workgroup on Focused and Effective Court Orders, the Wisconsin Commission on Children and the Courts, and the Wisconsin Judicial Committee on Child Welfare.	Q2-Q6

<b>Key Activities</b>		<b>Quarters</b>
3.2.9	CCIP and DCF will compile data and evaluate county and court practices in the three innovation zones using administrative data, surveys, focus groups, court observations and/or file review to measure the effectiveness of the project.	Q7
3.2.10	Based on the evaluation results and feedback from the stakeholder groups, DCF and CCIP will determine if changes are needed to key policies, processes, resources, or forms that support the desired changes.	Q7-Q8
3.2.11	DCF and CCIP will develop a plan to roll out the project statewide, which will include: <ul style="list-style-type: none"> <li>• Release of new/modified circuit court forms, Permanency Plan, and Court Report templates on websites and internal case management systems (e.g., eWISACWIS and CCAP).</li> <li>• Multi-disciplinary district/regional/statewide training.</li> <li>• Publishing online training supports and resources.</li> </ul>	Q8

### Strategy 3.3: Improve the quality of caseworker engagement with children and families.

DCF will incorporate Capacity Center for States materials on quality contact to create a training for caseworkers and utilize data from our child welfare continuous quality improvement (CQI) program, including results case reviews, to develop and integrate “Plan, Do, Study, Act” models or PDSA’s into local agency practice to improve caseworker engagement with children and parents.

Key Activity		Proposed Completion Date
3.3.1	<ul style="list-style-type: none"> <li>• Create a Quality Engagement PDSA (plan, do, study act) toolbox for agency staff to choose from to improve caseworker engagement.</li> <li>• The PDSA toolbox will consist of the following:               <ul style="list-style-type: none"> <li>○ How to conduct a PDSA</li> <li>○ Example PDSA’s that have shown to be effective from our CQI Committee members</li> <li>○ Technical assistance from DSP and WCWPDS in quality improvement PDSA’s</li> </ul> </li> </ul>	Q1
3.3.2	Create an on-line training with the WCWPDS using materials from the Capacity Center for States, Quality Contacts.	Q3
3.3.3	<ul style="list-style-type: none"> <li>• Implement Quality Engagement PDSA innovation zones with agency partners chosen through self-selection, semi-annual results of the OSRI, and other performance measures targeting areas for outcome improvement.</li> <li>• Results from the PDSA innovation zones will be shared quarterly with the Child Welfare CQI Committee for PDSA toolbox/training adjustments or enhancements.</li> </ul>	Q1 – Q4
3.3.4	Utilize the Child Welfare CQI Advisory Committee to develop and implement a feedback loop with and between DCF and local child welfare agencies. The purpose of this feedback local will be to share learnings about quality of caseworker engagement with local child welfare agencies and to continue to inform system improvements related to quality contacts between local child welfare agency professionals and the children, parents and families they serve.	Q5 - Q8

### Strategy 3.4: Establish a Wisconsin Family Voice Model for Wisconsin's child welfare system.

Based on successful programs in other child and family serving systems in Wisconsin and in other states, Wisconsin will develop and implement a family voice program (Parents Supporting Parents: A Wisconsin Parent Partner Model) for Wisconsin's child welfare system that incorporates parent voice in case practice and the development of services, policies and, processes to meet parent and child needs more effectively and strengthen capacity of families to care for their children. Parent Partner models help families navigate the child welfare system in a variety of ways, including answering questions about the child protection and court process. DCF has completed its preliminary research of existing models. The Iowa Parent Partner model has been identified as an effective model for Wisconsin, based on existing evidence of the model's success within a child welfare system. For participating families, this model was found to increase the percentage of children who returned home and reduce rates of re-entry into the child welfare system (Chambers & Cooper, 2017). In addition, the model was found to positively impact the relationship between the child welfare system and the families it served (MCWIC, 2013). While the model will not be fully implemented until Quarter 7, innovation zones will be onboarded beginning in Quarter 3, which will enable cultural shifts in agency practice to incorporate family voice and positively impact relationships between the child welfare system and the families it serves in advance of full implementation. The first five activities specified for this strategy are planning activities that are necessary to implement the specific, pre-identified action step of establishing a Wisconsin Family Voice Model. As such, these steps are part of Phase IV of the Capacity Building Center Change Management Process, i.e., "Plan, Prepare, and Implement" and is not a "plan to plan."

Key Activity		Proposed Completion Date
3.4.1	Develop and distribute application materials to local child welfare agencies to participate in implementation planning, initial training and program implementation. Review applications in a systematic manner, evaluating for agency readiness. Finalize award and notify agencies.	Q1
3.4.2	Provide orientation about project to parent counsel, judicial and legal stakeholders and child welfare professionals at the bi-annual Conference on Child Welfare and the Courts.	Q1
3.4.3	Start-up phase begins with the selected local child welfare agencies (“Innovation Zones”) to participate in the Wisconsin family voice program: Parents Supporting Parents; Start-up phase is pre-implementation to allow for staff recruitment and training as well as program development, outreach, and marketing.	Q1
3.4.4	Contracts developed, completed and routed to awarded agencies.	Q1
3.4.5	Form an implementation planning team made up of Innovation Zones to plan for Wisconsin’s Parents Supporting Parents. This includes a direct service, family engagement component, as well as pathways to leadership at the local and state levels; and a timeline for final development, startup, and implementation.	Q1
3.4.6	Determine data collection goals and create program evaluation plan.	Q3
3.4.7	Finalize training curriculum.	Q3
3.4.8	Training of Wisconsin’s Parents Supporting Parents curriculum begins for Innovation Zone workers and Family Well-Being Specialists (parent partners)	Q3
3.4.9	Implementation of direct service component of model, as Family Well-Being Specialists begin serving families under the Wisconsin Parents Supporting Parents program in awarded agencies.	Q4 - Q8
3.4.10	Develop an advisory group of stakeholders and subject matter experts to develop plans for integration of family voice into statewide systems and articulate a feedback loop to parents, families, children and youth and organizations engaged in system change. Participants include Innovation Zones, parent attorneys, other relevant state and county-level system representatives, and DCF. Engage the advisory group to gather feedback and input around: <ul style="list-style-type: none"> <li>• Best practices and challenges to consider when including the voice of lived experience.</li> <li>• Opportunities and needs within the child welfare system, where family voice leadership and inclusion will exist and have impact.</li> <li>• How to create relationships along a ‘pathway to leadership’ for parents to be meaningfully involved in policy and programming decisions at the local and state level of the child welfare system.</li> <li>• Logistical challenges to work through when planning for family voice leadership and inclusion in the child welfare system.</li> <li>• Local level inclusion of parent’s lived experience.</li> <li>• State level inclusion of parent’s lived experience.</li> </ul>	Q4 - Q8

### Strategy 3.5: Provide more robust support for relative caregivers.

Wisconsin will increase support for relative caregivers by establishing a more robust information and referral system for relative caregivers with the aim of better connecting relatives to services and strengthening supports for relative caregivers through peer support and other mechanisms. (Items 4, 5, 6, 9, 10 and 11)

Key Activity		Proposed Completion Date
3.5.1	Develop and issue application materials to relative caregivers to develop a Relative Caregiver Workgroup to advise development of the Wisconsin Kinship Navigator Program. Activity completed.	Q1
3.5.2	Conduct regular meetings with Relative Caregiver Workgroup established in fall 2018 and State Strategy Team to better understand the needs of relative caregivers and the services and resources available to meet those needs.	Ongoing
3.5.3	Analyze available evidence-based practices that could be utilized as supports for relative caregivers in Wisconsin to enhance the Kinship Navigator resources available in Wisconsin. Based on results of analysis, practices would be continued or adjusted. Activity completed.	Q1
3.5.4	Award applications and allocate funding to agencies to support implementation of new relative caregiver support groups, and to maintain already established support groups throughout the state. Activity completed.	Q1
3.5.5	Use information gathered in 3.5.2 to develop and disseminate at least three 1-2 age tip sheets that focus on questions and issues relative caregivers often face; these tip sheets may include information specific to: <ul style="list-style-type: none"> <li>• Accessing health care for children,</li> <li>• Educational advocacy, and</li> <li>• Parenting children with severe behaviors.</li> </ul>	Q2
3.5.6	Contract to develop two web-based curricula, which are available on an ongoing basis: <ul style="list-style-type: none"> <li>• For relative caregivers, accessing supports and services, and</li> <li>• For caseworkers, supporting the needs of relative caregivers.</li> </ul>	Q2
3.5.7	Use information gathered in 3.5.2 and 3.5.3 to develop and distribute a print-based guide for relative caregivers, outlining processes to obtain various services, such as Medicaid, childcare assistance, educational assistance, etc.	Q1
3.5.8	Use information gathered in 3.5.2 and 3.5.3 to develop a web-based portal that will be available to relative caregivers, outlining processes to obtain various services such as Medicaid, childcare assistance, educational assistance, etc.	Q1

**Strategy 3.6: Assess the timeliness of six-month Permanency Reviews and improve the quality of administrative review panels conducting Permanency Reviews.**

DCF will enhance the use of reporting and dashboard monitoring to include information on the timeliness of Permanency Plans and Permanency Reviews. Data will be used for follow-up discussions and technical assistance, as appropriate, with counties performing outside of expectations.

<b>Key Activity</b>		<b>Proposed Completion Date</b>
3.6.1	Assess current data and reporting process to determine how to update current reports so that information on timeliness of the 60-day Permanency Plan and 6-month Permanency Review/Hearing are available on a regular basis statewide and by county.	Q1-Q2
3.6.2	Design new reporting mechanism to monitor 60-day Permanency Plan and 6-month Permanency Review/Hearing. Collect feedback from stakeholders regarding design and revise as necessary.	Q3-Q4
3.6.3	Finalize and publish reporting mechanism.	Q5
3.6.4	Create an on-line training with WCPDS for Administrative Review panel members to ensure the consistency of the panel member role.	Q5
3.6.5	Create technical materials for counties or agencies to use with Administrative Review panel members for the periodic reviews of the permanency plan.	Q5
3.6.6	Continue DCF practice of reviewing, on a quarterly basis, administrative data on timeliness of reviews and have DCF regional staff follow up with counties performing outside of expectations.	Q5 -Q8

## Goal 4: Serve More Children in Their Homes or Home-Like Settings By Addressing The Range Of Emotional, Physical, Educational And Social Needs Of Children And Youth. (Well-Being 1, 2 And 3)

### Strategy 4.1: Strengthen Assessment And Service Planning Practices To Better Serve The Needs Of Children And Families So That They Can Be Served Safely In Their Homes.

A DCF strategic objective in alignment with goals established for implementation of Family First in October 2021 is improve our understanding and approach to better address the social, emotional, physical and mental health needs of children who are served in their homes. A workgroup formed to articulate DCF's vision and approach to effectively serving children in their home will help inform DCF about the range of practices that best identify, and address needs of children and youth served in their family homes.

Key Activity		Proposed Completion Date
4.1.1	DCF workgroup will analyze the range of characteristics and service needs to better address the physical, social and emotional needs of the population of children that are or could be served in their homes.	Q1-Q2
4.1.2	DCF will request and consider research from the Capacity Building Center for the States, Casey Family Programs and other research entities about best practices related to assessment and planning practices.	Q1
4.1.3	Based on the information gathered, DCF will identify and assess feasibility of different approaches to strengthen assessment and service planning practices to prevent a child or youth's removal from their family home.	Q3-Q4
4.1.4	DCF will share information gathered in 4.1.3 and 4.1.2 with key stakeholders to gather feedback and prioritize those approaches that are considered most optimal to improve current assessment and service planning practices.	Q5
4.1.5	DCF will develop an implementation plan related to assessment and service planning approaches as identified in 4.1.4.	Q6
4.1.6	DCF will begin implementation of the plan developed in 4.1.5.	Q7
4.1.7	DCF will begin to monitor impact of the plan's implementation as initiated per 4.1.6, including the provision and solicitation of feedback from local child welfare agencies, Tribes and other key stakeholder groups.	Q8

## Goal 5: Strengthen Documentation and Tracking of Worker Training Through Training and Information System Improvements. (Training and Management Information Systemic Factors).

### Strategy 5.1: Assure Child Welfare Staff Are Prepared Through Improved Training Monitoring System

DCF will improve the current monitoring system for worker training through improvements to the Professional Development System (PDS) and the state’s eWISACWIS to assure the system is documenting required initial and ongoing training and that workers are completing training within the required timeframes.

Key Activity		Proposed Completion Date
5.1.1	DCF will modify information system to track data on worker training more accurately to assure that workers are completing their required training under DCF Rule 43 for pre-service and foundation training. This information will be tracked via the PDS system and that system will monitor whether worker trainings are consistent with DCF 43 rule requirements including primary and secondary required training.	Q1
5.1.2	Compliance will be reviewed and discussed at quarterly Training Steering Committee meetings with stakeholders.	Q1, Ongoing Monitoring
5.1.3	In addition to technical assistance in tracking compliance, PDS is working with DCF and child welfare agencies to assure that counties and child welfare agencies are familiar with and adhering to new and evolving training requirements.	Q1
5.1.4	Enhance the interface between eWISACWIS and PDS so that nightly data transfers occur through a more secure interface.	Q1
5.1.5	Develop and implement a process and protocol for agencies to enter training not received through PDS into the PDS Information system.	Q4

## Appendix A – Wisconsin Measurement Plan

# Wisconsin CFSR PIP Measurement Plan - Approved April 24, 2019

## Case Reviews Using Random Sample (Method 2: State Prospective Data with Baseline and Goal Established During PIP Implementation)

**Relating to CFSR Items:** 1, 2, 3, 4, 5, 6, 12, 13, 14, 15

### **WI Proposed CFSR Baseline and PIP Measurement Plan**

#### **Summary**

DCF will conduct 65 onsite case reviews per year. This will include 40 out-of-home (OHC)/foster care cases and 25 in-home cases, which will be proportionate to several key characteristics as noted below. Attachment 1 contains several tables showing child-type and case-type counts for in-home and OHC cases used to determine the proportions below. The sample will be proportionate to the overall population of cases in Wisconsin. Using data from April 1, 2018 and September 30, 2018, the established proportions are based on 40 OHC/foster care cases and 25 in-home cases:

<b>Out-of-Home Care (OHC)</b>	<b>In-Home (IH)</b>
<ul style="list-style-type: none"><li>• 11 Milwaukee</li><li>• 29 Balance of State</li><li>• 40 Total (2 ICWA cases, 3 Youth Justice Cases)</li></ul>	<ul style="list-style-type: none"><li>• 7 Milwaukee</li><li>• 18 Balance of State</li><li>• 25 Total (2 AR cases minimum)</li></ul>

- With the exception of two ICWA Cases and three Youth Justice cases to be selected to ensure representation proportionate to the composition of Wisconsin’s OHC caseload, there will be no further case delineation. The OHC/foster care cases sampling frame will include OHC cases that had an investigation completed using an Alternative Response that may have occurred prior to or during the current OHC episode<sup>6</sup>.
- The IH case selection will apply the same ratio of cases for the foster care sample that would result in 27% of cases being drawn from Milwaukee County (7), and 73% being drawn from the Balance of the State (18). All cases will be randomly selected and vetted through Wisconsin and the Children’s Bureau case elimination criteria (see below – this matches case elimination criteria used in the Traditional Review)<sup>7</sup>.

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<sup>6</sup> For in-home cases, there was an Alternative Response (AR) pathway to the CPS Initial Assessment (IA), or the investigation, for 906 of the 16,504 (approximately 5.5%) cases between 4/1/18 and 9/30/18. The use of the AR process is active in 21 of Wisconsin’s 71 non-Milwaukee balance of state counties. Cases where the IA with an AR pathway that resulted in a case disposition of “Open for Services” will be included in the random sample. A minimum of two cases will be included in the baseline (i.e. if two cases where the AR pathway is applied during the IA process are not randomly selected, then two cases where the IA included an AR pathway/open for services will be targeted in the last month cases are reviewed for the purposes of the baseline (April 2020).

<sup>7</sup> See Attachment 2 – Wisconsin Case Elimination Worksheet

- The Period Under Review (PUR) will be the first of the month from the date of the sampling period until the date the review is completed. For example, if a case review is conducted from a sampling period of 4/1/18 – 9/30/18, and the case is reviewed on 4/16/19; the PUR is 4/1/18 through 4/16/19 (approximately 12 months).
- DCF will conduct five or six onsite reviews per month; see Table 1. All reviews will be completed using the Onsite Review Instrument (OSRI) and inputted into the Online Monitoring System (OMS). Cases will be designated as a *PIP Monitored Case*. All reviews will be subject to Initial and Second Level Quality Assurance, which will be conducted by the Quality Review Unit. Attachment 2 provides the materials used to support the case review and quality assurance processes. The cases will also be subject to Secondary Oversight by the Children’s Bureau.

**Onsite Review – defined**

- An onsite review is when interviews occur with all key case participants. Interviews with professionals (e.g. caseworkers, supervisors, foster parents) will be conducted via telephone; interviews with parents will be provided via interviewee’s preferred option (i.e. telephone or face-to-face); interviews with children (e.g. target child, all children on in-home case), when applicable, will be conducted face-to-face. Interviews will occur under the guidance and instructions set forth by the Children’s Bureau referenced here: [https://www.acf.hhs.gov/sites/default/files/cb/case\\_interview\\_guides.pdf](https://www.acf.hhs.gov/sites/default/files/cb/case_interview_guides.pdf).

**Baseline:**

Baseline for statewide measurement will be established during a one-year (12 monthly pulls) period. Sixty-five cases (40 out-of-home care, 25 in-home cases) will be reviewed.

**Table 1. Rolling Sample Periods for Baseline:**

# of Cases	MKE OHC / IH	BOS OHC / IH	Assignment Month	Review Month	QA Month	Sampling Time Frame
5	1 / 1	2 / 1	May 2019	June 2019	July 2019	6/1/18 – 11/30/18
6	1 / 0	3 / 2	June 2019	July 2019	August 2019	7/1/18 – 12/31/18
5	1 / 1	2 / 1	July 2019	August 2019	September 2019	8/1/18 – 1/31/19
6	1 / 0	3 / 2	August 2019	September 2019	October 2019	9/1/18 – 2/28/19
5	1 / 1	2 / 1	September 2019	October 2019	November 2019	10/1/18 – 3/31/19
6	1 / 0	3 / 2	October 2019	November 2019	December 2019	11/1/18 - 4/30/19
5	1 / 1	2 / 1	November 2019	December 2019	January 2020*	12/1/18 – 5/31/19
6	1 / 0	3 / 2	December 2019	January 2020	February 2020	1/1/19 – 6/30/19
5	1 / 1	2 / 1	January 2020	February 2020	March 2020	2/1/19 – 7/31/19
6	1 / 0	3 / 2	February 2020	March 2020	April 2020	3/1/19 – 8/30/19
5	1 / 1	2 / 1	March 2020	April 2020	May 2020	4/1/19 – 9/30/19
5	0 / 1*	2 / 2	April 2020	May 2020	June 2020**	5/1/19 – 10/31/19

\* If two cases with an AR pathway applied as part of the CPS Initial Assessment are not randomly selected prior to March 2020, then two cases where an IA with an AR pathway and with a case disposition of "Open for Services" will be targeted for review this month.  
\*\*Wisconsin's baseline will be established at the conclusion of Quality Assurance in June 2020

### **Monitoring Plan/Progress Reports:**

After the baseline period, 65 randomly selected cases from across the state will be reviewed each year (40 out-of-home care/foster care and 25 in-home cases). Case sampling for the monitoring period will occur using the criteria described above (i.e. the baseline will be established in June 2020 and cases for the PIP monitoring plan will be assigned in May 2020, reviewed in June 2020, and quality assurance will occur in July 2020) and will be replicated until PIP measurement goals are achieved or the end of the non-overlapping evaluation period (whichever date occurs first). DCF plans to submit progress reports on the PIP.

### **Out-of-Home Care /Foster Care Case Methodology:**

The report will include all children who were in a placement at least 24 hours at any point during the respective 6-month rolling sample periods (see Table 1 on page 2). Cases that meet these criteria will be excluded from the sample frame. Prior to a manual review, the report will exclude:

1. Juvenile Justice placements – Column AF (placement setting)
  - a. Exclude Detention, Juvenile Justice Facility, Adult Corrections<sup>8</sup>

### **Out-of-Home Care Case Elimination**

The CFSR Procedures Manual provides information for tracking and identifying cases that should be excluded from the foster care sample. Cases that will be excluded, and will be identified in the Case Elimination worksheet (see Attachment 3), from the sample include cases with the following status for the entire period under review (PUR):

- Cases open solely for subsidized adoption or guardianship payment and not open to other services
- A case that is open for payment purposes only, and no case management or other services are being provided directly by the county agency
- Cases in which the target child reached the age of majority as defined by state law before the period under review start date
- Cases in which the child is or was in the placement and care responsibility of another state, and Wisconsin is providing supervision through an Interstate Compact for Placement of Children (ICPC) agreement
- Foster care cases in which the child's adoption or guardianship was finalized before sample selection period (e.g. 6/1/18) and the child is no longer in foster care
- Any child, including Indian Child, not eligible for Title IV-E
- Cases in which the child was placed for the entire period under review (PUR) in a locked juvenile facility or other placement that does not meet the federal definition of foster care as defined in 45 CFR 1355.20
- Cases in which a child is on a trial home visit (placement at home) during the entire period under review
- Cases where there is information in the record (i.e. a case note) documenting the case is closed before the sample period, but the administrative closure in eWisACWIS have not yet taken place
- Cases appearing multiple times in the sample, such as a case that involves siblings in out-of-home care or in-home cases with multiple episodes in the sampling period

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<sup>8</sup> If a child is placed in an applicable out-of-home home care placement for any portion of the PUR, then the child will not be eliminated from the sample.

## **In-home Case Selection Methodology**

The *SM04A103-Case Assignment* report will be used to identify in-home services cases. Per CFSR requirements, in-home services cases must include cases opened for services for at least 45 consecutive days during the sampling period, or which began a 45-day consecutive period during the 6-month sampling period (the latter allowing the case to be opened for 45-days within the period under review after the 6-month sample period ends). The report syntax will include:

1. CASE\_TYPE (Column Q) – Keep only: Child Welfare, Child Welfare & Youth Justice, CPS Family - Initial Assessment, CPS Family - Initial Assessment & YJ, CPS Family – Ongoing, CPS Family – Ongoing & YJ
2. NUM\_OHC\_PLACEMENT (Column X) – Filter for ‘0’ only-
3. CASE\_CLOSE\_DATE (Column T) – Must be open at least 45 consecutive days during the sample period

## **In-home Case Elimination**

The CFSR Procedures Manual provides information for tracking and identifying cases that should be excluded from the in-home sample. Cases that will be excluded, and will be identified in the Case Elimination worksheet (see Attachment 2), from the sample include:

- Cases that were open for fewer than 45 consecutive days during the period under review (this will be double-checked to confirm the case was actually open at least 45 days during the PUR)
- Cases in which the case was open for Initial Assessment (i.e. investigation) only and did not result in a case disposition of “Open” for further agency services
- Cases where there is information in the record (i.e. a case note) documenting the case is closed before the sample period, but the administrative closure in eWiSACWIS have not yet taken place
- Cases in which any child in the family was in foster care for 24 hours or longer during any portion of the period under review
- Cases appearing multiple times in the sample, such as a case that was opened for services more than one time during the sampling period

## **Quality Assurance**

All cases reviewed will undergo a first level quality assurance process, and a secondary level QA will be completed on a sample of cases utilizing the Online Monitoring System (OMS).

- Initial QA will occur on all cases. The purpose is to ensure reviewers are accurately rating cases and properly applying the federal and state instructions. Initial QA will also verify the accuracy of information input into the OMS – this will be done by completing the Quality Assurance checklist (attached).
- Second Level QA will occur on a minimum of 25% of all cases reviewed. The purpose of second level QA is to ensure consistency across all cases reviewed. Second Level QA will be conducted the Quality Review Unit Supervisor.
- The Children’s Bureau will conduct secondary oversight. The purpose of secondary oversight is to ensure the integrity of completed instruments and the accuracy of ratings so the Children’s Bureau can rely on the data to make final substantial conformity determinations that states can use to inform program and practice improvement.

**Child and Family Services Review (CFSR) Round 3  
Wisconsin: Program Improvement Plan (PIP) Measurement Plan Goal Worksheet**

**Case Review Items Requiring Measurement in the PIP**

**Prospective Method Used to Establish PIP Baselines and Goals Using Case Reviews Conducted June 2019 – May 2020**

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level <sup>1</sup>	Number of applicable cases <sup>2</sup>	Number of cases rated a Strength	PIP Baseline <sup>3</sup>	Baseline Sampling Error <sup>4</sup>	PIP Goal <sup>5</sup>	Adjusted PIP Goal <sup>6</sup>
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	1.28	TBD	TBD	TBD	#DIV/0!	#DIV/0!	#NAME?
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	1.28	TBD	TBD	TBD	#DIV/0!	#DIV/0!	#NAME?
Item 3	Risk and Safety Assessment and Management	1.28	TBD	TBD	TBD	#DIV/0!	#DIV/0!	#NAME?
Item 4	Stability of Foster Care Placement	1.28	TBD	TBD	TBD	#DIV/0!	#DIV/0!	#NAME?
Item 5	Permanency Goal for Child	1.28	TBD	TBD	TBD	#DIV/0!	#DIV/0!	#NAME?
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	TBD	TBD	TBD	#DIV/0!	#DIV/0!	#NAME?
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	TBD	TBD	TBD	#DIV/0!	#DIV/0!	#NAME?
Item 13	Child and Family Involvement in Case Planning	1.28	TBD	TBD	TBD	#DIV/0!	#DIV/0!	#NAME?
Item 14	Caseworker Visits with Child	1.28	TBD	TBD	TBD	#DIV/0!	#DIV/0!	#NAME?
Item 15	Caseworker Visits with Parents	1.28	TBD	TBD	TBD	#DIV/0!	#DIV/0!	#NAME?

## Explanatory Data Notes:

<sup>1</sup> Z-values: Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

<sup>2</sup> Minimum Number of Applicable Cases: Identifies the minimum number of applicable cases used to establish the baseline. Measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item. A two percent (2%) tolerance is applied to the number of cases reviewed to measure goal achievement compared to the number of cases reviewed to establish the baseline.

<sup>3</sup> PIP Baseline: Percentage of applicable cases reviewed rated a strength for the specified CFSR item.

<sup>4</sup> Baseline Sampling Error: Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

<sup>5</sup> PIP Goal: Calculated by adding the sampling error to the baseline percentage.

<sup>6</sup> Adjusted PIP Goal: Identifies the adjusted improvement goal that accounts for the period of overlap between the baseline period and the PIP implementation period. The adjustment is calculated using an adjustment factor that reduces the sampling error up to one half based on the number of months of overlap, up to 12 months. Percentages computed from at least 12 months of practice findings are used to determine whether the state satisfied its improvement goal. To determine a PIP measurement goal using case review data is met, CB will also confirm CB has confidence in accuracy of results, significant changes were not made to the review schedule, the minimum number of required applicable cases for each item were reviewed, the ratio of metropolitan area cases to cases from the rest of the state was maintained, and the distribution and ratio of case types was maintained for the measurement period. A five percent (5%) tolerance is applied to the distribution of metropolitan area cases and case types between the baseline and subsequent measurement periods. If the state has an improvement goal above 90% and is able to sustain performance above the baseline for three quarters, the Children's Bureau will consider the goal met even if the state does not meet the actual goal.

# Measurement Plan Attachment 1: Case Counts and Attributes for Wisconsin

## ICWA-Involvement in OHC Population

There were 603 children who were either tribal members or eligible for tribal membership in OHC between April 1 and September 30, 2018. The following data is drawn from Wisconsin’s Placement Activity and Detail Report, showing a unique count of children who experienced a Foster Care placement any time during FFY2018B (April 1 – September 30, 2018).

### Tribal membership status for youth in OHC (PAAD), 4/1/18-9/30/18

	Total
ICWA Child	603
Non-ICWA Child <sup>9</sup>	10,036
<b>Total</b>	<b>10,639</b>

## OHC Caseload by Milwaukee/Balance of State (BOS)

This table shows the number of children who were in an OHC placement at any time in FFY2018B (April 1 – September 30, 2018). The overall number of youth in OHC in Milwaukee and BOS in FFY2018B is indicated below, along with their equivalent ratio out of 40. This was calculated by taking the percent of the total number of youth in OHC in Milwaukee or BOS and multiplying each percent by 40. The source is a run of the Placement Activity and Detail report. All OHC placements are included; except for those, whose final placement during FFY2018B is a State-Guardianship Public Adoption placement (557 children).

### Number of children in OHC in Milwaukee vs. BOS and the equivalent ratio out of 40, 4/1/18-9/30/18

	N	#/40
Milwaukee	2,767	10.98
Balance-of-State	7,315	29.02
<b>Total</b>	<b>10,210</b>	<b>40</b>

<sup>9</sup> “Non-ICWA Child” includes those whose membership eligibility status is pending as of the report run date, 11/20/2018 (70 children).

## Out-of-Home Care by Case Type

The number of youth in various case types from April 1-September 30, 2018 are indicated below and broken out by Milwaukee and Balance-of-State (BOS). Each child's final OHC placement in FFY2018B (April 1 – September 30, 2018) is represented below.

### Number of youth in OHC by case type (Milwaukee and BOS), 4/1/18-9/30/18

Case Type	Milwaukee	Balance of State	Total
Youth Justice	0	471	471
Dual YJ/CPS	60	943	1,003
Child Welfare/ CPS Only	2,291	5,884	8,175
DCF Guardianship	0	14	14
Pre-Adoptive Child	416	558	974
<b>Total</b>	<b>2,767</b>	<b>7,870</b>	<b>10,637</b>

## Initial Assessment Alternative Response Pathway

Wisconsin does not open Alternate Response (AR) cases but uses the AR pathway to guide assessment and case decisions during the period of the CPS Initial Assessment. The tables below present the **number of cases open on 9/30/2018** in which the **most recent Initial Assessment** was AR, during FFY2018B (April 1 – September 30, 2018).

### Alternative Response (AR) counts for initial assessments completed for a case with an out-of-home care placement between 4/1/2018-9/30/2018

	Most Recent IA Was:		Total
	TR <sup>10</sup>	AR	
<b>Milwaukee</b>	1,422	0	<b>1,422</b>
<b>Balance-of-state</b>	3,900	362	<b>4,262</b>
<b>Total</b>	<b>5,322</b>	<b>362</b>	<b>5,684</b>

### Alternative Response (AR) counts for Initial Assessments completed for a case *without* an out-of-home care placement between 4/1/2018-9/30/2018

	Most Recent IA Was:		Total
	TR	AR	
<b>Milwaukee</b>	4269	0	<b>4269</b>
<b>Balance-of-state</b>	11,627	608	<b>12,235</b>
<b>Total</b>	<b>15,896</b>	<b>608</b>	<b>16,504</b>

The data above was extracted from eWiSACWIS with the following logic:

<sup>10</sup> TR stands for Traditional Response, referring to Wisconsin's standard CPS Initial Assessment or investigation process.

Open cases - Any case having a case open date on/before report date and case closed date is blank or case closed date is the report date. The report excluded case types: ADOPTION, ADOPTION-ICMA, ICPC, and ICPC-PRE-ADOPTIVE-CHILD.

Initial Assessments - Any approved Initial Assessments documented for the open cases and the Initial Assessment approval date is on/before report date. Milwaukee does not apply the AR pathway; a small number of cases (8 total) in which an AR pathway was applied are shown here as "TR."

Out of Home Placements - Any approved out-of-home placements documented for any case participants of the open cases and the placement begin date on/before report date and the placement end date is blank or the placement end date is on/after report date.

## Measurement Plan Attachment 2: Case Review and Quality Assurance Materials

The following materials outline the procedures used by case reviewers and quality assurance staff (within the Bureau of Performance Management in the Division of Management Services in the Department of Children and Families) to support the case review and quality assurance processes:

1. Ongoing Onsite Review Process and Timeline
2. Onsite Review Face Sheet
3. Frequently Asked Questions for Caseworkers and Supervisors
4. QA Checklist (Used in Initial QA and for secondary QA as applicable)
5. Confidentiality Agreement (includes assurances related to conflict of interest)

## Ongoing Onsite Review Process/Interview Timeline

### Assignment Month (AM)

1. Ongoing Review Leader will post case assignments on SharePoint on the first of the month.
2. Assigned reviewer will create Case Face Sheet for assigned case.
3. Assigned reviewer will confirm assignments and email information of primary caseworker and supervisor in eWiSACWIS.
4. Assigned reviewer will send the introductory email (include Case Contact Sheet and copy of the info [memo](#)) to the case manager and supervisor (CC [DCFChildWelfareCQIprocess@wisconsin.gov](mailto:DCFChildWelfareCQIprocess@wisconsin.gov)). The case manager will be given until the seventh of the month to watch the webinar and complete the questionnaire and case contact sheet.
5. Ongoing Review Leader will monitor Survey Monkey for the completed questionnaire and place results in appropriate folder in CQI SharePoint site. (<https://share.dcf.wisconsin.gov/CQI/default.aspx>)
6. Case manager will email completed case contact sheet to the reviewer and DCF/CQI inbox ([DCFChildWelfareCQIprocess@wisconsin.gov](mailto:DCFChildWelfareCQIprocess@wisconsin.gov)) by the 14<sup>th</sup> of the month.
  - a. Once the Case Contact and Case Questionnaire are received by the Assigned Reviewer, an email with three options for ten-minute phone call will be provided.
  - b. (Optional). Include a copy of the following documents to the case manager: FAQ's, Guidance for Caseworkers and Supervisors and Optional Script for preparing key Case Participants for interview.
7. Assigned reviewer will conduct the ten-minute phone call with the assigned caseworker by the 21<sup>st</sup> of the month.

*NOTE: If no questionnaire or case contact sheet is received by the 13<sup>th</sup>, reviewer can email reminder to case manager and supervisor. During initial phone call, reviewer will schedule one-hour interview with caseworker (to occur by the 10<sup>th</sup> of the review month).*

- a. Reviewer will conduct a cursory review of the case to gain a general understanding of the case. Read the questionnaire and case contact sheet when submitted. Reviewer will determine relevant information about the case to schedule interviews. Information will include participants' applicability for items, the reason for case opening, family composition, parental involvement, history relevant to current involvement, court disposition, permanency goals and the living situation of all participants.

### Review Month (RM)

1. Reviewer will review the eWiSACWIS case record and complete the OSRI. Do not submit OSRI for QA approval at this time.
2. Using the information from the eWiSACWIS case record, the OSRI and the interview guide, the reviewer will develop questions or areas needing more information to guide the interviews.
3. Reviewer will complete interview with the case manager (one-hour) by the 10<sup>th</sup> of the month.  
*\*Applicability: Please consider the case manager's response in the questionnaire regarding the child's participation in the interview process (i.e. is the child age and/or developmentally appropriate to participate in case planning, will the child be affected negatively during an interview).*

4. Reviewer will schedule interviews with all key case participants. Ideally, interviews will occur after the 10<sup>th</sup> of the month or after the interview with the case manager.

### **Last Week of Review Month (LW)**

1. After all interviews are completed, the reviewer should review OSRI and update to include information from the interviews. When there is conflicting information, use professional judgement in assessing the information. The OSRI needs to be submitted on or before the last day of the month.
2. Update, complete and submit the Case Tracking sheet prior to closing out a case. Upload all materials on the CQI SharePoint site including Case Contact and Case Tracking.
3. Enter the case is submitted for QA on the master list on SharePoint (notify assigned QA that case has been submitted).
4. Send the closing email to the case manager and supervisor (CC: DCFChildWelfareCQIprocess@wisconsin.gov).

### **Quality Assurance Month (QM)**

1. Create the QA Checklist for assigned case.

## Onsite Review Face Sheet

Reviewer Name:	Case Type:	PUR:
Case Name:	Case ID:	County:
Target Child Name:	Target Child ID:	Target Child DOB:
QA Assigned	Date Submitted for QA:	Date Finalized:

PLEASE CHECK OFF COMPLETED ITEMS

### Assignment Month

- Confirm assignments and email
- Send Introductory email to the caseworker
- Receive case contact sheet and survey
- Begin reviewing SACWIS
- Upload case contact sheet SharePoint
- Conduct brief phone call with the caseworker

### Date Completed

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### Review Month

- Complete Reviewing eWiSACWIS
- Formulate interview questions
- Conduct full interview with Caseworker/Supervisor
- Interview Participants
- Complete Reviewing eWiSACWIS
- Complete OSRI

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### Closing a Case

- Submit completed OSRI
- Upload case contact tracking sheet to SharePoint
- Send caseworker closing email
- Update Master List on SharePoint

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## **Frequently Asked Questions by Parents and Out-of-Home Care Providers**

### **Why was my case selected? Why was this child selected and not another child in my family?**

- Case selection is done randomly for all counties across the state. The selection of the target child is also done randomly.

### **Will my child(ren) need to be interviewed?**

- Reviewers are social workers who are trained in working with children and are trauma informed. The review process is designed to make children and other case participants feel comfortable during the interview process. Before interviewing a child, the reviewer will first discuss any concerns with the caseworker, parents, and caregivers. The reviewer will take the lead of these individuals on how to engage the child in a discussion. The reviewer will avoid any difficult topic areas, especially if there is a concern that the child will become upset.

### **Do I have to be interviewed? Can I say no?**

- Your participation is voluntary. Your voice is important in understanding how services are provided to families to achieve their goals. The reviewer will contact you to provide you with more information to help you make this decision.

### **What kind of questions will the reviewer ask me?**

- The reviewer will be interested in the “safety, permanency, and well-being” of the child(ren) in your family. The reviewer will want to know how your child(ren) are being kept safe and how you as a parent are involved in setting goals and in planning the future of your child(ren). The reviewer will ask about how your relationship with your child(ren) is progressing, if the child(ren) are in out-of-home care. The reviewer will also ask about any services that you or your family is involved in to meet your family goals. There are no right or wrong answers in the review.

### **What happens to the information I give?**

- The information you provide about your family’s case is confidential and is not shared with the agency or caseworker. Once the information is recorded, all of your identifying information is removed. The information is used to inform improvements to Wisconsin’s child welfare system.

### **Why are cases reviewed?**

- Wisconsin is committed to the child welfare model for practice, which includes accountability and working towards improving outcomes for children and families. The federal Administration for Children and Families requires every state to have a quality review system in place to review child welfare cases. This specific case review is part of that requirement and part of Wisconsin’s review plan.

### **What if I don’t have time to be interviewed?**

- The reviewers are very flexible and can work with you to set up a time, either on the phone or in person. The meeting does not have to take long.

### **Is talking to someone going to change how my case progresses?**

- No, the information will not change your case in any way.

### **What if talking to someone gets people into trouble?**

- Information does not go directly back to the county and is confidential. It will not have an effect on your worker. However, reviewers are mandated reporters and need to report any safety concerns found during the review process.

## **Frequently Asked Questions by Case Managers and Supervisors**

### **What is the role and expectation of the supervisor?**

- The agency supervisor's role is to be aware of the review and to support the caseworker in the tasks assigned. The supervisor will not be interviewed unless requested. For example, if the worker is new at the agency and does not have history with the case, or if the worker has left the agency, the supervisor may be interviewed since he/she may be more familiar with the case.

### **What happens if the reviewers discover a safety concern during the review?**

- All reviewers are mandated reporters and give a warning about this when they are interviewing. All safety concerns are staffed and reported as necessary.

### **Why is there no individual feedback given about cases?**

- This review process is not geared for individual feedback. Case participants are given the expectation of confidentiality and all the results from case reviews are aggregated as a group into a statewide report. The review tool does not lend itself easily to changing individual case practice and the statewide sampling does not give enough cases by county to give county-specific feedback.

### **What if I have a parent who is uninvolved in the case?**

- The parent may still be applicable for the purposes of the review. A further discussion will need to be held with the reviewer regarding the surrounding circumstances. The reviewer will make the decision whether to include the parent in the review. Contact information for that parent should still be documented on the case contact sheet.

### **What if a case participant is unwilling to participate?**

- Contact information for the participant should still be documented on the case contact sheet. A further discussion will need to be held with the reviewer regarding the individual's participation. The reviewer will still attempt to contact the participant to pass along additional information regarding the review and encourage participation.

### **Will service providers be interviewed?**

- Service providers will not be interviewed for the review. Any reports from providers can be scanned into eWiSACWIS and conversations with providers should be documented in case notes. Individuals interviewed generally include the parents, out-of-home care providers, the target child in an out-of-home case or all children in an in-home case, and the ongoing case manager.

## Initial Quality Assurance Completion

Reviewer Name:	Case Type:	PUR:
Case Name:	Case ID:	County:
Target Child Name:	Target Child ID:	Target Child DOB:

- Check for overrides
- Check all Q&A questions and resolve
- Check for use of proper names and acronyms
- Check spelling and grammar

### Case Setup

- Correct site name
- Correct case name
  - Correct eWiSACWIS number
  - Correct spelling
  - Comma placement
  - Correct order (case ID, first name, last name, county, onsite or record, and reviewer initials)
- Correct PUR date
- Correct case type/status

### Face Sheet

- Child Table and Participant Table / first name and last name
  - Only the Target Child should have an eWiSACWIS number listed before name
  - All children in household are included
  - All case participants are listed / role and relationship to child clarified
- Closing / Opening Date
  - Check Closing / Merge Tab or Assignment tab
- Placement Date
  - Check Placement Tab or most recent permanency plan

### Case Description

- Family composition
- Perm planning information
- Reason for a case opening and current involvement
- Prior involvement with agency as applicable
- Explanation of non-custodial parental role
- Pertinent information to provide a general understanding of case

**Item 1: Children Have Permanency and Stability in Their Living Situations**

- Check for any access reports received for any children in the home during the PUR
- Comment boxes provide an item-specific justification for answers and ratings

**Item 2: Services to Family to Protect Children in The Home and Prevent Removal or Re-Entry into Care**

- All foster care entries and all reunifications during PUR are considered
- All services considered for this item must be safety related (non-safety items will be considered in 12B)
- Explain any circumstances that warrant immediate removal
- Comment boxes provide an item-specific justification for answers and ratings

**Item 3: Risk and Safety Assessment Management**

- Check that Safety Assessments and Plans, as well as Confirming Safe Environments are completed timely
- All children in household are listed/considered
- Comment boxes provide an item-specific justification for answers and ratings

**Item 4: Stability of Foster Care Placement**

- Check Placement Tab/Case/Permanency Tab
- Discuss all "reasons for change in placement".
- Describe whether agency provided any services to the foster parent/caretaker to stabilize or support a placement.
- Stability question should match Item 10 stability question (if applicable)
- Comment boxes provide an item-specific justification for answers and ratings

**Item 5: Permanency Goal for Child**

- Ensure that dates are consistent throughout OSRI.
- Check Perm Plans to match up goals. First perm goal date should be the supervisor approval date. Dates following should match court order dates.  
Consider all permanency goals in effect during PUR
- Explain all goal changes (goals should be considered inappropriate if they are selected or changed primarily due to the agency's lack of resources).
- Check Planning Tab for a TPR exception. If an exception exists, describe which ASFA TPR criteria the child met.
- Comment boxes provide an item-specific justification for answers and ratings

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

- Check to make sure timeframe for the goal is not exceeded
  - Reunification- 12 months
  - Guardianship- 18 months
  - Adoption- 24 months
- Describe any circumstances to ensure that a delay is justified.
- Describe when delayed goals is projected to be achieved
- Include concurrent goals
- Comment boxes provide an item-specific justification for answers and ratings

**Item 7: Placement with Siblings**

- If siblings could not be placed together, specify the reasons
- Comment boxes provide an item-specific justification for answers and ratings

**Item 8: Visiting with Parents and Siblings in Foster Care**

- Parental applicability in this item should match Item 11 parental applicability.
- Describe how the frequency was sufficient for the child, and if not, what efforts were made to correct.
- Describe visitation arrangement (location, length, supervision) if appropriate.
- Comment boxes provide an item-specific justification for answers and ratings

**Item 9: Preserving Connections (Neighborhood, Community, Faith, Extended Family, Siblings and Tribe)**

- Confirm ICWA status of child
- Comment boxes provide an item-specific justification for answers and ratings

**Item 10: Relative Placement**

- Check the Relative Search Tab
- Describe the quality of initial and ongoing efforts to identify, locate, inform and evaluate relatives that were made throughout PUR and at critical points in the case
- Stability question in this item (if applicable) should match Item 4 stability question.
- Comment boxes provide an item-specific justification for answers and ratings

**Item 11: Relationship of Child in Care with Parents**

- Parental applicability in this item should match Item 8 parental applicability.
- Identify the activities in which parent was able to participate, and how the agency supported the parent's activity (transportation, coaching, etc.).
- Comment boxes provide an item-specific justification for answers and ratings

**Item 12A: Needs and Services of Child**

- Make sure only social and emotional developmental needs are assessed
- Check CANS
- Comment boxes provide an item-specific justification for answers and ratings

**Item 12B: Needs and Services of Parent**

- Check parental applicability. This should match Item 13 and Item 15 parental applicability.
- Make sure services need assessed are not related to safety services. Needs and services should be related improving parental capacity.
- Comment boxes provide an item-specific justification for answers and ratings

**Item 12C: Needs and Services of Foster Parents**

- Include all foster parents during the PUR.
- Comment boxes provide an item-specific justification for answers and ratings

**Item 13: Child and Family Involvement in Case Planning**

- Check parental applicability. This should match Item 12B and Item 15 parental applicability.
- Identify how parents and applicable children were involved in case planning.
- Comment boxes provide an item-specific justification for answers and ratings

**Item 14: Caseworker Visits with Child**

- Describe frequency of visits, topics discussed, location and whether safety was discussed.
- Comment boxes provide an item-specific justification for answers and ratings

**Item 15: Caseworker Visits with Parents**

- Check parental applicability. This should match Item 12B and Item 13 parental applicability.
- Comment boxes provide an item-specific justification for answers and ratings

**Item 16: Educational Needs of The Child**

- Check Educational Tab, most recent Perm Plan, and CANS
- Comment boxes provide an item-specific justification for answers and ratings

**Item 17: Physical Health of The Child**

- Check medical/ Mental Health Tab, most recent Perm Plan, CANS and case notes
- Comment boxes provide an item-specific justification for answers and ratings

**Item 18: Mental/Behavioral Health of The Child**

- Check medical/ Mental Health Tab, most recent Perm Plan, CANS and case notes
- Comment boxes provide an item-specific justification for answers and ratings

**Wisconsin Department of Children and Families**  
**Confidentiality Agreement - *for the purposes of the Child and Family Service Review and the Program Improvement Plan***

I understand that as a Child Welfare CQI Case Reviewer for the Child and Family Services Review (CFSR) process that I will have access to confidential information about families and children served by the County Department of Human/Social Services or the Wisconsin Department of Children and Families (DCF) or their contractors or service providers.

I understand that the information obtained during this process will not be shared by me in any way except for me providing my responses to DCF as required of the CFSR.

I understand that I may have access to personally identifying information and other information as a Case Reviewer and it will be treated as confidential information.

I agree to treat any and all information received about families and children receiving services from the County Human/Social Services Department or the Department of Children and Families or their contractors or service providers as confidential information to the extent that confidential information is protected under federal and state law. I understand that improper disclosure of any such information may result in termination from the position or other action by the Department and may be reported to Social Worker licensing authorities.

I understand that improper disclosure of information may result in both civil and criminal penalties, including fines and imprisonment as provided under Wisconsin Statutes Sections 51.30 regarding certain mental health, developmental disability, or alcohol and drug abuse information; 48.396, regarding juvenile law enforcement court information; 48.78, regarding social welfare agency information; 48.93, regarding adoption information; 48.981(7), regarding child protective services information; 49.83, regarding social welfare services and economic assistance information; 146.82, regarding health care information; and other state and federal law regarding other types of confidential information.

I understand that if I have or I am aware that others I know have a current or previous professional or personal relationship to or knowledge of any cases or family members involved that I have been assigned to review or if for any reason I may not conduct the review without bias, that I will immediately notify the Quality Review Unit Supervisor to receive a new case assignment.

I will log-in to eWiSACWIS using assigned login specific for conducting reviews for the CFSR.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Measurement Plan Attachment 3: Case Elimination Worksheet

Wisconsin Case Elimination Worksheet						
State: Wisconsin						
Review Month:						
Sampling Time Frame:						
Out-of-Home Care (Foster Care) Cases						
No.	County	Case ID	Target Child ID	Reason for Elimination	DCF Comments	Replaced with Sample Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

\* Use one worksheet for each review month

## Appendix B: Wisconsin CFSR and CQI Data

## 2018 CFSR Results: Statewide and Average National Percent Comparison

	2018 CFSR Statewide Results	2015-16 WI CQI Results	Federal Standard
<b>Safety Outcome 1:</b> Children are, first and foremost, protected from abuse and neglect	93%	76%	95%
<b>Safety Outcome 2:</b> Children are safely maintained in their homes whenever possible and appropriate	35%	64%	90%
<b>Permanency Outcome 1:</b> Children have permanency and stability in their living situations	33%	34%	90%
<b>Permanency Outcome 2:</b> The continuity of family relationships and connections is preserved for children	55%	56%	90%
<b>Well-Being Outcome 1:</b> Families have enhanced capacity to provide for their children's needs	37%	46%	90%
<b>Well-Being Outcome 2:</b> Children receive appropriate services to meet their educational needs	87%	87%	95%
<b>Well-Being Outcome 3:</b> Children receive adequate services to meet their physical and mental health needs	59%	59%	90%
<b>Range:</b>	33%-93%	34%-87%	
<b>Average:</b>	57%	60%	
<b>N:</b>	65	271	

\*

			2018 CFSR Statewide Results	2015-16 WI CQI Results	Federal Standard
<b>Safety Outcome 1</b>	<b>Item1:</b>	Timeliness of Initiating Investigations of Reports of Child Maltreatment	93%	76%	95%
<b>Safety Outcome 2</b>	<b>Item2:</b>	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care	58%	88%	90%
	<b>Item3:</b>	Risk and Safety Assessment and Management	35%	64%	90%
<b>Permanency Outcome 1</b>	<b>Item4:</b>	Stability of Foster Care Placement	88%	82%	90%
	<b>Item5:</b>	Permanency Goal for Child	59%	54%	90%
	<b>Item6:</b>	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	48%	66%	90%
<b>Permanency Outcome 2</b>	<b>Item7:</b>	Placement with Siblings	83%	86%	90%
	<b>Item8:</b>	Visiting with Parents and Siblings in Foster Care	66%	57%	90%
	<b>Item9:</b>	Preserving Connections	65%	75%	90%
	<b>Item10:</b>	Relative Placement	68%	62%	90%
	<b>Item11:</b>	Relationship of Child in Care with Parents	65%	67%	90%
<b>Well-Being Outcome 1</b>	<b>Item12:</b>	Needs and Services of Child, Parents, and Foster Parents	43%	52%	90%
	<b>Item13:</b>	Child and Family Involvement in Case Planning	42%	67%	90%
	<b>Item14:</b>	Caseworker Visits with Child	55%	69%	90%
	<b>Item15:</b>	Caseworker Visits with Parents	41%	48%	90%
<b>Well-Being Outcome 2</b>	<b>Item16:</b>	Educational Needs of the Child	87%	88%	95%
<b>Well-Being Outcome 3</b>	<b>Item17:</b>	Physical Health of the Child	72%	61%	90%
	<b>Item18:</b>	Mental/Behavioral Health of the Child	55%	77%	90%
		Range:	35%-93%	48%-88%	
		Average:	62%	68%	
		N:	65	271	

\*Reflects average of first 24 states reviewed in CFSR Round 3 as reported in Child and Family Services Reviews Aggregate Report Round 3: FYs 2015-2016, U.S. Department of Health and Human Services, Children’s Bureau

Appendix C: Program Improvement Plan Advisory  
Committee Membership List

## **Program Improvement Plan (PIP) Advisory Group**

**Purpose:** The purpose of this group is to assist the Department of Children and Families in developing a Program Improvement Plan (PIP) in conjunction with the federal Child and Family Services Review (CFSR) process that is comprehensive, effective, trauma-informed and focused on strengthening the child welfare system and improving outcomes for the families and children involved in the system.

### **Members:**

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

Appendix D: Child and Family Services Review  
Quick Reference Items List

## Child and Family Services Reviews

### Quick Reference Items List

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#### OUTCOMES

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

- Item 1: Were the agency's responses to all **accepted child maltreatment reports initiated**, and **face-to-face contact** with the child(ren) made, within time frames established by agency policies or state statutes?

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

- Item 2: Did the agency make concerted efforts to provide services to the family to **prevent** children's **entry into foster care or re-entry** after reunification?
- Item 3: Did the agency make concerted efforts to **assess and address the risk and safety** concerns relating to the child(ren) in their own homes or while in foster care?

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

- Item 4: Is the child in foster care in a **stable placement** and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?
- Item 5: Did the agency establish **appropriate permanency goals** for the child in a **timely manner**?
- Item 6: Did the agency make concerted efforts to **achieve reunification, guardianship, adoption, or other planned permanent living arrangement** for the child?

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

- Item 7: Did the agency make concerted efforts to ensure that **siblings in foster care are placed together** unless separation was necessary to meet the needs of one of the siblings?
- Item 8: Did the agency make concerted efforts to ensure that **visitation between a child in foster care and his or her mother, father, and siblings** was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?
- Item 9: Did the agency make concerted efforts to **preserve the child's connections** to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?
- Item 10: Did the agency make concerted efforts to **place the child with relatives** when appropriate?
- Item 11: Did the agency make concerted efforts to promote, support, and/or maintain **positive relationships between the child in foster care and his or her mother and father** or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

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

- Item 12: Did the agency make concerted efforts to **assess the needs** of and **provide services** to **children, parents, and foster parents** to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
- Item 13: Did the agency make concerted efforts to involve the **parents and children** (if developmentally appropriate) **in the case planning** process on an ongoing basis?
- Item 14: Were the **frequency and quality of visits between caseworkers and child(ren)** sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

- Item 15: Were the **frequency and quality of visits between caseworkers and the mothers and fathers** of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

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

- Item 16: Did the agency make concerted efforts to assess **children's educational needs**, and appropriately address identified needs in case planning and case management activities?

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

- Item 17: Did the agency address the **physical health needs** of children, including dental health needs?

- Item 18: Did the agency address the **mental/behavioral health needs** of children?

## SYSTEMIC FACTORS

### Statewide Information System

- Item 19: How well is the **statewide information system** functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

### Case Review System

- Item 20: How well is the case review system functioning statewide to ensure that each child has a **written case plan** that is developed jointly with the child's parent(s) and includes the required provisions?
- Item 21: How well is the case review system functioning statewide to ensure that a **periodic review** for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?
- Item 22: How well is the case review system functioning statewide to ensure that, for each child, a **permanency hearing** in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?
- Item 23: How well is the case review system functioning to ensure that the filing of **termination of parental rights (TPR)** proceedings occurs in accordance with required provisions?
- Item 24: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are **notified of, and have a right to be heard** in, any review or hearing held with respect to the child?

### Quality Assurance System

- Item 25: How well is the **quality assurance system** functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

### Staff and Provider Training

- Item 26: How well is the staff and provider training system functioning statewide to ensure that **initial training** is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?
- Item 27: How well is the staff and provider training system functioning statewide to ensure that **ongoing training** is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Item 28: How well is the staff and provider training system functioning to ensure that **training** is occurring statewide for current or prospective **foster parents, adoptive parents, and staff** of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

## Service Array and Resource Development

- Item 29: How well is the service array and resource development system functioning to ensure that the following array of services is **accessible** in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?
1. Services that assess the strengths and needs of children and families and determine other service needs;
  2. Services that address the needs of families in addition to individual children in order to create a safe home environment;
  3. Services that enable children to remain safely with their parents when reasonable; and
  4. Services that help children in foster and adoptive placements achieve permanency.
- Item 30: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be **individualized** to meet the unique needs of children and families served by the agency?

## Agency Responsiveness to the Community

- Item 31: How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in **ongoing consultation** with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?
- Item 32: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are **coordinated with services or benefits of other federal or federally assisted programs** serving the same population?

## Foster and Adoptive Parent Licensing, Recruitment, and Retention

- Item 33: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that **state standards** are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?
- Item 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for **criminal background clearances** as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?
- Item 35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the **diligent recruitment** of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?
- Item 36: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of **cross-jurisdictional resources** to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?