

# 2003 Joint Committee on Audit

## Milwaukee Child Welfare

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State of Wisconsin  
**Department of Health and Family Services**

Jim Doyle, Governor  
Helene Nelson, Secretary

March 11, 2004

MAR 16 2004

Senator Carol A. Roessler  
Wisconsin State Senate  
P.O. Box 7882  
Madison, WI 53707

Representative Suzanne Jeskewitz  
Wisconsin State Assembly  
P.O. Box 8952  
Madison, WI 53708

Dear Senator Roessler and Representative Jeskewitz:

We appreciated the opportunity to meet with you last week to discuss the proposed audit of the Bureau of Milwaukee Child Welfare (BMCW) and to share with you the information we compiled regarding the number of studies that both have been done and are in progress of child welfare in Milwaukee.

At the meeting, we offered to provide you with a chronology of key milestones related to on-going monitoring of BMCW, which is attached for your review. One purpose of the chronology is to clearly communicate that range and timing of future on-going monitoring activities. It might also help the Audit Committee to decide how to proceed with consideration of the audit request, including whether and/or when to hold a hearing later in the year to obtain a status report from the Department on the results of these monitoring efforts.

As noted at the meeting, we are committed to working with the Audit Committee and the Legislative Audit Bureau in providing information you may need to determine whether an audit is needed and, if so, the scope and timing of an audit. Please contact Kitty Kocol (267-3905) or me if you would like to further discuss the attached chronology of events. If you have questions about past monitoring efforts, please also feel free to contact Patrick Cooper at 267-2846.

Sincerely,

A handwritten signature in cursive script that reads "Diane Welsh".

Diane Welsh,  
Executive Assistant

cc: Senator Gwendolyn Moore  
Representative David Cullen  
Representative Dean Kaufert  
Janice Mueller, State Auditor  
Helene Nelson, Secretary, DHFS  
Kitty Kocol, Administrator, DCFS

## **Chronology of Major Milestones Pertaining to Monitoring of BMCW and Child Welfare Statewide**

*March through September, 2004*

Below is a chronological list of anticipated monitoring activities or events over the next several months that involve child welfare in Milwaukee County. The specific timing of some on-going monitoring activities is not always known. These monitoring efforts are not included in the chronology, but are nonetheless important to recognize. These include the Child Abuse Review Team (CART), and the community task forces on Children's Health and on Recreation and Extra Curricular Activities for Children in Foster Care.

### **March, 2004:**

- Quarterly meeting of the Milwaukee Child Welfare Partnership Council to be held March 19<sup>th</sup>. The meeting will be held at BMCW sites 1/2 office, 1730 W North Avenue, Milwaukee from 8:30 am to 11:00 am.
- Public meeting to present the second semi annual (July 1, 2003- December 31, 2003) report and year-to-date (calendar year 2003) performance regarding the settlement agreement. The meeting will be held March 19<sup>th</sup> at the Children's Health Education Center, 1533 River Center Drive, 1:00 - 3:00pm.

### **April, 2004:**

- Public meeting to present the findings of the BMCW evaluation conducted by Drs. Courtney and McMurtry on children in out of home care. The meeting will be held April 7<sup>th</sup> at the Children's Health Education Center, 1533 River Center Drive. 8:30 - 11:00am. This meeting is co sponsored by BMCW and the WI Council on Children and Families.
- The State's Program Enhancement Plan (PEP) that responds to the findings and recommendations in the statewide CFSR review is due to the federal government by April 14<sup>th</sup>. Based on the experience of other states, the federal government will review the plan and negotiate with the state to seek changes it believes are needed. It may take four to six months of review and negotiation before the PEP is finally approved.
- Findings from the Legislative Audit Bureau annual Single Audit for FY 2002-03 are expected to be released, and will include the results of audit work LAB did to determine department progress in improving documentation of IV-E claims and the timeliness of eligibility determination decisions.

### **May, 2004:**

- This month (and in subsequent months for the next couple years), the Department will be completing action steps and benchmark tasks identified in the PEP. The type of tasks to

perform include developing policies, producing data and tracking reports, monitoring and taking action on performance issues identified in tracking reports, and revising training material and/or developing new training sessions. Most tasks have timelines associated with their completion.

**June, 2004:**

- The next quarterly meeting of the Milwaukee Child Welfare Partnership Council is expected to be held this month.
- The Division of Children and Family Services anticipates sharing the five-year child welfare improvement plan the division is developing. This plan, which will have a statewide focus, has a longer-term perspective than the PEP and will address a wide variety of permanent, systemic changes that need to be made in the child welfare system. As part of the improvements, the five-year plan is expected to note several changes in state law the department intends to pursue.

**August, 2004:**

- As noted, approval by the federal Administration for Children and Families (ACF) of the state's PEP is expected around this time. Once the PEP is approved, the Department will begin the process of submitting quarterly reports to the ACF that report on the progress the Department is making toward implementing PEP action steps and benchmark tasks.

**September, 2004:**

- Public draft of the third semi annual (January, 2004 – June, 2004) report regarding progress in complying with the settlement agreement is expected to be released.
- Around this time or later in the Fall, federal auditors are expected to begin their follow-up audit of the state's compliance with federal IV-E documentation and other requirements. The audit process is expected to take several months to complete. The department has invested considerable effort to prepare for the audit and increase compliance, because financial penalties levied by the federal government for high rates of non-compliance can be considerable.

**Later in the Fall:**

- The next installment (or Panel 4) of the BMCW evaluation conducted by Drs. Courtney and McMurtry is expected to be completed.



WISCONSIN STATE LEGISLATURE

**Joint Audit Committee**

Committee Co-Chairs:  
State Senator Carol Roessler  
State Representative Suzanne Jeskewitz

March 24, 2004

Ms. Helene Nelson, Secretary  
Department of Health and Family Services  
1 West Wilson Street, Room 650  
Madison, Wisconsin 53703

Dear Ms. Nelson:

As you are aware, 1999 Wisconsin Act 9 contained non-statutory language stating that "the joint legislative audit committee is requested to, and may, direct the legislative audit bureau to perform a performance evaluation audit of the administration of child welfare services in Milwaukee County by the department of health and family services." To date, the Joint Legislative Audit Committee has not directed the Legislative Audit Bureau to conduct this audit.

On March 3<sup>rd</sup>, we met with Diane Welsh, Bill Fiss, and Pat Cooper of your staff to discuss the current status of the Milwaukee County Child Welfare program and the Joint Legislative Audit Committee's role in initiating an independent audit of program operation, management, and performance by the Legislative Audit Bureau.

Your staff reported to us about the oversight activities performed by the Department and other outside parties, such as the Milwaukee County Department of Audit, over the past several years. Your staff also discussed the reporting requirements included in the 2002 settlement agreement reached by the ACLU, Children's Rights Inc., and the Department.

In response to our request for additional information, on March 15<sup>th</sup> we received a letter from Ms. Welsh that documented a chronology of major milestones pertaining to the oversight of the Milwaukee Child Welfare program. After considering this information, we request that the staff from your Department:

- prepare a written background/summary statement of the settlement, and a comprehensive list enumerating key findings, recommendations, action steps taken, and outcomes achieved as a result of the various oversight activities undertaken by the Department (anticipated by April 16<sup>th</sup>);
- provide copies of the Department's Program Enhancement Plan (anticipated for release on April 14) and the five-year child welfare improvement plan (anticipated in June 2004); and
- testify before the Joint Legislative Audit Committee at a public hearing on the current status of the program and the Department's progress in implementing program improvements to address findings presented in the various oversight reports (anticipated in Summer or Fall 2004).

After reviewing the information you provide and considering your testimony to the Committee later this year, we will make a determination concerning appropriate next steps, which may include requesting additional follow-up reports and/or initiating an independent audit by the Legislative Audit Bureau.

We look forward to reviewing the materials you will provide and we extend our appreciation for your cooperation and that of your staff in collaborating with us on this matter.

Sincerely,



Senator Carol A. Roessler, Co-chair  
Joint Legislative Audit Committee



Representative Suzanne Jeskewitz, Co-chair  
Joint Legislative Audit Committee

cc: Senator Robert Cowles  
Senator Alberta Darling  
Senator Jeffrey Plale  
Senator Julie Lassa

Representative Samantha Kerkman  
Representative Dean Kaufert  
Representative David Cullen  
Representative Mark Pocan

Senator Gwendolynne Moore

Janice Mueller  
State Auditor

MAR 25 2004

**Alberta Darling**  
**Wisconsin State Senator**  
Co-Chair, Joint Committee on Finance

March 25, 2004

Senator Carol Roessler  
Co-Chair, Joint Audit Committee  
Room 8 South

Representative Sue Jeskewitz  
Co-Chair, Joint Audit Committee  
Room 314 North

Dear Chairwomen Roessler and Jeskewitz,

I applaud your recent efforts to demand more accountability from the Bureau of Milwaukee Child Welfare. As you know, a recent Milwaukee Journal Sentinel article raised serious concerns about the success of the bureau in protecting and serving the area's abused and neglected children. In light of the article, and the increased spotlight it has placed on the work of the bureau, it pleases me that the Legislative Audit Committee has requested more information on this issue.

At issue is whether or not the bureau has given an appropriate level of service to the disadvantaged children of Milwaukee. It is my goal to assist you in determining the contributing factors behind the continuing struggles of Milwaukee's child welfare services, and to identify areas where the bureau itself can improve.

I understand a separate state-sponsored report on the successes and failures of Milwaukee's child welfare services will be released in June of this year. I therefore respectfully request the committee, in conjunction with the release of the June report, work to determine what is needed to ensure all abused and neglected children receive the services they deserve. Any future review of the actions of the bureau should include a determination of the following:

- Factors that have led to the high job turnover rate of private agency case workers
- Quality of the decision-making, record-keeping and communication between case workers
- Criteria used to determine each child's eligibility to receive initial services
- Thoroughness of each abuse and neglect referral assessment and evaluation report
- Adequacy of state funding support and private agency contract requirements

I stand ready to assist you in any future committee work, and I again applaud your efforts to seek more reliable, useful information.

Sincerely,

  
ALBERTA DARLING  
State Senator  
8<sup>th</sup> District

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## Editorial: Taking care of the children

From the Journal Sentinel

Posted: March 28, 2004

Government is supposed to intervene to protect children in cases of suspected abuse and neglect. But multiple failures have long marked the system for doing so in Milwaukee County. Alas, despite efforts to fix the problems, new reviews suggest that many serious flaws remain, as the Journal Sentinel's Mary Zahn has reported.

The state must make repairing the child welfare system here a top priority.

Battered or uncared-for kids turn disproportionately into troubled adults - committing crimes, imperiling communities, consuming such public resources as welfare funds and prisons. Proper intervention to safeguard children heads off a good deal of pain and suffering and future public expenditures.

Gov. Jim Doyle has vowed to strengthen the state's child welfare system as a way to curb prison expansion. He must fulfill that promise.

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*Handwritten signature: Mary Zahn*



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A DAILY Q&A

That system is supposed to stabilize the lives of children. Yet according to new appraisals, the Milwaukee system itself features much instability. Amazingly, more than half the workers monitoring abused and neglected children quit their jobs last year. So children get shunted not only from family to family, but also from caseworker to caseworker.

The high staff turnover raises questions about the privatization of child welfare in Milwaukee County. The state took control of the system from the county and gave most of the work to private agencies. Problems plagued the system when the county was in command, and many observers swear that the system improved after the state took charge. But staff turnover is one area that clearly worsened. The state must not tolerate such high turnover.

There are other concerns as well. State workers investigate claims of abuse and neglect. In 2002, the last year for which data are available, they verified 15% of the claims in Milwaukee County - low compared with a 22% verification rate for the state and a 30% rate for the nation. The data suggest that many cases in which children are in danger may be slipping past investigators. Also, the reviews uncovered a lack of collaboration among case managers, incomplete assessments of family needs and inadequate identification of family problems in the paperwork.

The state must do better. The quality of individual lives and the community's quality of life are at stake.

From the March 29, 2004 editions of the Milwaukee Journal Sentinel

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State of Wisconsin  
**Department of Health and Family Services**

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Jim Doyle, Governor  
Helene Nelson, Secretary

MAY 03 2004

April 27, 2004

The Honorable Carol A. Roessler, Co-Chair  
Joint Legislative Audit Committee  
Wisconsin State Senate  
P.O. Box 7882  
Madison, WI 53707-7882

The Honorable Suzanne Jeskewitz, Co-Chair  
Joint Legislative Audit Committee  
Wisconsin State Assembly  
P.O. Box 8952  
Madison, WI 53708-8952

Dear Senator Roessler and Representative Jeskewitz:

In response to your request of March 24, 2004, you will find the talking points regarding Wisconsin's Child Welfare Program Enhancement Plan (PEP) and the Bureau of Milwaukee Child Welfare's (BMCW) Settlement Agreement and information on the Wisconsin's Child Welfare Program Enhancement Plan.

The PEP which addresses findings from the federal Child and Family Services Review was submitted to the Administration for Children and Families on April 14, 2004. Enclosed is a copy of the PEP which you requested. The PEP focuses on statewide improvement strategies, so there will be little reference specifically to the Milwaukee child welfare program.

The state Child and Family Services Plan (CFSP) for federal fiscal year (FFY) 2005 must be submitted by June 30, 2004. The CFSP submitted in June must identify 5-year goals for the statewide child welfare program for the period of FFY 2005 - FFY 2009. A copy of the FFY 2005 CFSP will be shared with the Joint Audit Committee. The CFSP will include some goals specific to the Milwaukee child welfare program.

I have detailed below, background information on the history of the Settlement Agreement, as well as a summary of the Bureau's status in meeting the requirements of the Settlement Agreement.

## I. BACKGROUND:

- A federal lawsuit was filed June 1, 1993, by Children's Rights, Inc., against the Governor and other defendant officials of the State of Wisconsin and of Milwaukee County, based on alleged system-wide deficiencies in the Milwaukee County child welfare system;
- In response to the lawsuit, the state defendants assumed direct responsibility and funding of the Milwaukee child welfare system effective January 1, 1998, to improve the safety and well-being of children;
- Plaintiffs filed a supplemental complaint on June 2, 1999; and an Amended Supplemental Complaint on December 1, 2002; alleging continuing deficiencies of the Milwaukee child welfare system;
- Settlement discussions facilitated by mediator Janine Geske, were held May 2002 – September 2002;
- A Settlement Agreement was approved by U.S. District Judge Rudolph T. Randa on December 2, 2002;

## II. Summary of the Settlement Agreement

- A. The BMCW must achieve designated numerical outcomes and meet performance measures to be phased in over three one-year periods:
- Period 1: beginning January 1, 2003
  - Period 2: beginning January 1, 2004
  - Period 3: beginning January 1, 2005

The three categories of child welfare outcomes and performance measures are:

- 1) Permanence
- 2) Safety
- 3) Child well-being

- B. Specific reforms mandated by the Settlement Agreement include:

- **TPR (Termination of parental rights) Filings** – For children in foster care for 15 of the most recent 22 months, either a TPR petition must be filed or a statutory exception to the TPR requirement must be documented for 75% of them by the end of 2003, 85% by the end of 2004, and 90% by the end of 2005. For children who reach the 15 out of 22 month threshold during the term of the proposed Agreement, 65% of such children must either be the subject of a TPR petition or have a documented exception by the end of 2003, 75% by the end of 2004, and 90% by the end of 2005.

- **Abuse and Neglect** – The rate of substantiated abuse or neglect of children in foster care shall not exceed 0.70% in 2003, 0.65% in 2004 and 0.60% in 2005; and allegations of abuse and neglect must be acted upon quickly and determinations made within 60 days of the investigatory referral in the vast majority of cases.
- **Caseload Reduction** – During 2003, the BMCW was obligated to ensure that no site averaged of more than 13 families per ongoing case manager, and that, by January 1, 2004, the ongoing case managers have caseloads that do not exceed an average of 11 families per case manager. BMCW must impose a contract holdback provision on any Ongoing Case Management vendor who fails to meet 90% compliance with the requirement of a monthly face-to-face visit between children and case managers.
- **Duration of Time in the System** – Over the term of the Agreement, the percentage of children remaining in foster care for more than 24 months must decrease from no more than 40% in 2003 to no more than 25% in 2005, and the percentages of children who are reunified with their parents or caretakers within 12 months of entry into care must increase to 71% by the end of 2005. Further, for children who are adopted, the adoption must be finalized within 24 months of entry into care for 20% of the children by the end of 2003, 25% by the end of 2004, and 30% by the end of 2005.
- **Shelter Facilities and Diagnostic Centers** – By the end of 2003, BMCW was required to stop placing children in shelter facilities and had to develop special diagnostic and assessment centers for children over 12 years old to facilitate appropriate placement. The proposed Agreement provides that children may not, absent special circumstances, spend more than 30 days in a diagnostic center.
- **Number of Placements and Reimbursement Rates** – The percentage of children in foster care who, since January 1, 1999, have had three or fewer placements throughout the duration of their tenure in foster care shall increase from 80% in 2003, to 82% in 2004, to 90% in 2005. The Division of Children and Family Services was required to seek approval for an increase in foster parent reimbursement rates as part of the biennial budget process.

B. Other Requirements:

- BMCW's Program Evaluation Managers (PEMs) must conduct an annual comprehensive review of the child welfare system in Milwaukee County and create a public report of their findings
- The PEMs must monitor the Bureau's compliance with the terms of the Agreement and issue public compliance reports on a semi-annual basis;
- Pursue adoption for five-named plaintiff children to this lawsuit.

### III. Compliance with Settlement and Outcomes Achieved

The BMCW has demonstrated good faith efforts in compliance with the terms of the settlement agreement. Year I of the Agreement ended December 31, 2003, with the following outcomes and results:

- The first semi annual monitoring report covering the period of January 1, 2003 – June 30, 2003 was completed by the PEMs, as required. A public meeting was held on August 4, 2003; to present the Bureau's progress during the first 6 months of the settlement.
- Named plaintiff children:  
BMCW was successful in meeting the settlement requirements regarding named plaintiffs.
  - a) Monthly good faith discussions were scheduled and held between the BMCW Director, Chief Legal Counsel for the Department of Health and Family Services; and the Children's Rights lead attorney to discuss each of the plaintiff children and the progress being made to achieve permanency.
  - b) BMCW provided plaintiffs counsel with quarterly updates of the name plaintiff's case records until an adoption was finalized. Quarterly case file updates were sent within three weeks after the quarter ended.
  - c) At the beginning of 2003, 4 of the 5 named plaintiff children were in out of home care placement. During the year, two of the children were adopted, and a date was scheduled for the third child's adoption to be finalized in February 2004. One of the named plaintiff children remains in foster care. Active efforts are being made to identify an appropriate adoptive family of this child.
- The BMCW successfully completed the phase out of temporary shelter by December 31, 2003 as required; and implemented use of Adolescent Assessment Centers for youth 12-18 years of age. Plaintiffs lead attorney visited Milwaukee on March 22, 2004 and toured 4 of the newly implemented centers. A listing of the centers is attached.
- 2003 Year to Date Achievements:
  - a) As required, the PEMs provided their monitoring report detailing 2<sup>nd</sup> semi annual and 2003 year to date performance outcomes. The report was released on March 8, 2004.
  - b) A public meeting was held on March 19, 2004 to present the findings. Internal briefings were held for Bureau staff during the weeks of March 22 and March 29, 2004.

Performance Outcomes: The Bureau met or exceeded Period I, compliance standards for 9 of the 12 required outcomes including:

- Compliance with federal Adoption and Safe Families Act to ensure timely permanence for children in out of home care.
- Three requirements regarding the timely referral and processing of independent investigations in response to allegations of abuse and neglect of children in out of home placement.
- Requirement to ensure the safety of children in out of home care.
- Reduction of caseloads of ongoing case managers to an average of 13 families per case manager at each of the 5 Bureau sites. Average caseload is 10 family cases per case manager.
- Ongoing case managers documenting face to face contact with all children on their caseload at least once every 30 days.
- The Division of Children and Family Services made its best effort to seek an increase Wisconsin's foster parent reimbursement rates consistent with USDA Standards.

c) BMCW did not meet the year I targets for the following 3 standards:

- Length of stay: No more than 40% of children in out of home care for more than 24 months. The Bureau's year performance was 44.2% and is much improved over the first six months of CY 2003.
- Adoption within 24 months of removal: At least 20% of finalized adoptions should be done within 24 months of entry into out of home care. The Bureau finalized 585 adoptions in 2003; however, the largest majority of these children were in care for more than 24 months.
- Placement stability: At least 80% of children in BMCW custody within the period will have 3 or fewer placements. The Bureau's performance was 75.0%.

d) Comprehensive Case Review findings:

As required by the settlement agreement, the PEMs conducted a comprehensive case review of all Bureau program areas; intake, initial assessment, ongoing case management, adoption and foster parent licensing and support.

A copy of the report was released March 8, 2004, with findings presented at a public meeting on March 19, 2004. A copy of the case findings is attached (attachment #2).

e) Quality Improvement Plans:

The BMCW is in the process of finalizing improvement plans to address the three outcomes that were not achieved during period I. The plan will be finalized and submitted to Plaintiffs' attorney by April 30, 2004.

I am happy to testify before the Joint Legislative Audit Committee at a public hearing, if needed, on either the status of the Settlement Agreement or the PEP.

Sincerely,



Helene Nelson  
Secretary

Attachments

cc    Senator Robert Cowles  
      Senator Alberta Darling  
      Senator Jeffrey Plale  
      Senator Julie Lassa  
      Senator Gwendolynne Moore

Representative Samantha Kerkman  
Representative Dean Kaufert  
Representative David Cullen  
Representative Mark Pocan

Janice Mueller, State Auditor

2004 Contract Agencies

- A. Adolescent Assessment Centers
- Bridges of Tomorrow-Adolescent Assessment Center  
6413-15 42<sup>nd</sup> St  
Last Date of Shelter placement 12/22/03  
Assessment Center as of 12/23/03  
Bed Capacity: 8  
Gender: Females
  
  - Lutheran Social Services-Adolescent Assessment Center  
3320 N Dousman  
Assessment Center as of 1/5/04  
Bed Capacity: 8  
Gender: Females
  
  - Your Youth Our Children-Adolescent Assessment Center  
425 E Garfield  
Last Date of Shelter placement: 12/22/03  
Assessment Center as of 12/23/03  
Bed Capacity: 6  
Gender: Males
  
  - St Charles-Adolescent Assessment Center  
9501 W Watertown Plank Rd Bldg 4  
Last Date of shelter placement: 12/22/03  
Assessment Center as of 12/23/03  
Bed Capacity: 6  
Gender: Males
- B. Placement Stabilization Centers
- St Charles-Placement Stabilization Center  
9501 W Watertown Plank Rd Bldg 9 (A wing)  
Stabilization Center as of 12/23/03  
Bed Capacity: 8  
Gender: Males
  
  - St Charles-Placement Stabilization Center  
9501 W Watertown Plank Rd Bldg 9 (B wing)  
Stabilization Center as of 12/23/03  
Bed Capacity: 8  
Gender: Males
  
  - My Home Your Home-Placement Stabilization Center  
1033 W Keefe  
Stabilization Center as of 12/29/03  
Bed Capacity: 8  
Gender: Males
  
  - St Rose-STAGES Program-Placement Stabilization Center  
3801 N 88<sup>th</sup>  
Bed Capacity: 11  
Gender: Females



## COMPREHENSIVE REVIEW 2003 Executive Summary

The Program Evaluation Managers (PEMs) have completed the 2003 Comprehensive Review of all BMCW program areas. These reviews are for the purpose of assessing the work in each program area in order to improve practice, to help inform us about any trends, and to provide recommendations regarding necessary training or skill development, or service changes that need to be implemented. These reviews identify issues of quality in casework practice which helps us to ensure the safety, well being, and achievement of permanency for children in our care.

The review included cases from Intake, Initial Assessment, Safety Services, Ongoing Case Management, and Adoption, and provider records from Out of Home Care. A set number of cases that transitioned from one program to another were chosen to be reviewed independently in each program with specific attention given to identifying any possible gaps or problems in the transfer process. For two cases each in Ongoing and Safety Services at each site, a series of interviews were conducted with the case participant, case manager and a service provider. All cases selected were open at some point between April 1 and June 30, 2003.

### INTAKE

Program Overview: Intake screens reports of abuse and neglect of children, refers them on to the appropriate site for action or investigation and assigns response time.

Sample size: 60 cases (50 screened in, 10 screened out). All screened in cases were also reviewed for work done by Initial Assessment

Strengths:

- Screening decisions are made in a timely manner.
- Past history is recognized and identified when appropriate.

Concerns:

- Reviewers disagreed with screening decisions on two screen-outs. There is no indication that children were placed at risk of harm due to these decisions.

Current Developments:

A follow-up review of a larger number of screened-out referrals will be conducted during the first quarter of 2004 to gain a better understanding of the issue.

### INITIAL ASSESSMENT (IA)

The sample consists of 50 cases, which were open during the second quarter of 2003. Ten were selected from each site and included five which were referred to ongoing, two which went to Safety Services; and two which closed without transfer to other Bureau programs

Strengths:

- Children who are detained are usually placed with appropriate relatives.
- Workers are generally meeting standards for contact with children.

Concerns:

- About half of the records did not reflect efforts to identify, locate and/or involve biological fathers

- Assessments were incomplete in a more than half of the cases reviewed
- Reviewers questioned substantiation decisions in a small number of cases
- The completeness of the assessment of family needs was questioned in almost two-thirds of the cases.

### **SAFETY SERVICES**

50 Cases (10 from each site) were reviewed.

#### **Strengths:**

- Based on interviews with families, they are generally appreciative of intervention efforts and describe good relationships with safety service workers.
- Most cases included documentation of regular contact with the family.

#### **Concerns:**

- Safety Services workers failed to identify the underlying causal issues in more than half the cases. Although services were put in place, the referral issue was not what was actually addressed.
- Safety Services workers are not identifying certain types of adverse behavior patterns and mental health issues, including domestic violence and AODA, and thus may not be referring families to appropriate resources.

### **ONGOING CASE MANAGEMENT**

50 Cases were reviewed, 10 per site. The sample included the following:

- 5 cases transferred from IA during the second quarter
- 1 case that was transferred to Adoptions during the second quarter,
- 4 cases open in Ongoing Case Management at least 12 months

#### **Strengths:**

- Reviewers noted an overall improvement in service compared to prior reviews.
- High marks were given at all sites for permanency planning, documenting of case status, and placement decision making.
- Improved use of WiSACWIS by workers for data entry and statistical purposes.

#### **Concerns:**

- More than a third of cases lacked documentation of efforts to identify, locate and/or involve biological fathers.
- Little collaboration between Ongoing and other bureau programs was documented.
- Workers are not identifying certain types of adverse behavior patterns and mental health issues, including domestic violence and AODA, and thus may not be referring families to appropriate resources.
- Documentation indicates contact with families is occurring monthly but does not describe nature or content of meeting.

#### **Current Developments:**

Targeted Case Management (TCM) project is under way in January and February 2004 that includes training to improve and standardize case documentation by workers.

### **ADOPTIONS**

The sample consisted of 25 cases open for Case Management to the Adoption program.

#### **Strengths:**

- All cases but one have finalized since end of review period.

- No placement disruptions were identified.

Concerns:

- Content of visits with children and adoptive parents are poorly documented in many cases.
- Documentation frequently does not reflect efforts to link families with services or to prepare them for post-adoption services.
- There is little documentation of supervisory oversight or consultation.
- Case records do not reflect collaboration with other BMCW programs, especially Ongoing Case Management and Out of Home Care.

### **OUT OF HOME CARE**

The case review sample consisted of 50 provider files. These were taken from the providers who were caring for children selected for the Ongoing, IA or Adoption reviews.

Strengths:

- Licensing Specialists are making the required face to face home visits.
- Foster licenses are being renewed or updated regularly.
- Licensing Specialists are documenting compliance for safety and physical plant issues during home visits.

Concerns:

- Almost half of the files did not have a current written support plan for the review period.
- Most support plans were general and did not address the support needs of the foster parent concerning the children in the foster home.
- Almost half the cases lacked documentation of discussions with the foster parents regarding their specific needs for training or support.
- About half of the cases lacked documentation of collaboration with other Bureau programs, in particular with Ongoing Case Management and Adoptions.
- There was little documentation of supervisory oversight or consultation.

Current Developments:

All files reviewed now have a current support plan.

### **Overarching Messages/lessons from review:**

Strengths:

- WiSACWIS is being successfully used by workers for data entry and statistical purposes.
- Face to face contact with families is occurring regularly.
- Placements are largely stable.
- Siblings are placed together and frequently with relatives.

Concerns:

- WiSACWIS is not consistently used by workers to document consultation with collaterals, service providers, or supervisors, or to explain the content of contact with families and children.
- Case documents do not reflect collaboration between Bureau programs.
- The role of supervisory consultation in decision making is not being documented

- Improvement is needed in the following specific areas: involvement of fathers and paternal relatives, referral to community resources, documentation of interventions, and identification of domestic violence, AODA, and mental health issues.



State of Wisconsin  
**Department of Health and Family Services**

---

Jim Doyle, Governor  
Helene Nelson, Secretary

April 14, 2004

Ms. Joyce Thomas  
Regional Administrator  
Administration for Children and Families  
233 North Michigan Avenue, Suite 400  
Chicago, IL 60601-5519

Dear Ms. Thomas:

On behalf of the State of Wisconsin, I am pleased to transmit this Program Enhancement Plan (PEP) of action steps to improve the performance of our child welfare programs. Governor Jim Doyle is deeply committed to the health and protection of children, and considers the PEP an important set of initiatives consistent with his broader agenda for children. Though the PEP is one important aspect of Wisconsin's commitment to improvements in safety, permanence and well being for children, it is one in a larger series of strategies underway in the state.

Nationally, Wisconsin was chosen as one of 10 states for targeted foster care and adoption initiatives through the national AdoptUSA program. It was also selected as one of 10 states to work with the Pew Charitable Trust on its foster care initiatives. The National Governor's Association has chosen Wisconsin to participate in its Policy Academy on intergovernmental collaboration; the Departments of Health and Family Services, Workforce Development and Public Instruction are engaged in an initiative to better align the outcomes of child welfare and welfare-to-work programs.

Development of Wisconsin's five-year Child and Family Services Plan (of which the PEP primarily represents the first two years) is in process and will be completed by June 30, 2004. The Department of Health and Family Services continues work with the state's sovereign tribes on implementation of a Tribal Child Welfare Plan. The Bureau of Milwaukee Child Welfare's progress on the outcomes of its Settlement Agreement with Children's Rights, Inc., is significant. In fact the Bureau met most of the required settlement outcomes for the first year. Wisconsin counties continue to provide leadership in innovative efforts that include regional, interagency cooperation in the purchase and coordination of services, as well as implementation of Coordinated Services Teams and Integrated Services Plans to increase family-centered practice in child welfare and behavioral health. Cross-system collaboration continues at the local level through memoranda of understanding and training with domestic violence service providers and law enforcement.

Ms. Joyce Thomas

April 14, 2004

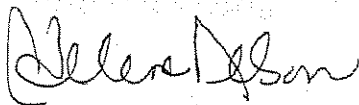
Page 2

Wisconsin continues consultation with Action for Child Protection to refine a safety curriculum, and the National Resource Center on Child Maltreatment has completed a study of our intake and initial assessment practices. The National Resource Center on Legal and Judicial Issues is providing training and technical assistance on the rights of parents and children.

In addition, the Wisconsin Legislature continues to develop proposals for changes in state law, and the philanthropic community is providing important leadership in public awareness and program development.

We recognize the commitment of the Administration on Children and Families to the well-being of children and to the improvement of child welfare practice in the states. We thank-you for the courtesy of your staff who conducted the Child and Family Services Review, and we look forward to continued work with them as we go forward with our Program Enhancement Plan.

Sincerely,



Helene Nelson  
Secretary

cc: Will Hornsby  
Silvia Kim  
Kitty Kocol  
Patrice Shirrells

# Wisconsin's Child Welfare Program Enhancement Plan

*A Response to the Federal  
Child and Family Service Review*



April 14, 2004

# WISCONSIN'S CHILD WELFARE PROGRAM ENHANCEMENT PLAN

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## *Preface*

This document is Wisconsin's Program Enhancement Plan (PEP) for child protective services in the state. It is one part of our renewed Wisconsin commitment to creating opportunities for all children to grow up safe, healthy and successful.

Our state does better than many states in providing children with health care, education and other opportunities to thrive. Yet we know that Wisconsin, like other states across the nation, does not do enough to protect our smallest and most vulnerable citizens from child abuse and neglect.

We can do better. We are committed to doing better – first, to prevent child abuse and neglect in the first place, and second, to intervene timely and effectively when necessary to protect children who have been victimized. Governor Doyle has directed us to increase the priority and effectiveness of our efforts in these areas.

The Program Enhancement Plan is a two-year plan by which the state and its county and tribal partners can implement system-level changes. It was designed to achieve the newly established federal standards for child protective services that are associated with the first-ever, nationwide review of state child welfare systems. Wisconsin welcomed the federal review as an opportunity to learn about past performance of the CPS system, and to engage many partners in planning and implementing improvements. Its Program Enhancement Plan is a product of extensive collaboration and focused particularly on establishing and implementing best practices in child welfare that will meet federal standards.

The Program Enhancement Plan will lead to better outcomes for children and better help for families. Of course, improving child welfare practice is both critical for the children and families we serve, and insufficient alone to help children thrive. We know that many families involved in the child welfare system have been affected by low-wage jobs or unemployment, domestic violence, crime victimization, depression and other mental health problems, alcohol and drug addiction, health problems, learning disabilities, and other challenges. To improve the welfare of children, the state must work with a wide range of partners to strengthen economic security of families, and improve access to care and treatment when needed. In general, our systems must become more family-friendly, able to build up family strengths and provide help for their success.

We are pleased to be assisting Governor Doyle in developing his children's agenda, which is taking a broader look at means of improving the health, safety and success of children and families. This agenda will not only include initiatives to expand proven child abuse prevention programs, such as home visitation, but address critical elements such as economic security of families as well.

We appreciate the opportunity to be involved in significant national efforts to improve outcomes in child welfare. Wisconsin was chosen as one of 10 states for targeted foster care and adoption initiatives through the national Adopt USKids program. It was also

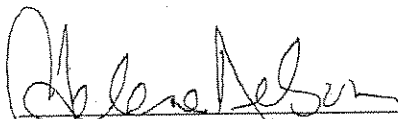
selected as one of 10 states to work with the Pew Charitable Trust on its foster care initiatives. The National Governor's Association has chosen Wisconsin to participate in its Policy Academy on intergovernmental collaboration; the Departments of Health and Family Services, Workforce Development and Public Instruction are engaged an initiative to better align the outcomes of child welfare and welfare-to-work programs.

Meanwhile, as we plan system improvements through a variety of strategies, Wisconsin has been hard at work implementing improvements in child protective services. In Milwaukee, where the state is directly responsible for Child Welfare, we are making measurable, substantial improvements in outcomes for children and families that are consistent with good practice standards and our legal settlement agreement. We appreciate the partnership of courts, community agencies and many others in those community efforts.

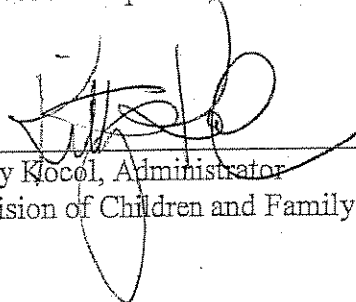
Likewise, Wisconsin counties continue to provide leadership in innovative efforts that include regional, interagency cooperation in the purchase and coordination of services, as well as implementation of Coordinated Services Teams and Integrated Services Teams to increase family-centered practice in child welfare and behavioral health. Cross-system collaboration continues at the local level through memoranda of understanding and training with domestic violence service providers and law enforcement. In addition, the Department of Health and Family Services continues work with the state's sovereign Indian tribes on implementation of Wisconsin's Tribal Child Welfare Plan. Through these efforts, we have seen improvement in child welfare in our state and will see more.

We also appreciate the interest of the Wisconsin Legislature in finding solutions through better laws. We benefit from the commitment of philanthropic partners, whose interest in child welfare and the well being of children is helping seed systems change.

Finally, the Program Enhancement Plan has been produced in the context of Wisconsin's larger, five-year Child Welfare Plan, which will be completed by June 30, 2004, and of which this plan represents the first two years. As we submit this plan to the U.S. Department of Health and Human Services Administration for Children and Families for review and ultimate approval, we thank our federal colleagues for their commitment to the well being of children and families in our state and nation.



Helene Nelson, Secretary  
Wisconsin Department of Health and Family Services



Kitty Koccol, Administrator  
Division of Children and Family Services

## **Background: Wisconsin's Child Welfare Program**

Wisconsin's child protective services program (CPS) is designed to identify children who are not safe from abuse or neglect, to ensure their immediate safety, and to work with their families to change the conditions that assure their long-term safety. Each year, CPS workers respond to more than 40,000 referrals concerning children and their safety. CPS workers receive and respond to reports of child maltreatment, assess the family conditions that contribute to the risk of maltreatment, and work with families to develop plans that are sufficient to prevent further harm to their children. When necessary, it also includes removing children from home and placing them in out-of-home care, including with a relative when appropriate, to ensure their safety.

When children can no longer be safe at home, child welfare staff is also responsible for finding permanent living arrangements for children in a timely manner. Services will be offered to families to make conditions safe enough for the return of their children. But it also means that a plan must be simultaneously developed for children whose families – even with support and assistance -- will not be able to provide an adequate level of safety. For these children, it is vital to find the best possible permanent homes, either with relatives (so that positive relationships with other family members can be maintained), or with loving, nurturing adoptive families who can support and protect them.

There are seventy-two (72) such public child welfare programs in Wisconsin – one in each county. In addition, the eleven (11) sovereign Indian tribes each provides child welfare services. Unlike most other states, 71 of 72 Wisconsin counties are responsible for staffing and operating the CPS programs that serve their county residents, and the primary role of state government in Wisconsin's child welfare programs is to guide, support and supervise local services. Only the Bureau of Milwaukee Child Welfare (serving Milwaukee County families) is operated directly by the Division of Children and Family Services (DCFS), one of five divisions in the Wisconsin Department of Health and Family Services (DHFS). In addition, DCFS operates the statewide Special Needs Adoption Program which finalizes more than 1,000 adoptions a year.

In August of 2003, Wisconsin's statewide CPS program was evaluated by the federal Administration for Children and Families (ACF) and was the 43<sup>rd</sup> state to undergo this Child and Family Services Review (CFSR). As it did in every state, the ACF reviewed 50 cases in three counties which were intended to represent performance across the state, held focus groups, and evaluated data and a state self-assessment. And, like every other state in the nation, Wisconsin was found in substantial non-conformance with many of the outcomes in the CFSR. The state received its evaluation findings from ACF on January 14, 2004, and was given 90 days to produce a statewide program improvement plan in response. The plan must produce measurable progress within two years toward improving outcomes for both children and for systems that support child welfare operations statewide, or face federal, financial penalties.

This is Wisconsin's Program Enhancement Plan (PEP) for improving specific aspects of child protective services in the state.

## The Development of Wisconsin's Program Enhancement Plan

Wisconsin's Program Enhancement Plan (PEP) was created through a collaborative process that occurred over a period of seven months, and was guided by an internal planning team consisting of the DCFS Administrator, Bureau and Office Directors, and a Facilitator/Coordinator. The internal planning team recruited more than sixty (60) child welfare experts to form a statewide PEP Core Team. The PEP Core Team developed the plan. (See Appendix A for information about the PEP Core Team process and membership.)

The PEP Core Team began by identifying the underlying conditions in families, communities, child welfare agencies, and state government that impact Wisconsin's child welfare operations and performance. It identified and prioritized strategies and action steps that could improve CFSR outcomes within specified timeframes, and suggested methods for measuring PEP progress. The Core Team selected the final PEP action steps by applying three strategic criteria. For inclusion in the final PEP, a proposed action step must be: 1) perceived by the Core Team as effective in addressing the very specific findings of the CFSR; 2) substantially achievable within two years; and 3) practicable within the constraints of the current environment and the authority of child welfare agencies. Because Wisconsin is subject to financial penalties that will reduce its federal funding for child welfare if it fails to implement its chosen strategies and meet its targeted goals, the Core Team took great care in the strategy selection process. (The complete strategies, action steps, benchmark tasks, measurement methods and deadlines for the PEP are outlined in Wisconsin's Program Enhancement Plan Matrix that begins on page 9.)

Wisconsin's sovereign tribes were partners in the PEP development, but pre-dating the PEP process, tribal child welfare staff and DCFS staff had already begun work on a plan to improve child welfare services for Indian families in Wisconsin. The PEP incorporates key aspects of the tribal plan that are relevant to federal CFSR objectives, and tribal members expressed support for and endorsement of the PEP as one important initiative in improving child welfare. (The complete Wisconsin Tribal Child Welfare improvement plan is attached as Appendix B.) The Wisconsin Child Welfare Executive Steering Committee consisting of representatives from the legislature, courts, state agencies and other stakeholders of the child welfare program, also participated in the review of the PEP strategies. (See Appendix C for a list of the committee members.)

### *Overarching strategies for improving child welfare in Wisconsin*

The statewide PEP Core Team identified seven overarching strategies to ensure it remained focused on the safety, permanence and well being of children. These strategies will:

1. Help families strengthen their capacity to provide a safe and nurturing environment for their children;
2. Improve Wisconsin's capacity to provide quality foster care to children when they cannot be safe at home;
3. Strengthen and diversify the child welfare workforce and build our capacity to serve families and keep children safe;
4. Assure that the expectations of families and actions of child welfare professionals are guided by clear and comprehensive policies and standards of practice;
5. Collaborate with agencies and systems to improve family access to services that ensure children are safe and healthy;
6. Improve the quality and usefulness of information needed to evaluate the safety, permanence and well being of children; and
7. Assure the quality and effectiveness of services for children and families by regularly reviewing our programs and practices.

### *Resources for PEP implementation*

Wisconsin's PEP is a short-range (two-year) action plan that the Department of Health & Family Services and its county partners and tribal partners can implement within existing resources and state statutes. Its strategies focus on clarifying child welfare policy, building quality improvement in child welfare practice and programs, increasing training, and providing more effective management information to support these efforts. The PEP deliberately excludes action that takes more time to bear fruit (long-range system change that the state will address in other child welfare initiatives). It also excludes actions that cannot be assured because legislative action (either statutory changes or appropriation increases) would be required.

The PEP deploys already-available state and local staff and works within existing dollars at the state and county levels. New workload at the state level in the areas of policy development, quality monitoring, reporting and quality improvement will be met by reallocating existing state positions and already-available dollars. Counties are in the process of developing an interagency agreement on the use of available funds to increase training, technical assistance and other supports to improve their program outcomes.

It is well understood that child welfare program outcomes are affected by caseloads for workers and supervisors, as well as by the availability of support services for families. Counties have expressed these concerns. It is also well-recognized that there has been a historic lack of state level investment in child welfare, and that it will take time, especially in the state's financial circumstances, to build the capacity of counties to achieve better outcomes for the families they serve. Our first obligation is to use existing resources as wisely and effectively as possible. This PEP also commits to quantify needs and options for services and staffing in future budgets.

## A Summary of Wisconsin's PEP Strategies

The 20 action steps in the PEP are comprised of 104 benchmark tasks; those tasks contain additional 119 subtasks. As a result of implementing the PEP and the tasks enumerated in Wisconsin's Program Enhancement Plan Matrix, Wisconsin expects to:

- Increase its ability to help children remain safely at home by updating policy and training and increasing technical assistance for child protective workers on safety assessment and safety planning. Ensure that the impact of underlying issues (domestic violence and/or mental health and substance abuse problems of parents) on child safety is elevated in the family assessment process and related staff training.
- Ensure that the impact of underlying issues (e.g., domestic violence and/or mental health and substance abuse problems of parents) on child safety is elevated in the initial or family assessment process and related staff training.
- Ensure that its CPS Ongoing Services Standards and Practice Guidelines effectively and appropriately guide case workers in assessing and responding to the needs of children, their parents and foster parents. Place greater emphasis on involving families in their own case planning, on the identification and safe involvement of fathers and paternal relatives, and on ensuring siblings placed in out of home care are placed together.
- Work with children's mental health experts and county and tribal child welfare agencies to develop a statewide policy on the screening and assessment of the mental health needs of children who have been abused or neglected. Provide support to workers through training and technical assistance to identify mental health issues of children and parents and address them in the ongoing services case plan.
- Reduce the time for and increase the efficiency of placing children in adoptive or otherwise permanent homes when they can no longer live safely with their parents through policy revision, staff training, and elimination of redundant or unnecessarily bureaucratic practices.
- Improve the process for determining when a Termination of Parental Rights (TPR) is appropriate, and or expediting TPRs for children when it is appropriate and necessary.
- Increase the effectiveness of support services for foster and adoptive parents by improving the visibility of and access to information, training and resources. Create a model foster parent handbook and require all licensing agencies to adapt it to reflect local agency practice and procedures. Implement statewide, pre-service training and ongoing training for foster and adoptive parents, and support them through a Foster and Adoptive Parent Resource Center that can provide access to basic information and referral to agencies and services. Implement an ongoing, statewide media campaign to encourage the recruitment and retention of quality foster families for children.

- Stabilize placements of children in foster care and reduce the actual and statistical re-entry of children in the foster care system by a) analyzing and addressing the causes of placement instability; b) requiring an emergency response plan for children entering foster care; and c) defining trial home visits.
- Maintain and support family connections for children in out of home care by re-examining and clarifying policies on family participation in case planning, visitation, establishing paternity, and relative searches for possible child placements.
- Clarify the authority, responsibility, and role of foster parents and other physical custodians in participating in reviews and court hearings.
- Assure that all actors in the child welfare system are aware of and are in compliance with the requirements of the Indian Child Welfare Act.
- Improve the safety of children and the efficiency of and consistency among child welfare programs system-wide by more clearly defining the scope of child protective services (CPS) cases and the intake and assessment standards that guide workers.
- Design and implement a comprehensive, statewide, Quality Assurance System that focuses on quality improvement and building on strengths. Support the efforts of local child welfare agencies to maintain an environment that encourages learning and program improvement.
- Support the efforts of local child welfare agencies to maintain an environment that encourages learning and program improvement.
- Expand training for child welfare staff by making it more accessible and more applicable to working with families.
- Survey and document the workload requirements and corresponding staffing needs of local child welfare agencies, and evaluate the availability and accessibility of services for families that support child protection and well being.

These goals are fully detailed in the 30 pages of the PEP Matrix that follows.

### **Program Enhancement Plan Matrix**

The PEP Matrix identifies specific action steps based on Wisconsin's seven overarching strategies to address the areas needing improvement that were identified in the federal CFSR findings. The format for the matrix is based on technical assistance received from the National Resource Center for Organizational Improvement and consultation with the ACF Chicago Regional Office on February 24, 2004. The action steps are formatted to show detailed benchmark tasks, responsible parties for implementation, and planned achievement dates.

The PEP must be implemented over a two-year period, but its actual starting period has not been determined because it begins following plan approval from the ACF. Based on the experience of other states, approval is likely to take several months, but Wisconsin will proceed with some benchmark tasks in the interim.

While the state is required to implement the PEP over the period of 8 quarters, the Wisconsin Plan shows 10 quarters. The first two quarters are intended as a pre-implementation period. It is expected that the actual PEP period will begin in January 2005. Once the PEP is approved, Wisconsin will produce and publish quarterly progress reports.

In addition to the outcome items addressed in the PEP, Wisconsin must also demonstrate statewide improvement on federal performance standards. The State was required to submit its data prior to the August 2003 CFSR review. Consequently, the ratings for its performance standards were based on 2001 information, which at the time was the most recent available. This data predated the implementation of the Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS), which now provides more reliable and consistent data. To establish better baselines, the ACF Chicago Regional Office requested that Wisconsin provide a plan to submit updated information. Appendix D is that plan and includes projected minimum improvement targets for the performance standards. Actual improvement targets will be determined later based on updated baseline information.

#### PEP Contact Persons

Contact persons for the Wisconsin PEP are:

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# WISCONSIN'S PROGRAM ENHANCEMENT PLAN MATRIX

<b>Outcome/Systemic Factor:</b>	Safety Outcome 1	
<b>Performance Item:</b>	Timeliness of initiating investigation. Recurrence of maltreatment.	
<b>Performance Goal:</b>	Year 1: See narrative on PEP Matrix.	Year 2: See narrative on PEP Matrix.
<b>Measurement Method:</b>	A WisACWIS report will be designed to track investigation completion timelines and will be used for the baseline and for quarterly reports. A WisACWIS report, Recurrence of Maltreatment and Maltreatment in out-of-home care (OOHC), will be used for the baseline. We will develop a new WisACWIS report, Tracking Implementation of "Ongoing Child Protective Service Standards and Practice Guidelines", (Ongoing Standards) in addition to tracking progress for future quarterly reports.	
<b>COMMENTS:</b>		
<b>Action Steps</b>	<b>Benchmark Tasks</b>	<b>Responsible Party/Parties</b>
A. Improve the safety of children and the efficiency of and consistency among child welfare programs system-wide by more clearly defining the scope of child protective services (CPS) cases and the intake and assessment standards that guide workers.	A.1. Define the scope of cases requiring CPS intervention. a. Define screening criteria for CPS intake. b. Define agency response to non-CPS issues (service intakes). c. Update standards on response time to clarify "diligent efforts," when and how to initiate response. d. Seek technical assistance from the National Resource Center for Child Maltreatment to draft policy. e. Establish workgroup consisting of the Bureau of Programs and Policies (BPP), Bureau of Milwaukee Child Welfare (BMCW), counties, tribes & Child Welfare Training Partnership to refine the policy.	BPP
	A.2 Analyze the Wisconsin Statewide Automated Child Welfare Information System (WisACWIS) design and make necessary changes.	WisACWIS Project Team & BPP
	A.3 Issue the intake portion of the standards.	BPP
	A.4 Provide implementation training through regional roundtables for all staff with intake responsibilities and supervisors	BPP & Area Administration Regional Staff
	A.5 Integrate policies/criteria into pre-service/foundation/ongoing Child	Child Welfare Training Partnership & BPP
		<b>Benchmark Achievement Dates</b>
		Q1 - Q2
		Q1 - Q3
		Q3 - Q4
		Q3 - Q5
		Q6 and ongoing

Outcome/Systemic Factor: Safety Outcome 1		Welfare Training Partnership curricula.	
Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
A. (Cont.)	A.6 Develop policy for processing multiple reports of same incident or episode of alleged maltreatment and incorporate into standards. a. Seek technical assistance from the National Resource Center for Child Maltreatment to draft policy. b. Establish workgroup consisting of BPP, BMCW, Counties, Tribes and Child Welfare Training Partnership to refine the policy.	BPP	Q2 - Q4
	A.7 Analyze WISACWIS design and make necessary changes.	WISACWIS Project Team, BPP & OPEP	Q4 - Q5
	A.8 Review and revise policy on case finding determinations and incorporate into standards.	BPP	Q2 - Q4
	A.9 Reissue the DCFS numbered memo.	BPP	Q4
	A.10 Provide technical assistance and consultation to county agencies through regional roundtables upon issuance of standards/policy to assure understanding and assist with implementation at the local level.	BPP & Area Administration Regional Staff	Q4 - Q5
	A.11 Integrate the criteria and policies into foundation/ongoing Child Welfare Training Partnership curricula.	Child Welfare Training Partnership & BPP	Q6 - Q7

Notes - Outcome / Systemic Factor:  
Include information related to multiple findings and the naming of a maltreater into policy.

<b>Outcome/Systemic Factor:</b>	<b>Safety Outcome 2</b>	
<b>Performance Item: 3</b>	<b>Services to family to protect children in home and prevent removal.</b>	
<b>Performance Goal:</b>	Year 1: See narrative on PEP Matrix.	Year 2: See narrative on PEP Matrix.
<b>Measurement Method:</b>	The CFRS Performance Item 3 result and, a special case review in quarter 2 will be completed to identify baseline data. A new WISACWIS report will be developed to track safety service responses for future quarterly reports.	

**COMMENTS:**

<b>Action Steps</b>	<b>Benchmark Tasks</b>	<b>Responsible Party/Parties</b>	<b>Benchmark Achievement Dates</b>
<p>Increase our ability to help children remain safely at home by updating policy and expanding training and technical assistance on safety assessment and safety planning.</p> <p>(Include greater emphasis on recognizing and addressing domestic violence, mental health, substance abuse and other issues.)</p>	<p>B.1 Update CPS Investigation and Ongoing Standards around safety assessment and safety planning to include assessment of parental protective capacities.</p> <p>a. Seek technical assistance from National Resource Center on Child Maltreatment to draft policy.</p> <p>b. Establish workgroup consisting of BPP, BMCW, counties, tribes and domestic violence representatives to refine the policy.</p>	BPP	Q1 - Q3
	<p>B.2 Develop and issue comprehensive instructions for documenting safety assessments and safety plans.</p>	BPP	Q4
	<p>B.3 Refine tools, if necessary, within WISACWIS.</p>	WISACWIS Project Team & BPP	Q5
	<p>B.4 Expand safety training curricula to reflect changes in standards and support the skills necessary to develop, implement, and monitor effective safety plans. Develop new ongoing and/or core course.</p>	Child Welfare Training Partnership, BPP & Domestic Violence representatives	Q6 - Q8
	<p>B.5 Provide ongoing technical assistance and consultation to county agencies to assure understanding and assist with implementation at the local level.</p>	BPP, Area Administration Regional Staff	Q5 and ongoing

**Notes - Outcome / Systemic Factor:**

Outcome/Systemic Factor: Permanency Outcome #1  
 Performance Item: 5 Foster Care Re-entry  
 6 Stability of Foster Care Placement

Performance Goal: Year 1: See narrative on PEP Matrix.  
 Measurement Method: The WISACWIS and HSRS Re-entry and Placement Stabilization reports will be used for the baseline data and for quarterly reports.  
 COMMENTS: Year 2: See narrative on PEP Matrix.

Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
C. Stabilize placements for children in foster care and reduce the actual and statistical re-entry of children into the foster care system.	C.1 Define core factors affecting re-entry a. Study populations and counties that drive high re-entry rates b. Develop a review tool to determine re-entry reasons c. Conduct Case Review to determine the reason(s) for re-entry into Out-of-Home-Care (OOHC) in the "Driver Counties." d. Analyze the results of the Case Review.  C.2 Based on results of the study and case review develop best response to re-entry issues including a policy on the use of Trial Home Visits. a. Establish workgroup consisting of BPP, BMCW, OPEP, Counties, Director of State Courts Office (DSCO), and tribes to draft the policy.  C.3 Implement the policy, including how to document in WISACWIS.	OPEP, BPP, Area Administration Regional Staff, BMCW, Counties	Q1 - Q5  Q4  Q5

Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
(Cont.)	<p>C.4 Define core factors affecting placement stability and placement disruptions</p> <ul style="list-style-type: none"> <li>a. Study populations and counties that drive low placement stability rates</li> <li>b. Develop a review tool to determine reasons for placement disruptions</li> <li>c. Conduct Case Review to determine the reason(s) for lack of placement stability in the "Driver Counties."</li> <li>d. Analyze the results of the Case Review.</li> </ul>	OPEP, BPP, Area Administration Regional Staff, BMCW, Counties	Q2 - Q3
	<p>C.5 Determine best response (policy, reporting, training, or support) based on information obtained from analysis in conjunction with counties, BMCW and the tribes.</p>	BPP and OPEP	Q4
	<p>C.6 Complete and release the WisACWIS Placement Handbook to better support consistency and quality of placement documentation.</p>	OPEP, BPP, BMCW & WisACWIS Project Team	Q4
	<p>C.7 Communicate * the requirement for an "Emergency Response Plan" for a child entering foster care in all Permanency Plans.</p>	BPP	Q6

**Notes - Outcome / Systemic Factor:**

The DCFS goal is to ensure that it clearly articulates best practices in user-friendly ways. In the past, policy has been through issuance of numbered memos. Going forward, DCFS may add other communication strategies for transmitting policy guidance.

<b>Outcome/Systemic Factor:</b>	<b>Permanency Outcome #1</b>		
<b>Performance Item:</b>	7 Permanency goal for child 8 Reunification, guardianship, or permanent placement with relatives. 9 Adoption 10 Permanency goal of other planned permanent living arrangement.		
<b>Performance Goal:</b>	Year 1: See narrative on PEP Matrix.		
<b>Measurement Method:</b>	Year 2: See narrative on PEP Matrix.		
<b>COMMENTS:</b>	The WISACWIS and HRSRS Time to Adoption, Time to Reunification, and Permanency Planning reports will be used for the baseline data. We will modify a current BMCW WISACWIS Permanency Planning report for statewide use, and in addition use the Time to Reunification and Time to Adoption reports for quarterly progress reports.		
<b>Action Steps</b>	<b>Benchmark Tasks</b>	<b>Responsible Party/Parties</b>	<b>Benchmark Achievement Dates</b>
D. Increase the speed and efficiency of placing children in permanent or adoptive homes when they can no longer be safe with their parents.	D.1 In conjunction with BMCW, counties, tribes, DSCO, and Office of Legal Counsel (OLC) develop a policy/procedure as part of Ch. HFS 44, to require a concurrent plan no later than the six-month permanency plan review. (Also see Action Step #12.)	BPP	Q1 - Q3
	D.2 Train staff on practice issues related to effective concurrent planning.	BPP & DSCO	Q1 - Q2
	D.3 In conjunction with DSCO develop and communicate clarification on definitions, procedures and content of initial and subsequent permanency plans, permanency plan reviews, permanency plan hearings, including transition plans for Independent Living.	BPP	Q1
	D.4 Develop information materials for permanency plan reviewers.	BPP, DSCO & OLC	Q1 - Q2
	D.5 Develop and communicate clarification on the following issues: authority to enable TPR prior to identification of adoptive resource, application of exceptions to the reasonable efforts requirement, definitions of "difficult to place" and "at-risk" children.	BPP	Q1

Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
(Cont.)	<p>D.6 Integrate the Foster Family Assessment and Adoptive Family Assessment into one Foster/Adoptive Family Assessment.</p> <p>a. Establish a workgroup consisting of BPP, BMCW, counties, tribes, and Wisconsin Foster and Adoptive Parent Association (WFAPA).</p>	BPP	Q8 - Q9
	<p>D.7 Distribute the new Foster/Adoptive Family Assessment to counties and encourage its use to license homes under Ch. HFS 56. Require use of the combined Foster/Adoptive Family Assessment for the adoption program.</p> <p>a. Determine compliance through case review.</p>	BPP	Q9
	<p>D.8 Update WisACWIS to change the FFA to the Foster/Adoptive Family Assessment</p>	BPP & WisACWIS Project Team	Q9 - Q10

Notes - Outcome / Systemic Factor:

**Outcome/Systemic Factor:** Permanency Outcome 2  
**Performance Item: 12** Placement with Siblings

**Performance Goal:** Year 1: See narrative on PEP Matrix.  
**Measurement Method:** The CFSR Performance Item 12 result and a special case review in quarter 2 will be completed to identify baseline data. Case reviews will be conducted for future quarterly reports.

**COMMENTS:** Year 2: See narrative on PEP Matrix.

Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
E. Maintain and support family connections by updating and implementing policies on sibling placement.	E.1 Issue guidance/policy for clearly documenting efforts and reasons for not placing siblings together when placement as a group is not possible. a. Identify place in WISACWIS for documenting efforts.	BPP BPP & WISACWIS Project Team	Q3
	E.2 Implement policy through standard training/orientation and technical assistance on current laws..	BPP	Q3
	E.3 Explore use of exceptional rate structure to promote sibling group placement.	BPP & OPEP	Q3
	E.4 Propose the elimination of the provision to limit to 6 the number of children in foster homes to accommodate placement of siblings a. Revise Adm. Rule HFS 56 and submit for legislative review and approval b. If approved, issue the revised rule and purpose of the revision to foster care coordinators, foster parents groups, judges and other child placing agencies, as well as the local child welfare agencies.	BPP	Q5 - Q7

**Notes - Outcome / Systemic Factor:**  
 Define what activities demonstrate sufficient effort to place siblings together in policy.



<b>Outcome/Systemic Factor:</b>	<b>Permanency Outcome 2</b>
<b>Performance Item:</b>	<b>13 Visiting with Parents and Siblings</b>
<b>14 Preserving connections</b>	

<b>Performance Goal:</b>	Year 1: See narrative on PEP Matrix.	Year 2: See narrative on PEP Matrix.
<b>Measurement Method:</b>	Case reviews will be conducted for baseline and for quarterly reports.	

**COMMENTS:**

<b>Action Steps</b>	<b>Benchmark Tasks</b>	<b>Responsible Party/Parties</b>	<b>Benchmark Achievement Dates</b>
F. Maintain and support family connections for children in out of home care by clarifying policies on family participation in case planning, visitation and establishing paternity.	<p>F.1 Develop and implement a policy on visitation and family interaction that promotes interaction with mothers, fathers and siblings.</p> <ul style="list-style-type: none"> <li>a. Issue guidance for documentation of the family interaction plan and implementation of plan</li> <li>b. Identify place in WISACWIS to document the family interaction plan</li> <li>c. Incorporate into pre-service training for foster parents and staff.</li> </ul>	BPP	Q3 - Q4
		BPP & WISACWIS Project Team BMCW & counties	
	F.2 Revise Ongoing Standards to promote family participation in developing the case plan.	BPP	Q4 - Q5
	<ul style="list-style-type: none"> <li>a. Establish a workgroup consisting of counties, tribes, and BMCW to draft the revision.</li> <li>b. Issue the revised standards.</li> </ul>	BPP, OPEP & WISACWIS Project Team	
	F.3 Develop and implement statewide identification and notification procedures to assure compliance with the Indian Child Welfare Act	BPP & WISACWIS Project Team	Q1 - Q2
	<ul style="list-style-type: none"> <li>a. Develop forms with tribes</li> <li>b. Incorporate into WISACWIS</li> <li>c. Include as part of Indian Child Welfare Act (ICWA) training.</li> </ul>		

**Notes - Outcome / Systemic Factor:**

Include in policy/standards attention to family/parent identification of traditions, faith affiliation, contact with extended family, etc. for their children. See Action Step 4 and Benchmark Tasks.

Include in policy the purpose of and opportunities for family interaction, the criteria for establishing the frequency of visitation based on the child's age, needs, etc., the activities that promote timely permanence, and the criteria for supervised and unsupervised visits.

Outcome/Systemic Factor:

Permanency 2

Performance Item: 14

Indian Child Welfare Act – Preserving Connections

Performance Goal:

Year 1: See narrative on PEP Matrix.

Year 2: See narrative on PEP Matrix.

Measurement Method:

Case reviews will be conducted for baseline and for quarterly reports.

COMMENTS:

Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
G. Assure that all parties in the child welfare system are aware of and are acting in compliance with the requirements of the Indian Child Welfare Act (ICWA).	<p>G.1 Communicate clarification on the requirements of ICWA to assure compliance.</p> <p>a. Consult with OLC, BMCW, Bureau of Regulation and Licensing (BRL), DSCO, Department of Justice (DOJ), counties, tribes, and private agencies to identify other methods for informing all stakeholders.</p> <p>G.2 Seek input from OLC, BMCW, counties and tribes to develop statutory language incorporating ICWA into Ch. 48 and, as appropriate, Ch. 938</p> <p>G.3 Coordinate with OLC, BMCW, counties, tribes and Child Welfare Training Partnership to provide biannual training on ICWA as it relates to Wisconsin law and policies</p> <p>G.4 Identify WISACWIS enhancements to assure compliance with ICWA.</p> <p>a. Implement identified enhancement.</p> <p>b. Implement recommended methods of communication.</p> <p>G.5 Hire an Indian Child Welfare Specialist position in DCFS dedicated to improving Indian Child Welfare statewide.</p> <p>G.6 Incorporate regular monitoring of ICWA compliance into the BPP QA process</p>	<p>BPP &amp; OLC</p> <p>BPP</p> <p>BPP, OLC, BMCW, counties, tribes &amp; Child Welfare Training Partnership</p> <p>BPP &amp; WISACWIS Project Team</p> <p>BPP</p> <p>BPP</p>	<p>Q2 – Q3</p> <p>Q4 – Q5</p> <p>Q3 – Q5</p> <p>Q4 – Q5</p> <p>Q3</p> <p>Q6 – Q8</p>

Notes – Outcome / Systemic Factor:

**Outcome/Systemic Factor: Permanency Outcome 2**  
**Performance Item: 15 Use of Relatives for Placement**

**Performance Goal:** Year 1: See narrative on PEP Matrix. Year 2: See narrative on PEP Matrix.  
**Measurement Method:** Case reviews will be conducted for baseline and for quarterly reports.

**COMMENTS:**

Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
<p>Maintain and support family connections for children in out of home care by searching for relatives as possible child placements.</p>	<p>H.1 Enhance efforts to identify, locate and engage family members by:</p> <ul style="list-style-type: none"> <li>a. developing policy/criteria to define what constitutes sufficiency of effort to identify and locate relatives and when throughout the case process to pursue identification/location of relatives.</li> <li>b. identifying tools caseworkers can use to help locate relatives (how to conduct a relative search)</li> <li>c. establishing workgroups consisting of counties, tribes and BMCW to draft the policy and tools for conducting relative search.</li> <li>d. implementing policy through standard training/orientation and technical assistance.</li> <li>e. examining statutory barriers and enhancing practice expectations regarding engaging fathers and alleged fathers.</li> </ul> <p>H.2 Identify what information can be shared with relatives in order to provide appropriate care of children.</p> <ul style="list-style-type: none"> <li>a. obtain legal opinion</li> <li>b. develop and disseminate clear guidelines/policy for what information can be shared under what circumstances</li> <li>c. identify what information needs to be shared with relatives that would require a statutory change.</li> </ul>	<p>BPP</p> <p>BPP &amp; OPEP</p> <p>BPP &amp; Area Administration Regional Staff</p>	<p>Q4 - Q6</p> <p>Q2 - Q2</p>

Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
H.1(Cont.)	<p>H.3 Develop criteria, policy and procedures for assessing the safety of a child placed in a relative home:</p> <ul style="list-style-type: none"> <li>a. incorporate relevant criteria from the family safety assessment.</li> <li>b. seek technical assistance from the National Resource Center on Child Maltreatment, a review of current models, written resources and other materials for assessing the safety of a relative placement</li> <li>c. issue guidance for documentation</li> <li>d. Include pre-service/foundation/ongoing in training</li> </ul>	BPP	Q6 - Q7
	<p>H.4 Conduct a brief survey of tribes and county agencies to determine:</p> <ul style="list-style-type: none"> <li>a. the extent to which relatives are being used for placement of a child</li> <li>b. barriers to using relatives for placement purposes.</li> </ul>	BPP & OPEP	Q4 - Q5
	<p>H.5 Analyze survey data and take appropriate steps to increase use of relatives for placement.</p>	OPEP	Q6

Notes - Outcome / Systemic Factor:

Outcome/Systemic Factor: **Permanency 2**  
 Performance Item: **16 Relationship of child with parent.**

Performance Goal: **Year 1: See narrative on PEP Matrix.**  
**Year 2: See narrative on PEP Matrix.**  
 Assessment Method: **Case reviews will be conducted for baseline and for quarterly reports.**

**COMMENTS:**

Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
Enhance the role of non custodial parents and other family members as prospective placement resources by developing policies and procedures on engagement, including documentation of activities to locate, adjudicate, and involve non custodial parents.	I.1 Work with OLC, DSCO, BMCW, counties and tribes to identify all policies (# memos, administrative rules, statutes) that negatively impact the involvement of non custodial parents and other relatives.	BPP	Q5 - Q6
	a. Change policies, if necessary, in conjunction with the workgroup mentioned above.	BPP	Q5 - Q6
	b. Issue revised policies and guidance for documenting effort to locate, adjudicate, and involve non custodial parents.		Q6 - Q7
	c. Create a tool in WisACWIS to remind caseworkers to locate/involve fathers throughout the case	BPP & WISACWIS Project Team	Q6 - Q7
	d. Provide training on locating and involving non custodial parents and include policies and procedures related to adjudicating paternity and, in cases involving Indian children, obtaining an acknowledgement of paternity.	BPP, BMCW & Child Welfare Training Partnership	Q7

Notes - Outcome / Systemic Factor:

<b>Outcome/Systemic Factor:</b>	<b>Well-Being 1</b>
<b>Performance Item:</b>	<b>Needs and services of child, parents and foster parents.</b>
17	<b>Child and family involvement in case planning.</b>
18	<b>Worker visits with parents</b>
20	

<b>Performance Goal:</b>	<b>Year 1:</b> See narrative on PEP Matrix.	<b>Year 2:</b> See narrative on PEP Matrix.
<b>Measurement Method:</b>	Case reviews will be conducted to determine the quality of the visit and a BMCW WISACWIS report, frequency of contact, will be modified for statewide purposes to monitor the frequency of the contacts. The case reviews and modified WISACWIS report will be used for baseline data and for quarterly reports.	

**COMMENTS:**

<b>Action Steps</b>	<b>Benchmark Tasks</b>	<b>Responsible Party/Parties</b>	<b>Benchmark Achievement Dates</b>
J. Ensure that Wisconsin's <u>Ongoing Child Protective Services Standards and Guidelines</u> (for children served by the child protective services system) effectively and appropriately guide workers in assessing and responding to the needs of children, parents and foster parents.	J.1 Revise the Ongoing Standards regarding family assessment and case planning and convert the family assessment practice procedures to standards. a. Establish a workgroup of counties, tribes, BMCW and Child Welfare Training Partnership to draft the revisions. b. Issue revised standards. c. Provide orientation/training and technical assistance on revised standards. d. Identify impact of revision on WISACWIS.	BPP, Area Administration Regional Staff & WISACWIS Project Team	Q3 - Q5
	J.2 Update Wisconsin Model to reflect the revisions to standards, family assessment, and case planning. a. Provide technical assistance. b. Identify how WISACWIS can support revised practice with its current Wisconsin Model formats	BPP, Area Administration Regional Staff & Child Welfare Training Partnership	Q5 - Q6
	J.3 Improve caseworker matching of services to service needs by: a. Giving caseworkers information about resources available in the community. b. Incorporating into pre-service training how specific services meet identified needs to achieve outcomes. c. Developing tools and information to promote creative service development	counties BPP & Child Welfare Training Partnership	Q6 - Q7

Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
(Cont.)	<p>J.4 Determine barriers to engagement of families</p> <ul style="list-style-type: none"> <li>a. conduct regional focus groups with caseworkers</li> <li>b. develop actions/tasks based on the barriers identified</li> </ul> <p>J.5 Revise training available through the Child Welfare Training Partnership courses to enhance the engagement skills of caseworkers.</p> <p>J.6 Develop and implement a policy on caseworker-parent/family face-to-face contact.</p> <ul style="list-style-type: none"> <li>a. Establish workgroup consisting of counties, tribes, BMCW and Child Welfare Training Partnership to draft policy.</li> <li>b. Identify impact on WisACWIS</li> <li>c. Issue policy and guidance for documenting contact.</li> <li>d. Train caseworkers through roundtables and provide technical assistance to counties.</li> <li>e. Incorporate into Child Welfare Training Partnership courses to increase effectiveness of worker visits.</li> </ul>	<p>BPP &amp; Area Administration Regional Staff</p> <p>BPP &amp; Child Welfare Training Partnership</p> <p>BPP &amp; Area Administration Regional Staff, Child Welfare Training Partnership &amp; WisACWIS Project Team</p>	<p>Q3 - Q4</p> <p>Q4 - Q5</p> <p>Q3 - Q4</p>

**Notes - Outcome / Systemic Factor:**

Issues to consider in developing policy include minimum frequency of contact, quality of caseworker family visits, and the purpose of visits in relation to the family assessment and case planning process as well as to the case progress evaluation process.

Outcome/Systemic Factor:

Well-Being 1

Performance Item: 17

Needs and services of child, parents and foster parents.

Performance Goal:

Year 1: See narrative on PEP Matrix.

Year 2: See narrative on PEP Matrix.

Measurement Method:

Case reviews will be conducted for baseline and for quarterly reports. The WISACWIS and HSRS Placement Stabilization Report and parents completing pre-service and ongoing training as a percentage of total foster/adoptive parents would be used for baseline data. Exploration of using WISACWIS to document training information in the foster care record for quarterly reports.

COMMENTS:

Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
K. Increase the effectiveness of support for foster parents by improving their access to information, training and resources.	K.1 Hold regional focus groups with foster parents, child placing agencies, contracted service providers and county foster care coordinators to: <ul style="list-style-type: none"> <li>a. identify the service and support needs of foster parents</li> <li>b. develop a profile of needs</li> <li>c. conduct a gap analysis</li> <li>d. develop recommendations for responding to the identified needs</li> </ul>	BPP	Q1 - Q2
	K.2 Provide training and technical assistance to foster care coordinators and child welfare workers on: <ul style="list-style-type: none"> <li>a. the general support needs of foster parents</li> <li>b. how to assess for a specific child's special needs in a specific foster home and the support needs of the foster parents providing care for that child</li> </ul>	BPP	Q4 - Q5
	K.3 Seek input from counties, BMCW, tribes, foster parents and LSS to design and develop an instrument that will guide foster care coordinators and child welfare workers in assessing a child's special needs. <ul style="list-style-type: none"> <li>a. pilot and modify the instrument, as needed</li> </ul>	BPP	Q6 - Q8
	K.4 Include in foster parent handbook information on using and accessing community resources.	BPP	Q8



Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
(Cont.)	<p>K.5 Develop an Adoption and Foster Care Resource Center that provides telephone support and referral, training of foster care coordinators and eventually increased training for foster parents.</p> <ol style="list-style-type: none"> <li>Design concept</li> <li>Issue RFP</li> <li>Evaluate responses to RFP</li> <li>Award the contract</li> <li>Opening of Resource Center</li> </ol>	BPP	Q2 - Q5
	<p>K.6 Form a workgroup composed of counties, foster and adoptive parents, tribes, BMCW and Child Welfare Training Partnership to research the impact of mandating statewide foster and adoptive parent pre-service and ongoing training and determine:</p> <ol style="list-style-type: none"> <li>capacity to provide pre-service training on a regular basis.</li> <li>resource needs to provide pre-service training to all foster and adoptive parents.</li> <li>extent and availability of current training and need for additional training.</li> <li>if revisions to HFS 56 are necessary.</li> </ol>	BPP	Q9 - Q10
	<p>K.7 Specify/define foster/adoptive parent pre-service and ongoing training needs.</p> <ol style="list-style-type: none"> <li>Specifically define pre-service training requirements based on competencies and identify curriculum that can be used (including PACE).</li> <li>Identify competencies that ongoing training will be based on and the hours of required training.</li> <li>Develop criteria for determining equivalencies and or exemptions for pre-service and ongoing training.</li> </ol>	BPP	Q2 - Q3

<p>d. Modify any related numbered memos or administrative rules. e. Develop a method to consistently document training information in the foster care record.</p>		
<p>K.8 Create workgroup composed of BMCW, county, tribal, private agency staff, attorneys and foster parents to identify purpose, audience, and uniform content of a model handbook</p>	<p>BPP</p>	<p>Q6 - Q8</p>
<p>a. In conjunction with the workgroup, develop model handbook and submit for review by all counties, private agencies, tribes, legal staff, etc.</p>	<p>BPP, BMCW &amp; workgroup</p>	<p>Q8</p>
<p>b. Finalize and distribute model handbook</p>	<p>BPP &amp; BMCW</p>	<p>Q8</p>
<p>c. Communicate the requirement that all licensing agencies must the model in developing a foster parent handbook in consultation with their foster parents.</p>	<p>BPP</p>	<p>Q8 - Q9</p>
<p>d. All licensing agencies give orientation/training on use of handbook.</p>		<p>Q8 - Q9</p>
<p>K.9 In conjunction with BPP revise Ch.s HFS 38, 54 and 56, if applicable, to require private child placing agencies to develop foster parent handbooks in consultation with their foster parents.</p>	<p>BRL</p>	<p>Q7 - Q10</p>

Notes - Outcome / Systemic Factor:

<b>Outcome/Systemic Factor:</b>	<b>Well Being 3</b>	
<b>Performance Item:</b>	Physical and mental health needs of the child	
<b>Performance Goal:</b>	Year 1: See narrative on PEP Matrix.	Year 2: See narrative on PEP Matrix.
<b>Measurement Method:</b>	Case reviews will be used for baseline data and quarterly reports. We will explore the possible use of Medicaid utilization data for baseline data and quarterly reports.	

**COMMENTS:**

Action Steps	Benchmark Tasks	Responsible Party/Parties	Benchmark Achievement Dates
Pilot managed care program in Milwaukee for children in foster care that will provide every child with mental, physical and dental health care.	L.1 Issue an RFP for the Milwaukee pilot. a. Evaluate responses to RFP b. Award Contract	AO, DDES, DHCF, BPP & BMCW, appropriate community reviewers	Q1 Q2 Q3
	L.2 Begin implementation of the pilot project in Milwaukee.	Division of Health Care Financing (DHCF), BMCW, Partnership Council and related committees.	Q4
	L.3 Review preliminary results of the pilot.	BPP, DHCF, BMCW, OPEP, Bureau of Mental Health and Substance Abuse (BMHSAS)	Q9
	L.4 Present preliminary findings to the statewide mental health workgroup and other health and dental care constituents and develop a recommendation for the balance of the state.	BPP & Mental Health workgroup	Q9

**Notes - Outcome / Systemic Factor:**