

Wisconsin's Title IV-E Demonstration Project

Semi-Annual Report and Plans for Program Improvement Policies

May 13, 2016



POST-REUNIFICATION SUPPORT PROGRAM

Report Period: October 1st, 2015 to March 30th, 2016

CHILD WELFARE WAIVER DEMONSTRATIONS SUGGESTED SEMI-ANNUAL PROGRESS REPORT OUTLINE

Guidance: Waiver demonstration Terms and Conditions stipulate that progress reports must be submitted quarterly until implementation and then semi-annually thereafter. The Initial Design and Implementation Report (IDIR) and subsequent Quarterly Progress Reports Template should be used until the IDIR is fully approved. Thereafter, the Semi-Annual Progress Report Template should be submitted every six months throughout the project period, beginning 30 days after the first six months of implementation.

I. Overview

Provide a brief summary of major demonstration activities completed to date, as well of any significant evaluation findings. Summarize any major changes to the design of the demonstration or to the evaluation since the previous semi-annual report (NOTE: Any significant changes to the design of the proposed demonstration or evaluation must be approved by the Children's Bureau before they are implemented).

The reporting period from October 1, 2015 – March 30, 2016 for the Post-Reunification Support (P.S.) Program involved onboarding three new counties for Year Three, continuous growth in the population served, maintenance of existing established program training and outreach technology, ongoing efforts to support county performance management, a new strategy to improve response rates for family surveys, and careful review of program sustainability under a constricted funding structure pending the renegotiation of Wisconsin's capped allocation amount.

Following the county program application approval process cited in the previous report, 33 existing P.S. Program counties were approved for Year Three of the program, and three new counties were added: Polk County, Ashland County, and Buffalo County. (See Appendix A for the current program participation map.) Onboarding of these new counties occurred via telephone and email correspondence with county managers, ongoing services supervisors, and lead ongoing caseworkers. Five of the existing 33 counties also requested and received technical assistance and program orientation via telephone and email correspondence following changes in personnel and positions at their agencies.

Referral, enrollment, and participation in the program continued at a steady pace over this reporting period. At the conclusion of this reporting period, a total of 530 enrolled children reunified with the support of the P.S. Program; an increase of 115 children. Additionally, a total of 188 children have successfully completed the full 12 months of program participation; an increase of 79 children over the last six months.

Program sponsored training opportunities in Motivational Interviewing (MI) to ensure fidelity as an evidence based practice continued and expanded. Four counties sent 70 professional staff to participate in the first two training cohorts in 2015. They reported a positive experience and very good results, and the training program was expanded to serve an additional 185 participants from 17 counties in calendar year 2016. The interest in and growth of this training program also involved increasing the contract for the

Wisconsin Professional Development System (PDS) to coordinate and administer these trainings.

Activity and support for program technology resources also continued during this reporting period. This activity included updates and support to the program's secure SharePoint site and planning for future updates to the public facing program website.

Performance management remained a focus area during this reporting period with the publication of monthly performance management scorecards, technical assistance and support to counties, and efforts to promote understanding and awareness of program practice requirements. During the program renewal application process counties self-identified performance management goals, and those goals were used to provide a baseline for discussion with counties during technical assistance calls. One of the larger counties requested a program presentation for all ongoing caseworkers and specialized technical assistance with their management team, which occurred on November 5, 2015.

Bi-weekly and monthly program evaluation team teleconferences also continued during this reporting period. These calls continue to focus on a variety of topics related to program implementation and evaluation. Key areas of attention during this reporting period included interdepartmental data sharing agreements, strategies to enhance family survey response rates, discussion and understanding around the data generated in the Monthly Family Services Reports completed by workers for enrolled families, and regular review and analysis of the Re-entry Prevention Model (RPM) 2.0, the predictive risk model used to determine program eligibility.

Finally, careful consideration of program sustainability during a constricted funding year occurred during this reporting period. Currently, for Year 3 of the P.S. Program, DCF has contracted with participating counties to provide for 316 state funded children of the 507 that counties requested. Pending the conclusion of the renegotiation of the current capped allocation amount, the Department hopes to amend these contracts to fully fund the counties' requested enrollment for this contract period.

II. Demonstration Status, Activities, and Accomplishments

Provide a detailed overview of the status of the demonstration in the following areas:

- A. *Numbers and types of services provided to date. Note in particular the implementation status of any innovative or promising practices.*
- B. *Other demonstration activities begun, completed, or that remain ongoing (e.g., introduction of new policies and procedures, staff training).*
- C. *Challenges to implementation and the steps taken to address them.*
- D. *All demonstrations with a trauma focus (e.g., implementing trauma screening, assessment, or trauma-focused interventions) should report on each of the data elements listed below. For activities that are not being implemented as part of the demonstration, please indicate this with "N/A." If information is currently unknown, please indicate an approximate date that the data will be available.*

- *Target population(s) age range(s)*
- *Type of trauma screens used*
- *Number of children/youth screened for trauma*
- *Type of trauma/well-being assessments used¹*
- *Number of children/youth assessed for well-being/trauma*
- *Type of trauma-focused evidence-based interventions (EBI's) used*
- *Number of children/youth receiving trauma-focused EBIs²*
- *Percentage of children and youth receiving trauma-informed EBIs who report positive functioning at follow up³*
- *Number of parents/caregivers:*
 - *Screened for trauma*
 - *Assessed for trauma*
 - *Treated for trauma*
- *Number of clinicians trained in trauma-focused EBIs⁴*

Section II should address both activities and accomplishments that have been completed to date as well as any that remain in progress or that have been delayed. It may be helpful to include an updated work plan or Gantt chart that highlights progress in implementing the demonstration.

Program Referral and Population Update - March 31, 2016

- Total Number of Children Enrolled and Reunified as of 3/31/2016: 530
- Total Number of Families Enrolled and Reunified as of 3/31/2016: 328
- Total Number of Counties with Currently Enrolled Children: 27 of 36 (75%)
- **Total Number of Children Enrolled on 3/31/2016: 230**

Other referral information of interest:

- 27% of enrolled children are designated as county funded local reinvestment slots
- **188 children have completed the full 12 months of program participation**

Demographic Information:

- Average Age of P.S. Enrolled Children: 9 years old
- Average Days in Program (to date): 220
- Average Days in Care Prior to Reunification: 331

¹ Include any trauma and well-being assessments for which data is available.

² Include all children that have received any portion of the EBI(s).

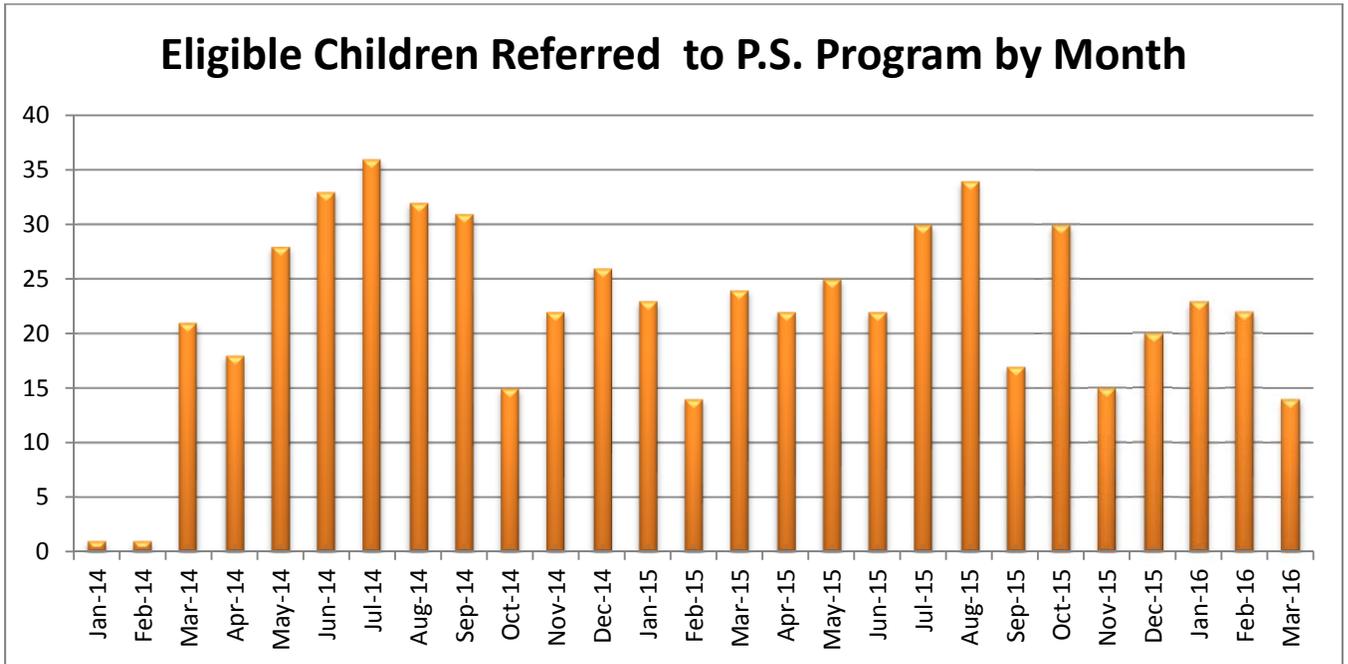
³ A jurisdiction may define "positive functioning" in any manner that is consistent with the definition used for the local evaluation of the waiver demonstration.

⁴ This may include initial training and follow-up training.

Current enrolled population legal status:

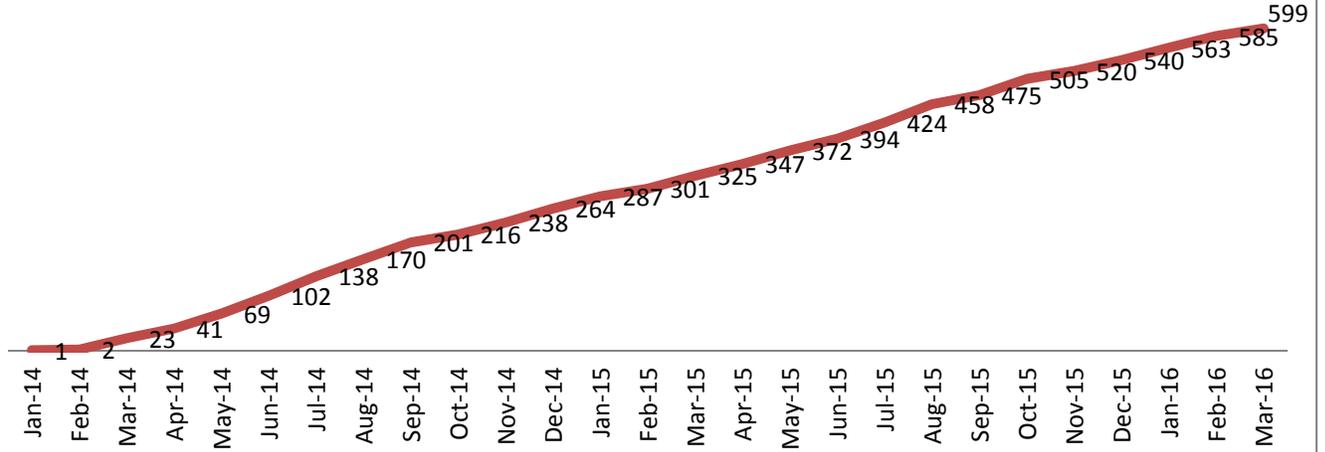
- 62% Court Ordered
- 38% Voluntary

The numbers of eligible referrals to the program continue to vary somewhat by month, while continuing to show steady growth over time. These patterns are characterized in the three following graphs. As in previous semi-annual reports, monitoring the referral patterns by month is an important way to monitor county participation in the program and the reunification of eligible children in P.S. Program counties.

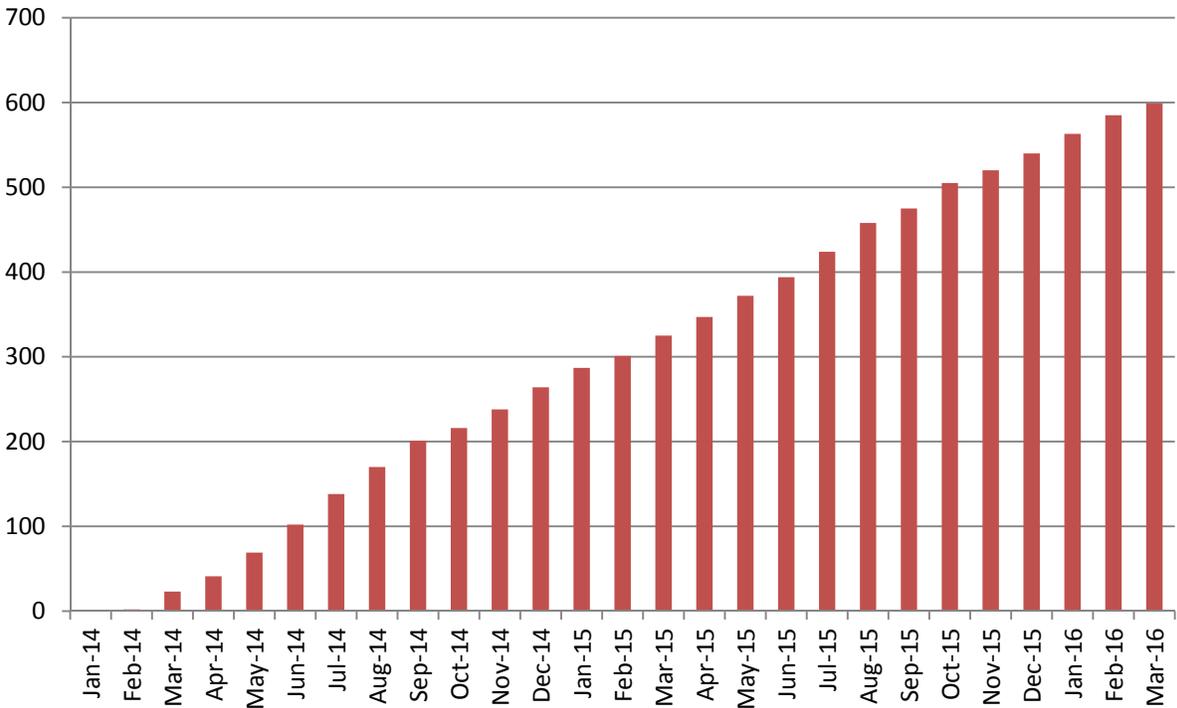


Cumulative Eligible Children Referred

Children Referred



Total Children Referred



Training Plan Implementation Updates

1) CANS Tool Training

The Department has continued its efforts to provide guidance, training, and technical assistance to agencies as they use the Child and Adolescent Needs and Strengths (CANS) tool in their case practice. Over the past year, the Department continued to offer and facilitate the CANS Case Planning Trainings, which were developed in May 2014. Additionally, the Department will be offering this training moving forward in calendar year (CY) 2016. As CY 2016 progresses, the CANS Case Planning training will be embedded in the currently existing Ongoing Caseworker Training, which is part of the foundational curriculum for caseworkers. The Department has also continued its partnership with the CANS Consortium, which includes representatives from seven different states and agencies. Over the past year, the CANS Consortium has been working to develop training videos related to family engagement and use of the CANS in case practice. It is anticipated that the training videos will be finalized by the end of CY 2016. The Department will continue its partnership with the CANS Consortium over the next 5 years. Lastly, the Department added one new trauma item to the CANS, a sex trafficking item, to come into compliance with federal reporting requirements related to a child or youth's victimization or risk of sex trafficking.

2) Motivational Interviewing

The primary program sponsored training initiative during this reporting period is the Motivational Interviewing training program. The P.S. Program Motivational Interviewing (MI) Training Plan launched in September 2015, with the first two cohorts of county participants. This training plan was described in the previous semi-annual reports and the participants in the initial launch included a group of state, county, and clinical staff.

Due to the positive reception of the training program from the first two cohorts, county interest and requests to participate in the training program increased for 2016. Participation in the program continued to require that county managers and supervisors designate a lead training coordinator, and that all training participants fully commit to the training program requirements. These include submitting recordings of their practice to the trainer for direct observation and coding of their fidelity to the MI skill set, and a commitment to participate in individual coaching with the trainer based upon their recordings and coding results.

For 2016, committed training participants were comprised primarily of Ongoing Services Case Managers (OCM) and their supervisors. The 2016 cohort includes fewer treatment providers than the previous cohorts that participated in 2015; however, given the significant volume of caseworkers requesting the training the presence of fewer clinical staff allowed the training budget to remain focused on core child welfare system professionals. With staff from 17 counties participating in 2016, the training budget reached capacity and approximately half of the participating program counties are now involved in the training program. The following chart summarizes the training participants for 2016 by role and by county.

2016 MI Training Plan County Commitment Summary

Dane		
	Supervisors/Managers	2
	OCM Case Workers	29
	Treatment Providers	6
Adams		
	Supervisors/Managers	3
	OCM Case Workers	7
	Treatment Providers	8
Kenosha		
	Supervisors/Managers	1
	OCM Case Workers	3
	Treatment Providers	0
Columbia		
	Supervisors/Managers	1
	OCM Case Workers	6
	Treatment Providers	1
Taylor		
	Supervisors/Managers	1
	OCM Case Workers	2
	Treatment Providers	0
Wood		
	Supervisors/Managers	1
	OCM Case Workers	3
	Treatment Providers	0
Vernon		
	Supervisors/Managers	1
	OCM Case Workers	2
	Treatment Providers	2
Chippewa		
	Supervisors/Managers	3
	OCM Case Workers	14
	Treatment Providers	0
Marathon		
	Supervisors/Managers	1
	OCM Case Workers	3
	Treatment Providers	0
Waukesha		
	Supervisors/Managers	1
	OCM Case Workers	5
	Treatment Providers	0

Brown		
	Supervisors/Managers	4
	OCM Case Workers	16
	Treatment Providers	0
Jefferson		
	Supervisors/Managers	0
	OCM Case Workers	5
	Treatment Providers	5
Winnebago		
	Supervisors/Managers	1
	OCM Case Workers	3
	Treatment Providers	0
La Crosse		
	Supervisors/Managers	2
	OCM Case Workers	18
	Treatment Providers	
Eau Claire		
	Supervisors/Managers	2
	OCM Case Workers	15
	Treatment Providers	0
Waupaca		
	Supervisors/Managers	2
	OCM Case Workers	6
	Treatment Providers	0
Total:		185

Due to the increased volume of participants in the training, coordination, and administration of the training program was delegated to the Wisconsin Professional Development System (PDS). This transition involved meetings with the contracted trainer and PDS staff to clarify roles and responsibilities related to supporting the training. Training support resources were enhanced to support county participation based on feedback from the initial two training cohorts, including a recording protocol guidance document and a model recording consent form for counties. An MI training resource library was also shifted from the P.S. Program website to the PDS training website.

Infrastructure related to training participant learning patterns was also bolstered during this reporting period. The measurable aspects of MI learning in the context of a training program utilizing direct observation and coding allows for a rich set of participant learning data. The measurable data points the trainer and PDS are tracking for each training participant include MITI scores on:

- Partnership
- Empathy
- Cultivating Change Talk (CCT)

- Sustaining Change Talk (SCT)
- Open Questions
- Closed Questions
- Simple Reflections
- Complex Reflections
- Affirmations
- Seeking Collaboration
- Emphasizing Autonomy
- MI Non-Adherent Statements (Persuading, Advising, Warning, Confronting)
- Neutral Statements (Giving information, Persuading with permission)

The presence of these communication patterns during direct observation is then coded into a series of ratios and percentages, including:

- Relational Averages
- Technical Averages
- Total Questions
- Total Reflections
- Question to Reflection Ratio
- Percentage of Complex Reflections

For each training participant, coded results are tracked for each recording they submit to the trainer. Training participants are generally able to reach proficiency in MI skills within three to five recordings over the four full day training program. Individual learning results allow the trainer to focus on specific skills during each participant's one on one coaching sessions.

As training participants demonstrate measurable proficiency in MI skills, their status as MI proficient is tracked. While the focus of the MI training program at this time is based upon extending meaningful and quality training and coaching to county participants who are able to commit to the full training program, future opportunities evaluating the effectiveness of training and linking caseworker proficiency to specific family outcomes may be evaluated.

Program Technology Resources

The P.S. Program secure SharePoint site, the PS-HUB, continues to serve as the primary information sharing resource to coordinate program operations between state and county systems. Regular updates and information are shared via the PS-HUB on a monthly basis to keep the site active and useful for county program interface. Monthly performance management scorecards and the completion results for the Monthly Family Services reporting process are also shared via this resource to support county completion of this important program evaluation requirement. Access and approval for new users and technical support for existing users also continued during this reporting period to maximize the accessibility of this program resource.

The public facing program website, which functions to provide general and historic information, as well as program resources at the worker level, was also under review during this reporting period for improvements and enhancements. The Wisconsin Department of Children and Families (DCF) website is currently undergoing a

comprehensive redesign process to modernize access and make it a mobile device friendly internet resource. The P.S. Program website will benefit and be improved through the more current website technology available to the department.

Cross Program Coordination Updates

1) The Wisconsin Trauma Project

Expansion and county engagement related to the Wisconsin Trauma project continued during this reporting period, following a series of outreach activities and a county application process. Following the application process, many county agencies were selected to participate in work to support trauma informed care over the next three years. See Appendix B for a summary of participating Wisconsin Counties.

The department has invested in a three-year expansion of the Wisconsin Trauma Project to accelerate the integration of prevention and trauma-informed care across all child welfare practice areas. Beginning in early 2016 and continuing through 2018, the WI Trauma Project will be expanding all three components of the project. The expansion will depart from the original model and provide counties/tribes the option to participate in one, two or all three of the project's components based on their local needs, capacity and readiness.

Beginning in early 2016, the number of clinicians trained in TF-CBT will increase from 30-60 to up to 225 annually. In order to reach these additional clinicians, TF-CBT trainings will be held regionally and all counties and tribes will have an opportunity to participate. The number of counties or tribes participating in the Trauma-Informed Parenting workshops will increase from 2 to up to 10 annually. In the next three years, the project has the capacity to serve up to 675 clinicians.

The expansion will also include an additional 18-month learning collaborative for clinicians in Trauma-Informed Child Parent Psychotherapy (TI-CPP) coordinated by the University of Wisconsin-Madison School of Psychiatry. This collaborative is scheduled to begin in the fall of 2016. The project also has the capacity to serve 10 sites in training to enhance Trauma-informed Parenting, with up to three counties and/or tribes in each site if they decide to partner.

Fostering Futures Trauma-informed Care Learning Communities to engage in systems change will occur in 13 counties this year, as well as 6 state agencies. The duration of this component is 18 months. The project also has the capacity to serve 12 more counties/tribes beginning mid-2017.

See Appendix C, The Wisconsin Trauma Project's 2015 Annual Report for additional information.

2) WI Child Welfare Continuous Quality Improvement (CQI) System

The WI Department of Children and Families is currently undergoing a comprehensive re-design of its child welfare CQI system. These changes will encompass a systematic approach to improving processes and outcomes through:

- Regular data collection, including through the use of a robust case review system addressing practice requirements in child welfare reporting, investigation (initial assessment) and ongoing casework
- Examination of performance
- Review of practices that promote or impede improvement
- Application of changes in practices that may lead to improvements in performance

DCF is currently working to provide resources, tools, and processes to build and sustain the state's child welfare CQI system at the state and local levels.

Wisconsin's Child Welfare CQI Principles:

- DCF paradigm shift from quality assurance to quality improvement: CQI is focused on process, practice, and outcome improvement through collaboration. The Child Welfare CQI process will help the state, tribes, and local agencies fully engage in collaborative improvement efforts with a variety of key stakeholders and partners.
- The Child Welfare CQI system is more than a case record review process; multiple sources of data, information, and knowledge are aligned and analyzed collectively.
- These include case record reviews, other specialized case reviews, KidStat performance data, and eWISACWIS dashboards.
- Data from a variety of sources is transformed into information and knowledge and is used to make informed decisions about improving policy and practice. This system relies on facilitated sharing with tribes and local child welfare agencies and ongoing analysis to improve outcomes, practice, and process at the local and state level.
- Collaborative identification and implementation of improvement projects, grounded in meaningful collection and analysis of information. These projects will pilot smart innovations to our child welfare practice and policies.
- Child Welfare CQI tools and processes are available for local use ("inside out" application). DCF will support counties to build and sustain internal local CQI capacity. DCF will actively support and invest in county action planning and organizational improvement efforts.
- Child Welfare CQI system relies on a strong partnership and joint commitment between the state and local child welfare agencies, tribes, courts, and other key stakeholders. Together we will effect positive change in outcomes for families through the continual evaluation and improvement of child welfare process and practice.

Overtime, the CQI system enhancement will provide an exceptional framework for understanding child welfare systems and case practice statewide, and in the context of program implementation. These enhancements offer enhanced opportunity for future program and practice improvements.

3) Tribal Coordination and Title IV-E Agreements

As referenced in previous semi-annual reports, supporting Wisconsin tribes in their access and infrastructure for Title IV-E claiming is a priority for the department. In this reporting period, DCF has continued to move forward with providing IV-E pass through

agreements with tribal agencies and helping support their utilization of the pass through program to the fullest extent possible. Ongoing collaboration continues to take place with Oneida Social Services regarding establishing a pass through agreement with them. At this point, both parties have provided feedback on suggested language for the document with the hopes of the final document being signed in the near future.

DCF has also provided technical support to two of the tribes currently under a pass through agreement. Due to turnover in staff, each tribe needed assistance in accurate time study and cost reporting procedures. DCF staff visited each tribe to assist them in these endeavors and will continue to assist each tribe with any reporting questions or concerns.

Finally, DCF staff have been participating in webinars as well as in-person trainings to learn more about the direct agreement process and any available funding to assist in implementing these programs. Learning this information will enable the Department to support any tribal agency that may want to pursue this route, rather than a pass through agreement.

Casey Family Programs County Administered States Convening

On November 19 and 20, 2015 Casey Family Program hosted a Convening for County Administered Waiver Program in Seattle, Washington. In their invitation, they encouraged two state program coordinators and teams of county staff to attend (See Appendix D). After confirming the scope of their invitation, twelve Wisconsin counties participating in the P.S. Program were invited to send teams. Participating program counties with the largest volume of enrolled cases and participation in both Year One and Year Two of the program were invited.

Ten counties were able to confirm and attend, and sent a total of 38 county representatives. County CPS Managers, Fiscal Managers, Ongoing Services Supervisors comprised the majority of county teams, and a few county directors and county caseworkers were also represented (See Appendix E).

The Convening Goals for November 2015 included:

- Create an environment for getting to know one another's waiver efforts and key demonstration staff
- Promote peer-to-peer exchanges among counties and information sharing from key experts to support implementation of demonstrations
- Identify challenges, barriers, and any technical assistance or supports that will further implementation
- Build on the most recent Children's Bureau annual convening for IV-E Waiver Child Welfare Demonstrations

Proposed Agenda Elements:

- Multiple interactive discussions on topics driven by states and counties; including cross-jurisdiction and peer-to-peer discussions
- Focused discussions around well-being, communication, fiscal issues, evaluation, Continuous Quality Improvement and other related topics

- Mix of plenaries and breakout sessions with targeted topics to support implementation efforts
- Information sharing and access to experts around critical waiver demonstration topics

Wisconsin attendees reported the convening was especially helpful to build upon their understanding of and appreciation for the context of Title IV-E waivers. The convening also allowed time for state and county staff to meet and discuss their shared experiences at the convening and improve their mutual understanding of how program implementation can be supported locally. County shared learning and problem solving occurred during break out time, and the time and space for facilitated and informal conversations between Wisconsin counties was a welcomed opportunity.

Overall, state and county staff who participated in the convening appreciated the opportunity to attend, the information and presentations that occurred, and the chance to talk with one another about program implementation.

Performance Management, Program Fidelity Drive, and Scorecards

As the P.S Program concluded Year Two and entered Year Three during this reporting period, there was a continued focus on the program practice requirements and performance management. Activity during this reporting period involved supporting county understanding of the program practice requirements. While most counties were aware of the practice requirements in general, some did not have a full understanding of the due dates for various practice requirements or the local systems in place to assure completion within the required timeframes. A variety of approaches and tools were developed to support their practice, and this reporting period involved supporting county utilization of these tools to enhance their measurable performance.

The monthly P.S. Program Scorecards were a useful tool to enhance county focus on timelines and prioritization of practice requirements. The goals counties self-identified in their renewal applications also provided a useful framework for working with them to enhance performance. Bolstering county understanding of workflow and the methodology coded into eWiSACWIS reports to determine their scorecard performance required additional attention in this reporting period. Scorecards are shared with all county completion rates visible to all 36 participating counties, by utilizing a 'traffic light' paradigm.

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

The categories of practice in the performance management scorecard include:

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

- Cost Reporting (by quarter)

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

- Children Currently Enrolled
- Number Of Children Successfully Completed
- Re-entries into OHC To Date
- 2016 Contracted Slot Allotments
- 2016 YTD Slots used

Each practice category is calculated with a numerator/denominator ratio to determine the percentage of cases for which they are compliant.

County utilization of the 'Caseworker Time and Date Tracker' self-populating spreadsheet was one key strategy utilized to assist supervisor and case worker ability to more precisely understand how time ranges are calculated and completing practice requirements by the due dates can be achieved. For example, a county worker may have conceptualized that the 'Middle CANS Completion' should occur around six months after reunification. The scorecard guide provides more specific guidance in general on this requirement, stating, "the approval date for the middle CANS is 5-7 months (152 - 213 days) after the PS Start Date (e.g. If the child's reunification date is February 15, the approval date is between July 15 and September 15)." In discussion with county supervisors, the text based guidance proved too complicated for many busy caseworkers, and receiving more specific guidance on the due date for each case was needed. The 'Caseworker Time and Date Tracker' provides that specificity for each practice requirement with a due date time range specific to the reunification date they enter for that case. Counties and caseworkers then needed direction to enter the specific dates produced on that tracking sheet to their calendar systems, and supervisors find it beneficial to also use that tracking sheet so they can remind workers of specific due dates during status meetings, in supervision, or in some counties during their regular monthly P.S. Program meetings. Many county caseworkers identified that they manage due dates and workload based on the 'ticklers' that pop-up in eWiSACWIS, and because the P.S. Program due dates are program specific the caseworkers do not receive 'ticklers' for those items.

The P.S. Program scorecard information is captured monthly through an eWiSACWIS report called the 'Case Management Report.' This report includes all active P.S. Program cases in a county and provides specific compliance references for each practice requirement. For items that have a range of due dates, such as the Initial Case Plan (which is due between 1-45 days after the P.S. Program Start Date), a worker who completes the case plan 50 days after the P.S. Program Start Date will not be able to achieve compliance with that requirement for the remaining duration of that case. The resulting scorecards will then reflect a missed initial case plan until that case discharges from the program. This methodology only allows for slow progress towards improvements in counties with only a few P.S. Program cases enrolling in a year.

The two P.S. Program counties with the largest enrolled populations also requested an all staff meeting with the P.S. Program Coordinator to enhance staff appreciation and understanding for program context and details.

Brown County (70 total enrolled children to date) hosted a training with all ongoing caseworkers attending on the morning of November 5, 2015, followed by a meeting with the county agency's management team and the program coordinator in the afternoon. The morning training provided workers with a greater understanding for the program intervention, practice requirements, a larger context for why the evaluation components were in place and the value of those in national child welfare systems reform dialogue (see Appendix F). The afternoon meeting involved discussions and recommendations for the county to improve upon documentation, performance management, cost reporting, and service array enhancements. This meeting resulted in a much stronger plan for the county to enhance and manage program operations and to make the best possible use of program funding.

Dane County (72 total enrolled children to date) managers and supervisors met with the P.S. Program Coordinator on January 20, 2016 to review county interface with the program and ensure alignment of local systems with state level infrastructure. Following that meeting, on February 24, 2016 all county caseworkers and social service specialists with cases involved in the P.S. Program met for their regular monthly program operations meeting and hosted the P.S. Program Coordinator. This discussion provided Dane county staff additional context and meaning for the practice requirements and program vision. Dane County typically scores exceptionally well on the program scorecard and has invested supervisory time in meeting program requirements, and as a result of that effort the program meeting focused more on the qualitative aspects of family engagement, family-centered case planning, finding intrinsic family motivations for long term change, and working with families for longer term and sustainable permanency.

Other participating P.S. Program counties also received technical assistance and support during this reporting period via targeted outreach to lead county program contacts and ongoing supervisors via telephone and email contacts. These were conducted via a combination of county requests and identified performance management needs. County agencies generally welcomed state level support and assistance to bolster their local operations and understanding of program goals.

Program Fiscal Update

The state pays a case rate of \$1,100 per child per month for state-funded children enrolled in the P.S. Program; counties are also required to support children with local funds at the ratio of one county-supported child for every 3 state-funded children. Additional key fiscal conditions for funds awarded under this contract include:

- Funds must be used to support expansion of post-reunification support and may not be used to supplant moneys otherwise available;
- Program expenditures must be reasonable, necessary, and provide a direct benefit to and advance the case plan goals with the children and families enrolled in the program;
- Quarterly reporting of costs incurred is required for case management and other services for all enrolled families; and
- Counties continuing to participate in the program can retain a 10% reserve of program funds, and are required to refund balances in excess of the reserve threshold via a reconciliation process.

Since the inception of the P.S. Program, Wisconsin has paid a total of \$3,221,565.00 for state-funded enrolled days. Counties have reported total expenditures of \$3,116,071.58, which equals 96.7% of the total case rates paid. Fifteen (15) of the 30 P.S. Program counties that had enrolled children and reported costs reported a higher level of costs than the funding they received, for a county out of pocket expense of \$502,850.80.

The following table summarizes how counties have reported spending funds to support P.S. Program enrolled families. Table 1 shows the 10 most frequently reported expenditures for each individual Standard Program Category (SPC). Case Management was anticipated to be the most frequent expenditure, as intensive case management is the intervention provided to *all* P.S. Program families, whereas other paid services vary based on the unique needs of each family.

<u>Category</u>	<u>Total Costs</u>	<u>% of Total</u>
604: Case Management	\$ 1,183,364.63	37.8%
106: Housing/Energy Assistance	\$ 320,156.23	10.3%
507: Counseling/Therapeutic Resources	\$ 274,653.54	8.8%
110: Daily Living Skills Training	\$ 249,030.51	8.0%
107: Transportation	\$ 158,962.78	5.1%
101: Child day care-crisis/respite	\$ 153,030.91	4.9%
999: Other	\$ 118,943.49	3.8%
103: Respite	\$ 116,059.55	3.7%
113: Consumer education and training	\$ 99,225.59	3.2%
111: Family Support	\$ 74,970.61	2.4%

Additional activity at the state level included preliminary analysis between cost reporting data and the results of the Monthly Family Services Reporting via crosswalk categories. Initial results indicate a strong correlation between the expense categories cited above and the service categories reported by caseworkers via the Monthly Family Services Report. During this reporting period, an emphasis on collecting all cost reporting data through Year Two of the P.S. Program occurred so that further analysis of all county expenditures can be completed and included in the next semi-annual report.

Timely cost report submission by all participating counties improved in this reporting period and all counties now use the secure SharePoint server, the PS-HUB. Timely submission of cost reports are featured on the quarterly county performance management scorecards. In the next reporting period timely prior quarter adjustments will be restricted to just the previous quarter.

Fiscal Implementation Challenges:

The demonstration waiver period continues to present fiscal challenges for Wisconsin, specifically operating within the constraints of the statewide capped allocation. As of December 31, 2015 Wisconsin has cumulatively incurred \$5,768,876 beyond its maintenance capped allocation and \$7,385,099 beyond its administrative capped allocation, for a total cap overage of approximately \$13.1 million dollars, further demonstrating that this is a structural issue and one that is likely to continue throughout the waiver period. With P.S. Program expenditures on the rise, Wisconsin was forced to analyze the state budget to determine how funds could be allocated to maintain the P.S. Program under the current waiver. For the first time WI could no longer contract with counties for the entire number of requested slots (507 in CY 2016) and instead contracted for 316 state funded children.

In response to this challenge, the state completed a detailed trend analysis of foster care and demonstration program expenditures and claiming to understand the source of this overage and reviewed these findings with representatives from the Children's Bureau beginning in July, 2016. Categories of analysis include:

- Claiming by CB-496 category.
- Expenditures and claiming by cost source: Milwaukee, Balance of State Counties, and State Operations.
- Allocation factors: Random Moment Time Study (RMTS) results for allocated cost pools, and Title IV-E penetration rate.
- Other key child welfare indicators: Out-of-home care case counts, total days in care, average cost of care.

DSP performed additional analysis in response to questions that arose after further consultation and discussion with the Children's Bureau regarding administrative claiming changes initiated just prior to the start of the state's waiver demonstration program and assessing the impact of the program's operation on the administrative claiming process. DSP will continue to coordinate with the Children's Bureau in order to address concerns related to the capped allocation as without a capped allocation adjustment, Wisconsin will fail to demonstrate cost neutrality and will not be able to demonstrate the positive programmatic and fiscal impacts of the P.S. Program.

Previous Semi-annual report questions and responses:

In response to the comments and questions regarding the October, 2015, Wisconsin Semi-Annual Report, Appendix G was prepared by the department's program team and the evaluation team.

III. Evaluation Status

Provide a detailed overview of the status of the evaluation in the following areas:

A. Families assigned to the demonstration

As of March 31, 2016, **332** families have been enrolled in the P.S. Program; each of these families is included in the demonstration group in the evaluation. In the evaluation plan, it was anticipated that 250-300 reunified children and their families would be enrolled in the P.S. Program during each of Years 1 and 2 (2014-2015), meaning that Year One and Year Two (to date) enrollment is smaller than originally anticipated. In order to reach a treatment group sample size of 500, we will continue to include families enrolled in the P.S. Program during Year Three (2016) in the evaluation.

Propensity score matching (PSM) is being used to create a comparison group of equal size to the treatment group. The matching process will be completed annually. Between February 2014 and December 2015, 285 families have been enrolled in the P.S. Program and are included in the treatment group. During the same period, 1,079 families were reunified in Wisconsin counties in which the P.S. Program was not operating. Characteristics of the P.S. Program families and the reunified families in non-P.S. Program counties are shown in Table 1. Prior to the matching procedure, there were numerous significant differences between the two groups, which are noted in the table.

Table 1. Pre-match sample characteristics of P.S. Program and non-P.S. Program cases

Variable	Categories	Pre-match comparison	
		Families enrolled in P.S. Program (N=285)	Reunified families in Non-P.S. Program counties (N=1079)
Child Gender	Female	44.2	41.7
	Male	55.8	58.3
Child Race/Ethnicity*	African American	27.0	16.1
	Other	9.8	13.4
	White	63.2	70.5
Child's age at reunification*	0 – 5 years	27.7	24.3
	6 – 10 years	25.3	18.4
	11 – 15 years	36.5	36.3
	16 years +	10.5	21.0
Child Disability*	Yes	54.7	23.2
Average # of days in care prior to reunification*		336.4	262.6
Number of placements prior to reunification*	1	32.3	48.1
	2 or more	67.7	51.3

Placement types experienced during most recent episode (categories not mutually exclusive)			
Foster Home*	Yes	60.0	33.4
Kinship	Yes	36.8	36.2
Shelter	Yes	12.3	12.7
Treatment Foster Home*	Yes	10.5	6.1
Group Home*	Yes	6.3	10.9
Residential Care Center (RCC), Hospital	Yes	13.3	18.2
Trial Reunification	Yes	13.7	10.7
Number of children* reunified	1	64.9	73.7
	2	19.0	16.7
	3 or more	16.1	9.6
Did family have an initial safety assessment at time of removal?*	Yes	80.0	56.7
Were there any safety threats identified at the time of removal?*	Yes	28.8	17.2
CPS investigation at time of entry into OHC?*	No CPS investigation at entry	6.7	17.2
	Substantiated CPS investigation	45.3	37.5
	Unsubstantiated CPS investigation	48.1	45.3
Prior CPS reports*	0	6.7	17.2
	1 – 2	42.1	48.38
	3 – 4	28.4	19.3
	5 or more	22.8	15.2
Prior screened-in service reports	0	44.2	46.8
	1	21.1	18.2
	2 or more	34.7	35.0
Was parent an alleged perpetrator in CPS report preceding entry?*	Yes	76.1	64.6
Family structure at removal*	Two parents/caregivers	29.1	38.8

	Single parent/caregiver	70.9	61.2
Reasons for removal (categories not mutually exclusive)*	Parent related issues	45.6	36.2
	Neglect*	55.8	41.1
	Abuse	16.1	13.4
	Child related issues*	21.8	42.3
	Parental alcohol problem	6.0	5.1
	Caregiver incarceration*	21.4	12.1
CANS Child/Youth life functioning*	Mean # of items marked 2 or 3	2.6	1.5
CANS Child/Youth trauma*	Mean # of items marked 2 or 3	1.3	0.6
CANS Identified permanent resource strengths & needs*	Mean # of items marked 2 or 3	3.4	1.9
CANS Child/Youth strengths*	Mean # of items marked 2 or 3	4.0	2.5
CANS Child/Youth behavioral emotional needs*	Mean # of items marked 2 or 3	1.4	0.8
CANS Child/Youth risk behaviors*	Mean # of items marked 2 or 3	0.7	0.4
CANS Child/Youth family & acculturation*	Mean # of items marked 2 or 3	0.4	0.2
CANS Child/Youth adjustment to trauma*	Mean # of items marked 2 or 3	0.7	0.3

* $p < .05$

1. Computing the Propensity Score

The matching procedure was performed a second time for the 181 families enrolled in the P.S. Program between December 1, 2014 and December 31, 2015, plus the 4 families enrolled during the prior period that could not be matched during the first matching procedure. The overall average propensity score for the second group was .22 with a standard deviation of .25. Using a .05 caliper, 129 of the 185 families in the P.S. Program were successfully matched (70.0%). To increase the number of families with matches, the procedure was re-run using .10 and .15 calipers, which increased the number of matched families to 134 and 141, respectively.

2. The PSM matching procedure

When the results of the two matching procedures are combined, 241 of the 285 families (85%) enrolled in the P.S. Program as of December 31, 2015 were successfully matched with reunified families in non-P.S. Program counties and 44 families (15%) were unable to be matched. Table 8 compares the demographic characteristics of the 241 families in the P.S. Program that were successfully matched, the 241 matched comparison families in non-P.S.

Program counties, and the 44 families in the P.S. Program that were unable to be successfully matched to a family. After the matching procedure, there were no significant differences between the families in the P.S. Program and their matched comparisons, meaning that the PSM eliminated all of the differences between the groups that existed prior to the match (see Table 7). However, the 44 P.S. Program families that could not be matched were significantly different from the other families in the P.S. Program in several ways. The child with the highest RPM score in the unmatched families was more likely to be female, to have a disability, to have 2 or more placements prior to reunification, and had a higher number of actionable items on several CANS domains (child/youth life functioning, child/youth trauma, child/youth strengths, child/youth behavioral needs, child/youth risk behaviors, child/youth adjustment to trauma). The unmatched P.S. Program families likely represent a subset of the group at higher risk for re-entry into out of home care. Rather than ignore this group, we will compare the outcomes for the three groups: Matched P.S. Program families (treatment group), non-P.S. Program families (comparison group), and unmatched P.S. Program families.

3. Results of PSM matching procedure

Table 2. Sample characteristics of matched and unmatched families in P.S. Program

		Matched		Unmatched
		Matched families enrolled in P.S. Program (n=241)	Matched families in Non-P.S. Program counties (n=241)	Unmatched families enrolled in P.S. Program (n=44)
Child Gender	Female	40.7	44.0	63.6*
	Male	59.3	56.0	36.4
Child Race/Ethnicity	African American	25.7	22.0	34.1
	Other	9.5	10.8	11.4
	White	64.7	67.2	54.6
Child's age at reunification	0 – 5 years	27.8	26.1	27.3
	6 – 10 years	25.3	23.7	25.0
	11 – 15 years	36.5	39.0	36.4
	16 years +	10.4	11.2	11.4
Child disability	Yes	51.0	43.6	75.0*
Average # of days in care prior to reunification		320.8	307.6	422.0
Number of placements prior to reunification*	1	35.7	32.0	13.6
	2 or more	64.3	68.0	86.4*
Placement				

types experienced during most recent OHC episode (categories not mutually exclusive)				
Foster Home	Yes	58.9	57.3	65.9
Kinship	Yes	34.9	38.2	47.7
Shelter	Yes	12.9	14.5	9.1
Treatment Foster Home	Yes	10.8	9.5	9.1
Group Home	Yes	6.22	11.2	6.8
RCC, Hospital	Yes	12.0	12.9	20.5
Trial Reunification	Yes	13.7	18.7	13.6
Number of children reunified	1	66.4	67.2	56.8
	2	17.8	17.4	25.0
	3 or more	15.4	15.4	18.2
Did family have an initial safety assessment at time of removal?	Yes	78.4	78.8	88.6
Were there any safety threats identified at the time of removal?	Yes	29.9	27.8	22.7
CPS investigation at time of entry into OHC?	No CPS investigation at entry	7.5	7.9	2.3
	Substantiated CPS investigation	43.2	42.3	56.8
	Unsubstantiated CPS investigation	48.4	49.8	40.9
Prior CPS reports	0	7.5	7.9	2.3
	1 – 2	42.7	44.8	38.6
	3 – 4	27.8	26.1	31.8

	5 or more	22.0	21.2	27.3
Prior screened-in service reports	0	44.8	41.5	40.9
	1	22.0	24.1	15.9
	2 or more	33.2	34.4	43.2
Was parent an alleged perpetrator in CPS report preceding entry?	Yes	75.5	75.1	79.6
Family structure at removal	Two parents/caregivers	29.1	31.5	29.6
	Single parent/caregiver	71.0	68.5	70.4
Reasons for removal (categories not mutually exclusive)	Parent related issues	45.2	51.5	47.7
	Neglect	54.4	54.8	63.6
	Abuse	14.9	13.7	22.7
	Child related issues	22.4	27.4	18.2
	Parental alcohol problem	5.4	6.22	9.1
	Caregiver incarceration	20.8	22.4	25.0
CANS Child/Youth life functioning	Mean # of items marked 2 or 3	2.4	2.1	3.8*
CANS Child/Youth trauma	Mean # of items marked 2 or 3	1.2	1.1	2.1*
CANS Identified permanent resource strengths & needs	Mean # of items marked 2 or 3	3.3	3.1	3.6
CANS Child/Youth strengths	Mean # of items marked 2 or 3	3.7	3.1	5.7*
CANS	Mean # of items marked 2 or 3	1.3	1.1	2.1*

Child/Youth behavioral emotional needs				
CANS Child/Youth risk behaviors	Mean # of items marked 2 or 3	.6	.6	1.2*
CANS Child/Youth family & acculturation	Mean # of items marked 2 or 3	0.4	0.4	0.5
CANS Child/Youth adjustment to trauma	Mean # of items marked 2 or 3	0.7	.6	1.1*

B. Major Evaluation Activities

In addition to the PSM procedures described in the previous section, additional evaluation activities that occurred during the reporting period included primary data collection with P.S. Program caseworkers via the Monthly Family Service Report (MFSR), an online survey created by the CFRC to collect information about the services that families in the P.S. Program receive each month. Data analysis of the MFSR data has begun. In addition, primary data collection with families in the treatment and comparison groups continued via the Baseline and Follow-Up Surveys.

1. Monthly Family Service Report

According to the P.S. Program logic model, there are four discrete program “outputs” or activities that will produce change in child and family outcomes:

- Caseworker contacts with families
- Caseworker completion of assessments, including the CANS
- Caseworker completion of a case plan and goals
- Provision of formal and informal services to families

The first three of these outputs (caseworker contacts with families, completion of CANS assessments, and case plan) are included in eWiSACWIS administrative data. The fourth output, service provision, was not available in administrative data systems. The CFRC therefore created an online data collection tool, known as the Monthly Family Service Report, in which P.S. Program caseworkers report the number and type of services that each family enrolled in the program received during the prior month. The first screen of the Monthly Family Service Report asks the caseworker to report the number of hours of case management provided to the family during the reported month.

It also contains a list of specific services that families may have received during the month under consideration, including:

- case management
- basic home management
- parenting services
- family therapy
- daycare
- respite
- alcohol and other drug (AODA) assessment
- AODA services
- crisis services
- psychiatric assessment/services
- psychological assessment
- individual therapy
- group therapy
- economic support
- housing assistance
- transportation assistance
- occupational/physical therapy
- developmental assessment/service
- medical/dental services
- juvenile justice services/activities
- legal services
- educational assessment/services
- independent living
- work-related services

- domestic violence services
- mentoring
- recreational activities
- social supports
- spiritual/cultural supports

For each of these services, the caseworker reports whether the family: a) received the service as part of their case plan, b) received the service but it was not listed in the case plan, c) did not receive the service even though it was included in their case plan, or d) did not need or receive the service (one option must be selected for each service). Caseworkers may also report other additional services not listed that families received during the month under consideration. For each service that the family received (those checked a or b), the second screen asks caseworkers to report the amount of the service provided in hours (i.e., service dosage), the service recipient(s) (parent, child, other), and the service provider (caseworker, certified or licensed provider, paraprofessional, informal provider). For each service that was needed but not received (option c), a third screen asks caseworkers to specify the reason(s) that the service was not received (check all), including: 1) service unavailable; 2) provider at capacity; 3) missed appointment; 4) service discontinued by provider; 5) family/client refusing service; 6) family/client not able to participate. The entire form takes less than 10 minutes to complete.

To distribute the Monthly Family Service Report to P.S. Program caseworkers, the CFRC receives a list of all active P.S. Program cases and their caseworkers from DCF by the 5th of each month. The CFRC sends an email to these caseworkers with a link to the online Monthly Family Service Report. The deadline for completion of the form is the 20th of that month or the closest business day to this date. One week prior to this deadline, a reminder e-mail is sent by the CFRC to the workers who have not yet completed their reports. On the 20th, the CFRC then sends a report to DCF P.S. Program staff with Monthly Family Service Reports that have been completed and not completed. Data collection via the Monthly Family Service Report data collection began in July 2014, with caseworkers asked to report on services received by families the prior month. Caseworkers often go back to their MFSR data file and complete data for previous months, so completion rates for some months may increase. Table 3 shows the rate of completing MFSRs for every program month, as of March 31, 2016. The completion rate for the report has ranged from 69.2% to 90.0%.

Table 3. Monthly Family Service Report Completion Rates

Month	Number of Cases	# MFSR Received	Response Rate
2014			
June	39	27	69.2%
July	53	43	81.1%
August	69	43	62.3%
September	78	61	78.2%
October	81	66	81.5%

November	89	72	80.9%
December	97	87	89.7%
2015			
January	112	100	89.3%
February	121	104	86.0%
March	132	116	87.9%
April	135	121	90.0%
May	139	118	85.0%
June	148	123	83.1%
July	151	123	81.5%
August	148	118	79.7%
September	148	123	83.1%
October	149	112	75.2%
November	153	126	82.4%
December	158	124	78.5%
2016			
January	155	134	86.5%
February	152	113	74.3%
March	166	120	72.3%

2. Parent survey data collection

The parent survey is designed to gather information about family functioning at two time points: at or around the reunification date and 12 months after reunification. The baseline survey contains measures of the following outcomes: parent stress, family resources, social support, and family functioning. It also contains measures of satisfaction with services received during foster care and parent engagement with their caseworker. In P.S. Program counties, baseline surveys are distributed to all reunified families enrolled in the P.S. Program (treatment group); and in non-P.S. Program counties, baseline surveys are distributed to all reunifying families (comparison group).

The baseline survey is distributed to parents by caseworkers at or around the last family team meeting prior to reunification, which typically occurs within the month prior to reunification. The survey packet contains a recruitment letter describing the study, an informed consent form, the survey, an instructional checklist, and a postage-paid return envelope. Both English and Spanish versions of the survey are available. Parents can complete the survey in several ways:

- The paper version of the survey can be completed and mailed to the CFRC using the return envelope provided.
- An online version of the survey was created using Qualtrics.
- Parents may call a toll-free number for the CFRC and have someone read the survey questions and answers to them.

The response rate for the baseline parent survey is very different for the P.S. Program counties and non-P.S. Program counties. As of March 31, 2016, 183 surveys had been returned and completed of the 332 families enrolled in the P.S. Program, for a response rate of 55% (see Table 4). However, only 178 surveys of the 1,429 reunified families in

non-P.S. Program counties have been received, for a response rate of approximately 12% (see Table 5).

Reminder postcards are sent at approximately 14 months after discharge from foster care to families who have not returned a survey after their reunification date.

Table 4. Response Rate for Baseline Parent Survey Completion among P.S. Program Counties

P.S. Program County	Cases Enrolled	Surveys Received	Response Rate
Adams	10	4	40%
Ashland***	0	0	--
Barron	1	0	0%
Brown	36	24	67%
Buffalo****	1	0	0%
Calumet*	0	0	--
Chippewa	7	2	29%
Columbia	5	1	20%
Dane	49	23	47%
Door	0	0	--
Dunn	6	1	17%
Eau Claire	9	7	78%
Fond du Lac	19	9	47%
Green	8	3	37%
Green Lake	1	0	0%
Jackson	1	0	0%
Jefferson	10	8	80%
Juneau	6	2	33%
Kenosha	18	14	78%
La Crosse	28	19	68%
Marathon	20	10	50%
Monroe**	0	0	--
Oneida	7	2	29%
Pepin*	0	0	--
Polk****	0	0	--
Portage	12	7	58%
Rock	13	4	31%
Sauk	4	0	0%
Taylor	0	1	--
Trempealeau	2	1	50%
Vernon	9	4	44%
Washburn	6	6	100%
Washington	5	1	20%
Waukesha**	6	4	67%
Waupaca	5	4	80%
Waushara	5	3	60%
Winnebago	15	11	73%

Wood	8	8	100%
TOTAL	332	183	55%

Note: *PS Year One only; **PS Year Two only; ***PS Year Three only; ****PS Years One and Three only

Table 5. Response Rate for Baseline Parent Survey Completion among Non-P.S. Program Counties

Control County	Cases Reunified	Surveys Received	Response Rate
Ashland***	14	2	14%
Bayfield	34	1	3%
Buffalo****	21	2	9%
Burnett	15	0	0%
Calumet*	14	2	14%
Clark	12	5	42%
Crawford	12	4	33%
Dodge	40	10	25%
Douglas	62	8	13%
Florence	5	1	20%
Forest	8	0	0%
Grant	24	5	21%
Iowa	11	1	9%
Iron	7	0	0%
Kewaunee	8	3	37%
Lafayette	25	6	24%
Langlade	35	2	6%
Lincoln	22	0	0%
Manitowoc	54	12	22%
Marinette	45	11	24%
Marquette	18	3	17%
Menominee	21	3	14%
Monroe**	1	4	100%
Oconto	39	2	5%
Outagamie	70	12	17%
Ozaukee	74	2	3%
Pepin*	2	0	0%
Pierce	18	0	0%
Polk****	48	0	0%
Price	21	1	5%
Racine	240	21	9%
Richland	33	3	9%
Rusk	18	2	11%
Saint Croix	30	2	7%
Sawyer	23	1	4%
Shawano	26	1	4%
Sheboygan	109	28	26%
Vilas	25	3	12%
Walworth	65	11	17%
Waukesha**	--	4	--
TOTAL	1,429	178	12%

Note: *PS Year One only; **PS Year Two only; ***PS Year Three only; ****PS Years One and Three only

The Time 2 (follow-up) survey is mailed by the CFRC between 11 and 12 months after the reunification date to P.S. Program families and to all families in non-P.S. Program counties in which children have been returned home. The first follow-up surveys were mailed in March 2015 for February 2014 discharges. Reminder postcards are sent 13 months after discharge for those who have not returned a survey.

The response rate for the Time 2 (follow-up) parent survey is also very different for the P.S. Program counties and non-P.S. Program counties. As of March 31, 2016, 43 surveys had been returned and completed by families enrolled in the P.S. Program, for a response rate of approximately 27% (see Table 6). However, only 88 surveys of the 715 reunified families in non-P.S. Program counties have been received, for a response rate of approximately 12% (see Table 7).

Table 6. Response Rate for Time 2 Parent Survey Completion among P.S. Program Counties

P.S. Program County	Cases with 12 months post-reunification	Surveys Received	Response Rate
Adams	6	4	67%
Ashland***	0	0	--
Barron	1	0	0%
Brown	16	4	25%
Buffalo****	1	1	100%
Calumet*	0	0	--
Chippewa	4	0	0%
Columbia	3	2	67%
Dane	12	2	17%
Door	0	0	--
Dunn	1	1	100%
Eau Claire	8	3	37%
Fond du Lac	8	2	25%
Green	6	2	33%
Green Lake	0	0	--
Jackson	1	0	0%
Jefferson	3	0	0%
Juneau	3	1	33%
Kenosha	9	1	11%
La Crosse	18	10	55%
Marathon	7	3	43%
Monroe**	0	0	--
Oneida	6	0	0%
Pepin*	0	0	--
Polk****	0	0	--
Portage	10	2	20%
Rock	7	1	14%
Sauk	4	1	25%
Taylor	0	0	--

Trempealeau	1	0	0%
Vernon	3	0	0%
Washburn	3	0	0%
Washington	2	1	50%
Waukesha**	2	0	0%
Waupaca	2	1	50%
Waushara	3	0	0%
Winnebago	5	0	0%
Wood	5	1	20%
TOTAL	160	43	27%

Note: *PS Year One only; **PS Year Two only; ***PS Year Three only; ****PS Years One and Three only

Table 7. Response Rate for Time 2 Parent Survey Completion among Non-P.S. Program Counties

Control County	Cases with 12 months post-reunification	Surveys Received	Response Rate
Ashland***	5	2	40%
Bayfield	17	3	18%
Buffalo****	12	2	17%
Burnett	6	0	0%
Calumet*	11	0	0%
Clark	6	1	17%
Crawford	6	0	0%
Dodge	21	6	29%
Douglas	32	4	12%
Florence	4	0	0%
Forest	4	0	0%
Grant	14	3	21%
Iowa	5	0	0%
Iron	2	0	0%
Kewaunee	7	0	0%
Lafayette	9	3	33%
Langlade	22	4	18%
Lincoln	14	1	7%
Manitowoc	36	3	8%
Marinette	24	4	17%
Marquette	13	1	8%
Menominee	14	2	14%
Monroe**	1	2	100%
Oconto	22	2	9%
Outagamie	34	5	15%
Ozaukee	33	1	3%
Pepin*	1	0	0%
Pierce	12	2	17%

Polk****	26	1	4%
Price	16	2	12%
Racine	127	11	9%
Richland	16	1	6%
Rusk	8	2	25%
Saint Croix	16	1	6%
Sawyer	15	0	0%
Shawano	7	0	0%
Sheboygan	60	11	18%
Vilas	11	2	18%
Walworth	26	3	11%
Waukesha**	--	0	--
TOTAL	715	88	12%

Note: *PS Year One only; **PS Year Two only; ***PS Year Three only; ****PS Years One and Three only

C. Evaluation challenges

1. Response rates

The response rates for both the baseline and follow-up family surveys in non-P.S. Program counties continue to be low (approximately 12%). Although the CFRC began mailing postcard reminders to all families after reunification to increase the response rate for the family survey in both P.S. Program counties and non-P.S. Program counties, it does not appear to have increased the response rate in non-P.S. Program counties.

Our original strategy for collecting parent survey data in non-P.S. Program counties was to give surveys to ALL families that reunified, knowing that only a portion of those families would be selected as matches for families in the P.S. Program. However, the lower than expected response rate in non-P.S. Program counties has led us to believe that we need to employ a different data collection strategy to increase response: instead of mailing the follow-up surveys to parents, we are planning to call parents and collect the follow-up survey data over the telephone. Phone surveys have a higher response rate than mail surveys, if the phone numbers contained in the case file are reasonably accurate. Phone surveys are more time-consuming to administer, so we would only focus on families enrolled in the P.S. Program and their matched comparison families. (Currently, we are mailing surveys to ALL reunified families in non-P.S. Program counties.) We also propose dropping the baseline survey distribution in non-P.S. Program counties since the efforts to improve the response rate to date have failed. To collect phone survey data, we will need to obtain approval from the university IRB approval, which will take about 4-6 weeks.

D. Matching Challenges

In conducting the matching process, as mentioned previously, 44 families (15%) were unable to be matched. These families were significantly different from the other families in the P.S. Program in several ways: the child with the highest RPM score in the unmatched families was more likely to be female, to have a disability, to have 2 or more placements prior to reunification, and had a higher number of actionable items on several CANS domains (child/youth life functioning, child/youth trauma, child/youth strengths, child/youth behavioral needs, child/youth risk behaviors, child/youth adjustment to trauma). The unmatched P.S. Program families likely represent a subset

of the group at higher risk for re-entry into out of home care.

IV. Significant Evaluation Findings to Date

Significant evaluation findings are reported in detail in the interim program evaluation report that is near completion. Qualitative data from the evaluation suggest that P.S. Program counties were seriously grappling with the challenges of implementing a new program to address the difficult problem of re-entry. County personnel interviewed identified a need for training and P.S. Program staff have increased training activities. The Monthly Family Services Review data suggest that in large part the P.S. Program is being implemented with considerable fidelity, though a rate of missing data nearing 20% introduces some uncertainty. Caseworkers report consistently meeting the caseworker visit hours per month requirements of the P.S. Program, and often spending many more hours per month than required providing case management. Families receive a median of 7 services and supports per month, and services are delivered the vast majority of times they are needed. The percentages of families who do not receive behavioral health assessment and treatment are somewhat higher than for other services.

V. Recommendations and Activities Planned for Next Reporting Period

Describe major demonstration and evaluation activities that will be started, continued, or discontinued during the subsequent reporting period. Highlight any recommendations for changes to the design and implementation of the demonstration or evaluation based on challenges encountered during the current or prior reporting period, or based on evaluation findings to date (please see earlier caveat about securing prior approval from the Children's Bureau).

The next six month period will involve ongoing support and program maintenance for the 36 participating program counties and current program initiatives. Additional activities planned for April 1, 2016 – September 30, 2016 will also include:

- Fiscal Reconciliation with Year One and Year Two Counties for underspending that occurred in the first two years of the program
- Additional analysis of crosswalk linkages between service reporting and cost reporting in the first two years of the program
- Review of the Interim Evaluation Report, outreach to counties regarding the findings in the report, and possible adaptations to program policy and practices
- Review of enrollment patterns and state funded slot utilization by county, with potential slot re-allocation to counties that are performing well and have exhausted their state funded slot allocations

Evaluation activities planned during the next reporting period include:

- i. Continue all primary data collection activities, including the family surveys in P.S. Program counties and Monthly Family Service Reports.
- ii. Conduct a second round of site visits and interviewing of county staff implementing the P.S. Program.
- iii. Obtain approval for and begin telephone interviews for the follow-up survey.
- iv. Conduct an updated process evaluation analysis using the MFSR data and eWiSACWIS data.

- v. Conduct an updated outcome analysis using eWiSACWIS data and data collected from families.

VI. Program Improvement Policies

Provide a brief description of the two child welfare program improvement policies (one new, one existing) that were noted in the waiver Terms and Conditions (see Section 2.3). The new policy must be implemented within three years of the waiver demonstration application. Include any relevant information that illustrates that the agency has implemented the new policy within this time frame (e.g., copy of agency policy, program instruction, Legislative Bill or Amendment etc.).

As part of its Title IV-E waiver application, Wisconsin committed to implementation of the following two program improvement policies:

- Title IV-E Guardianship Assistance Program: Implemented statewide effective August 2011
- Foster Care Medical Home: Implemented in January 2014, and described below.

The Wisconsin Department of Children and Families (DCF) and the Department of Health Services (DHS), the state Medicaid agency implemented the foster care medical home program, called Care4Kids, on January 1, 2014 in six counties in southeast Wisconsin: Kenosha, Racine, Waukesha, Ozaukee, Washington, and Milwaukee Counties. Care4Kids is a Medicaid program following the Medical Home model that provides comprehensive and coordinated health care for children in out-of-home care (OHC), in a way that reflects the unique health needs of these children.

The state is contracting with Children's Hospital of Wisconsin's Children's Community Health Plan (CCHP) to provide the Care4Kids program in this area of the state. Eligible children were phased in by county over the first year of operation. As of January 2015, Care4Kids was fully operational in the southeast region of the state. This area accounts for half of the total number of children statewide in out of home care. As of February 2016, approximately 2900 children are enrolled in the program. DCF and DHS intend to expand the program statewide in the future.

Wisconsin's Care4Kids program is authorized under an Alternative Benefit Plan (ABP) Medicaid state plan amendment (TN#13-034). ABPs are allowed in federal law under §1937 of the Social Security Act (2010).

Care4Kids provides comprehensive and coordinated health care for children in out-of-home care in a way that reflects the unique health needs and trauma experiences of these children.

Care4Kids includes a number of benefits designed to meet the unique needs of children in out-of-home care, including:

- ✓ An Out-of-Home Care Health Screen within 2 business days of entering care

- ✓ A Comprehensive Initial Health Assessment within 30 days of entering care
- ✓ A mental health evaluation (if needed)
- ✓ All Medicaid-covered benefits
- ✓ Dental and Vision care
- ✓ Ongoing routine check-ups at the increased periodicity recommended for foster children by the American Academy of Pediatrics
- ✓ An electronic medical record
- ✓ A Health Care Coordinator
- ✓ Preferred access to Child Advocacy Centers and Centers of Excellence
- ✓ A Comprehensive Health Care Plan tailored to the child's individual health needs
- ✓ To achieve continuity of care, children/youth are eligible to remain in the Care4Kids program for twelve months after leaving out-of-home care, contingent on continued Medicaid eligibility

The Departments monitor quality of the Care4Kids program through an External Quality Review Organization (EQRO), as required under Medicaid, and through outcome measures that are reviewed on a quarterly and annual basis.

Appendix H is the current 2016 contract between the Department of Health Services and Children's Hospital of Wisconsin. More information about the program is available at the following link:

<https://www.dhs.wisconsin.gov/care4kids/index.htm>