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PUBLIC HEARING - COMMITTEE RECORDS

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Committee on Audit...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
  (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

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Review of Open and Closed Initial Assessment Cases
Bureau of Milwaukee Child Welfare
September 2007

Background

On May 18, 2007, in response to the death of 19-month old Alicia B., Department of Health and Family Services (DHFS) Secretary Kevin Hayden announced that a wide ranging review would be conducted to assess how the Bureau of Milwaukee Child Welfare (BMCW) evaluates and responds to reports of child abuse and neglect. Then DHFS Deputy Secretary Reggie Bicha was appointed to lead the case review. An important first step in this case review was the immediate review of active Initial Assessment cases involving children[1] ages 6 and under and cases in which there have been multiple referrals.

In his public statement, Secretary Hayden noted the purpose of the review was "to ensure that appropriate individual staff judgments were made, along with identifying any potential systemic concerns." In an internal plan developed for conducting the overall review, additional features of the review of open[2] Initial Assessment cases included: (a) determinations if children were safe at the time of the review based on all available case information; and (b) information from the case review that suggests that concerns for child safety were forwarded to BMCW management to take immediate action to assure child safety.

In short, the three main goals of this review are to:

1. Verify that children are safe;

2. Assure that there is prompt, immediate, effective, corrective action on each case where safety is in question; and

3. Identify systemic improvements that should be implemented to better ensure child safety on a consistent basis.

Additionally, in July 2007, the review team conducted a review of the Child Protective Services (CPS) Access function in order to determine if reports of child abuse or neglect were appropriately screened and responded to in a timely manner. Initial Assessment cases that were 1) closed and referred to the Safety Services Program, or 2) closed when the family refused services and there was no court jurisdiction were also reviewed. The intent of the second review was to understand the transfer process of cases from Initial Assessment to Safety Services and systemic barriers that may prevent the BMCW from providing needed services to families.

[1] Throughout this document the terms child and children are used interchangeably.
[2] Throughout this document, this will be referred to as the June 2007 review.

The review team was led by the DHFS Deputy Secretary Bicha with the support of staff from the Division of Enterprise Services and the Division of Children and Family Services. Sixteen reviewers, mostly from within the DHFS, participated in various capacities in this review.

Methodology

Since Initial Assessment cases are opening and closing on a daily basis, a point in time was selected to identify cases to include in the review. As a result, May 17, 2007 was selected as the date from which to review all cases involving children 6 years and younger that were open in initial assessment. On this date, the BMCW had a total of 620 unduplicated count of open cases. Region 1 had 239 open cases, Region 2 had 268 open cases, and Region 3 had 113 open cases.[3]

The review team, led by DHFS managers and staff, took the following actions:

- Developed a targeted case review instrument that was designed to focus on and identify whether the child or children in an initial assessment case were safe.
- Modified the review instrument for the July review[4] of closed cases to assist reviewers in focusing more on case practice strengths and barriers.
- Developed a separate case review instrument specifically for the review of CPS Access.
- Shadowed CPS Access social workers, including listening in on telephone calls, to gain a better understanding of how reports of child abuse or neglect are handled by the BMCW.

Wisconsin's Safety Intervention Process. The *CPS Safety Intervention Standards,*[5] effective July 2006, were developed in response to the Federal Child and Family Services Review. The Standards, developed by a statewide committee consisting of public and private child welfare stakeholders, outline procedures and responsibilities for safety intervention from the point of CPS initial assessment through case closure.

In Child Protective Services, determining whether a child is safe is based on two types (classifications) of danger: present danger threats and impending danger threats. Both types have criteria that are based on practice and approved policy and applied to case information in order to make a determination if a child is safe. When a child is unsafe, either a protective plan (present danger threats) or a safety plan (impending danger threats) is implemented to control identified threats to assure a child is safe and protected.

Present danger threats are the primary basis for assessing child safety at the onset of the CPS investigation/initial assessment. Present danger is an immediate, significant, and clearly observable threat to a child that is occurring at the point of contact with the family and that will likely result in severe harm. An example of present danger is a child who is seriously injured and brought to the hospital and there is no acceptable explanation for the injury.

In the first contacts with a family, impending danger threats are not as obvious as present danger threats. Impending danger refers to threats to child safety that exist and are insidious but are not immediate, obvious, or currently active but can be anticipated to have severe effects on a child at

[3] A description of BMCW Regions can be found at http://dhfs.wisconsin.gov/bmcw/

[4] Cases reviewed were during the July onsite review were from October 2006 through March 2007.

[5] A copy of these Standards can be found at http://dhfs.wisconsin.gov/dcfs_info/num_memos/2006/2006-09.htm

any time in the near future. Impending danger threats are identified and understood only when CPS fully identifies, understands, and evaluates individual and family conditions and functioning. An example of an impending danger threat is a parent who is seriously depressed and is unable to meet their child's basic needs, and there is no other adult available to provide protection for a vulnerable child.

Review Process and Review Instrument. The review process made a determination in each case whether the child(ren) was safe from 1) present danger threats (at the point of Access and during the initial contacts with family members), and 2) when applicable, impending danger threats based on a complete understanding and analysis of family dynamics and information. Additionally, both the review instrument and the process of implementing the instrument provided reviewers with the opportunity to identify practice considerations and systemic barriers that may impede the BMCW's efforts in keeping children safe.

The instrument used by reviewers incorporated relevant information related to both present and impending danger threats from Wisconsin's *CPS Safety Intervention Standards.* When the instrument was first developed, five reviewers applied it to several cases and then reviewed and discussed their findings as a group to assure for consistency.

Project leads took several steps to assure that reviewers fully understood the purpose of and the process for reviewing initial assessment cases. This included:

- meeting with reviewers to provide direction on how to complete the review instrument.
- developing a resource handbook, which included definitions and examples, to assist reviewers in applying safety concepts and criteria to cases.
- reviewing cases initially in small groups led by a quality assurance/technical assistance staff person in order to assure consistent understanding of safety concepts and application of the instrument.
- holding daily meetings with the review team to provide team members with opportunities to raise questions and discuss issues and concerns in order to assure for consistency in the review process.

Throughout the review of active cases, three Quality Assurance/Technical Assistance (QA/TA) staff from the Bureau of Programs and Polices consulted with reviewers and then later evaluated selected cases to assure that the review instrument was used correctly and to confirm findings related to child safety. The QA/TA staff were involved in interviews with social workers and supervisors, when appropriate, as well as in discussions with BMCW Region Managers to assure prompt action was taken to control threats to child safety. Additionally, the QA/TA staff performed QA on both specific and randomly selected cases completed by reviewers.

The results of the quality assurance process indicate that the review team applied consistent criteria in determining whether children were safe from present and impending danger threats. Of the 620 active cases that the team reviewed, 143 (or 23 percent) were subject to a quality assurance review, and in only three instances did the QA team disagree with the case reviewer's findings. These case findings were discussed between the QA team and the reviewer, and a consensus was reached on a review conclusion and, if necessary, the next action steps.

Findings – Active Case Review

In the review of initial assessment cases open on May 17th, reviewers made a determination if a child(ren) was safe from present or impending danger threats to child safety. This was based on an analysis of all available case information and, when needed, an interview with the initial assessment worker and/or supervisor. Reviewers then concluded if: (a) the child was safe from present or impending danger threats; (b) the child was not safe from present or impending danger threats; or (c) it could not be verified that the child was safe from present or impending danger threats. When a child was unsafe or if child safety could not be verified, the reviewer and a QA/TA staff person notified the Region Manager to assure that immediate action was taken.

The table below summarizes the extent to which children were safe from present danger. As the table shows, of the 620 cases reviewed, the team found 574 cases (or 92.5 percent) in which the children in the cases were safe, either because there was no information indicating that children were in danger, or there were adequate plans in place to protect the children from known safety threats. The team found nine cases (1.5 percent) in which the children were not safe, and another 37 cases (6 percent) in which the safety of the children could not be verified.

Results of Review Team's Assessment of Present Danger

The number of cases in which the review team determined that...

Region	Children Were Safe	Could Not Verify Safety	Children Were Not Safe	Total
Region 1	216	17	6	239
Region 2	248	19	1	268
Region 3	110	1	2	113
Total	574	37	9	620
Percent	92.5%	6.0%	1.5%	

The data shows that Region 1 had comparatively more cases in which the review team could not verify safety or found a child or children not to be safe. It is worth noting, however, that on balance social workers in Region 1 (and in Region 2) had significantly higher caseloads than did social workers in Region 3, which appeared to allow Region 3 staff the time to take important case work action steps, such as gathering and reviewing key collateral information. Region 1 also was the first region reviewed by the team, which appeared to have had an impact on the extent to which Region 1 social workers could prepare case files and needed documentation for review.

Four important points should be emphasized about the review of cases to identify the extent to which there are unaddressed present danger threats.

- Ideally the team would not have found any cases in which present danger threats were not being adequately being controlled for, because the goal should be to always promptly identify and control for known present danger threats. On the other hand, given the number and complexity of the cases and difficult family situations that Initial Assessment social workers must understand and address, it is not unexpected that the team found some cases in which additional, prompt action was needed to address known present danger safety concerns.

  It is a matter of judgment whether finding 9 out of 620 cases is too many. The number would have been higher had the BMCW not shown a fairly consistent pattern of Initial Assessment social workers responding within required time frames to begin addressing urgent situations as reported by the Access/Intake Unit. However, the BMCW should strive to reduce this number and the review team notes below several case practice steps that should contribute to better ensuring that present danger threats are accurately identified in a timely manner and promptly controlled for through effective protection plans.

- Second, even though Initial Assessment social workers are required to promptly document the results of their case work (e.g., results of reviewing collateral information, assessment of the parents' level of functioning and ability to maintain child safety, etc.), the review team did find a relatively high number of cases in which the team needed to seek out additional information to determine if children were safe. Of the 620 cases reviewed, interviews were warranted in 104 instances (16.8 percent) because the review team could not verify that the child was safe from present danger based on available case record information. More thorough information gathering and analysis consistent with state standards and more timely documentation of case work is needed. These issues are addressed further in the team's discussion of suggested improvements.

- When the BMCW Region Managers were informed of the 46 cases in total in which children were either not safe from present danger threats or information was not sufficient to verify safety, managers worked swiftly with their supervisors and staff to re-assess case status, verify whether or not children were safe, and take additional steps as needed to ensure child safety. Typically, social workers went to the home of the last known address to locate the children, took extra steps to track down the new address if a family moved, double-checked collateral information sources, and took whatever steps were needed to assure child safety. These steps most often were initiated on the same day that the present danger threat was found.

- Finally, in two instances, BMCW staff also sought assistance from the District Attorney's (DA's) office to initiate legal action (e.g. a pickup order, non-emergency CHIPS, detention) to compel uncooperative parents or guardians to work with the BMCW to assess and control threats to child safety. However, the DA's office or the Children's Court did not concur that the BMCW had made a sufficient case to justify legal action. While the review team did not evaluate the reasons the D.A.'s office did not pursue legal action, the team notes in the

"Suggested Improvements" section on page 14 the need for the BMCW and the DA's Office to work together to clarify and reach a consensus on the documentation needed to support legal actions in order to assure that children are safe and protected.

In the second part of the active case review, the reviewers also made a determination if a child or children involved in a case were safe from impending danger threats. The team focused on cases that had been closed by the time the review was conducted, largely because Initial Assessment social workers would still be working their active cases and documenting and developing plans to address impending danger threats.

The review team found five (5) cases in which children were not safe from impending danger threats at the time the cases were closed. BMCW Region Managers were informed of these cases and ensured that staff followed up on them to verify whether or not the children were safe. The review team found another 29 cases in which the team could not verify the children were safe from impending danger threats and the Region Managers ensured that staff took action on these cases as well to determine whether or not children were safe.

Findings – Closed Case Review

CPS Access

The review of the CPS Access function found that good information is consistently gathered from reporters through an active interviewing process. Seventy five (75) screened in and twenty five (25) screened out CPS Access reports were reviewed. Reviewers found that screening decisions were made in a timely manner and CPS reports were quickly referred to Initial Assessment for case assignment. Some community stakeholders noted that in their efforts to report suspected child abuse or neglect, some telephone calls were dropped or lost by CPS Access. Reviewers learned that this issue was related to technology problems that BMCW and DHFS telecommunications staff have been working on. A renewed effort is underway to resolve the telephone problems and ensure the highest level of service necessary to support the CPS Access function. Additionally, the BMCW issued a directive for Access social workers to promptly obtain the telephone number of the reporter in order to contact the reporter and complete the Access Report if the telephone call was dropped or lost.

Initial Assessment

In both the June and July 2007 case reviews, reviewers found a pattern that completed initial assessments were incident focused, even in cases where BMCW has had contact with the family in the past. Many social workers appear to conduct investigations of the alleged maltreatment and focus only on information related to the allegation rather than conduct a comprehensive assessment of individual and family functioning and dynamics. Additionally, important collateral contacts are referenced in case documentation, but social workers do not routinely contact them to gather critical information about the family. For example, case documentation may reflect that a parent is working with a substance abuse treatment provider but there is no contact with that provider in order to understand the nature and extent of the substance abuse.

Reviewers repeatedly found a lack of thorough information in initial assessments especially in the areas of child functioning, adult functioning, and parenting. When workers do attempt to gather information in these areas, it results in a lack of analysis to comprehensively understand information about families and their circumstances. This makes it unlikely that impending danger threats are appropriately identified and that the information gathered will be adequate for effective safety intervention.

Cases Open for Safety Services

Safety Services[6] are provided when an Initial Assessment determines that children can remain safely in the home with services in place that address the safety issues. The BMCW's partners, Children's Family and Community Partnership and La Causa, provide 18 core services that help families deal with the crisis that may put the child at risk. Reviewers interviewed Initial Assessment social workers and supervisors as well as Safety Services case managers and supervisors during the onsite review.

Referral Process. Recently, the Safety Services program broadened its scope beyond serving families where children are unsafe to accepting referrals to serve families where there are risk concerns. Risk refers to the likelihood of future maltreatment and exists on a continuum from low to high. Risk is synonymous with words like possible or probable and risk factors of various degrees and seriousness may exist within a family. Services to families related to risk focus on long-term, behavioral changes. This differs from impending danger threats which requires a safety plan to control specific, observable family conditions or behaviors that are out-of-control, imminent, and likely to have severe effects on a vulnerable child.

In order to refer risk cases, an impending danger threat is identified in eWiSACWIS rather than using the risk rating in the initial assessment tool used by the BMCW. Reviewers found this practice confusing to social workers since it forces them to choose an impending danger threat when one doesn't actually exist.

Initial Assessment social workers quickly refer families to Safety Services, many times the same day of their initial contact with the family. Reviewers found that some of these cases are referred as a "rapid response"[7] which means that the Initial Assessment social worker has determined that the family needs immediate intervention or services. At this point in time, Initial Assessment social workers are only able to determine that a family may need assistance to obtain resources (e.g., housing or energy payments) and would not be able to identify or evaluate impending danger threats to child safety. The rapid response is used for the full spectrum of cases referred to Safety Services instead of primarily to control present danger threats.

When a family is referred to Safety Services, reviewers learned that Initial Assessment social workers are encouraged to complete their initial assessment by the 7 day transfer meeting.[8] This, however, is not enough time to complete a thorough initial assessment to adequately understand the full extent of family issues that may make a child unsafe. As a result, many cases open in

[6] A description of the Safety Services Program can be found at http://dhfs.wisconsin.gov/bmcw/
[7] BMCW procedures can be found at http://dev.dhfsweb/dcfs_bmcw/bmcwproceduresINDEX.htm
[8] BMCW procedures can be found at http://dev.dhfsweb/dcfs_bmcw/bmcwproceduresINDEX.htm

Safety Services focus on resources for the family rather than on safety threats or risk concerns. This practice fails to properly identify unsafe children and diverts Safety Services resources away from managing child safety. Reviewers felt that "resource or need "cases would be more appropriately served in the community, and that the Safety Services program should focus primarily on serving families where children are unsafe or there is a high likelihood of future maltreatment (risk).

Reviewers learned that Safety Service case managers often are not receiving the Safety Analysis and Plan by the 7 day meeting, which makes it difficult to make informed referrals to service providers and meet the requirement to have all providers in place by this meeting. Through interviews with Initial Assessment and Safety Services staff, reviewers also learned that Safety Services also does not receive collateral information (i.e. medical report, AODA or mental health evaluation) contained in the family case file which would assist Safety Services case managers in more effectively intervening with families.

Of note, reviewers found that while there an established case transfer procedure between Initial Assessment and Ongoing Services, there is not a similar process for referrals to Safety Services. Staff interviewed believed that developing a comparable format would provide greater clarity and focus to the case transfer process and better outline roles and responsibilities for both Initial Assessment and Safety Services staff.

Safety Assessment, Analysis, and Planning. Initial Assessment social workers have a limited understanding of impending danger. Initial Assessment social workers often lack detailed information necessary to assure children are safe which directly relates to an incident based approach during the initial assessment process. When impending danger threats were identified, reviewers found that threats were either incorrectly identified or the definitions for impending danger threats were not used and the safety threshold was not applied in making the judgment that a child was unsafe. This made it difficult for reviewers to determine if children were truly unsafe.

Safety plans reviewed were incomplete at the time of case transfer to Safety Services. Reviewers noted that safety plans tended to focus on services, including mental health or substance abuse evaluations which do not control impending danger threats. Many Initial Assessment and Safety Services staff appear to confuse the provision of services designed to bring about long-term behavioral change with the more complex issues related to managing the safety of a child in his or her own home. As a result, safety plans lacked sufficient information related to how each identified threat was actually controlled and the use of specific informal and formal service providers. Therefore, sufficient safety plans that control impending danger threats are not implemented the same day a child is judged to be unsafe.

Closed Cases – Family Refuses Services – No Court Jurisdiction

Reviewers studied cases where the initial assessment closing reason was "Family Refuses Services-No Court Jurisdiction" in order to understand barriers that Initial Assessment staff face when they attempt to intervene in families where children are unsafe. The DCFS has determined that this closing reason should be used when 1) children are unsafe, 2) the family refuses services

that would control impending danger threats, 3) attempts were made by CPS to seek court jurisdiction in order to implement an in-home safety plan, and 4) the District Attorney's Office or the court denies the non-emergency CHIPS petition.

In the cases reviewed, this closing reason was used incorrectly. Initial Assessment social workers and supervisors informed reviewers that this closing reason is used when there is no intent to seek court jurisdiction but they want to document that families declined offered services.

Summary and Conclusions

Generally, the case reviews found that children involved with the BMCW were safe from both present and impending danger threats. Reviewers found that in the majority of cases reviewed, Initial Assessment social workers met or exceeded the assigned response time for that case. In the few cases where social workers did not meet the response time, there was typically documentation in the case record explaining the circumstances that resulted in the missed deadline. The review also found that the BMCW is responsive to reports of child maltreatment by quickly engaging families with needed services.

Throughout both the June and July 2007 case reviews, reviewers found that Initial Assessment social workers frequently seek case consultation with their supervisor and quickly follow through with supervisory direction on the case. Region Managers are also available to consult with their supervisory staff and, when needed, social work staff. Reviewers noted that case staffings between program areas and across regions occur on a routine basis in order to assure that needed services and supports are provided to families. Social workers and case managers all appear to be committed to meeting the needs of families and are flexible in scheduling meetings outside of regular business hours.

The review process, however, did find areas that the BMCW could improve in order to continue to assure that children are safe and protected. Suggested improvements fall into six main categories: 1) case practice, 2) supervision, 3) training, 4) use of e-WiSACWIS, 5) caseload management, and 6) systemic factors that can be effectively addressed if key community partners willingly collaborate with the BMCW to devise coordinated solutions.

Suggested Improvements

The Department of Health and Family Service's Bureau of Programs and Policies will provide technical assistance and training to assist the BMCW in implementing the following suggested improvements. When necessary, BPP will collaborate with the federal Region V Children and Families Program Specialist to access technical assistance from the appropriate National Resource Center. Additionally, the BMCW should access trainers from a variety of sources (local, state, national) who have a depth of knowledge regarding safety intervention with the ability to consult with staff on specific cases.

1. **Case Practice**

⇒ Clarify and expand as necessary the BMCW's policies and expectations concerning the diligence of social worker efforts to locate family members in a case. Reissue the BMCW's March 2006 policy, "Process to Locate Families"[9], and provide training for all Initial Assessment social workers, supervisors, and managers to assure that all avenues to locate a family are explored prior to case closure. The case review found that this BMCW policy was not consistently adhered to and many cases were closed when child safety could not be verified.

⇒ Improve information gathering by social workers to assure that family dynamics and conditions are fully analyzed in order to understand the fundamental differences between maltreatment, risk, and safety. Assure that staff understand and assess the six areas of study required in the *CPS Access and Initial Assessment Standards* (maltreatment, surrounding circumstances, child functioning, disciplinary approaches, parenting practices, and adult functioning) in order to complete an effective assessment of threats to child safety. Continue efforts to shift from an "incident focus" Initial Assessment process to a comprehensive assessment of family dynamics and conditions as identified in the case review.

⇒ Assure that Wisconsin's *CPS Access and Initial Assessment and CPS Safety Intervention Sta*ndards are fully implemented to improve the response to reports of child abuse and neglect. This includes timely interviews of parents and guardians, fully assessing individual and family functioning and dynamics, and considering family historical information in the assessment process

⇒ Assure that collateral sources of information are contacted and that this information is used to understand both problems and strengths of the family and is documented in the case record. Additionally, this should include verifying statements by family members with appropriate collateral sources of information (e.g. law enforcement, mental health providers, medical staff, substance abuse treatment providers). For example, reviewers often noted that information provided by the family was taken at face value and there was a lack of follow through with service providers to gather or confirm relevant family information to make decisions related to child safety.

⇒ Enhance the skill of social workers in developing and immediately implementing safety plans that control and manage impending danger threats. Case reviewers found this as an area needing improvement to assure that the same day a child is found to be unsafe safety plans are developed and put in place.

⇒ The BMCW should review the overall initial assessment process to verify that cases are managed efficiently to assure that children are safe and protected. For example:

[9] BMCW procedures can be found at http://dev.dhfsweb/dcfs_bmcw/bmcwproceduresINDEX.htm

- The BMCW should clearly identify which families will be served in the Safety Services Program and which families should be referred to the community for services. The BMCW should work with community stakeholders to implement a Community Response model to respond to "resource or need" cases to assure that the primary focus of the Safety Services program is controlling and managing impending danger threats to child safety.

- A process should be developed to guide the case transfer process between Initial Assessment and Safety Service. When children are unsafe, the process should focus on impending danger threats, the safety plan to control identified threats, and who manages the safety plan throughout the transfer process. Reviewers found a lack of clarity around 1) the reason the case was opened for Safety Services (impending danger threats or risk concerns), 2) exactly what were the identified impending danger threats in the family, 3) how impending danger threats were manifested in the family, and 4) how identified impending danger threats were controlled through the in-home safety plan.

  The BMCW should use the risk assessment rating in the initial assessment as the basis for referring families where there is high or significant risk of maltreatment to Safety Services. Clarifying roles and expectations and developing separate, specific processes and expectations for opening and managing safety and risk cases would allow for more efficient case transfers that focus on the purpose of Safety Services involvement with the family.

- The rapid response referrals for Safety Services should only be used to implement a protective plan to address present danger threats.

- Initial Assessment social workers frequently have many cases open for extended periods of time, yet the children have been in out-of-home care or in safety services almost since the beginning of the case. Priority should be given to these cases so that thorough information is gathered and documented, decision-making activities are completed, and the case closed with initial assessment in a timely manner.

⇒ Implement an ongoing review process for the Program Evaluation Managers and Initial Assessment supervisors and social workers to formally review, staff, and consult on cases where children are unsafe.

⇒ Develop a formal process that improves communication and planning in the transfer of cases from Initial Assessment to the Ongoing Services or Safety Services programs that focuses on identified impending danger threats to child safety, diminished parent/caregiver protective capacities, and the sufficiency of safety plan.

2. **Supervision**

⇒ Develop several experts from the BMCW who will participate in the "Expert CPS Supervisor Safety Management Professional Development Program." This program,

currently under development, is a multi-state consortia project formed, in collaboration with ACTION for Child Protection and the National Resource Center for Child Protective Services, for the purpose of establishing supervisor expertise concerned with competency in safety decision making. These supervisors, along with other statewide trainers, will be involved with training other BMCW supervisors in order to enhance safety decision-making throughout the BMCW. The results of the case review indicate that this program, when available, would enhance the skills of Initial Assessment supervisors when consulting with their staff to effectively manage threats to child safety.

⇒ Develop supervisory expertise in mentoring and coaching social workers in the initial assessment and safety assessment processes. This should include collaborating with social workers to assure that timely interviews and intervention occurs on all cases.

⇒ Assure supervisors are trained on best practices in monitoring staff performance, time management, and in the personnel system including writing effective performance expectations and performance evaluations.

3. **Training**

⇒ *Safety Intervention and Protective Capacity Family Assessment Training*

The BMCW is committed to implementing the Protective Capacity Family Assessment (PCFA) approach in Ongoing and Safety Services when children are unsafe. The PCFA is a structured, interactive assessment process that focuses on what needs to change in the family system related to child safety in order to develop a case plan to effectively address parents' cognitive, behavioral, or emotional capacity to provide protection to their child(ren). This is a positive step that should reap important dividends in engaging families to make the necessary changes to keep children safe and protected. However, the PCFA approach will be most successful if all Initial Assessment staff are adhering to the *CPS Safety Intervention Standards*, effectively gathering, assessing, and analyzing information to determine if children are safe, and implementing a safety plan when children are not safe.

The *CPS Safety Standards* were issued in July 2006 and the Wisconsin Child Welfare Training System has revised the "Safety Foundation Training for Workers" to include this information.[10] Even for Initial Assessment staff who attended the "Managing Sufficient Safety" training, the case review confirms that the new, updated Safety Foundation training would be highly beneficial for all Initial Assessment and Safety Services staff in assessing child safety and, when appropriate, implementing a safety plan to control impending danger threats.

[10] A partial description of the training is as follows: "Determining whether a child is unsafe and taking action to assure safety is the most critical CPS function. This training addresses concepts, specific knowledge and skills necessary to perform that role. Safety foundation training builds on the content of the Safety Preservice and completion of the preservice is required to maximize the benefit from this training. The Curriculum incorporates the Safety Intervention Standards and eWiSACWIS documentation."

⇒ *Engagement and Functional Assessment Training*

The Wisconsin Child Welfare Training Partnership (WCWTP) is developing the Functional Assessment Training. Social workers will learn techniques and practice skills in order to gather complete and accurate information, particularly in the areas of adult functioning, child functioning, parenting practices and discipline, from families and other people involved in a case. They will also learn how to analyze and draw conclusions about collected information to make decisions about child safety and risk concerns.

Additionally, the WCWTP is developing a training specific to the Initial Assessment process. This training will include policies and protocols on what information must be gathered, who needs to be interviewed and in what order, and what decisions need to be made during the process of an initial assessment. Separate from this process, the BMCW, in collaboration with the Milwaukee Partnership for Professional Development, is currently revising its pre-service "Introduction to Initial Assessment" training curriculum as well as developing other training to support Initial Assessment social workers related to specific engagement strategies and assessment and safety planning skills.

The case review confirms the need for continuous skill-based training related to engaging families and conducting thorough initial assessments to assess the relevance of gathered information and fully analyze and understand threats to child safety and risk concerns (i.e. the likelihood of future maltreatment).

4. **Use of eWiSACWIS**

⇒ Require staff to follow BMCW requirements to input critical data which will enhance the ability of supervisors to use eWiSACWIS for management purposes, such as tracking case status and actions taken by social workers. Timely entry and use of the eWiSACWIS system throughout a case's life also can help social workers structure their work, identify information, analyze information gaps, and perform timely, complete safety assessments and plans.

⇒ Require Region Managers and supervisors to consistently use available eWiSACWIS reports to identify problem areas and manage workflow. Supervisors should work with DCFS and BMCW management staff to identify which reports need to be modified to be more useful, as well as reports that should be created to assist supervisors in monitoring casework activities.

⇒ In order to better track initial assessment case outcomes, the BMCW should provide written guidance to staff with concise definitions for the meaning and use of each of the four eWiSACWIS initial assessment closing reasons.

5. **Caseload Management**

⇒ Develop an overall BMCW-wide caseload monitoring and assignment process that better assures balance in caseloads among regions and among supervisors and workers within a region. The review team noted a wide disparity in open initial assessment caseloads assigned to regions and staff. Short term imbalances are inevitable due to staff vacancies and other considerations, which is the primary reason Region 3 experienced lower caseloads and the other two regions picked up more cases. However, the imbalances became considerable in April through June, resulting in caseloads of some social workers in Regions 1 and 2 being so large that the quality of initial assessment case work may have been compromised.

⇒ Review workload and targeted case assignment levels to assure that quality initial assessments are completed in a timely manner consistent with state practice standards and BMCW policies to assure that children are safe. Once case assignment disparities are addressed, the department will conduct a thorough analysis of staff time needed to perform quality initial assessment case work.

6. **Systemic Factors**

⇒ Collaborate with the District Attorney's office to establish criteria and a procedure to consistently obtain "pick up" orders[11] during the initial assessment process when a child is assessed by the BMCW to be in imminent danger of maltreatment and the caretaker(s) is denying the social worker access to the child(ren) or when the child(ren)'s whereabouts are unknown.

⇒ Develop with the legal system (e.g. judges, DA's office) criteria and a process to use in-home dispositional court orders, consent decrees, or informal disposition agreements[12] as another way to implement an in-home safety plan to control impending danger threats to child safety. The BMCW, in collaboration with the District Attorney's Office, should provide training to social workers and supervisors regarding the criteria and the information needed to request a non-emergency CHIPS petition.

⇒ Collaborate with law enforcement agencies to clarify roles and expectations in response to reports of child maltreatment and the sharing of information. This should include revising or enhancing any current Memoranda of Understanding (MOU) between the BMCW and law enforcement agencies. Reviewers found that Initial Assessment social workers did not routinely contact law enforcement agencies to determine if families had police contact especially in cases where the Access report indicated that domestic violence or drug activity may be present. Additionally, prior to closing cases Initial Assessment social workers did not collaborate or coordinate with law enforcement agencies to locate families to assure children were safe.

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[11] BMCW procedures can be found at http://dev.dhfsweb/dcfs_bmcw/bmcwproceduresINDEX.htm

[12] These terms are defined in Wisconsin Statutes. Refer to ss. 48.355, 48.32, and 48.245, Stats.

⇒ Work with other child welfare stakeholders (medical, mental health, substance abuse providers, etc.) to assure that initial assessment social workers receive records in a timely manner to make decisions about child safety. Explore ways to enhance the knowledge of community providers regarding the safety concepts and criteria.

⇒ Work with DCFS management who, in conjunction with national and in-state experts in child protective services, will provide ongoing technical assistance and consultation regarding the safety intervention process.

The Department will conduct another review of the BMCW in the Fall of 2008 to determine if the changes recommended in this plan were implemented in order to improve child protective services case practice.

Glossary

Access is the process of receiving, analyzing, and documenting reports of alleged child maltreatment. The functions of CPS Access are to:

1. receive and document reports of alleged maltreatment from the community,
2. identify families that the CPS system must respond to,
3. determine the urgency of the response time, and
4. initiate an assessment of child safety and family strengths.

Collateral Information is corroborating or additional information from formal (e.g., mental health or substance abuse treatment providers, law enforcement agencies, school personnel, medical personnel) or informal (e.g., family, friends) sources gathered during the investigation/initial assessment process in order to analyze and understand threats to child safety or risk concerns.

eWiSACWIS is the statewide automated case management system used by the BMCW and counties to organize and document child welfare and CPS cases.

Initial Assessment means a comprehensive assessment conducted in response to reports of alleged child abuse or neglect. An initial assessment is completed in order to:

1. Assess and analyze present and impending danger threats to child safety;
2. Take action, when necessary, to control threats to child safety;
3. Determine the need for CPS ongoing services (court ordered or voluntary);
4. Determine whether maltreatment occurred; and
5. Assist families in identifying useful community resources

Parent or Caregiver Protective Capacities refers to personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his or her child. A protective capacity is a specific quality that can be observed, understood and demonstrated as a part of the way a parent thinks, feels, and acts that makes her or him protective.

Impending Danger is a foreseeable state of danger in which family behaviors, attitudes, motives, emotions and/or situations pose a threat which may not be currently active, but can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention. The danger may not be obvious at the onset of CPS intervention or occurring in a present context, but can be identified and understood upon more fully evaluating individual and family conditions and functioning. There are seventeen (17) impending danger threats contained as criteria on the Safety Assessment for assessing, determining, and recording the presence of impending danger.

Present Danger Threats refer to an immediate, significant and clearly observable family condition that is actively occurring or "in process" of occurring at the point of contact with a family and will likely result in severe harm to a child.

Protective Plan refers to an immediate, short term action that protects a child from present danger threats in order to allow completion of the initial assessment/investigation and, if needed, the implementation of a safety plan.

Safe refers to the absence of present or impending danger to a child or routinely demonstrated parent or caregiver protective capacities to assure that a child is protected from danger.

Safety Analysis refers to an examination of safety intervention information, impending danger threats as identified by the safety assessment, and parent/caregiver protective capacities.

Safety Assessment means the identification and focused evaluation of impending danger threats as part of the initial CPS intervention and continues throughout the life of the case.

Safety Intervention refers to all the actions and decisions required throughout the life of a case to a) assure that an unsafe child is protected; b) expend sufficient efforts necessary to support and facilitate a child's parents/caregivers taking responsibility for the child's protection; and c) achieve the establishment of a safe, permanent home for the unsafe child. Safety intervention consists of identifying and assessing threats to child safety; planning and establishing safety plans that assure child safety; managing safety plans that assure child safety; and creating and implementing case plans that enhance the capacity of parents/caregivers to provide protection for their children.

Safety threshold is the means by which a family condition can be judged or measured to determine if an impending danger threat exists. The threshold criteria for determining if a child is in danger includes family conditions, behaviors, or situations that are 1) observable, 2) occurring in the presence of a vulnerable child, 3) out-of-control, 4) imminent, and 5) severe in nature or are likely to result in severe harm.

Severe Harm refers to detrimental effects consistent with serious or significant injury, disablement, grave/debilitating physical health or physical conditions, acute/grievous suffering, terror, impairment, or even death.

Threat to Child Safety refers to specific conditions, behavior, emotion, perceptions, attitudes, intent, actions or situations within a family that represent the potential for severe harm to a child. A threat to child safety may be classified as present danger threats or impending danger threats.

Unsafe refers to the presence of present or impending danger to a child and insufficient parent or caregiver protective capacities to assure that a child is protected.


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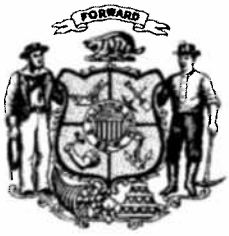
FORWARD

PRESENTATION FOR JOINT LEGISLATIVE AUDIT COMMITTEE

Milwaukee County Child Welfare

September 25, 2007

SLIDE 1

Introductory Slide

SLIDE 2

Counties have historically administered child welfare programs in Wisconsin. However, the Department of Health and Family Services began administering Milwaukee County's program in January 1998, following a 1993 class-action lawsuit filed in federal court. This lawsuit alleged that the State had failed to adequately oversee Milwaukee County's program.

In February 2006, the Audit Bureau released two reports that discussed the provision of child welfare services by DHFS.

The Department's Bureau of Milwaukee Child Welfare investigates allegations of abuse and neglect, but contractors provide most other program services, such as case management for children who have been removed from their homes.

SLIDE 3

I'd like to highlight several key facts and findings from our reports:

From January 2001 through June 2005, program expenditures totaled $493.7 million.

In June 2005, the child welfare program in Milwaukee County served over 3,000 children who had been removed from their homes to ensure their safety.

An additional 266 families received safety services without having a child removed from the home.

The number of children who had been removed from their homes and were served by the Department served fell to just over 2,600 in June 2007.

Statutes require the Bureau to initiate an investigation within 24 hours of receiving an allegation of child abuse or neglect and to complete the investigation within 60 days.

During our review period, the Bureau did not respond to most allegations within 24 hours and almost 31 percent of investigations of abuse and neglect exceeded the 60-day statutory time limit.

In addition, court-ordered services for families were not always provided in a timely manner.

SLIDE 4

In 25 of the 48 cases in which children were removed from their homes in January 2004, we identified problems in achieving permanent placements for the children.

We found that 20 percent of children reunified with their parents in the first half of 2003 subsequently re-entered out-of-home care within 24 months.

This is a potential concern because re-entry into out-of-home care within a fairly short time period may indicate a failure to provide adequate services.

We found that coordination of service delivery between child welfare, Medical Assistance, and other support programs needed improvement.

We identified approximately $678,000 in unallowable and questioned costs charged to the program by six contractors.

SLIDE 5

Our reports contain a number of recommendations for DHFS to improve the program, many of which mirror the Department's Milwaukee Child Welfare Safety Plan, which was announced last Friday. Examples of our recommendations include:

- *Improving the timeliness of investigations and the delivery of court-ordered services*
- *Reducing the time children spend in out-of-home care*
- *Ensuring the adequacy of safety services*
- Improving service coordination with Medical Assistance, W-2, and other social services providers. This a particular concern because families often receive services under several programs.

In its three prior updates to the Audit Committee, the Department notes that it has undertaken several initiatives with DWD to improve service coordination.

SLIDE 6

As I continue highlighting our recommendations, I would like to point out that several relate to additional monitoring of the program caseload, especially for those who return for services. This could help determine whether contractors are providing all needed services.

- *Monitoring families who return for additional safety services*
- *Monitoring families who have children placed in out-of-home care in the 12 months after having received safety services*
- *Ensuring that all children in out-of-home care receive annual medical and dental examinations*

SLIDE 7

As you may recall, the Department is required to meet certain performance standards as a result of the 1993 lawsuit. Since our report was released, some of the performance standards have been met. However, the Department indicates that eight of the performance standards continue to be monitored.

- *Continuing to work to improve the retention of child welfare staff*
- *Appropriately calculating compliance with performance standards specified in a December 2002 settlement agreement*
- *Collecting and analyzing information on services that contractors provide to families*

SLIDE 8

Our audits contain a number of financial and staff-related recommendations. We identified particular concerns with one of the Department's contractors—La Causa. Although some progress has been made, its debt remains high.

In our report we note that La Causa's debt was $6.2 million in December 2005. In July 2007, its debt was $5.8 million.

We also recommended that DHFS require contractors to reimburse the State for public funds spent on unallowable, as well as questioned costs, where appropriate. Most of these funds have been recovered.

Finally, I'd like to talk about our independent case file review, which in some ways parallels the review recently complete by the Department.

We reviewed 73 cases involving children most likely to be at risk from abuse or neglect, including 29 fatalities. We found that in most cases, the Bureau and its contractors took appropriate action.

However, in four cases, insufficient action appears to have been taken to ensure the safety of children. The Department concurred with our assessment of these cases.

In closing, we would like to recognize the important follow-up the Department has undertaken in response to our audits and its own reviews. However, we believe continued follow will be important to ensuring the safety of children in the system.

Thank you for your attention. Jan and I would be happy to answer any questions you have at this time.

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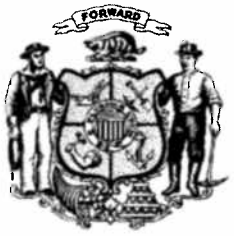

Matthews, Pam

From: Susan Conwell [itbi.conwell@sbcglobal.net]
Sent: Wednesday, September 26, 2007 11:02 AM
To: Matthews, Pam; Matthews, Pam
Subject: turnover data
Attachments: 2787793344-Program_Activity_Report_July_2007[1].pdf

Hi Pam,

I will send a formal letter to the Leg. Audit Committee regarding turnover data and child death review.

In the meantime, I am attaching the July BMCW report handed out to the Partnership Council. The year-to-date turnover rate as of July was 23%, which puts BMCW at a projected annual turnover rate of around 40%+ on an annualized basis, depending on monthly performance. The July turnover rate was 4.2%, which would be a 50.4% turnover on an annualized basis if this is a representative rate. The only way to know the annual rate is to finish the year, but if the turnover rate continues as it is, we will be at 40% and near 50% and perhaps exceed it. Please note that BMCW uses a carefully defined and much narrower definition of turnover than businesses do. BMCW does not provide information about how particular turnover patterns impact children. We will provide a few examples from our CASA cases. Even the child fatality cases have experienced turnover -- at least three case managers on one case in the last 9 months. The Secretary mentioned efforts to stabilize turnover on behalf of high risk cases. This would be most helpful.

I will provide the necessary paperwork, definitions, etc. At the moment, I am running late to Madison. Will get you all of the info as soon as possible.

Many thanks.

Sue

Susan Conwell, Director
Kids Matter Inc.
1850 N. Martin Luther King Jr. Drive, Suite 202
Milwaukee, WI 53212
Phone: 414-344-1220 ext. 13
Fax: 414-344-1230

BMCW Program Activity
July 2007

Status July 1- July 31, 2007[1]:

Intake Program

2608 calls were received by 220-SAFE
1560 calls were information and referral in nature
Of the remaining 1048 calls:

- 732 Total Screen-Ins
  - 642 Protective Service referrals
  - 17 Independent Investigations
  - 73 Child Welfare
- 316 Total Screen-outs
  - 255 No Maltreatment indicated
  - 61 Multiple referrals of same incident

Initial Assessment Activity

- 1500 cases carried over from previous month
- 535 New Child/Abuse reports
- 17 Independent Investigation Safety Assessments (foster homes with children placed in them at the time of the Independent Investigation)
- 473 cases closed with community service linkages or other BMCW intervention
- 45 family cases transferred to Ongoing Case Management
- 104 family cases transferred to Safety Services
- 1657 cases open at end of the month
- 90 children detained

Safety Services Activity

- 270 family cases carried over from previous month
- 104 family referrals received from Initial Assessment
- 66 families completed services
- 308 family cases open at the end of the month

Kinship Program Activity

- 3796 Children with relatives not involved
- with BMCW
- 791 Children with relatives on a CHIPS court order

Family Intervention Support & Services (FISS)

- 45 cases carried over from previous month
- 15 referrals received
- 18 families completed FISS services
- 42 family cases open at the end of the month

Ongoing Case Management Activity

- 1768 family cases carried over from the previous month
- 45 family cases transferred from Initial Assessment
- 46 family cases closed
- 2641 children in out of home care placement
- 595 children remain at home under the court's jurisdiction on a court order of supervision
- 1767 family cases open at the end of the month

Out of Home Care Activity

- 117 Foster Homes on hold, including
  - Administrative Hold (17)
  - Foster Parents request (26)
  - Child Abuse and/or Neglect Investigation (23)
  - Waiting to complete training (46)
  - Adoption in Process Hold (5)
- 55 new applications (352 YTD)
- 104 Foster Homes being studied (pending)
- 16 Foster Homes closed
- 13 newly licensed Foster Homes (60 YTD)
- 17 re-licensed Foster Homes
- 618 active licensed Foster Homes at the end of the month

- **Adoption Program Activity**
- 23 finalized Adoptions (165 YTD)
- 18 Termination of Parental Rights (TPR) granted by Children's Court (136 YTD)
- 28 TPR petitions filed (154 YTD)

Staff turnover rate: 23 % YTD (preliminary data)

- 7 case managers left their positions in July 2007
- 159 Case managers were employed as of 07/31/07
- *Staff turnover rate in July 2007 was 4.2%*

[1] Information based on eWiSACWIS data and program reports as of 07/31/07 may change pending further validation.