WISCONSIN'S FIVE-YEAR PREVENTION PLAN

Division of Safety and Permanence

Wisconsin Department of Children and Families

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Introduction

The Wisconsin Department of Children and Families (DCF) appreciates the opportunity to benefit from new Title IV-E Prevention Services funding for evidence-based prevention services made possible through the Family First Prevention Services Act (FFPSA). Wisconsin's Five-Year Prevention Plan will build on the existing strategic framework to re-orient the child welfare system to serve more children in their homes, or with relatives. The overarching goal of Wisconsin's Prevention Plan is consistent with the DCF vision "to dramatically reduce the number of children in out-of-home care." Recent trends in the child welfare population position the state well to move in this direction.

I. Wisconsin Child Welfare System Overview

The child welfare system in Wisconsin (WI) is a county-operated, state-supervised system except for Milwaukee County and the statewide public adoption program, which are administered by the Department of Children and Families (DCF). In Wisconsin, there are 72 local child welfare agencies composed of 71 non-Milwaukee "balance of state" (BOS) counties that administer child welfare services in their respective county human and social service jurisdictions. There is also the DCF's Division of Milwaukee Child Protective Services (DMCPS) that administers child welfare services in Milwaukee County. These agencies are considered the Title IV-E implementing agencies. For the purposes of this plan, child welfare professionals are case workers who are directly employed by the local implementing Title IV-E implementing agency. The Title IV-E agency and the child welfare professionals maintain all responsibility for assessment and monitoring of risk, safety and the creation and subsequent evaluation of a child's prevention plan.

In Wisconsin, there are 11 federally-recognized tribes – Bad River Band of Lake Superior Chippewa; Forest County Potawatomi; Ho-Chunk Nation; Lac Courte Oreilles Band of Lake Superior Chippewa; Lac du Flambeau Band of Lake Superior Chippewa; Menominee Indian Tribe of Wisconsin; Oneida Nation; Red Cliff Band of Lake Superior Chippewa; Sokaogon Chippewa Community; St. Croix Chippewa Indians of Wisconsin; and Stockbridge-Munsee Band of Mohican Indians. As sovereign nations, tribes provide child welfare services directly based on their tribal codes, policies, and tribal practices and may also have written agreements with local child welfare agencies.

In addition, throughout Wisconsin there are key stakeholders that provide services and supports to families, either through contracts at the state or local level. These are agencies who provide evidence-based services, such as the array of home visiting services that are discussed in Section IV of the plan. For the purposes of this plan, these will be referred to throughout as Local Implementing Agencies (LIA). LIAs as contracted providers are responsible for evidence-based service provision, fidelity maintenance, amongst other items, but are not responsible for the assessment of safety/risk or the creation and subsequent evaluation of a child's prevention plan.

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

- The purpose of the child welfare system is to strengthen all Wisconsin families to raise their children because children belong with their families. The system does this by safely keeping children and youth in their own home, family, tribe, and community whenever possible.
- When it is not possible to keep children safely in their home, the system engages with the court system, and others, to provide a safe, stable, and temporary home that nurtures and supports the child's development. The system aims to transition children in an out-of-home care placement (OHC) safely and quickly back with their family whenever possible, or to other permanency options.
- The system strives to engage with children, youth, and families to expand healthy connections to supports in their community and tribe and bolster resiliency in families to help them thrive.

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

The Wisconsin Child Welfare Model for Practice can be viewed at https://dcfweb/childwelfare/practice-model. It serves as a compass, guiding child welfare work and decision-making, including the development of the Wisconsin Five-Year Prevention Plan, the Child and Family Services Review (CFSR), Program Improvement Plan (PIP), and the 2020-2024 Child and Family Services Plan.

Wisconsin's Strategic Vision for Transforming Child Welfare

DCF's plan for enacting the state's vision has been developed through recent child welfare transformation strategic planning, the April 2020 Program Improvement Plan, and the 2020-2024 Child and Family Services Plan. Development of these federal plans and this vision are built on a long-standing DCF commitment to stakeholder feedback.

Local child welfare agency stakeholder groups were formed for the purpose of advising the state specifically on the Five-Year Prevention Plan and other aspects of DCF's child welfare transformation. An overall framework for the future of Wisconsin's child welfare system envisions that:

"All children in Wisconsin are safe and loved members of thriving families and communities. The Wisconsin child welfare system will strengthen all Wisconsin families to support their children because children belong with their families."

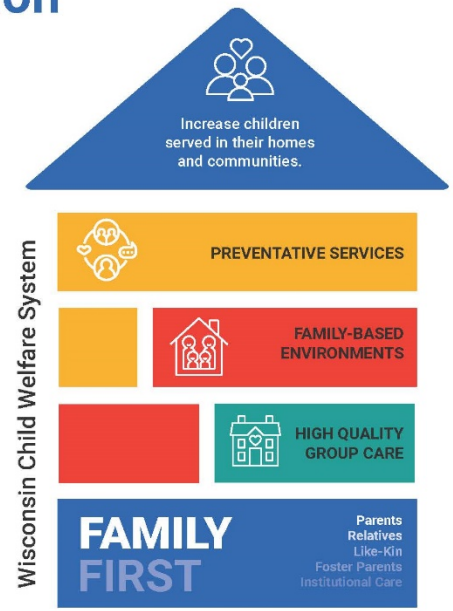
A visual depiction of this critically important and strategic shift in Wisconsin's child welfare system framework is provided on the following page.

Wisconsin Child Welfare System Transformation

The Family First Prevention Services Act (Family First), signed into law in February 2018, provides an opportunity for positive change and supports ongoing efforts to transform Wisconsin's child welfare system by keeping children and teens safely with their own family and to avoid the often traumatizing experience of unnecessary placement into the foster care system. Its name reflects the elements of the legislation: **a family first** for children and teens with **preventive services** to keep kids safe and growing up in their family.

All Wisconsin children are safe and loved members of thriving families and communities

Kids involved with the child welfare system should grow up in safe, stable and secure families that support their long-term well-being. Research makes clear that growing up in a family is essential for all kids, especially those who have experienced abuse or neglect.



Investing in preventative services | States will be able to access federal funding for certain service costs, such as trauma-informed mental health services, substance use treatment and in-home parenting skills training, that help families whose children are at risk of being removed from their parents to build safe, loving and supportive homes where their children can grow and thrive.

Building family-based environments | When a child cannot safely remain in their home, every effort will be made to place a child with a relative or like-kin caregiver. When that is not possible, the next preference is to place children with foster families.

High quality group care | Use of group care settings will be limited to short-term placements of children with complex behavioral health and medical needs. Wisconsin is leveraging the opportunity provided by FFPSA to transform group care into a trauma-sensitive and child-centric system with high-quality, community based placement settings.

Wisconsin Department of Children and Families

Implementing this framework requires transformational change in Wisconsin's child welfare system. Key planning related to the following is already underway:

- Building local prevention services in part through increasing state investment in services provided to prevent child removal.
- Increasing the number of children who, when out-of-home care placement is required, are served in family settings, by expanding the use of relative and foster parent settings.
- Reducing congregate care stays to short, clinical bursts of treatment by supporting providers to transition to the Qualified Residential Treatment Program (QRTP) service model and planning for the development of high-quality clinical care when clinically necessary.

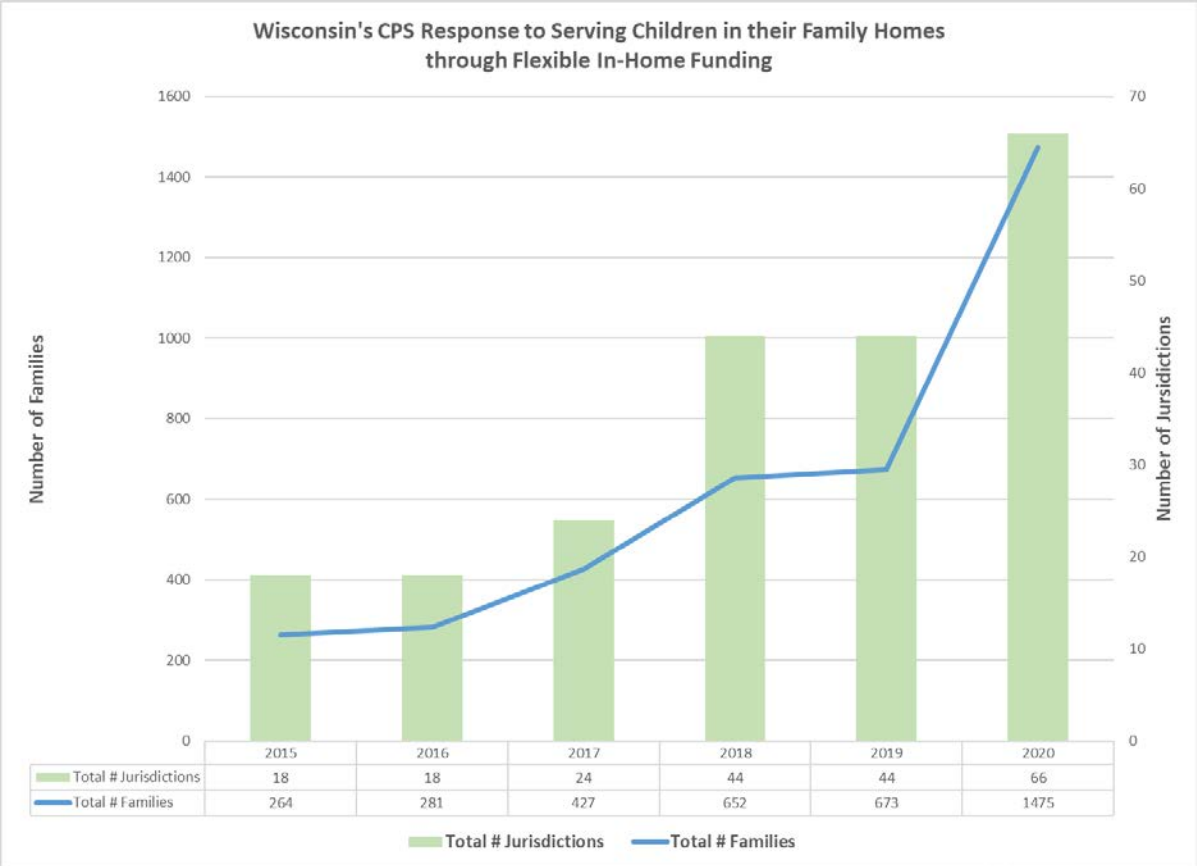
In addition to external stakeholder groups, DCF has formed three internal strategic teams that support work related to strategic planning goals and requirements. More specific information about each of the three teams are detailed at https://dcf.wisconsin.gov/family-first/teams.

Wisconsin Data Landscape

Wisconsin is successfully moving toward increasing supports in-home and leveraging extended families as key partners.

Over the last several years, agencies across Wisconsin have been making changes at the local level to better serve families in-home. These agencies also provided valuable feedback for the future. For the past 5 years, Wisconsin invested in flexible funding resources to support in-home safety planning. This funding is called Targeted Safety Support Funds (TSSF) (formerly called In-Home Safety Services). This flexible funding can be used by agencies to support families in-home when there has been an identified danger threat, and an imminent risk of placement of one or more children in the family home.

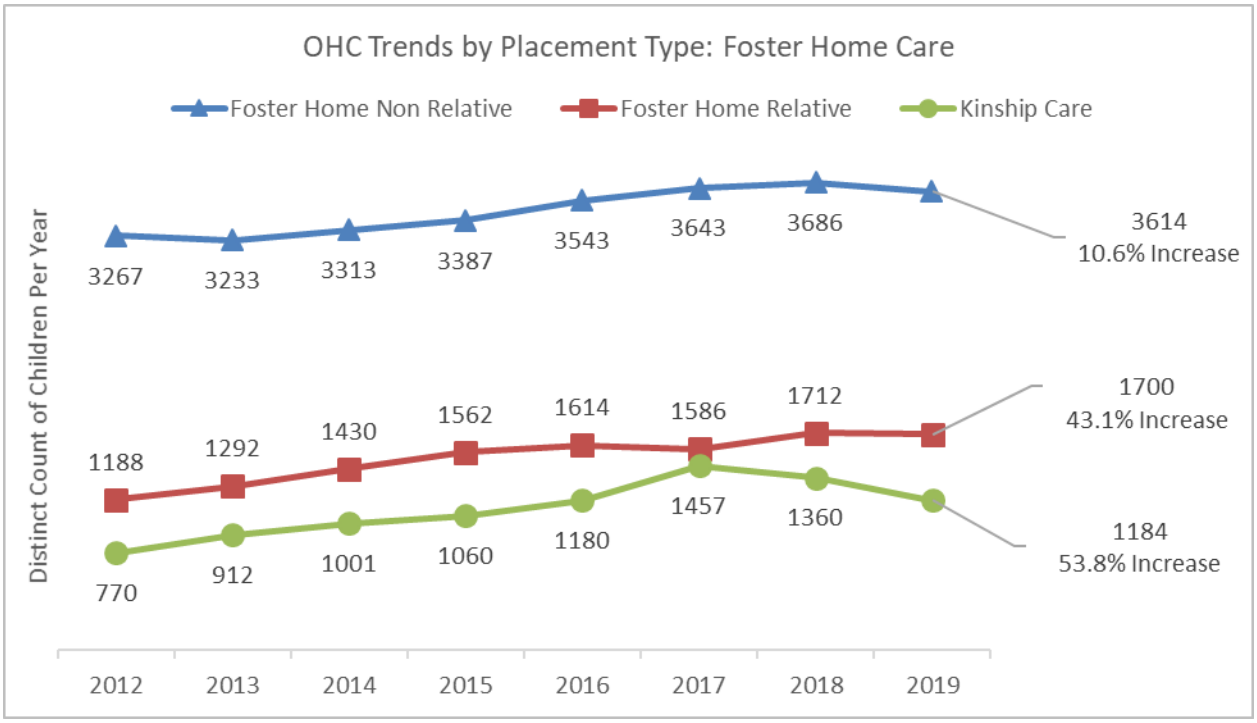
The graph below, *Wisconsin's CPS Response to Serving Children in their Family Homes through Flexible In-Home Funding*, demonstrates the dramatic increase, particularly in the last two years, in the number of children and families that have been able to be served in-home through this funding in the balance of the state, and through targeted in-home funding in Milwaukee County. This effort capitalizes on Wisconsin's unique county-administered system which fosters local innovative solutions to support families in-home in new ways. This joint effort between DCF and local agencies has positioned the state well to achieve the vision of serving more children in-home.



In addition, when children are not able to be safely maintained in their home, research demonstrates the importance of children being placed with relatives whenever possible. Through a concerted effort to engage more relatives and significant investment in key initiatives, such as Family Find and Engagement, Wisconsin has seen a substantial increase in children being placed with family.

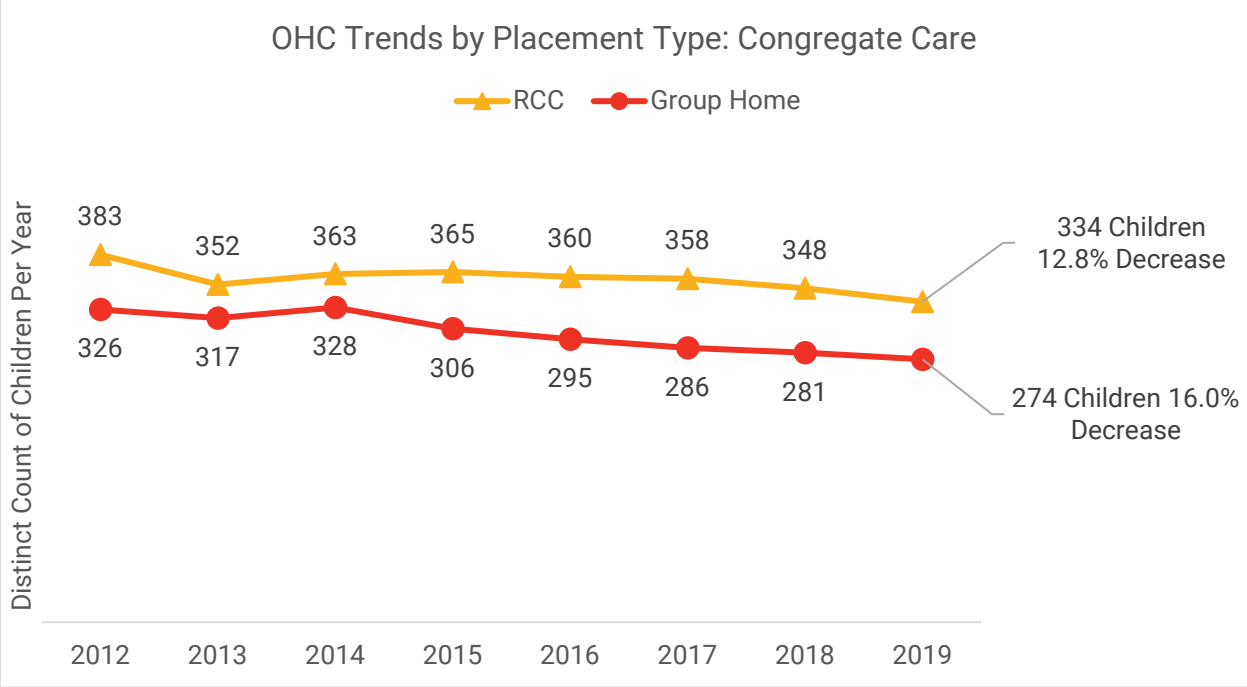
Data provided on the chart below, *OHC Trends by Placement Type: Foster Care Home*, underscores the success of this commitment to aggressively pursue more home-like settings when children need to be placed in care. Of particular significance over the last eight years is:

- 53.8% increase in kinship care placements.
- 43.1% increase in relative foster homes.
- Overall increase of 10.6% in foster home non-relative placements.



Through the use of Family Find and Engagement, increased focus has been placed on efforts to locate relatives and life-long support networks for families. While these efforts have shown demonstrable results in alternatives to foster care and group care placements, the increased focus on supportive extended family networks also positions jurisdictions across the state to use a family's support network for in-home safety planning to prevent removals.

In addition to success in increasing family settings, particularly relative care settings, Wisconsin has also seen a 12.8% decrease in residential care settings and a 16% decrease in group home settings.



II. Wisconsin Consultation and Coordination (Pre-Print Section 4)

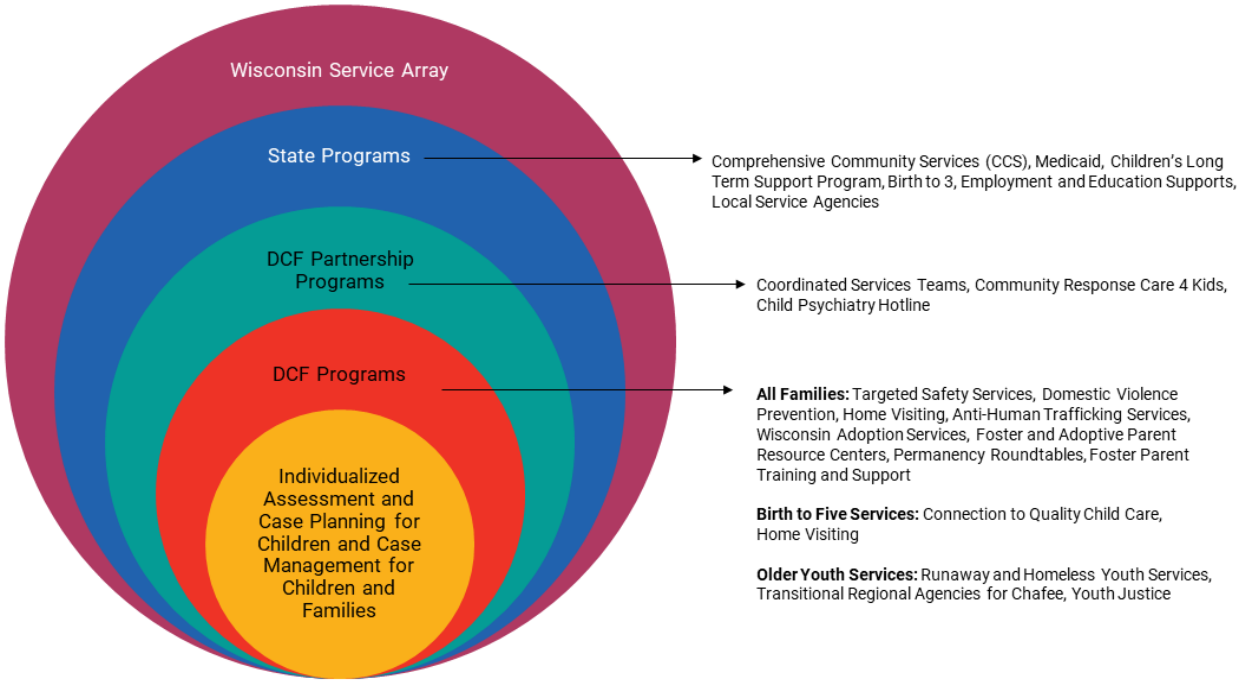
Wisconsin's Five-Year Prevention Plan is built on a long-standing commitment and culture of cross-system, public-private collaboration that underscores all planning and policy development. These efforts are strongly rooted within DCF's recent child welfare transformation strategic planning, the April 2020 Program Improvement Plan, and the 2020-2024 Child and Family Services Plan. Local child welfare stakeholder groups were vital to informing these efforts as well as Wisconsin's Five-Year Prevention Plan.

In addition to pre-existing collaborative groups, including the Wisconsin County Human Service Association (WCHSA), feedback was collected through the creation of a county, tribal and agency stakeholder group called the Family First Agency Stakeholder Group. This group included front line and supervisory county and tribal level staff. Monthly meetings over the last year provided the opportunity for this group to be involved in discussions and provide recommendations about the state's Five-Year Prevention Plan.

In addition to stakeholder information, the perspective of individuals with lived experience was vital to the creation of Wisconsin's Five-Year Prevention Plan. Further information about the engagement of lived experience is discussed below. Robust stakeholder input was invaluable in outlining and refining Wisconsin's Five-Year Prevention Plan and overall prevention efforts.

Wisconsin's Current Infrastructure

Wisconsin's infrastructure provides a solid foundation to strengthen the state's capacity to care for more children in their homes and develop a robust in-home service infrastructure. The visual below depicts the current service array that is supervised by DCF and administered through county agencies and DMCPS. Some services are delivered in partnership with local private providers.



Coordination with the Department of Health Services (DHS) focused on access to health services, mental health services, and substance use disorder services.

As part of the Five-Year Prevention Plan, DCF has built on existing coordination efforts with DHS to support access to critical mental health and substance use services and other therapeutic needs that are provided through health service systems. This consultation and coordination included efforts between DCF and DHS to create the Children with Complex Needs Workgroup. This workgroup explored ways to improve outcomes for children served by programs in both departments, particularly children involved across the continuum of care in the child welfare system.

The group's mission was to gain a better understanding of the current child welfare continuum of care and how currently authorized Medicaid services and delivery models are available to support children and families throughout the continuum. The group discussed ways the DCF and DHS state agencies could collaborate on achieving the strategic shift in Wisconsin's child welfare system to keep children safe in-home, or with relatives, to reduce the need for foster and congregate care. As part of this process, the group considered what options were available given federal and state law and agency capacity. A map of this continuum of service is included on the following page. The mapping of current services was a key accomplishment of this workgroup. A wide variety of behavioral and substance use services are currently offered in Wisconsin; understanding the current landscape of service gaps and services needs allowed DCF to prioritize areas of the service continuum most in need of strengthening. These evidence-based services included home-based parenting services which are the focus of Wisconsin's Five-Year Prevention Plan.

In addition, this collaboration led to the DCF's inclusion on the Wisconsin Council for Mental Health (WCMH). The WCHM advises DHS, the Legislature, and the Governor on the use of state and federal resources and on the provision and administration of mental health programs for groups who are not adequately served by the mental health system. In addition, the WCHM reviews all Department of Health Services plans for services affecting persons living with mental health challenges and monitors the implementation of the plans. Finally, the council reviews all departmental plans for services affecting persons with mental illness and monitors the implementation of those plans.

In Wisconsin, mental health services are provided through DHS. Collaboration between DCF & DHS is a strategy that is expected to improve service delivery for children and families by ensuring that mental health services meet the needs of children and families across the state, in particular, those with child welfare involvement.

Current State Overview: Continuum of care for DCF-involved families and kids: DHS & DCF

Assessment	In Home and Community-based Services	Home-like: Kinship & Foster Care	Non Home-like & short-term stays	YJ / Out of State	Permanence / Exit
DCF & DMCPS: Child Safety focus Many Assessment and Intake Tools: used to identify appropriate programs and services	**Preventative & Parenting Skills (PS)** • **WI Trauma project: PCIT: Parent Child Interactive Therapy (PS & MH)** • **Home Visiting: targeted & pre-natal (PS)** • Connections Count (2 counties) • Intensive in-home services (PS) **Behavioral Health (MH/SUD)** • **DMCPS: Child Mobile Crisis team** • **WI Trauma Project TF-CTB (for mental health clinicians) (MH)** • **Family drug court (SUD)** • Referrals to drug treatment programs (SUD) • DMCPS: FSS-Family intervention support services (MH) • Domestic abuse programs **Varies by County:** • Programs funded by PSSF: Promoting Safe & Stable Families (SUD, MH, PS) • Programs funded by TSSF (Targeted Safety Support Services) (SUD, MH, PS) **Other:** • Ongoing case management • Referrals to other services	• Kinship resource connections • Licensing efforts to license as foster home • Foster parent training (PS) • Treatment foster care (MH) • Care giver support groups **DMCPS: Child Mobile Crisis Team**	• Congregate care: Licensing and support for Shelters, Group Homes and Residential Care Centers (RCCS) • Placements in RCCs, Shelters, Group homes • Shelter Respite • Crisis Shelters-short term	• ICPC: Interstate Compact on Placement of Children • Interstate compact and adoption medical assistance. • YJ Emergency Detentions	• Transition to Perm solution • Permance consulting • DMCPS: Oh-Yeah: held older youth transition (MA) • Adoption assistance & adoption assistance amendments • Guardianship support & subsidies • Adoption exchange • ICAMA: Interstate compact on Adoption & Medical assistance • DMCPS: Post permanency support (after reunification)
DHS: Health focus / MA	**Preventative & Parenting Skills (PS)** • **PNCC: PreNatal Care Coordination (PS)** • ***TCM: Targeted Case management*** • Other prenatal benefits • *Birth to 3 (PS)* **Substance Use Disease focus (SUD)** • Family drug treatment • Drug treatment / AODA programs • Outpatient SUD services **Other** • ***CLTS: Children's Long Term Support*** • ***Healthcheck / EPSDT*** • Badger Care HMO Case management **Behavioral Health (MH/SUD)** • CCS: Comprehensive Community Services (SUD, MH) • CPCP: Child Psychiatric Consulting Program (MH) • CSP: Community Support program (MH) • CRS: Community Recovery Services (MH) • Outpatient Counseling (MH) • Children Come First – Dane (MH) • Behavioral treatment for severe emotional disturbance (MH, PS) • School-based services for qualified MH services (MH) • Child and adolescent day treatment (MH) • IOP intensive outpatient day treatment (MH)	• Children MA eligible for medical care (not placement) • CLTS: Childrens Long Term Support & Treatment foster care	• Children / youth MA eligible for medical care (not placement) • Adult residential AODA treatment (SA) – will be expanded in CY20 • Youth Crisis Stabilization facility-new (MH) • Emergency detention / inpatient Hosp. (MH) • Inpatient hospitalizations • Winnebegao & Mendota Mental Health Insts.	Out of State stay at a PRTF: Psychiatric Residential Treatment facility (none in WI)	**LEGEND** *Italics:* Services that can apply across the continuum SUD: Substance Use Disease MH=Mental Health PS=Parenting Skills **Blue & Bold**: Identified for further evaluation
Joint or other	• ***CST: Coordinated service team Initiative (state wide wrap-around in most counties & Tribes) (MH,SUD)*** • ***DMCPS: Wraparound MKE (MH, SUD)*** • Workforce training (SUD, MH) • DWD: DVR Employment services • DCF DECE: Child care licensing /subsides	• Care4Kids: in 6 counties for kids in foster care, includes transitional services	• Community based crisis shelter or respite **Alternative to consider: Provide In-State Residential treatment settings, including for kids currently going out of state**		

Collaboration with Other State Agencies to Strengthen Parent Voice

DCF has significantly strengthened efforts to engage all forms of youth and family voice as part of the strategic and FFPSA planning process. Together, the Office of Children's Mental Health and DCF worked to recruit birth parent stakeholders with lived child welfare experience to form a monthly Parent Leaders in Child Welfare Stakeholder Group. The group, which was initiated in January 2021, meets monthly and supports the division's planning efforts to identify and prioritize improvements to the state's child welfare service system. Key strategies identified for initial prioritization from this group include:

- Key information parents need about the child welfare system.
- Common service gaps.
- Increasing parent participation in creation of the safety plan and case planning goals.
- Worker/parent engagement.

These efforts, including the collaborate monthly workgroup with the Parent Leaders in Child Welfare Stakeholder Group and monthly planning sessions with the Office of Children's Mental Health, are expected to improve the coordination of services and strengthen efforts around in-home safety planning and the development of parent-informed prevention plans, by infusing parent voice throughout the prevention planning process, particularly in addressing the above key strategies.

DCF will also continue to participate in the Wisconsin Children's Mental Health Collective Impact Initiative led by the Office of Children's Mental Health to integrate parent and youth voices in policy and program decisions across multiple systems. The collective impact framework brings staff from a wide variety of organizations together. This includes staff from several state agencies that examine data to identify root causes, develop a common agenda, and identify shared measures across systems to gauge progress.

Lived Experience Consultation

In addition to consulting with public and private agencies, DCF values the discussions provided through other lived experience professionals, as detailed in the paragraphs below. Together, the stakeholder groups, and the new lived experience coordinator, offer continuous system improvements and identify service gaps.

Lived Experience Coordinator

This newly formed position within DCF has a primary focus on elevating lived experience voices through the engagement, development, and support of lived experience experts. This includes parents impacted by the child welfare system and the facilitation of lived experience stakeholder groups. This role leads the development, coordination, and implementation of policies and procedures which promote elevating and supporting stakeholders with lived experience. While newly created, this position will eventually assist DCF in further supporting advocacy, education, and training to a wide array of internal and external stakeholders with the goal to promote lived experience expertise across program and policy areas to best serve children, youth, and families.

Youth Advisory Council

The Wisconsin Youth Advisory Council (YAC) consists of young people who work to inform and advise DCF on key issues that impact children and youth in child welfare and aging out of the child welfare system. This group meets on a quarterly basis. The YAC's main goal is to strengthen youth advocacy skills and educate both the community and key stakeholders. The statewide YAC is supported by a network of regional YACs that meet monthly to identify issues critical for youth in foster care. In addition, there are seven Transition Resource Agencies (TRA) and the Coalition for Children, Youth and Families that support the statewide and YAC efforts. Work of the YAC was identified as a strength in the previous Wisconsin CFSR, particularly advocacy on key legislative issues. DCF will continue to support the YAC in similar future opportunities.

Youth Leadership Teams

The Youth Leadership Teams (YLT) are comprised of young people who were or are involved with the justice system. As a YLT member, young people can share their perspectives and provide feedback to DCF, develop and strengthen their leadership skills, and work on a project of their choosing to improve the system or inform better practice. For example, the YLT created the following guidebook that includes advice for key stakeholders working with youth: https://dcf.wisconsin.gov/files/youthservices/pdf/adviceguidebook.pdf.

Thirteen founding partners of counties or youth-serving organizations established four Youth Leadership Teams. Due to COVID, the four teams across the state have condensed into one. More details on the teams can be found in the following report: https://dcf.wisconsin.gov/files/cwportal/yj/pdf/ylt-youthvision.pdf.

Title IV-B Parts 1 & 2 Coordination of Services

Services provided on behalf of a child and their parents are coordinated with other child and family services provided under Title IV-B, Subparts 1 and 2 of the Social Security Act. DCF distributes Title IV-B, Subpart 1 and 2 funding to counties to support their local systems. Counties use a combination of Title IV-B, Subpart 2 Promoting Safety and Stable Families (PSSF) funding along with a state-and-federal-funded block grant, called the Children and Family Aids (CFA) allocation, to provide flexible child-welfare services. Such services include, at each county's discretion, Subpart 1 & 2-type services. Counties submit specific Title IV-B Subpart 2 plans and budgets that are approved by DCF. Counties frequently use more flexible Children and Family Aids and local funding to complement their Title IV-B, Subpart 2 (PSSF) services. This allows for maximum flexibility at the local level in identifying key service needs and adjusting service delivery as warranted.

Coordination of services at the family level is provided directly by local child welfare agencies. Regular collaboration occurs at the local level between child welfare agencies, local health service, and other service providers. DCF provides support and consultation in coordination with local child welfare agencies as needed, and guidance through policy and practice standards.

III. Child and Family Eligibility for the Title IV-E Program (Pre-Print Section 9)

Candidates for Foster Care

Wisconsin's proposed candidacy definition focuses on shifting where children are served within the child welfare continuum. Instead of shifting the population served (by broadening or narrowing the front door of the Wisconsin system), Wisconsin has chosen to define candidacy to better support the in-home population, as well as children and families' post-reunification period. Focusing on this shift, Wisconsin will be able to arrange resources, including financial resources, to incentivize, encourage, and support local jurisdictions in meeting the challenge of Wisconsin's strategic vision.

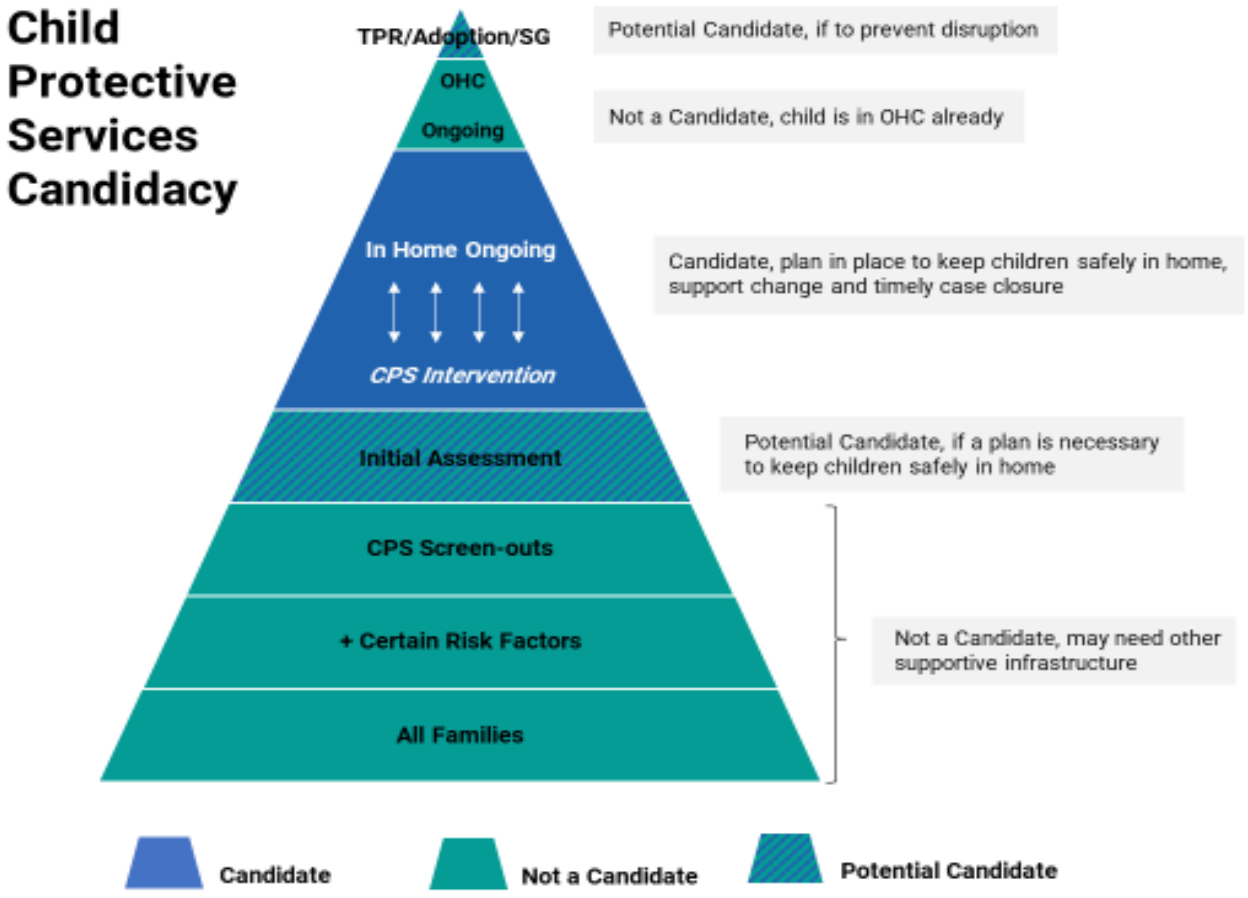
Children identified as candidates for foster care (children who are at imminent risk of entering foster care) are children who meet one or more of the following criteria:

- Children who are being served by the local child welfare agency where it has been determined that there are existing danger threats that can be mitigated by the provision of services aimed at keeping children safe in-home and ameliorating the conditions that render children to be unsafe.
- Children who have been returned to their parent's care and services remain necessary to prevent re-entry.
- Children or youth that are engaged in the youth justice system with identified risk factors that are determined as part of the standardized assessment process.
- Children or youth engaged in the youth justice system who are returning to their parent's care post-removal and services remain necessary to prevent re-entry.

Children who meet the above definition would be identified as unsafe and at risk of removal. These children would be considered Candidates and prevention services would be identified as part of the child-specific prevention plan. Children who are considered safe at the conclusion of a CPS assessment would not meet the above definition and therefore, would not be eligible for Title IV-E Prevention Services. Due to the nature of Wisconsin's county-run system, local Title IV-E implementing agencies have the ability to offer services to families in which children are not determined to be Candidates, but these children and their families would not be eligible for Title-IV-E Prevention Services reimbursement and Wisconsin is not seeking approval of these populations as part of our state's Candidacy definition.

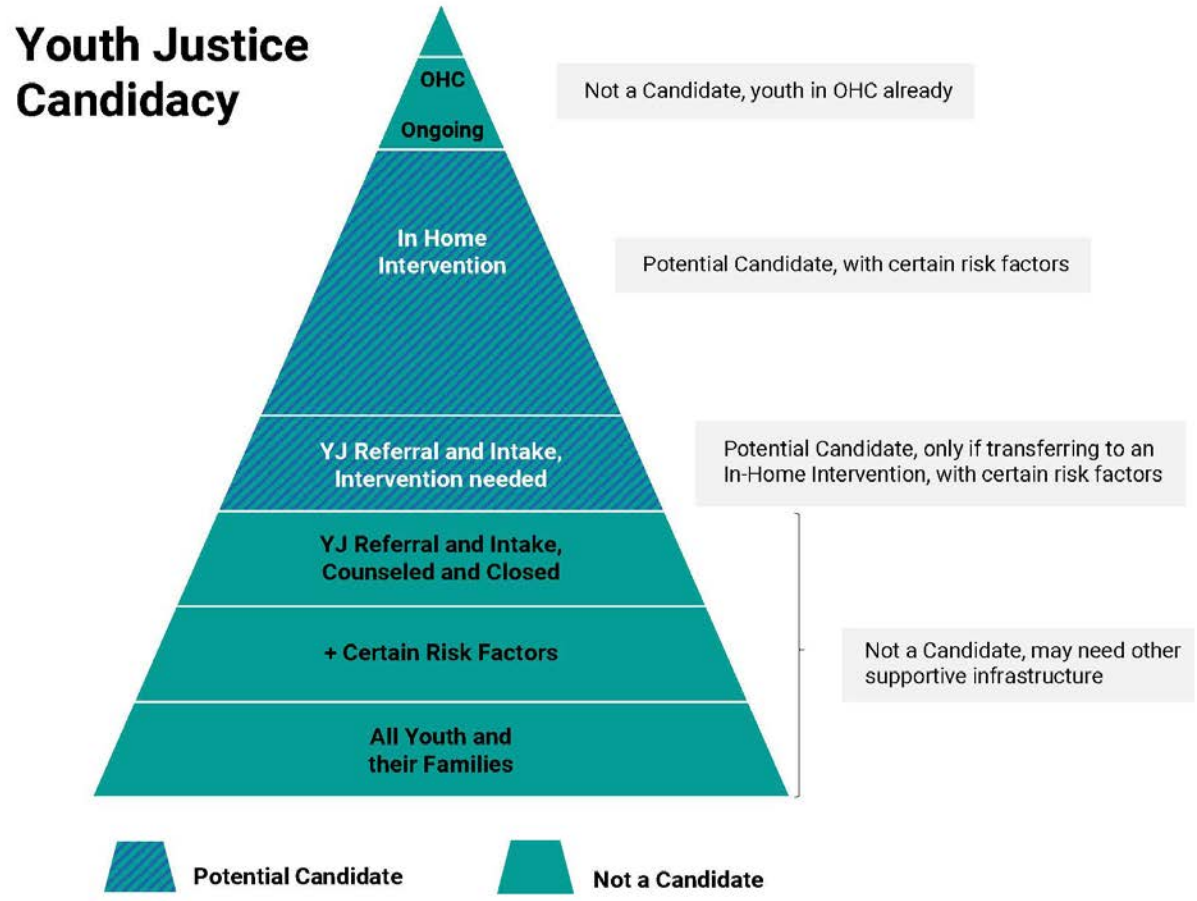
Child Protective Service Candidacy

The following visual was developed through conversations with key stakeholders. This diagram provides an overlay of Wisconsin's definition of candidacy as it overlaps with the state's child welfare process. This diagram has been used to help all stakeholders clarify the Candidacy population within Wisconsin's child welfare framework.



Youth Justice Candidacy

DCF has strategically included children and youth engaged in the Youth Justice System in Wisconsin's definition of Candidacy as a particularly vulnerable population. Wisconsin is uniquely poised to improve service to these children and youth, as DCF is the oversight agency for both the child welfare and youth justice systems. Efforts are underway to operationalize youth justice candidacy, however this will require technical system upgrades and programmatic support. DCF is not seeking approval from the Children's Bureau at this time for this population and does not intend to claim services under the Five-Year Prevention Program Plan for children and youth engaged in the youth justice system. An amended plan will be submitted at a future date to include this population. The following visual was developed through conversations with key stakeholders. This diagram provides an overlay of Wisconsin's definition of Candidacy as it overlaps with the state's youth justice process and the intended long-term goal of the system to serve these children and youth as Candidates under the state's Five-Year Prevention Plan.



Prevention Plan for the Child

Wisconsin has a robust safety and case/service planning framework to support the case management workforce. As discussed above, Wisconsin has chosen to identify candidates within the existing population of children and youth who have been determined to be at imminent risk of placement within the state's child protective and youth justice service systems. Determination as to if a child experiencing a child protective service (CPS) intervention is a candidate, will be based upon the *Safety Assessment Family Evaluation* (SAFE) framework which guides the level of intervention needed to ensure safety. Efforts to operationalize identification of youth who are candidates within the youth justice population are ongoing.

After the determination is made to serve a family in-home, the child welfare professional will identify and document the key strategies to keep a child safely in their home through the child's prevention plan. Child welfare professionals are case workers employed by the local title IV-E implementing agency.

In Wisconsin the child's prevention plan will be operationalized as part of the child's Case Plan. The prevention plan will list the services to be provided to or on behalf of the child to ensure success of these in-home strategies, and regularly evaluate this service delivery for families.

In Wisconsin, the goal of the child welfare professional is to enhance parent/caregiver protective capacities through a robust planning process so the parents/caregivers can adequately manage without intervention. The child's prevention plan, which is embedded within the state's automated information system (eWiSACWIS), organizes case activity and is a tool for communicating with parents/caregivers, children, family members, court parties, and other individuals involved in providing supports and services to the family.

The child welfare professional is responsible for overseeing the implementation of the prevention plan and engaging with parents/caregivers to facilitate change.

This process with the family includes:

- When the child is an Indian child, making active efforts to prevent the breakup of the Indian family using remedial services and rehabilitation programs as provided in the Indian Child Welfare Act (ICWA) and the Wisconsin Indian Child Welfare Act (WICWA).
- Identifying household behaviors that need to change and the behaviors that need to be demonstrated and sustained.
- Developing behaviorally stated, measurable goals related to enhancing parents'/caregivers' protective capacity that are phrased in the family's own terminology.
- Confirming any specific needs and strengths for children and parents or caregivers and how those needs will be addressed.
- Identifying supports and change strategies to assist the family in achieving stability and safe case closure.
- Identifying services and activities that are acceptable, accessible, and appropriately matched with what must change.

- Determining if an evidence-based Title IV-E Prevention Clearinghouse Service is available to meet the identified need of what must change.
- Ensuring goals establish a sufficient behavioral benchmark for evaluating change.
- Planning to identify, locate, and involve non-custodial or absent parents and relatives as resources for children.

In Wisconsin, when a child is an Indian child and is served by a local Title-IV implementing agency, the process for determining eligibility and overseeing a child's prevention plan is consistent with the requirements above. As sovereign nations, the eleven federally recognized tribes in Wisconsin have their own authority for serving child welfare families. For children and families, served by tribal child welfare agencies, Wisconsin does not intend to claim IV-E for Prevention Services provided outside of the local title IV-E implementing agency.

Enhancements to understanding and documenting a families' needs in the eWiSACWIS system to support FFPSA planning were completed in September of 2021. These enhancements included updates to the case plan documentation to clearly identify Title IV-E evidence-based services and more easily identify FFPSA candidates. This will enable easier data tracking moving forward. Further enhancements will be developed as Wisconsin increases service delivery infrastructure and identifies further infrastructure needs.

Expectant or Parenting Youth in Out-of-Home Care

Identification of expectant or parenting youth in out-of-home care occurs through Wisconsin's eWiSACWIS system. For expectant or parenting youth, the youth's prevention plan will be operationalized as part of the youth's Permanency Plan and will include services to be provided to the youth as well as the prevention strategy for any child(ren) born to that youth. Initial enhancements needed to support this planning process and documentation in the state's eWiSACWIS system were completed in September of 2021. These enhancements included updates to better identify expectant or parenting youth in the eWiSACWIS system, ability to document the child's prevention plan requirements, such as the strategy to prevent removal, as well as identify Title IV-E evidence-based services.

IV. Service Description and Oversight (Pre-Print Section 1)

In-Home Service Model

Through fully utilizing the current strengths of our state's practice model, including Wisconsin's Safety Model, Wisconsin developed a holistic in-home service delivery model. This philosophical model, which is presented below, is aimed at keeping children safely at home with their families in a manner that promotes equity and reduces disparity. This model prioritizes and respects a family's unique needs and voice by placing them at the center circled by supportive infrastructure of the child welfare and related systems.

The key components of Wisconsin's In-Home Service Model include:

- The child welfare professional, or the IV-E agency caseworker, is key in assessing and supporting the family to remain safely together. Supportive services such as Integrated

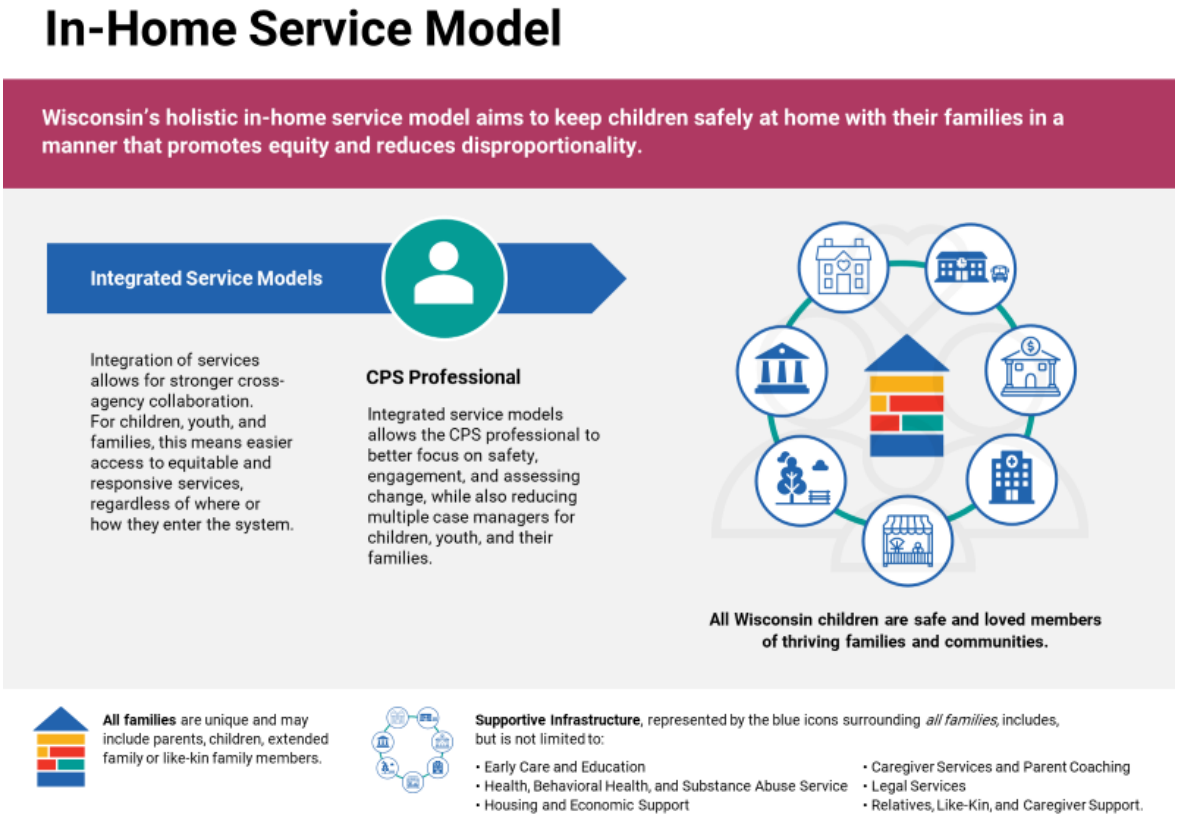
Service Models allow the child welfare professional to focus on engagement, safety, and assessment.

- Integrated Service Models are services that act as brokers, not only in providing direct support to the family, but also in assisting with service coordination tasks for the child welfare professional. This enables the child welfare professional to better focus on safety, engagement, assessing change and providing oversight of activities provided under the child's prevention plan to ensure that these services continue to meet the needs of the child and family. Service needs identified through the assessment process drive the services delivered regardless of the state's ability to claim title IV-E.
- As Wisconsin seeks to build up Integrated Service Models throughout the state, the focus will be on enhancing existing infrastructure. Examples of Integrated Services focused on serving children and families in-home can be found on the visual, "Continuum of Care for DCF-Involved Family and Children."
- The Supportive Infrastructure includes services throughout the state that are needed to better support children and families, both through evidence-based interventions and other interventions that have been found, through stakeholder input, to have a significant impact on keeping children with their families.

In creation of this model, Wisconsin sought to answer three key questions:

- What services do children and families most need to remain safely together?
- What does the workforce need to support families with complex needs in-home?
- How do we help families safely exit our system?

Wisconsin continues to evaluate future evidence-based practices for future implementation in the state. This framework will guide future decision-making in evaluating services and interventions.



Evidence-Based Services

The following evidence-based services have been selected for Wisconsin's first Five-Year Prevention Plan submission.

Background

Wisconsin provides high quality, evidence-based home visiting services to families with complex needs in at-risk communities with the following aims: (1) improve maternal and child health, (2) improve school readiness, and (3) reduce child abuse and neglect. Wisconsin has a strong history of home visiting services, with home visiting existing in every region of the state. Three evidence-based home-visiting services are requested for approval in this plan; Nurse-Family Partnership, Healthy Families America, & Parents as Teachers. All three programs are implemented in compliance with the Health Resource and Services Administrations (HRSA) guidelines and follow the Maternal, Infant, and Early Childhood Home Visiting requirements. These programs, referred to as the state's Family Foundations Home Visiting (FFHV) Program, are also supported by the same DCF organizational unit that responsible for the state's Title IV-E Prevention Plan.

Local implementing agencies of home visiting services (LIAs) work directly with their selected evidence-based models' national office to become accredited and maintain accreditation

through demonstrating fidelity to the model. Wisconsin monitors the ongoing compliance with the model and provides extensive support to LIAs in other areas of program administration.

A brief summary of these roles are as follows:

- DCF maintains contracts with LIAs and completes sub-recipient monitoring activities, including fidelity monitoring, technical assistance and state level CQI efforts.
- LIAs, as contracted providers, are responsible for evidence-based service provision, fidelity maintenance, amongst other items, but are not responsible for the assessment of safety/risk or the creation and subsequent evaluation of the child's prevention plan.
- Local Title IV- E implementing agencies employ child welfare professionals who are responsible for assessing safety/risk, creation of and subsequent evaluation of a child's prevention plan. Local Title IV-E implementing agencies refer families to home visiting services based on their assessment.

The below sections contain further details regarding the evidence-based services that were selected.

Healthy Families America

	Healthy Families America (HFA)
Level of Evidence	Well- Supported
Service Category (In-Home Parent Skill Based Services, Mental Health, Substance Abuse Treatment)	In-Home Parent Skill-Based Programs & Services
Manual Used	Healthy Families America. (2018) *Best practice standards*. Prevent Child Abuse America. Programmatically Wisconsin will utilize the following updated version of the manual: Healthy Families America. 8th Edition (2021) *Best practice standards.* Prevent Child Abuse America. Wisconsin is not a state accredited multi-site system and does not use the *State/Multi-Site System Central Administration Standards.* As defined by HFA *"*An affiliated Multi-Site System consists of a central administrative entity providing support to a group of HFA Single Sites". While Wisconsin provides extensive support to local implementing agencies, local implementing agencies work directly with HFA's national office to become accredited and maintain accreditation through demonstrating fidelity to the model. Wisconsin monitors the ongoing compliance with the model.

Target Population	Consistent with HFA's child welfare protocols, families co-involved with child welfare will be offered services for minimum of three years, regardless of the age of the child at intake. As a model originally designed to support families with children through age five, this allows sites to enroll families referred by child welfare up to age twenty-four months.[1] Research supports the use of HFA with child welfare populations noting the "well documented benefits of home visiting programs hold much promise for child welfare involved mothers".[2] Enrollment: Families who have increased risk for maltreatment or other adverse experiences, particularly child welfare, up to 24 months of age. Service Provision: Families co-involved with child welfare will be offered services for a minimum of three years, regardless of a child's age at intake. Children are able to be served up until age five. While HFA serves families prenatally, for the purposes of Title IV-E reimbursement, a child would be considered eligible if determined to be at imminent risk of removal post-birth. Pregnant and expecting youth in out of home care, would be eligible to receive services when expecting.
Describe How Providing Services is Expected to Improve Outcomes	HFA has been found to improve the following outcomes: • Child development and school readiness • Economic self-sufficiency • Positive parenting practices • Child and maternal health • Decrease in child maltreatment' Wisconsin's candidacy focuses specifically on families, not merely at risk of child maltreatment, but those who have had a screened-in report of child abuse or neglect. Due to this as part of the Five-Year Prevention Plan, DCF only intends to monitor the outcome of decreasing in maltreatment for children who receive this service.
Fidelity Measures	Prospective HFA LIAs are required to submit an implementation plan to the HFA National Office outlining their capacity to implement the model requirements. LIAs are granted consultation phone calls to help identify implementation readiness and are provided with HFA Site Development guides. Furthermore, new LIAs are offered a 3-day Implementation Training by the HFA National Office as well as ongoing implementation

[1] California Evidence Based Clearinghouse. *Healthy Families America (HFA).* https://www.cebc4cw.org/program/healthy-families-america-home-visiting-for-prevention-of-child-abuse-and-neglect/

[2] Lee, E., Kirkland, K., Miranda-Julian, C., & Greene, R. (2018). Reducing maltreatment recurrence through home visitation: A promising intervention for child welfare involved families. Child Abuse & Neglect, 86, 55-66. https://doi.org/10.1016/j.chiabu.2018.09.004

	support. The current HFA LIAs in Wisconsin have completed these prerequisites and new sites will be required to follow the same protocol. LIAs will verify affiliation by providing HFA affiliate certifications to DCF while DCF monitors fidelity and outcomes related to the implementation of HFA utilizing the Plan to Implement Services with Continuous Monitoring for Fidelity/Outcome Achievement described later in this section.
	
	HFA requires local HFA LIAs to follow the HFA Best Practice Standards and to demonstrate fidelity to the standards demonstrated through periodic accreditation site visits. The HFA Best Practice Standards are both a guide to model implementation and the fidelity tool used to measure adherence to model requirements. There are 152 standards that LIAs are rated on and ultimately help measure the current degree of fidelity to the model. All HFA LIAs are required to complete a self-study of current site policy and practice. An external and objective peer review team uses this self-study along with a multi-day site visit to determine the sites rating (of exceeding, meeting or not yet meeting) for each standard.
	
	Ongoing technical assistance, staff training, and periodic site visits are components of formal implementation support provided by the HFA National Office and serve as key elements of fidelity monitoring. For practice standards that providers are not in adherence with the HFA National Office provides CQI guidance and support to ensure fidelity and alignment with model.
	
	HFA LIAs are required to implement fidelity monitoring and outcome measurement using HFA planning and reporting tools.
	
	Key Tools to Implement Fidelity:
	• *Accreditation Preparation Guide* – Instructions and resources to help sites prepare for HFA Accreditation
	• *Site Profile Report* – a web-based data system where sites report to the HFA National Office about the families served in their community and affiliation and accreditation activities are tracked.
	
	Data Elements to Measure Child Maltreatment:
	• HFA National Office collection of compliance with HFA Best Practice Standards Fidelity Tool
	• Assessment, visit completion and referral data as referenced in Appendix 7 collected from HFA LIAs through the DAISEY system
	• Child outcome analysis through eWiSACWIS:
	  • Whether the case remains open or closed
	  • Subsequent maltreatment allegations
	  • Access report screened in or out
	  • Initial Assessment outcomes
	  • Subsequent unsafe finding
	  • Subsequent substantiated child maltreatment allegation

	• Future removal into out-of-home care (OHC)
	  • Initial placement setting type
	  • Episode length
	  • Placement stability
	  • OHC episode outcome (discharge reason if applicable)
	• DCF collects additional information through the contracting & sub-recipient monitoring process, as well as through site visits as refenced in Appendix 5 & 6

Trauma-informed Service Delivery	See Attachment III, State Assurance of Trauma-Informed Service Delivery
Evaluation	See Attachment II, State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

How HFA Was Selected

Multiple stakeholder conversations, geared at identification of service gaps, occurred to understand needs across the state as part of both strategic planning and FFPSA efforts. A selection of factors regarding various models were considered: level of evidence, service proximity to a family's root need, ability to meet the needs of entire family, fit with the state's child welfare system and with Wisconsin's Safety Model, cost and implementation criteria **AND when possible** maximize ability to provide funding directly to local jurisdictions agencies, as well as build on existing infrastructure/strengthen existing connections.

Strategic team members evaluated evidence-based interventions on the California Evidence Based Clearinghouse and Title IV-E Prevention Services Clearinghouse, with particular focus on interventions that act as "Integrated Service Models" or interventions that meaningfully connect families to additional service needs in line with the In-Home Service Model discussed above. Connecting families to key resources, including mental health services is a key component of the HFA model, which made it an ideal choice for selection.

The current and historical landscape was evaluated for likelihood of implementation readiness, including a survey which found that home visiting services, including HFA, were the most utilized evidence-based services across the state that were implemented to fidelity. Identified also as a key need was that flexible services that could meet the needs of families in rural and urban areas of the state. HFA has been demonstrated to have success in various areas across the state, including in both rural and urban areas.

Wisconsin has a robust home visiting infrastructure as the result of significant state investment over the last decade. HFA exists in sixteen programs and twenty-seven jurisdictions across the state; due to this existing infrastructure was identified as a key service.

Finally, in partnership with DCF, the University of Wisconsin-Milwaukee School of Social Work completed an analysis of WI families co-involved in CPS and home visiting, including HFA. This analysis found that when HV is involved for families that overlap with the CPS system: (1) unsafe findings occur at lower rates when HV is involved (statistically significant), (2) substantiation rates are lower when HV is involved, and (3) fewer children were removed and

placed in out-of-home care placements when HV is involved. This data reinforces that Wisconsin's home visiting programs have already been an effective tool in supporting CPS Candidates in-home.

Plan to Implement Services with Continuous Monitoring for Fidelity/Outcome Achievement

Four DCF staff, including one collaborative position based in the state's Department of Health Services (DHS), provide state level oversight of the performance of LIAs to meet the fidelity expectation, monitor program outcome benchmarks, and support regular and specialized continuous quality improvement responsibilities.

DCF contracts with counties, non-profit agencies, and tribes to administer evidenced-based home visiting services. These LIAs are not local Title IV-E implementing agencies as identified in the Overview of the Plan. DCF provides the continuous monitoring of these LIAs through a subrecipient monitoring process.

A request for proposal (RFP) procurement process is used to select LIAs to administer evidence-based home visiting services in Wisconsin. The current contracted sites have the option for yearly renewals of contracts until 2025 when a new procurement process will occur. As part of DCF's contract with LIAs, an extensive subrecipient monitoring plan is in place to ensure program fidelity and continuous monitoring. This subrecipient monitoring plan (Attachment 5) includes requirements related to maintaining fidelity to the evidence-based model, service delivery, required data collection/reporting, as well as continuous improvement efforts. This subrecipient monitoring plan includes the performance metrics, monitoring activities, frequency, follow up mechanism and state staff responsible for each area. DCF state staff are responsible for monitoring subrecipients performance for compliance with federal requirements and performance expectations. Subrecipient monitoring plans used by the FFHV Program include provisions for:

- Performing site visits to review financial and program operations.
- Providing technical assistance when needed.
- Follow-up procedures to ensure timely and appropriate action by the subrecipient on all deficiencies identified through required audits, site visits, or other procedures to provide some of the subrecipient monitoring activities.

HFA LIAs work directly with the national office to complete all accreditation and ongoing fidelity requirements. LIAs, as part of their DCF contact, are required to maintain and demonstrate fidelity to the national model and demonstrate good standing with the national model office. This is monitored through annual demonstration of the LIAs' good standing with the model, which includes meeting the national model's fidelity requirements. All LIAs also submit an annual staff plan in alignment with the model requirements, as well as a quarterly development training plan for all staff and supervisors.

Through this process, the FFHV Program staff work with LIAs to identify and address technical assistance, training needs and improvement goals. DCF may provide technical assistance and training to programs or help programs to access needed support. One way this is done is through site visits. Site visits by FFHV Program staff occur virtually or in person and are conducted using a formalized site visit protocol (Attachment 6). LIAs are placed into site visit categories based on their length of service, retention of management staff and standing with

national model. The LIA site visit category determines the frequency of the site visits and alternative technical assistance given each year to the LIA. As LIAs have fidelity agreements and are accredited with their national model, national model representatives attend site visits with state staff and other key stakeholders, which also ensures communication of any concerns with fidelity/implementation by the LIA.

In addition to the technical assistance provided by state FFHV Program staff, DCF contracts with the Wisconsin Child Welfare Professional Development System to provide the following additional services for HFA & Parents as Teachers (PAT) LIAs.

Training:

- Coordinate national model trainings and support of in-state trainers for PAT Foundational, Model Implementation and for HFA Foundations of Family Support and the Parent Survey trainings.
- Develop additional PAT Foundational / Model Implementation training

Technical Assistance:

- Complete PAT and HFA site visits and review annual reports and other forms of data.
- Provide bimonthly technical assistance calls for both PAT and HFA affiliates, predominately targeting supervisors.
- Develop a plan for providing HFA technical assistance, logistics, and evaluation.
- Participate in HFA annual TA session with National Office staff
- Provide model implementation readiness support.

In addition, LIAs are required to collect and report demographic and program data in accordance with the HV Daisey data collection table (Attachment 7). LIAs have responsibility to run and review reports and to make needed corrections in the DAISEY data system monthly to ensure data quality and complete Data Quality Improvement Plans (DQIP) two times per year. DCF collects and analyzes data through the DAISEY web-based shared measurement system. DCF monitors this data through a series of reports that are reviewed quarterly for completion and missing data. DCF analyzes this data on a quarterly and annual basis.

LIAs submit quarterly implementation reports and participate in quarterly evaluation activities, which are analyzed by DCF state staff for compliance. Information is used for federal reporting, to inform professional development trainings, and to inform Wisconsin's FFHV report. Lastly, to ensure fidelity and continuous monitoring for fidelity and outcome achievement, DCF holds quarterly grantee meetings with LIAs to cover key technical assistance, fidelity, and data tracking areas as they arise.

Parents as Teachers (PAT)

	Parents as Teachers (PAT)
Level of Evidence	Well- Supported
Service Category	In-Home Parent Skill-Based Programs & Services
Manual Used	Parents as Teachers National Center, Inc. (2016). *Foundational curriculum.* Parents as Teachers National Center, Inc. (2014). *Foundational 2 curriculum: 3 years through kindergarten.*
Target Population	New and expectant parents, starting prenatally and continuing until their child reaches kindergarten. While PAT will serve families prenatally, for the purposes of title IV-E reimbursement, a child would be considered eligible from birth continuing until their child reaches kindergarten. Pregnant and expecting youth in out of home care, would be considered eligible prenatally.
Describe How Providing Services is Expected to Improve Outcomes	PAT has been found to improve the following outcomes: • Child development and school readiness • Positive parenting practices Wisconsin's candidacy focuses specifically on families, not merely at risk of child maltreatment, but those who have had a screened-in report of child abuse or neglect. Due to this as part of the Five-Year Prevention Plan, DCF only intends to monitor the outcome of decreasing in maltreatment for children who receive this service.
Fidelity Measures	PAT LIAs work directly with the national office to complete all accreditation and ongoing fidelity requirements. LIAs as part of their DCF contact are required to utilize developer processes to measure progress, maintain and demonstrate fidelity to the national model, and demonstrate good standing with the national model office. LIAs will verify affiliation by providing PAT affiliate certifications to DCF. DCF monitors fidelity and outcomes related to the implementation of PAT utilizing the Plan to Implement Services with Continuous Monitoring for Fidelity/Outcome Achievement described later in this section. To maintain fidelity to the PAT model, the PAT National Center requires that PAT LIAs provide annual data on their fidelity to the program model through an Affiliate Performance Report (ARP). The PAT National Center monitors fidelity through the data collected within these annual reviews. In addition, affiliates are expected to participate in the affiliate Quality Endorsement and Improvement Process (QEIP). The PAT National Center provides technical assistance via state assigned National Center TA providers to any organization implementing

	PAT that requests assistance. This state-based TA includes support with fidelity monitoring culminating in an annual report. PAT LIAs are required to meet specific CQI measures known as the 81 Essential Requirements. If the provider does not meet the Quality Standard #1 (related to having comprehensive policies and procedures) and certain benchmark percentages of additional Quality Standards Essential Requirements, they must complete a "Success Plan" outlining how they will improve to meet benchmarks, participate in rapid CQI processes, and undergo technical assistance with an assigned PAT staff member.
	
	The PAT National Center expects affiliate LIAs to engage in CQI of service delivery and operations on an ongoing basis including: tracking and evaluating service delivery and outcomes, along with monitoring staff requirements such supervision, training and workload. All current and future Wisconsin PAT LIAs will be expected adhere to these parameters.
	
	In addition to these fidelity processes, DCF will work with the PAT National Center and with LIAs to further incorporate the annual data gathered for the PAT National Center into overall program development, as well as for ongoing technical assistance.
	
	PAT LIAs are required to implement fidelity monitoring and outcome measurement using PAT planning and reporting tools.
	
	Key Tools to Implement Fidelity:
	• *Guidance on Continuing Quality Improvement* - Provides instructions for CQI using the plan, do, study, act (PDSA) process, including how to complete the PDSA worksheet.
	• *PDSA Worksheet* - Tool to guide the PDSA process.
	• *PAT Quality Assurance Blueprint* - Outlines the tasks and activities that PAT LIA supervisors should engage in to monitor and strengthen services, supervision and professional development, and administration.
	• *2020 Essential Requirements* - Describes PAT program elements and how they are measured.
	
	Data Elements to Measure Child Maltreatment:
	• PAT National Center collection of the 81 Essential Requirements
	• Assessment, visit completion and referral data as referenced in Appendix 7 collected from PAT LIAs through the DAISEY system
	• Child outcome analysis through eWiSACWIS:
	  • Whether the case remains open or closes
	  • Subsequent maltreatment allegations
	  • Access report screened in or out
	  • Initial Assessment outcomes
	  • Subsequent unsafe finding

	• Subsequent substantiated child maltreatment allegation • Future removal into out-of-home care (OHC) • Initial placement setting type • Episode length • Placement stability • OHC episode outcome (discharge reason if applicable) • DCF collects additional information through the contracting & sub-recipient monitoring process, as well as through site visits as refenced in Appendix 5 & 6
Trauma-informed Service Delivery*	See Attachment III, State Assurance of Trauma-Informed Service Delivery
Evaluation	See Attachment II, State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

How PAT Was Selected

Multiple stakeholder conversations, geared at identification of service gaps, occurred to understand needs across the state as part of both strategic planning and FFPSA efforts. A selection of factors regarding various models were considered: level of evidence, service proximity to a family's root need, ability to meet the needs of entire family, fit with the state's child welfare system and with Wisconsin's Safety Model, cost and implementation criteria **AND when possible** maximize ability to provide funding directly to local jurisdictions agencies, as well as build on existing infrastructure/strengthen existing connections.

Strategic team members evaluated evidence-based interventions on the California Evidence Based Clearinghouse and Title IV-E Prevention Services Clearinghouse, with particular focus on interventions that act as "Integrated Service Models" or interventions that meaningfully connect families to additional service needs in line with the In-Home Service Model discussed above. Connecting families to key resources, including mental health services is a key component of the PAT model, which made it an ideal choice for selection.

The current and historical landscape was evaluated for likelihood of implementation readiness, including a survey which found that home visiting services, including PAT, were the most utilized evidence-based services across the state that were implemented to fidelity. Identified also as a key need was flexible services that could meet the needs of families in rural and urban areas of the state. PAT has been demonstrated to have success in various areas across the state, including in both rural and urban areas.

Wisconsin has a robust home visiting infrastructure as the result of significant state investment over the last decade. PAT exists in thirteen programs across fourteen jurisdictions in Wisconsin and due to this existing infrastructure was identified as a key service.

Finally, in partnership with DCF, the University of Wisconsin-Milwaukee School of Social Work completed an analysis of WI families co-involved in CPS and home visiting, including HFA. This analysis found that when HV is involved for families that overlap with the CPS system: (1)

unsafe findings occur at lower rates when HV is involved (statistically significant), (2) substantiation rates are lower when HV is involved, and (3) fewer children were removed and placed in Out-of-Home care placement when HV is involved. This data reinforces that Wisconsin's home visiting programs have already been an effective tool in supporting CPS Candidates in-home.

Plan to Implement Services with Continuous Monitoring for Fidelity/Outcome Achievement

Four DCF staff, including one collaborative position based in the state's Department of Health Services (DHS), provide state level oversight of the performance of LIAs to meet the fidelity expectation, monitor program outcome benchmarks, and support regular and specialized continuous quality improvement responsibilities.

DCF contracts with counties, non-profit agencies, and tribes to administer evidenced-based home visiting services. These LIAs are not local Title IV-E implementing agencies as identified in the Overview of the Plan. DCF provides the continuous monitoring of these LIAs through a subrecipient monitoring process.

A request for proposal (RFP) procurement process is used to select LIAs to administer evidence-based home visiting services in Wisconsin. The current contracted sites have the option for yearly renewals of contracts until 2025 when a new procurement process will occur. As part of DCF's contract with LIAs, an extensive subrecipient monitoring plan is in place to ensure program fidelity and continuous monitoring. This subrecipient monitoring plan (Attachment 5) includes requirements related to maintaining fidelity to the evidence-based model, service delivery, required data collection/reporting, as well as continuous improvement efforts. This subrecipient monitoring plan includes the performance metrics, monitoring activities, frequency, follow up mechanism and state staff responsible for each area. DCF state staff are responsible for monitoring subrecipients performance for compliance with federal requirements and performance expectations.

Subrecipient monitoring plans used by the FFHV Program include provisions for:

- Performing site visits to review financial and program operations.
- Providing technical assistance when needed.
- Follow-up procedures to ensure timely and appropriate action by the subrecipient on all deficiencies identified through required audits, site visits, or other procedures to provide some of the subrecipient monitoring activities.

PAT LIAs work directly with the national office to complete all accreditation and ongoing fidelity requirements. LIAs as part of their DCF contact are required to maintain and demonstrate fidelity to the national model and demonstrate good standing with the national model office. This is monitored through annual demonstration of the LIAs' good standing with the model, which includes meeting the national model's fidelity requirements. All LIAs also submit an annual staff plan in alignment with the model requirements, as well as a quarterly development training plan for all staff and supervisors.

Through this process, the FFHV Program staff, work with LIAs to identify and address technical assistance, training needs and improvement goals. DCF may provide technical assistance and training to programs or help programs to access needed support. One way this is done is

through site visits. Site visits by FFHV Program staff occur virtually or in person and are conducted using a formalized site visit protocol (Attachment 6). LIAs are placed into site visit categories based on their length of service, retention of management staff and standing with national model. The LIA site visit category determines the frequency of the site visits and alternative technical assistance given each year to the LIA. As LIAs have fidelity agreements and are accredited with their national model, national model representatives attend site visits with state staff and other key stakeholders, which also ensures communication of any concerns with fidelity/implementation by the LIA.
In addition to the technical assistance provided by DCF state staff, DCF contracts with the Wisconsin Child Welfare Professional Development System to provide the following additional services for HFA & PAT LIAs.

Training:

- Coordinate national model trainings and support of in-state trainers for PAT Foundational, Model Implementation and for HFA Foundations of Family Support and the Parent Survey trainings.
- Develop additional PAT Foundational / Model Implementation training

Technical Assistance:

- Complete PAT and HFA site visits and review annual reports and other forms of data.
- Provide bimonthly technical assistance calls for both PAT and HFA affiliates, predominately targeting supervisors.
- Develop a plan for providing HFA technical assistance, logistics, and evaluation.
- Participate in PAT annual TA session with National Office staff
- Provide model implementation readiness support.

In addition, LIAs are required to collect and report demographic and program data in accordance with the HV Daisey data collection table (Attachment 7). LIAs have a responsibility to run and review reports and to make needed corrections in the DAISEY data system monthly to ensure data quality and complete Data Quality Improvement Plans (DQIP) two times per year. DCF collects and analyzes data through the DAISEY web-based shared measurement system. DCF monitors this data through a series of reports that are reviewed quarterly for completion and missing data. DCF analyzes this data on a quarterly and annual basis.

LIAs submit quarterly implementation reports and participate in quarterly evaluation activities, which are analyzed by DCF state staff for compliance. Information is used for federal reporting, to inform professional development trainings, and to inform Wisconsin's FFHV report. Lastly, to ensure fidelity and continuous monitoring for fidelity and outcome achievement, DCF holds quarterly grantee meetings with LIAs to cover key technical assistance, fidelity, and data tracking areas as they arise.

Nurse-Family Partnership (NFP)

	Nurse-Family Partnership (NFP)
Level of Evidence	Well-Supported
Manual Used	Nurse Family Partnership. (2020). *Visit-to-visit guidelines*
Service Category	In-Home Parent Skill-Based Programs & Services
Target Population	Young, first-time, low-income mothers from early pregnancy through their child's first two years. While NFP will serve families prenatally, for the purposes of Title IV-E reimbursement, a child would be considered eligible from birth, through age two if determined to be at imminent risk of removal. Pregnant youth in out of home care, would be considered eligible prenatally when meeting all other eligibility requirements as outlined above.
Describe How Providing Services is Expected to Improve Outcomes	NFP has been found to improve the following outcomes: • Child development and school readiness • Economic self-sufficiency • Positive parenting practices • Child and maternal health • Decrease in child maltreatment Wisconsin's candidacy focuses specifically on families, not merely at risk of child maltreatment, but those who have had a screened-in report of child abuse or neglect. Due to this as part of the Five-Year Prevention Plan, DCF only intends to monitor the outcome of decreasing in maltreatment for children who receive this service.
Fidelity Measures	NFP fidelity requires adherence to all 19 of the NFP Model Elements. Nurses collect client and home visit data as specified by the NFP National Service Office's (NSO) national database who then reports data back to agencies to assess and support implementation. Agencies use these reports to monitor, identify and improve variances, and assure fidelity to the NFP model. LIAs will verify affiliation by providing NFP LIA certifications to DCF while DCF monitors fidelity and outcomes related to the implementation of NFP utilizing the Plan to Implement Services with Continuous Monitoring for Fidelity/Outcome Achievement described later in this section. NFP LIAs are required to implement fidelity monitoring and outcome measurement using NFP planning and reporting tools. **Key Tools to Implement Fidelity:** • *Outcomes Report* – data collected to monitor the extent to which teams are achieving outcomes that can be measured while a family is active in the program and are related to common

	indicators of maternal, infant and child health, and family functioning.
	• *Agency Implementation Review* – comprehensive review to systematically assess individual network partners across several implementation goals.
	• *Fidelity Index* – assists agencies improve implementation and fidelity to the NFP Model through data collected and submitted specific to 14 of the 19 NFP Model Elements.
	
	Data Sources to Measure Child Maltreatment:
	• NFP National Service Office collection of the 19 NFP Model Elements
	• Assessment, visit completion and referral data as referenced in Appendix 7 collected from NFP LIAs through the DAISEY system
	• Child outcome analysis through eWiSACWIS:
	  • Whether the case remains open or closes
	  • Subsequent maltreatment allegations
	  • Access report screened in or out
	  • Initial Assessment outcomes
	  • Subsequent unsafe finding
	  • Subsequent substantiated child maltreatment allegation
	  • Future removal into out-of-home care (OHC)
	  • Initial placement setting type
	  • Episode length
	  • Placement stability
	  • OHC episode outcome (discharge reason if applicable)
	• DCF collects additional information through the contracting & sub-recipient monitoring process, as well as through site visits as refenced in Appendix 5 & 6

Trauma-informed Service Delivery*	See Attachment III, State Assurance of Trauma-Informed Service Delivery
Evaluation	See Attachment II, State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

How NFP Was Selected

Multiple stakeholder conversations, geared at identification of service gaps, occurred to understand needs across the state as part of both strategic planning and FFPSA efforts. A selection of factors regarding various models were considered: level of evidence, service proximity to a family's root need, ability to meet the needs of entire family, fit with the state's child welfare system and with Wisconsin's Safety Model, cost and implementation criteria **AND when possible** maximize ability to provide funding directly to local jurisdictions agencies, as well as build on existing infrastructure/strengthen existing connections.

Strategic team members evaluated evidence-based interventions on the California Evidence Based Clearinghouse and Title IV-E Prevention Services Clearinghouse, with particular focus on interventions that act as "Integrated Service Models" or interventions that meaningfully connect families to additional service needs in line with the In-Home Service Model discussed above. Connecting families to key resources, including mental health services is a key component of the NFP model, which made it an ideal choice for selection.

The current and historical landscape was evaluated for likelihood of implementation readiness, including a survey which found that home visiting services, including NFP, were the most utilized evidence-based services across the state that were implemented to fidelity. Identified also as a key need was that flexible services that could meet the needs of families in rural and urban areas of the state. NFP has been demonstrated to have success in various areas across the state, including in both rural and urban areas.

Wisconsin has a robust home visiting infrastructure as the result of significant state investment over the last decade. NFP exists in five programs across ten jurisdictions in Wisconsin and due to this existing infrastructure was identified as a key service.

Finally, in partnership with DCF, the University of Wisconsin-Milwaukee School of Social Work completed an analysis of WI families co-involved in CPS and home visiting, including NFP. This analysis found that when HV is involved for families that overlap with the CPS system: (1) unsafe findings occur at lower rates when HV is involved (statistically significant), (2) substantiation rates are lower when HV is involved, and (3) fewer children were removed and placed in Out-of-Home care placement when HV is involved.

This data reinforces that Wisconsin's home visiting programs have already been an effective tool in supporting CPS Candidates in-home.

Plan to Implement Services with Continuous Monitoring for Fidelity/Outcome Achievement

Four DCF staff, including one collaborative position based in the state's Department of Health Services (DHS), provide state level oversight of the performance of the LIAs to meet the fidelity expectation, monitor program outcome benchmarks, and support regular and specialized continuous quality improvement responsibilities.

DCF contracts with counties, non-profit agencies, and tribes to administer evidenced-based home visiting services. These LIAs are not local Title IV-E implementing agencies as identified in the Overview of the Plan. DCF provides the continuous monitoring of these LIAs through a subrecipient monitoring process.

A request for proposal (RFP) procurement process is used to select LIAs to administer evidence-based home visiting services in Wisconsin. The current contracted sites have the option for annual renewals of contracts until 2025 when a new procurement process will occur. As part of DCF's contract with LIAs, an extensive subrecipient monitoring plan is in place to ensure program fidelity and continuous monitoring. This subrecipient monitoring plan (Attachment 5) includes requirements related to maintaining fidelity to the evidence-based model, service delivery, required data collection/reporting, as well as continuous improvement efforts. This subrecipient monitoring plan includes the performance metrics, monitoring activities, frequency, follow up mechanism and state staff responsible for each area. DCF state

staff are responsible for monitoring subrecipients performance for compliance with federal requirements and performance expectations. Subrecipient monitoring plans used by the FFHV Program include provisions for:

- Performing site visits to review financial and program operations.
- Providing technical assistance when needed.
- Follow-up procedures to ensure timely and appropriate action by the subrecipient on all deficiencies identified through required audits, site visits, or other procedures to provide some of the subrecipient monitoring activities.

NFP LIAs work directly with the national office to complete all accreditation and ongoing fidelity requirements. LIAs as part of their DCF contact are required to maintain and demonstrate fidelity to the national model and demonstrate good standing with the national model office. This is monitored through annual demonstration of the LIAs good standing with the model, which includes meeting the national model's fidelity requirements. All LIAs also submit an annual staff plan in alignment with the model requirements, as well as a quarterly development training plan for all staff and supervisors. All NFP home visitors receive initial training through the NFP National Office.

Through this process DCF works with LIAs to identify and address technical assistance, training needs and improvement goals. DCF may provide technical assistance and training to programs or help programs to access needed support. One way this is done is through site visits. Site visits by DCF state staff occur virtually or in person and are conducted using a formalized site visit protocol (Attachment 6). LIAs are placed into site visit categories based on their length of service, retention of management staff and standing with national model. The LIA site visit category determines the frequency of the site visits and alternative technical assistance given each year to the LIA. As LIAs have fidelity agreements and are accredited with their national model, national model representatives attend site visits with DCF state staff, which also ensures communication of any concerns with fidelity/implementation by the LIA.

In addition, LIAs are required to collect and report demographic and program data in accordance with the HV Daisey data collection table (Attachment 7). LIAs have a responsibility to run and review reports and to make needed corrections in the DAISEY data system monthly to ensure data quality and complete Data Quality Improvement Plans (DQIP) two times per year. DCF collects and analyzes data through the DAISEY web-based shared measurement system. DCF monitors this data through a series of reports that are reviewed quarterly for completion and missing data. DCF analyzes this data on a quarterly and annual basis.

LIAs submit quarterly implementation reports and participate in quarterly evaluation activities, which are analyzed by DCF state staff for compliance. Information is used for federal reporting, to inform professional development trainings, and to inform Wisconsin's FFHV report. Lastly, to ensure fidelity and continuous monitoring for fidelity and outcome achievement, DCF holds quarterly grantee meetings with LIAs to cover key technical assistance, fidelity, and data tracking areas as they arise.

CQI and Improvement to Refine and Improve Practice

Even prior to FFPSA implementation, Wisconsin maintained a robust infrastructure related to quality improvement at the local level by LIAs that includes state support of local CQI efforts. Following FFPSA implementation, this local-level CQI work will still be a requirement for all LIAs that are part of the Wisconsin's FFHV Program, however, DCF will be providing new, and additional CQI efforts at the state level, using the state's Child Welfare CQI Advisory Committee to review data & advise DCF on critical issues related to the evidence-based models described above and CPS system improvements specific to the Candidacy population Additional information detailing the committee's responsibilities can be located in the two subsequent sections.

Local Level Fidelity and Continuous Quality Improvement Efforts for all Home Visiting Populations

DCF's well-established home visiting programs have extensive fidelity requirements, FFHV-specific outcomes measures, and local program CQI efforts. The table outlines the fidelity requirements, outcomes measured by DCF, and the data sources used to monitor both of these bodies of CQI responsibilities.

Program	Fidelity	Continuous Monitoring Outcome Measure	Data
NFP	LIA's maintain compliance with all components of sub-recipient monitoring plan including: • Achieve and maintain accreditation/affiliation with the model, which includes additional ongoing fidelity requirements, as outlined in the model materials. • Staffing plan meets model standards and aligns with DCF contract. • Ongoing professional development training plan, in line with model requirements in place for staff and supervisors. • Consistent family engagement in assessment, planning and evaluation of services.	Decrease in Child Maltreatment	• DCF collects assessment, visit completion, and referral data through the DAISEY system. • DCF collects information related to child maltreatment through the eWiSACWIS system. • DCF collects additional information through the contracting & sub-recipient monitoring process, as well as through the standardized site visit protocol. See Appendix 5, 6 & 7 for further information.
HFA	LIA's maintain compliance with all components of sub-recipient monitoring plan including: • Achieve and maintain accreditation/affiliation with the model, which includes additional ongoing fidelity requirements, as outlined in the model materials. • Staffing plan meets model standards and aligns with DCF contract. • Ongoing professional development training plan, in line with model requirements in place for staff and supervisors. • Consistent family engagement in assessment, planning and evaluation of services.	Decrease in Child Maltreatment	• DCF collects assessment, visit completion, and referral data through the DAISEY system. • DCF collects information related to child maltreatment through the eWiSACWIS system. • DCF collects additional information through the contracting & sub-recipient monitoring process, as well as through site visits. See Appendix 5, 6 & 7 for further information.
PAT	LIA's maintain compliance with all components of sub-recipient monitoring plan including: • Achieve and maintain accreditation/affiliation with the model, which includes additional ongoing fidelity requirements, as outlined in the model materials. • Staffing plan meets model standards and aligns with DCF contract. • Ongoing professional development training plan, in line with model requirements in place for staff and supervisors. • Consistent family engagement in assessment, planning and evaluation of services.	Decrease in Child Maltreatment	• DCF collects assessment, visit completion, and referral data through the DAISEY system. • DCF collects information related to child maltreatment through the eWiSACWIS system. • DCF collects additional information through the contracting & sub-recipient monitoring process, as well as through site visits. See Appendix 5, 6 & 7 for further information.

DCF provides local implementing agencies with support, training, technical assistance, a standard database for tracking data and requires agency participation in local level and state-wide CQI projects. In addition, the following strategies are used by DCF to support local CQI efforts supported by the FFHV Program with LIAs.

The DCF FFHV Program uses the data discussed above to lead a state-level CQI structure and process to advance continuous improvement capacity at state and local program levels. DCF coordinates efforts between the FFHV Program staff responsible for CQI as part of the state's MIECHV grant and with local home visiting CQI teams to improve future practice. These efforts include the following:

- Prioritization of CQI projects that LIAs will implement through the model for improvement (Attachment 8).
- LIA participation in state-led CQI team meetings as well as any project planning meetings related to CQI efforts.
- LIAs testing change ideas through Plan-Study-Do-Act (PDSA) cycles and submitting monthly CQI project data reports and PDSA narrative reports during state-led CQI projects.
- FFHV Program identification and development of CQI training and technical assistance opportunities for the state and local CQI teams as needed.
- FFHV Program facilitation of monthly meetings with LIAs related to local CQI initiatives and quarterly evaluations of local CQI findings.

These local level CQI projects, implemented as part of the state's FFHV Program, are aimed at improving local fidelity and practice efforts.

In addition, the following strategies are used by DCF to support local continuous improvement efforts within home visiting:

- Organizational systems and supports for CQI – e.g., expanding staff time to support local teams, providing ongoing training, and coaching in advanced CQI methods, providing opportunities for peer-to-peer learning, etc.
- Engagement of families in CQI efforts – e.g., family focus groups or surveys to capture feedback, families as members of local CQI teams, use of CQI resources to support parent involvement, etc.
- Successful changes or interventions that were tested using CQI methods, such as Plan-Do-Study-Act cycles – e.g., a policy to support maternal depression screening, home visitor training modules for infant feeding and lactation, etc.
- Methods and tools to support CQI work – e.g., process mapping to assist teams with prioritizing areas for improvement, Plan-Do-Study-Act template to help teams formulate efficient and well-planned tests of change, etc.
- Measurement and data collection processes – e.g., development of short-term measures to assist teams with tracking 90-day goals, tracking forms to capture data on improvement, local data systems to collect variables in an appropriately frequent manner, etc.

- Monitoring and assessing progress – e.g., regular reviews of data reports to monitor change by local teams, using lessons learned from CQI work to guide decision-making, etc.
- Equity related project updates – e.g., updates about understanding and addressing the social and structural factors that affect health outcomes for the families in home visiting programs, analyzing data to identify inequities, partnering with community stakeholders to share program data, identify focus areas, or gather change ideas aimed at improving equity.

State-led CQI Approach for Candidacy Population

In addition to the strategies above, Wisconsin has a robust continuous quality improvement (CQI) approach that will be used as part of Wisconsin's continuous improvement strategy across its child welfare program areas. The following is the mission statement for the state's Child Welfare CQI system:

> *Wisconsin is committed to a Continuous Quality Improvement (CQI) system that supports the assessment and improvement of child welfare practice, processes, and outcomes at the state and local level. Wisconsin DCF fulfills this mission by providing resources, tools, and processes to build and sustain CQI at the state and local levels.*

Strategic changes DCF has made to its Child Welfare CQI System are focused on the following critical areas:

- Building a comprehensive and rigorous case review process which addresses practice at CPS Access and Initial Assessment and in Ongoing Services using the federal CFSR onsite review instrument (OSRI);
- Ensuring the use and integration of multiple sources of information and data both qualitative and quantitative, to inform system and program understanding and improvement; and,
- Involving state and local stakeholders in a meaningful and informed manner to be actively involved in the Child Welfare CQI System and to provide feedback regarding the understanding of and recommended responses to program improvement initiatives.

The Child Welfare CQI Advisory Committee is a mechanism for assuring broad stakeholder engagement and continual feedback into evaluative processes and continuous improvement. This advisory committee includes DCF, local agencies across the state, the UW School of Social Work, and the Children's Court Improvement Program. This committee is responsible for serving as the primary feedback loop, using data and information from the key sources to prioritize and advise the division on program improvement initiatives such as improvements to policy and practice, workforce support and training, as well as information system refinements. Related to ensuring continuous quality improvement of evidence-based services, the Child Welfare CQI Advisory Committee will review outcomes and fidelity metrics and provide feedback on a quarterly basis related to evaluation of Wisconsin's evidence-based service array, key outcomes, and implementation efforts.

Wisconsin's approach to continuous quality improvement of Title IV-E Prevention Clearinghouse services will include examination of quantitative and qualitative administrative data as well as utilizing aspects of established Continuous Quality Improvement strategies. This additional layer of CQI related to the Title IV-E Prevention Clearinghouse services will occur within the larger existing framework for CQI in Wisconsin. Key sources of quantitative and qualitative data used in the development of the Five-Year Prevention Plan evidence-based services and overall approach will include:

- Wisconsin's formal case record reviews of Access, Initial Assessment and Ongoing Services practices.
- Administrative data from the eWiSACWIS child welfare information system.
- Cross-system linked data between (a) the eWiSACWIS child welfare information system and the Consolidated Court Automation Program (CCAP) court information system and (b) the eWiSACWIS child welfare information system and the K-12 education information system.
- National NCANDS and AFCARS data profiles.
- Consideration of Title IV-E Prevention Clearinghouse findings and research to provide input on ways to improve services over time

Specific to Nurse-Family Partnership, Healthy Families America and Parents as Teachers, Wisconsin will review implementation data related to candidates who received child welfare services and one of the evidence-based home visiting models. To ensure continuous quality improvement, DCF will use both HV DAISEY data, and administrative eWiSACWIS data to understand if the Title IV-E services are meeting the intended programmatic outcome of reducing future child maltreatment.

This will be done by examining the percentage of children with at least one screened in report of maltreatment following home visiting enrollment within the reporting period. Key information related to FFPSA implementation will be reviewed with Wisconsin's Child Welfare CQI Advisory Committee, FFHV state team and LIAs. This committee will make recommendations annually to improve practice and implementation of the three Title IV-E Prevention Clearinghouse evidence-based services outlined in this plan. These recommendations and any system changes/improvements will be developed in conjunction with local title IV-E agencies and the home visiting LIAs. Communication related to any recommendations will occur through existing forums. For LIAs this would likely occur through regularly scheduled grantee meetings, site visits and annual contracting processes. For title IV-E implementing agencies communication would likely occur, through existing forums such as regular meeting with the Wisconsin County Human Services Association and with leaders from the DMCPS.

In addition to the above as part of DCF's strategic planning process, the Child Welfare Research and Analytics team has considered ways to measure in-home metrics over time. Particular attention has been given to developing specific strategic transformation metrics. The metrics listed below are a starting place for DCF to further expand system knowledge to improve child welfare in-home service delivery and will continue to be altered and refined as needed. These metrics will be used to understand the effectiveness of DCF's efforts to increase the number of children safely served within their family homes, including through the use of Title IV-E Prevention Clearinghouse services, as well as through the other key strategies mentioned in this

plan. These measures will be used to drive decision making within leadership at DCF, be used regularly in cross-program information sharing, and reviewed regularly with standing agency stakeholder forums. It will also allow DCF to monitor practice for unintended consequences that can occur during large-scale policy changes.

DCF intends to evaluate the metrics below for all children in Wisconsin's child welfare system and will also identify those who meet the definition of candidacy who received a Title IV-E Prevention Clearinghouse Service across these metrics. These metrics will allow DCF to focus monitoring efforts beyond child maltreatment reduction and to zero in on local agencies' success at preventing removal and maintaining children safely at home, the key goal of the FFPSA legislation.

Strategic Transformation Metrics	Measurement Method
Serving Children in Their Family Home	Of the children who had a CPS screened-in report date within the measurement period, and resulted in an open case, % of children who were NOT removed within 90 days of the report date
Proportion of Children Served through In-Home Services	The number of children served in-home as compared to the number of children removed
Timely Case Closure for In-Home Cases	Increasing timeliness to case closure for in-home and post-reunification cases
In-Home Case Closures that Do Not Return as Open Cases	Percentage of a cohort of closed in-home cases that do not return as open ongoing cases (e.g. 3, 6, 9, or 12 months after closure)
Parent Lived Experience Measures	Attitudinal measures of parent engagement, awareness, ability to navigate the system, and satisfaction per survey/interview results

In additions to the metrics above, DCF has an ongoing commitment to center lived experience and is in the process of exploring ways to gather lived experience measures gauging the experience of parents who have encountered the child welfare system. DCF is continuing to explore the best methods for gathering information specific to lived experience metrics and intends to do so in partnership with DCF's Parent Leaders in Child Welfare Stakeholder Group, which is made up of parents with lived child welfare experience.

Mental Health and Substance Abuse Prevention and Treatment Services

Quality mental health and substance abuse prevention and treatment services are vital to supporting families in-home. DCF has historically supported expansion of several evidence-based mental health interventions as part of Wisconsin's service array, including Parent Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Functional Family Therapy (FFT). Wisconsin is not requesting the ability to receive Title IV-E reimbursement of these services currently. While DCF recognizes the vital importance of mental health and substance use disorder services, Wisconsin has a large rural population that is impacted by mental health professional shortages. Mental health service accessibility and service array varies across the county-administered, state-supervised system. DCF is not

requiring agency adherence to a specific evidence-based model to allow for maximum flexibility for existing service providers. DCF does recommend that agencies use evidence-based or evidence-informed mental health and substance use disorder interventions whenever possible. DCF will continue to explore inclusion of mental health or substance use disorder interventions in future iterations of the state's Five-Year Prevention Plan as available resources allow.

Other Interventions Important in Wisconsin's In-Home Service Model

While evidenced-based interventions are an important component of Wisconsin's In-Home Service Model, there continues to be a need for culturally responsive evidence-informed interventions and other concrete supports (illustrated in the green and red rings of the graphic below). These services support children and families in-home but may not be an approved mental health or substance abuse prevention treatment service or in-home parent skill-based program or service. While these programs or services may not have the level of evidence required under FFSPA, Wisconsin feels strongly that they are vital to ensuring the safety and stability of families across the state. Some of these programs, which are vital to Wisconsin's efforts to shift the existing population of children being served out-of-home to being served in-home or in family settings are discussed further on subsequent pages.

DCF would strongly suggest that the Children's Bureau consider ways to support state agencies in building evidence around the use of flexible, concrete services, such as housing supports, emergency funds and others that are equally well-documented and well-established throughout the research, as vital to ensuring families remain safely intact. Ability to support and fund future efforts in this area will help state agencies make the shift to support a greater number of children and families safely in-home.

Targeted Safety Support Funds (TSSF)

Targeted Safety Support Funds, mentioned earlier in this plan, are a statewide resource open to all local child welfare agencies. Targeted Safety Support Funds are flexible funds allocated directly to local child welfare agencies that allow agencies to decide at a local level what supports are needed to serve children and families in their unique communities. Agencies use Targeted Safety Support Funds when it is determined that a child is unsafe, and the threats can be controlled in the home with a plan. Targeted Safety Support Funding is meant to address the immediate safety concern while additional assessment or services can be put in place. The primary goal of the Targeted Safety Support Funding is to keep families together by:

- Increasing parental protective capacities
- Decreasing out-of-home placements
- Helping families develop formal and informal supports
- Reducing maltreatment to children
- Supporting reunification planning to prevent re-entry

Local child welfare agencies are provided training and technical assistance by DCF to support initial and ongoing use of these funds. Local child welfare agencies regularly cite Targeted Safety Support Funds as an integral tool to flexibly and immediately address the greatest needs of families involved in the CPS system. Targeted Safety Support Funds are often used for concrete, time limited services such as: housing or transportation assistance, childcare, informal supports for families, and other concrete services to ensure child safety. In addition, many jurisdictions used the funding to support additional case management time which enables child welfare professionals to spend more time directly with families.

Kinship Navigator – Engaging and Supporting Relatives

DCF formed a relative caregiver workgroup for the purpose of having more consistent input from relative caregivers in DCF programs. This effort was initiated in 2019 using FY 2018 Kinship Navigator Funding under Title IV-B, subpart 2 and efforts continue today. Twenty relative caregiver support groups are now active in the state and provide support to each other around placements of relative children in their homes. The Kin Navigator project has supported development of resources and relative support groups throughout state. The portal offers "KinFACTS Information Guides" to help caregivers answer questions about service availability and includes information on the following topics:

- Child Support
- Child Care Options
- Education
- Healthcare Coverage
- Legal Resources
- Permanency Options

There were 2,711 unique visits to the portal in FY 2021. In addition to KinFACTS, ongoing training and resources are available on the Kinship Navigator Training for Relative Caregivers, a web-based portal that was launched in 2020 and updated in 2021. The ability to access these resources online has proved particularly helpful during the COVID-19 timeframe. Relatives have provided invaluable assistance to DCF in understanding the concerns these caregiving families have related to caring for children, interacting with child welfare and the court system. DCF anticipates sustaining and building on these critical relative support groups and resources through funding available for the FY 2022 Kin Navigator program. This foundation of support will be a critical component of the Wisconsin home-like continuum.

Parent Peer Support

DCF began implementation of the Iowa Parent Partner Model in 2020 (in Wisconsin this program is called, Parents Supporting Parents: A Parent Partner Model). The program is working to systematically engage the voice of parents with prior lived experience in the child

welfare system to help provide support and peer mentoring to parents currently receiving services through the child welfare system. Three counties have been identified and trained in this model and are beginning to identify Parent Partners to serve in this capacity. As Parent Partners are recruited and trained, local jurisdictions will begin providing parent peer support directly to parents experiencing a child welfare intervention.

DCF is currently working with local agencies and research partners to continue contributing to the evidence of the Parent Partner model through a rigorous evaluation. While DCF does not currently plan to claim IV-E funding on this Title IV-E Prevention Clearinghouse *promising* practice, through this pilot, DCF intends to contribute to the national efforts to establish parent peer support programs as well-supported evidence-based practices.

Programs and Services Specific to Tribal Families

In consultation with the Intertribal Child Welfare Committee, potential programs identified specific to meeting the needs of tribal families in-home include: Family Spirit, Motherhood is Sacred, Fatherhood is Sacred, Positive Indian Parenting and Linking Generations by Strengthening Relationships. These models, except for Family Spirit, have yet to be reviewed by the federal Title IV-E Prevention Clearinghouse but will continue to be monitored by DCF for potential future versions of Wisconsin's Five-Year Prevention Plan. In the summer of 2021, Wisconsin expanded existing home visiting programming allowing local jurisdictions to implement the Family Spirit model. While DCF does not intend to claim on this service at this time as part of the Five-Year Prevention Plan, DCF recognizes the value of culturally relevant services for families across the state of Wisconsin and has enabled funding for sites that choose to use this model as part of their home visiting programming.

V. Evaluation Strategy & Waiver Request (Pre-Print Section 2)

DCF is seeking an Evaluation Waiver Request for the following well-supported programs: Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. The evidence of these practices is compelling and is documented through the well-supported rating received by the Title IV-E Prevention Clearinghouse. See Attachment II.

Wisconsin requires all contracted service providers to abide and adhere to the contracted evidence-based intervention's model fidelity and training requirements. Wisconsin monitors the performance of contracted providers through a variety of contract monitoring methods and holds providers contractually obligated to meeting the evidence-based standards outlined through the selected intervention.

Home Visiting

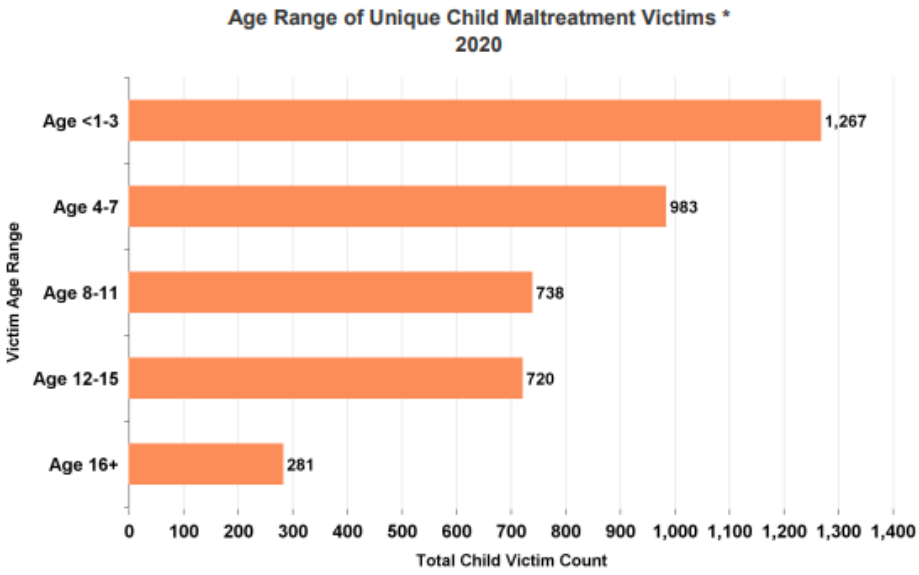
Wisconsin provides high quality, evidence-based home visiting services to families with complex needs in at-risk communities with the following aims: (1) improve maternal and child health, (2) improve school readiness, and (3) reduce child abuse and neglect. Home visiting has been shown to significantly reduce child abuse, improve parental functioning, and enhance child

development.[3] As described in the previous section of this plan, Wisconsin is particularly interested in the outcome of reducing child maltreatment for families that receive home visiting.

Engaging families prenatally up to the child's fifth birthday in home visiting supports access to resources to promote maternal and child health, nurturing parent-child interaction, and overall family well-being. Home visitors use evidence-based screenings to assess key maternal and child health factors. This information is used to partner with parents to set goals and create an effective service plan. Home visitors then provide families with information and support for what they need, such as well-child visit reminders, skill development, or referrals to community services. Specific evidence is included per each program below.

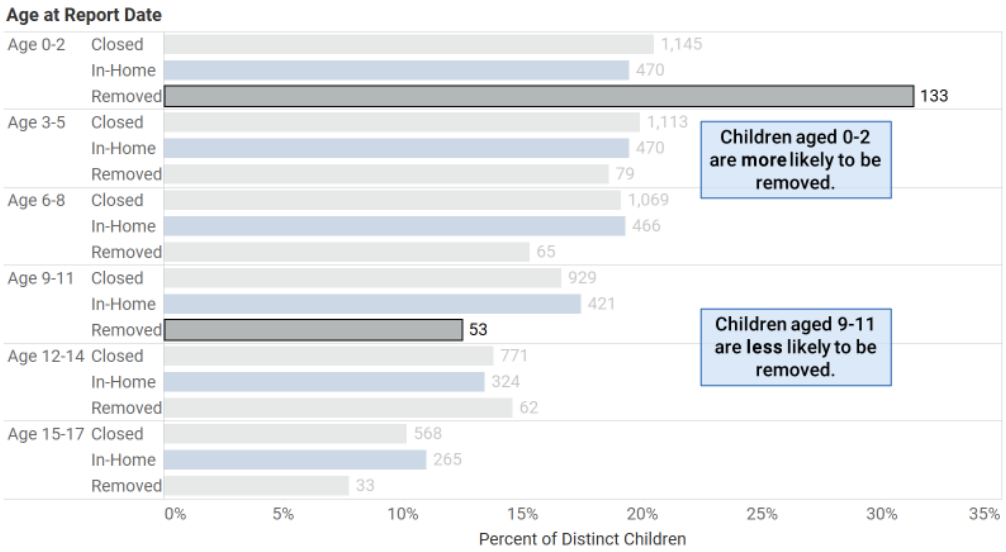
Wisconsin's Population and Identified Need

As Wisconsin considered evidenced-based programs, it is important to note key needs within the child welfare system. In Wisconsin's 2020 Child Abuse and Neglect Report, children under the age of four are the largest population of children who were identified as victims of child maltreatment (depicted in the visual below).



In addition, a subsequent analysis of this data to include likelihood of removal found that children aged 0-2 were more likely than other ages to be removed.

[3] Coalition for Evidence-Based Policy. (2009). *Early Childhood Home Visitation Program Models: An Objective Summary of the Evidence About Which Are Effective.* Washington, DC: Coalition for Evidence Based Policy.
http://coalition4evidence.org/wp-content/uploads/2011/07/Update-Evidence-on-home-visitn-4.23.09.pdf



Reducing child maltreatment for this age range, the target population for all three evidence-based home visiting programs is a key goal for the state of Wisconsin in the effort to increase the number of children able to be safely served in-home.

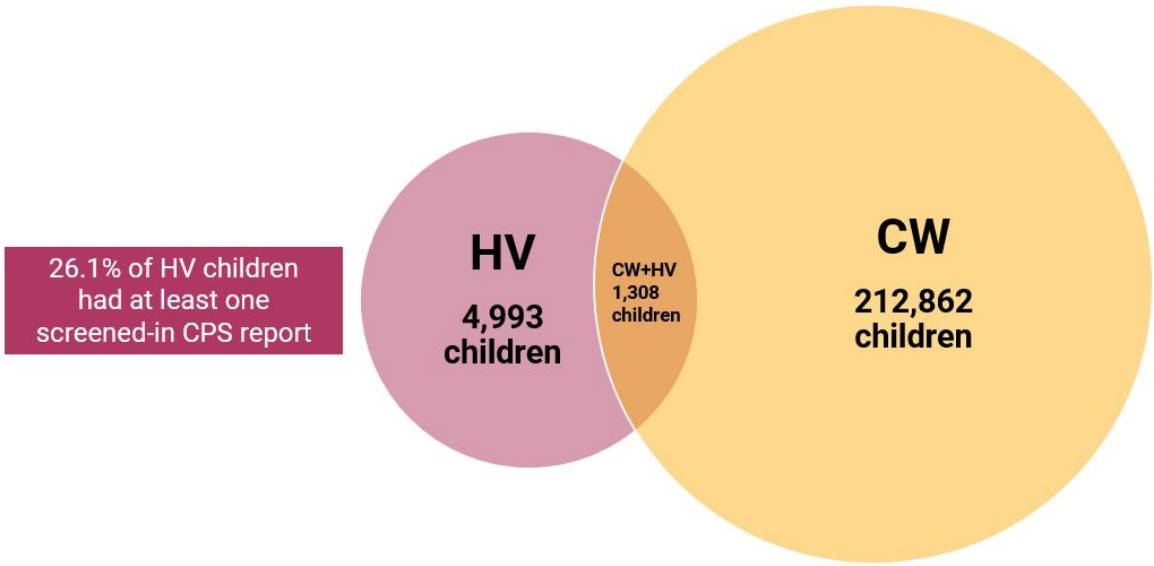
Analysis with the Institute for Child and Family Well-Being

In addition, as part of Wisconsin's efforts to identify population needs, an analysis was conducted through the University of Wisconsin-Milwaukee's School of Social Work to understand a variety of characteristics of children and families and whether evidenced-based home visiting services preceded or were initiated during CPS intervention. When families are co-involved in CPS and home visiting, the analysis determined the extent to which co-involved families (those who were simultaneously serviced by HV and CPS) differ from those who exclusively received CPS or home visiting services.

The focus for this analysis included:

1. Describe the outcomes of co-involved families and determine the extent to which they differ from the outcomes of comparable CPS-involved families that are not provided home visiting services
2. Specific questions include:
    a. Do co-involved families remain in home visiting services throughout CPS involvement?
    b. Compared to similar CPS-involved families who do not receive home visiting, are co-involved families less likely to have an out-of-home placement?
    c. When a placement is initiated during or following an initial assessment (IA), to what extent does co-involvement with home visiting influence the placement setting or duration? Are there specific characteristics, e.g., home visiting model type/service duration/service jurisdiction, family, caregiver, and/or child characteristics such as demographics, composition, risk factors, of home visiting that are associated with the placement setting or duration?

The Current Home Visiting and Child Welfare Overlap



As depicted above, of the approximately 5,000 children who received one of the three, evidence-based HV services between 2011-2020, over a quarter had a least one screened-in CPS report of alleged maltreatment. The analysis identified several findings. Overall, the analysis found that families who received both HV and CPS services at the same time saw increased benefits compared to eligible families who just received just CPS services. The analysis found the following outcomes in the comparison:

- Unsafe findings occur at lower rates when HV is involved.
- Substantiation rates are lower when HV is involved.
- Fewer children were removed and placed in an out-of-home care placement when HV is involved.

While HV services will not meet the needs of all Wisconsin families, the review of the existing program analysis suggests that in Wisconsin, home visiting services for Wisconsin families are already having an important impact on keeping children safely at home. Capitalizing on these existing programs is the core strategy of Wisconsin's Five-Year Prevention Plan.

Home Visiting Needs Assessment

In addition, as part ongoing efforts to improve service delivery DCF conducted a Home Visiting Needs Assessment in 2020. The results of this assessment highlighted that in addition to the above positive outcomes, there is an unmet need for home visiting in Wisconsin. All communities with concentrations of identified risk have a gap between the number of families who are currently being served and the total number of families that would be eligible for home

visiting services. The need-service gap for the at-risk counties (i.e. the percentage of families estimated to be in need who are not receiving home visiting services) is about 71%.

Evidence in Support of Healthy Families America

Healthy Families America has been well-studied with over 40 studies identified by the Title IV-E Prevention Clearinghouse Review and over 20 studies reviewed as part of the approval process. The outcome and summary of findings as identified by the Title IV-E Prevention Clearinghouse is included in the below visual:

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child safety: Child welfare administrative reports	0.05 1	5 (43)	5522	Favorable: 0 No Effect: 43 Unfavorable: 0
Child safety: Self-reports of maltreatment	0.15 5	4 (44)	2044	Favorable: 5 No Effect: 38 Unfavorable: 1
Child safety: Maltreatment risk assessment	Not Calculated	1 (7)	180	Favorable: 0 No Effect: 7 Unfavorable: 0
Child safety: Medical indicators of maltreatment risk	-0.10 -3	3 (11)	1895	Favorable: 0 No Effect: 11 Unfavorable: 0
Child permanency: Out-of-home placement	-0.04 -1	4 (6)	4752	Favorable: 0 No Effect: 6 Unfavorable: 0
Child well-being: Behavioral and emotional functioning	0.10 3	2 (7)	1146	Favorable: 5 No Effect: 2 Unfavorable: 0
Child well-being: Social functioning	0.04 1	1 (2)	897	Favorable: 0 No Effect: 2 Unfavorable: 0
Child well-being: Cognitive functions and abilities	0.08 3	3 (9)	1555	Favorable: 2 No Effect: 6 Unfavorable: 1
Child well-being: Physical development and health	0.09 3	2 (6)	816	Favorable: 0 No Effect: 6 Unfavorable: 0

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child well-being: Delinquent behavior	0.64 23	1 (1)	793	Favorable: 1 No Effect: 0 Unfavorable: 0
Child well-being: Educational achievement and attainment	0.20 7	1 (3)	577	Favorable: 1 No Effect: 2 Unfavorable: 0
Adult well-being: Positive parenting practices	0.12 4	4 (27)	1518	Favorable: 3 No Effect: 24 Unfavorable: 0
Adult well-being: Parent/caregiver mental or emotional health	0.12 4	4 (19)	2053	Favorable: 3 No Effect: 16 Unfavorable: 0
Adult well-being: Parent/caregiver substance use	0.09 3	3 (15)	1876	Favorable: 0 No Effect: 15 Unfavorable: 0
Adult well-being: Family functioning	-0.06 -2	4 (32)	2132	Favorable: 3 No Effect: 28 Unfavorable: 1
Adult well-being: Economic and housing stability	-0.08 -3	3 (6)	1876	Favorable: 0 No Effect: 5 Unfavorable: [4]1

There a several findings from the research relevant to Wisconsin's population and specifically related to Wisconsin's intended outcome to reduce child maltreatment. Consistent with Healthy Families America's child welfare protocols, families co-involved with Healthy Families America and child welfare in Wisconsin will be offered services for a minimum of three years, regardless of the age of the child at intake. As a model originally designed to support families with children through age five, this allows sites to enroll families referred by child welfare up to age twenty-four months.[5] Research regarding Healthy Families America indicates that home visiting programs present an "opportunity to create meaningful change in the lives of families with a

[4] https://preventionservices.abtsites.com/programs/253/show
[5] California Evidence Based Clearinghouse. *Healthy Families America (HFA).* https://www.cebc4cw.org/program/healthy-families-america-home-visiting-for-prevention-of-child-abuse-and-neglect/

history of maltreatment" and "supports the potential of extending home visiting programs to child welfare involved families given the well-known risk of recurrent maltreatment".[6]

As Wisconsin's candidacy focuses specifically on families, not merely at risk of child maltreatment, but who have had a screened-in report of child abuse or neglect, it is important to highlight HFA's evidence specifically for child welfare populations. As identified in the above table, five studies were found to favorably impact the outcome of child safety. According to one study published in 2018, of mothers who had a least one substantiated CPS report, those who received Healthy Families America Home Visiting services were "half as likely as mothers in the control group to be confirmed subject for physical abuse or neglect", with the study finding the number of substantiated reports to be twice as high for the control group.[7] While not a published research study, this is also consistent with the findings of Wisconsin's analysis that families who had a screened in CPS report and received home visiting services were found to have lower rates unsafe findings and lower rates of substantiated maltreatment.

In addition, a subsequent study conducted in Massachusetts, again studied mothers who had a least one child protective services report. This study found that mothers were less likely to receive a subsequent report of child maltreatment, and when a subsequent report was made the length of time between the allegations was longer.[8] This research supports the expanded use of the child welfare protocols to serve children who are co-involved with the child welfare system. As outlined above, data analysis in Wisconsin found that children ages 0-2 were more likely than any other age group to removed and placed in out of home, making it important to allow extended enrollment of children within the HFA protocols.

Additional studies also found reductions in key domains such as the reduction in serious abuse, physical and psychological aggression[9] as well as reduction in abusive parenting behaviors.[10]

Evidence in Support of Parents as Teachers

Parents As Teachers is considered well-supported, 16 studies were identified by the Title IV-E Prevention Clearinghouse Review and 6 studies reviewed as part of the approval process. The

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[6] Lee, E., Kirkland, K., Miranda-Julian, C., & Greene, R. (2018). Reducing maltreatment recurrence through home visitation: A promising intervention for child welfare involved families. Child Abuse & Neglect, 86, 55-66. https://doi.org/10.1016/j.chiabu.2018.09.004

[7] Lee, E., Kirkland, K., Miranda-Julian, C., & Greene, R. (2018). Reducing maltreatment recurrence through home visitation: A promising intervention for child welfare involved families. *Child Abuse & Neglect, 86*, 55-66. doi:10.1016/j.chiabu.2018.09.004

[8] Easterbrooks , M. A., Kotake, C., & Fauth, R. (2019). Recurrence of maltreatment after newborn home visiting: A randomized controlled trial. *American Journal of Public Health, 109*(5), 729-735. doi:10.2105/AJPH.2019.304957

[9] DuMont, K., Mitchell-Herzfeld, S., Greene, R., Lee, E., Lowenfels, A., Rodriguez, M., & Dorabawila, V. (2008). Healthy Families New York (HFNY) randomized trial: Effects on early child abuse and neglect. *Child Abuse & Neglect, 32,* 295-315.Â doi:10.1016/j.chiabu.2007.07.007Â

[10] LeCroy, C. W., & Krysik, J. (2011). Randomized trial of the Healthy Families Arizona home visiting program. *Children and Youth Services Review, 33,* 1761-1766. doi:10.1016/j.childyouth.2011.04.036

outcome and summary of findings as identified by the Title IV-E Clearinghouse is included in the below visual:

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child safety: Child welfare administrative reports	-0.05 -1	1 (4)	4560	Favorable: 2 No Effect: 2 Unfavorable: 0
Child safety: Medical indicators of maltreatment risk	0.38 14	1 (2)	265	Favorable: 0 No Effect: 1 Unfavorable: 0
Child permanency: Out-of-home placement	0.16 6	1 (1)	4560	Favorable: 0 No Effect: 1 Unfavorable: 0
Child well-being: Social functioning	0.12 4	1 (6)	375	Favorable: 3 No Effect: 2 Unfavorable: 1
Child well-being: Cognitive functions and abilities	0.13 5	2 (12)	575	Favorable: 2 No Effect: 10 Unfavorable: 0
Child well-being: Physical development and health	0.08 3	1 (3)	375	Favorable: 0 No Effect: 3 Unfavorable: 0
Adult well-being: Positive parenting practices	0.27 10	1 (1)	203	Favorable: 0 No Effect: 1 Unfavorable: 0
Adult well-being: Family functioning	-0.07 -2	2 (11)	640	Favorable: 0 No Effect: 10 Unfavorable: 1
Adult well-being: Economic and housing stability	-0.09 -3	1 (10)	366	Favorable: 0 No Effect: 9 Unfavorable: 1

There a several findings from the research relevant to Wisconsin's population and specifically related to Wisconsin's intended outcome to reduce child maltreatment. As identified in the above table compiled by the Title IV-E Prevention Clearinghouse, one study demonstrated a favorable effect on child safety, as well as favorable outcomes across other domains.

Research suggests that a family experiencing poverty is significantly more likely to touch child welfare and struggle to meet the developmental needs of their children. The Parents as Teachers Home Visiting (PAT) program's targeted outcomes include reduced child abuse and neglect. A review of the research indicates that PAT is able to meet this targeted outcome. A 2018 analysis of the PAT program in Connecticut found the use of PAT with socially high-risk families reduced the likelihood of a substantiated CPS Report.[11] The reduced substantiations continued for participant families for years following the closure of services. For PAT participants in Missouri, out of 400 families over a 3 -year period, only 2 families had CPS cases.[12] When looking solely at teen parents participating in PAT with a paired case management program, child abuse and neglect cases were significantly fewer than when compared to the general population.[13]

Beyond a reduction in substantiations, the study in Connecticut also found that should a family become involved in a safety plan, there was a 27% decrease in the subsequent need for an out-of-home care placement.[14] When examining a sample entirely comprised of families with at least on re-existing CPS Referral, for mothers who did not meet the threshold of clinically depressed at baseline, there was a significantly lower rate of subsequent reports of child abuse and neglect.[15] These findings are particularly relevant for Wisconsin's candidacy population, who are at imminent risk of removal from home. As outlined previously, data analysis found that children ages 0-2 were more likely than any other age group in Wisconsin to be removed and placed out-of-home. Subsequent reductions in out-of-home care placements is in alignment with Wisconsin's strategic vision to dramatically increase the number of children served safely in-home.

Evidence in Support of Nurse-Family Partnership

Nurse-Family Partnership is considered a well-supported practice. 32 studies were identified by the Title IV-E Prevention Clearinghouse Review and 10 studies were reviewed as part of the approval process. The outcome and summary of findings as identified by the Title IV-E Clearinghouse is included in the below visual:

[11] Chaiyachati, B. H., Gaither, J. R., Hughes, M., Foley-Schain, K., & Leventhal, J. M. (2018). Preventing child maltreatment: Examination of an established statewide home-visiting program. Child Abuse & Neglect, 79, 476-484.
[12] Pfannenstiel, J., Lambson, T., & Yarnell, V. (1991). Second wave study of the Parents as Teachers program. Overland Park, KS: Research & Training Associates.
[13] Wagner, M. M., & Clayton, S. L. (1999). The parents as teachers program: Results from two demonstrations. The Future of Children, 9(1), 91.
[14] Chaiyachati, B. H., Gaither, J. R., Hughes, M., Foley-Schain, K., & Leventhal, J. M. (2018). Preventing child maltreatment: Examination of an established statewide home-visiting program. Child Abuse & Neglect, 79, 476-484.
[15] Wagner, M. M., & Clayton, S. L. (1999). The parents as teachers program: Results from two demonstrations. The Future of Children, 9(1), 91.

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child safety: Child welfare administrative reports	-0.13 -5	2 (2)	1277	Favorable: 1 No Effect: 0 Unfavorable: 1
Child safety: Maltreatment risk assessment	0.16 6	1 (2)	1000	Favorable: 0 No Effect: 2 Unfavorable: 0
Child safety: Medical indicators of maltreatment risk	-0.14 -5	3 (10)	196976	Favorable: 0 No Effect: 5 Unfavorable: 5
Child well-being: Behavioral and emotional functioning	0.21 8	1 (7)	417	Favorable: 0 No Effect: 7 Unfavorable: 0
Child well-being: Cognitive functions and abilities	0.23 8	2 (13)	1353	Favorable: 2 No Effect: 11 Unfavorable: 0
Child well-being: Physical development and health	0.03 1	3 (16)	111412	Favorable: 5 No Effect: 11 Unfavorable: 0
Child well-being: Educational achievement and attainment	-0.09 -3	1 (5)	396	Favorable: 0 No Effect: 4 Unfavorable: 1
Adult well-being: Positive parenting practices	0.18 7	1 (1)	407	Favorable: 0 No Effect: 1 Unfavorable: 0
Adult well-being: Parent/caregiver mental or emotional health	0.06 2	1 (8)	1121	Favorable: 0 No Effect: 8 Unfavorable: 0
Adult well-being: Parent/caregiver substance use	0.00 0	2 (3)	1733	Favorable: 0 No Effect: 3 Unfavorable: 0
Adult well-being: Family functioning	0.03 1	2 (2)	1470	Favorable: 0 No Effect: 2 Unfavorable: 0
Adult well-being: Parent/caregiver physical health	-0.02 0	2 (8)	2668	Favorable: 0 No Effect: 8 Unfavorable: 0

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Adult well-being: Economic and housing stability	0.06 2	2 (12)	1574	Favorable: 1 No Effect: 11 Unfavorable: 0

There are several findings from the research relevant to Wisconsin's population and specifically related to Wisconsin's intended outcome to reduce child maltreatment. As identified in the above table compiled by the Title IV-E Prevention Clearinghouse, one study demonstrated a favorable effect on child safety, as well as favorable outcomes across other domains.

Nurse-Family Partnership (NFP) has shown positive results for mothers and their children. Overall, families involved with NFP are reported to have fewer injuries & ingestions; when needing to be hospitalized they were admitted for shorter periods of time and for less serious reasons. Observations found nurse-visited homes had an environment that leant itself to being conducive to the children's overall development.[16] Robling, et al., found that children whose parents were not participating in the NFP spent on average two more months in out-of-home care.[17] While NFP was found to reduce the number of substantiated reports of abuse and neglect in the first 15 years of the child's life, the advantage emerged after age 4 years, based on the research done by Olds, et.[18] The PolicyLab studied the impact of NFP in Pennsylvania after they implemented the program statewide. They too found significant differences emerging in the 5-6th year of implementation.[19]

NFP has also been found to reduce the months that a mother received public assistance and they had fewer children when compared to mothers in the control group. The findings suggest "that large family size and poverty are risks for child maltreatment, and thus improving maternal

[16] Kitzman, H., Olds, D. L., Henderson, C. R., Jr., Hanks, C., Cole, R., Tatelbaum, R., . . . McConnochie, K. M. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. JAMA, 278(8), 644-652.
[17] Robling, Michael & Lugg-Widger, Fiona et all. (2022). Nurse-led home-visitation programme for first-time mothers in reducing maltreatment and improving child health and development: longer-term outcomes from a randomized cohort using data linkage. BMJ Open. 12. e049960. 10.1136/bmjopen-2021-049960.
[18] Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., . . . Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. Fifteen-year follow-up of a randomized trial. JAMA, 278(8), 637-643.
[19] Matone, Meredith, Cara E. Curtis, Arina E Chesnokova, Katherine Yun, Amanda R. Kreider, Meredith L. Curtis and David T. Rubin. Evaluation of Maternal and Child Home Visitation Programs: Lessons from Pennsylvania. (2013). https://policylab.chop.edu/sites/default/files/pdf/publications/POLICYLAB_ETOA_HOME_VISITING_EVALUATION_FALL_2013_REPRINT.pdf

life-course development represents a key pathway through which long-term improvements in parenting and reductions in the incidence of child maltreatment can be achieved".[20]

Home Visiting & Continuous Quality Improvement

Even prior to FFPSA implementation, Wisconsin maintained a robust infrastructure related to quality improvement at the local level by LIAs, that included state support of local CQI efforts. Following FFPSA implementation, this local level CQI will still be a requirement for all LIAs, however, DCF will be providing new, and additional CQI efforts at the state level using the state's collaborative CQI advisory committee to review data & advise DCF on critical issues related to the evidence-based models and system improvements specific to the candidacy population. Additional information can be located in the two subsequent sections.

Local Level CQI Efforts for all Home Visiting Populations

DCF's well-established home visiting programs have extensive fidelity requirements, outcomes measures, and **local** CQI efforts as described in Section IV. DCF provides local implementing agencies with support, training, technical assistance, a standard database for tracking data and requires agency participation in local level and statewide CQI projects. In addition, the following strategies are used by DCF to support local CQI efforts with LIAs:

- **Organizational systems and supports for CQI** – e.g., expanding staff time to support local teams, providing ongoing training, and coaching in advanced CQI methods, providing opportunities for peer-to-peer learning, etc.
- **Engagement of families in CQI efforts** – e.g., family focus groups or surveys to capture feedback, families as members of local CQI teams, use of CQI resources to support parent involvement, etc.
- **Successful changes or interventions that were tested using CQI methods, such as Plan-Do-Study-Act cycles** – e.g., a policy to support maternal depression screening, home visitor training modules for infant feeding and lactation, etc.
- **Methods and tools to support CQI work** – e.g., process mapping to assist teams with prioritizing areas for improvement, Plan-Do-Study-Act template to help teams formulate efficient and well-planned tests of change, etc.
- **Measurement and data collection processes** – e.g., development of short-term measures to assist teams with tracking 90-day goals, tracking forms to capture data on improvement, local data systems to collect variables in an appropriately frequent manner, etc.
- **Monitoring and assessing progress** – e.g., regular reviews of data reports to monitor change by local teams, using lessons learned from CQI work to guide decision-making, etc.
- **Equity related project updates** – e.g., updates about understanding and addressing the social and structural factors that affect health outcomes for the families in home visiting programs, analyzing data to identify inequities, partnering with community stakeholders

[20] Eckenrode, J., Campa, M. I., Morris, P. A., Henderson, C. R., Jr., Bolger, K. E., Kitzman, H., & Olds, D. L. (2017). The prevention of child maltreatment through the Nurse Family Partnership program: Mediating effects in a long-term follow-up study. Child Maltreatment, 22(2), 92-99. doi:http://dx.doi.org/10.1177/1077559516685185

to share program data, identify focus areas, or gather change ideas aimed at improving equity.

CQI Approach for Candidacy Population

In addition to the strategies above, Wisconsin has a robust CQI approach that is used as part of Wisconsin's continuous improvement strategy across program areas. The following is the mission statement for the state's Child Welfare CQI system:

> *Wisconsin is committed to a Continuous Quality Improvement (CQI) system that supports the assessment and improvement of child welfare practice, processes, and outcomes at the state and local level. Wisconsin DCF fulfills this mission by providing resources, tools, and processes to build and sustain CQI at the state and local levels.*

Strategic changes DCF has made to its Child Welfare CQI System are focused on the following critical areas:

- Building a comprehensive and rigorous case review process which addresses practice at CPS Access and Initial Assessment and in Ongoing Services using the federal CFSR onsite review instrument (OSRI);
- Ensuring the use and integration of multiple sources of information and data both qualitative and quantitative, to inform system and program understanding and improvement, and;
- Involving state and local stakeholders in a meaningful and informed manner to be actively involved in the Child Welfare CQI System and to provide feedback regarding the understanding of and recommended responses to program improvement initiatives.

The Child Welfare CQI Advisory Committee is a mechanism for assuring broad stakeholder engagement and continual feedback into evaluative processes and continuous improvement. This advisory committee includes DCF, local agencies across the state, the UW School of Social Work, and the Children's Court Improvement Program. This committee is responsible for serving as the primary feedback loop, using data and information from the key sources to prioritize and advise the division on program improvement initiatives such as improvements to policy and practice, workforce support and training, as well as information system refinements. Related to ensuring continuous quality improvement of evidence-based services, the Child Welfare CQI Advisory Committee will review outcomes and fidelity metrics and provide feedback on a quarterly basis related to evaluation of Wisconsin's evidence-based service array, key outcomes, and implementation efforts.

Wisconsin's approach to continuous quality improvement of Title IV-E Prevention Clearinghouse services will include examination of quantitative and qualitative administrative data as well as utilizing aspects of established Continuous Quality Improvement strategies. This additional layer of CQI related to the Title IV-E Prevention Clearinghouse services will occur within the larger existing framework for CQI in Wisconsin. Key sources of quantitative and qualitative data used in the development of the Five-Year Prevention Plan evidence-based services and overall approach will include:

- Wisconsin's formal case record reviews of Access, Initial Assessment and Ongoing Services practices.
- Administrative data from the eWiSACWIS child welfare information system.
- Cross-system linked data between (a) the eWiSACWIS child welfare information system and the Consolidated Court Automation Program (CCAP) court information system and (b) the eWiSACWIS child welfare information system and the K-12 education information system.
- National NCANDS and AFCARS data profiles.
- Consideration of Title IV-E Prevention Clearinghouse findings and research to provide input on ways to improve services over time

Specific to Nurse-Family Partnership, Healthy Families America and Parents as Teachers, Wisconsin will review implementation data related to candidates who received child welfare services and one of the evidence-based home visiting models. To ensure continuous quality improvement, DCF will use both HV DAISEY data, and administrative eWiSACWIS data to understand if the Title IV-E services are meeting the intended programmatic outcome of reducing future child maltreatment.

This will be done by examining the percentage of children with at least one screened in report of maltreatment following home visiting enrollment within the reporting period. Key information related to FFPSA implementation will be reviewed with Wisconsin's Child Welfare CQI Advisory Committee, FFHV state team and LIAs. This committee will make recommendations annually to improve practice and implementation of the three Title IV-E Prevention Clearinghouse evidence-based services outlined in this plan. These recommendations and any system changes/improvements will be developed in conjunction with local title IV-E agencies and the home visiting LIAs. Communication related to any recommendations will occur through existing forums. For LIAs this would likely occur through regularly scheduled grantee meetings, site visits and annual contracting processes. For title IV-E implementing agencies communication would likely occur, through existing forums such as regular meeting with the Wisconsin County Human Services Association and with leaders from the DMCPS.

In addition to the above as part of DCF's strategic planning process, the Child Welfare Research and Analytics team has considered ways to measure in-home metrics over time. Particular attention has been given to developing specific strategic transformation metrics. The metrics listed below are a starting place for DCF to further expand system knowledge to improve child welfare in-home service delivery and will continue to be altered and refined as needed. These metrics will be used to understand the effectiveness of DCF's efforts to increase the number of children safely served within their family homes, including through the use of Title IV-E Prevention Clearinghouse services, as well as through the other key strategies mentioned in this plan. These measures will be used to drive decision making within leadership at DCF, be used regularly in cross-program information sharing, and reviewed regularly with standing agency stakeholder forums. It will also allow DCF to monitor practice for unintended consequences that can occur during large-scale policy changes.

DCF intends to evaluate the metrics below for all children in Wisconsin's child welfare system and will also identify those who meet the definition of candidacy who received a Title IV-E

Prevention Clearinghouse Service across these metrics. These metrics will allow DCF to focus monitoring efforts beyond child maltreatment reduction and to zero in on local agencies' success at preventing removal and maintaining children safely at home, the key goal of the FFPSA legislation.

Strategic Transformation Metrics	Measurement Method
Serving Children in Their Family Home	Of the children who had a CPS screened-in report date within the measurement period, and resulted in an open case, % of children who were NOT removed within 90 days of the report date
Proportion of Children Served through In-Home Services	The number of children served in-home as compared to the number of children removed
Timely Case Closure for In-Home Cases	Increasing timeliness to case closure for in-home and post-reunification cases
In-Home Case Closures that Do Not Return as Open Cases	Percentage of a cohort of closed in-home cases that do not return as open ongoing cases (e.g. 3, 6, 9, or 12 months after closure)
Parent Lived Experience Measures	Attitudinal measures of parent engagement, awareness, ability to navigate the system, and satisfaction per survey/interview results

In additions to the metrics above, DCF has an ongoing commitment to center lived experience and is in the process of exploring ways to gather lived experience measures gauging the experience of parents who have encountered the child welfare system. DCF is continuing to explore the best methods for gathering information specific to lived experience metrics and intends to do so in partnership with DCF's Parent Leaders in Child Welfare Stakeholder Group, which is made up of parents with lived child welfare experience.

VI. Monitoring Child Safety (Pre-Print Section 3)

Overall Child Safety Approach

Wisconsin has a robust approach to supporting safety in child welfare case planning that includes system-wide planning, training, and response, as well as individual assessment and access to services that are aligned with federal requirements and best practice. Wisconsin uses Action for Child Protection's *Safety Assessment Family Evaluation* (SAFE) *Model*. The SAFE Model uses "decision-making criteria and standardized tools to assess family behaviors, conditions, and circumstances, including child vulnerability and caregiver protective capacities, to make well-founded child safety decisions".[21] This has been embedded into Wisconsin's practice standards, as well as the eWiSACWIS system. Additional details are provided below about this model.

Training, technical assistance, and support are provided to supervisors and child welfare professionals on how to follow DCF standards as described below. The Ongoing Services Standards inform child welfare professionals, supervisors, and contracted staff of requirements

[21] https://action4cp.org/our-services/practice-model/

regarding the assessment of family needs and when services should be implemented. The standards also provide guidance on when services may be implemented to address issues regarding a child's safety, permanence, and well-being. These standards apply to all child welfare professionals, otherwise known as Title IV-E implementing agency caseworkers, and these professionals maintain the responsibility of overseeing safety throughout the life of the case, including when the child is receiving Title IV-E prevention plan services and are accountable for reassessment of the child's prevention plan if the risk of entering foster care remains high.

Monitoring Child Safety

Ongoing Services Standards include requirements that relate to the service array; specifically, that the child welfare professional gather and document information pertaining to child and caregiver needs and strengths, develop a prevention plan (operationalized in Wisconsin as a Case Plan) to identify goals and corresponding services needs to support safe case closure, and routinely monitor goal achievement to ensure adequate service provision and desired change. This must be done within six months after development of the initial prevention plan and every six months thereafter.

Fundamental intervention responsibilities of Ongoing Services include:

- Evaluating the existing safety plan developed during initial assessment/investigation.
- Ensuring child safety through continuous assessment, oversight, and adjustment of safety plans at regular intervals or points of transition in a case (see details in the above linked standards).
- Engaging families in the case planning process that identifies underlying needs and directs services to address threats to child safety.
- Measuring progress related to establishing parent/caregiver protective capacities and eliminating safety related issues.
- Achieving stability for all in-home child protective services cases.
- Promoting well-being of children.

Individualized planning and services are used to determine service needs and supports. DCF meets the service array needs of child welfare families through:

- Individualized case planning and case management and direct service provision through DCF-administered programs.
- DCF collaborations with other state agencies to meet needs.
- Referral and follow up with other state agency and local programs that meet identified family needs.

The CPS Safety Intervention Standards detail policy and provide additional guidance to workers on how to assess the safety of children who are living in their familial homes. These standards incorporate Wisconsin's Safety Model and address situations where a child welfare professional must determine whether a child can safely remain in his or her familial home or must be removed from the home for safety reasons. They further provide guidance with respect to

measures that may allow a child to remain in his or her familial home, such as developing a protective plan or in-home safety plan that identifies services that will control for or manage threats to safety.

Safety intervention refers to all the decisions and actions **required** throughout CPS involvement with the family to assure that an unsafe child is protected. Safety intervention respects the constitutional rights of each family member and utilizes the least intrusive intervention to keep a child safe.

Safety intervention consists of:

- collecting information about the family to assess child safety;
- identifying and understanding Present and Impending Danger Threats;
- evaluating Parent/Caregiver Protective Capacities;
- determining if a child is safe or unsafe; and
- taking necessary action to protect an unsafe child.

If a child is unsafe, the following is required:

- engaging parents/caregivers in the development and implementation of a Protective and/or Safety Plan;
- continuously managing Protective and/or Safety Plans that assure child safety;
- assessing Parent/Caregiver Protective Capacities;
- creating and implementing Case Plans or Permanency Plans that enhance Parent/Caregiver Protective Capacities and decrease Impending Danger Threats;
- supporting and empowering a parent/caregiver in taking responsibility for the child's protection; and
- establishing a safe, permanent home for an unsafe child.

When a child is unsafe, CPS must collaborate with the family to develop and implement a Protective and/or Safety Plan. If a Protective and/or Safety Plan cannot be implemented, then CPS must place the child in an out-of-home care placement, in consultation with the local district attorney/corporation counsel.

Periodic Risk Assessment

Under Wisconsin's CPS Safety Intervention Standards, the child welfare professional must continuously conduct a review and evaluation of the adequacy of an in-home plan. Safety assessment, present danger assessment, protective planning, safety analysis, safety planning, and the management of child safety occur in every aspect of CPS involvement with a family.[22]

As part of Wisconsin's SAFE model as described previously, child welfare professionals complete specific, and continuous assessments of child safety and adjust safety plans at

[22] https://dcf.wisconsin.gov/files/cwportal/policy/pdf/safety-intervention-standards.pdf

regular intervals. This assessment is documented most frequently, through the Safety Analysis and Plan (Attachment 9). The Safety Analysis and Plan incorporates key components of the SAFE framework including Danger Threats and Parental Protective Capacities (Attachment 9, 10, & 11). This document has structured questions/criteria to determine the least intrusive, sufficient Safety Plan to ensure child safety. The Safety Analysis and Planning document considers what Safety Plan actions and/or services need to be implemented to manage, mitigate, or substitute for reduced protective capacities and sufficiently control danger threats.

In accordance with the CPS Safety Intervention Standards, a Safety Plan is required when a Safety Analysis determine that a child is unsafe. A Safety Plan is a written, negotiated arrangement between parents/caregivers and CPS that establishes how safety intervention services will be utilized to control the identified Danger Threat(s). The Safety Plan is implemented and active as long as Danger Threats exist, and Parent/Caregiver Protective Capacities are insufficient to assure a child is protected. The Safety Plan must describe the following information in detail:

• the specific Danger Threats;

• the safety intervention services that will be used to control Danger Threats;

• the names of formal and informal providers that will provide safety intervention services;

• the roles and responsibilities of the safety services providers including a description of the availability, accessibility and suitability of those involved;

• the intervention(s) including frequency and duration; and

• how CPS will manage and oversee the Safety Plan, including communication with the family and providers.

The same day a child has been assessed to be unsafe (i.e. presence of Impending Danger Threats and insufficient Parent/Caregiver Protective Capacities) CPS must take action to control the danger and develop and implement a Safety Plan. If the identified danger threat cannot be controlled in the home with a Safety Plan, then CPS must use an out-of-home care placement to control identified danger threats.

Child Welfare Professionals complete/re-assess the Safety Analysis and Planning document at key intervals throughout the case, including at the completion of an Initial Assessment, at case transition, when case circumstances change, and formally review the Safety Analysis and Plan every subsequent six months as part of the review of the child's prevention plan.

In addition, when a child's risk of entry into foster care remains high (a candidate for foster care), child welfare professionals are required to complete the following:

- Twice a month face-to face contacts, at a minimum, with parents/caregivers and child unless a need for more immediate contact is indicated by the information obtained about the family by a safety service provider.
- Once a month contact, at a minimum, with service providers involved in the safety plan.

- Information related to the requirements of safety management must be documented monthly, at a minimum, in a case note in the family case record.
- If Impending Danger Threats are identified through the Safety Assessment, this information must be documented in the Safety Analysis and Plan in eWiSACWIS.

If an in-home plan is determined to no longer be sufficient, feasible, or sustainable, an out-of-home placement must occur to ensure a child's safety.

Re-Examining a Child's Prevention Plan

As discussed in Section III of this plan, a child's prevention plan is operationalized in Wisconsin as a Case or Permanency Plan (for expecting and parenting youth in out-of-home care). This plan is formally reviewed and revised, at a minimum of every six months from the initial determination that the child was at risk of entering foster care by the child welfare professional, otherwise known as the Title IV-E implementing agency case worker. The re-assessment of the plan every six months would include the twelve-month assessment to determine the removal risk of the child remains high despite the provision of title IV-E prevention services. An essential safety intervention responsibility is to evaluate caregiver protective capacity through the case planning process. Throughout the case process, the child welfare professional clarifies and gathers additional information, and collaborates with parents, relatives, and informal and formal supports to gain consensus regarding the changes necessary to achieve a safe, stable, and permanent home, and updates the plan accordingly. Evaluating child safety is a key component of re-examining a child's prevention plan as described above.

VII. Child Welfare Workforce Support (Pre-Print Section 5)

DCF supports and enhances a competent, skilled, and professional child welfare workforce. (child welfare professionals employed by the local Title IV-E implementing agencies), to deliver trauma-informed and evidence-based services, including ensuring that staff are qualified to provide services or programs that are consistent with the promising, supported, or well-supported practice models selected, develop appropriate prevention plans, and conduct the risk/safety assessments required through a variety of means.

High quality uniform support and training is provided statewide. DCF contracts with the Wisconsin Child Welfare Professional Development System (WCWPDS), which is housed in the University of Wisconsin-Madison School of Social Work, to support the training infrastructure, develop curriculum, and provide key supports to the workforce. Trainings, discussed below, cover a wide-array of topics including training on trauma-informed care, safety, and case planning, as well as other key topics necessary to ensure a skilled and professional workforce.

In addition to WCWPDS, Wisconsin supports a competent, skilled workforce through the DCF Bureau of Regional Operations (BRO). BRO supports local child welfare supervisors through regular meetings. The supervisors use the meetings to talk about child welfare workforce practice and policy, as well as recruitment and retention issues. During these meetings, information is shared about child welfare worker trainings. Supervisors can provide peer support to each other during this time. The regional meetings are limited to child welfare supervisors, though similar forums exist for child welfare directors.

To support system-wide information sharing, DCF has hired a communication specialist specific to FFPSA and strategic planning. This position develops and directs the comprehensive regional strategic planning, Family First Implementation communications, and change management strategy. This position assists in the coordination and development of change management plans for agencies and local community stakeholders, including the development of public information, presentations, and web content. This position responds to stakeholders and stakeholder's questions and inquiries as needed.

To share large scale communications around Family First and the strategic transformation, a series of Family First Town Hall meetings were held with various child welfare stakeholders in the spring of 2021. Updates on strategy and vision were shared, along with opportunities for Q&A. The presentation and supplemental information can be found on DCF's Family First webpage.[23]

DCF will continue to collaborate with a Wisconsin County Human Services Association (WCHSA) Policy Advisory Committee that functions as a steering committee for high level child welfare policy and program development, particularly around the retention and support of the workforce.

In addition to the support provided to local implementing Title IV-E agencies and their workforce of child welfare professionals, DCF also supports a skilled Home Visiting workforce through ongoing support of Local Implementing Agencies who provide services under the Parents as Teachers, Nurse-Family Partnership, Healthy Families America models. While home visiting staff are key team members in partnering with the child welfare professionals, under the Title IV-E Prevention Program, the child welfare professionals retain all case responsibility, including assessing what families need, developing appropriate plans, overseeing the continued appropriateness of services, and conducting risk assessments.

VIII. Child Welfare Workforce Training (Pre-Print Section 6)

Child Welfare Workforce Training

Wisconsin's Child Welfare Professional Development System (WCWPDS) provides job-specific professional development opportunities for over 4,336 state, county, tribal, and private agency child welfare workers and over 7,949 foster parents throughout the state of Wisconsin.

The WCWPDS provides a continuum of services intended to facilitate and sustain positive change and support improved outcomes within Wisconsin's child welfare system. Those services include education, training, transfer of learning, technical assistance, coaching, project management, organizational effectiveness and development, research and evaluation, and research to practice. More information regarding specific trainings particularly relevant to Wisconsin's Five-Year Prevention Plan are found in this section.

Wisconsin has several targeted training formats to better support and train the workforce around key case management responsibilities. These trainings include practice requirements and activities associated with safety assessment/planning responsibilities and with identifying and responding to children who are identified to be at imminent risk of placement outside their

[23] https://dcf.wisconsin.gov/family-first/townhall

family homes. Training and support through DCF and the Professional Development System aim to assure that child welfare professionals are assessing children and family needs and understand how to provide access and referral to the necessary services. Providing skills to child welfare professionals to keep children safely in-home is a central goal of the Wisconsin training model.

Pre-service and foundation trainings cover a variety of topics all rooted in Wisconsin's Safety Assessment Family Evaluation (SAFE) Model, including assessing what children and their families need to remain safely together, connecting families to services, knowledge of accessing and delivering trauma-informed and evidence-based services and overseeing/evaluating the continuing appropriateness of the services. As DCF further supports evidence-based service delivery throughout the state additional webinars, trainings and information will be provided as part of the system's larger implementation planning process as needed. With the FFPSA Transition Funds, DCF developed training for in-home service providers specific to safety and their role in assisting in keeping children and families safely together. This training launched in the summer of 2021.

Administrative rules **require** new child welfare professionals and supervisors employed by the local Title IV-E agency to complete pre-service training as part of their initial development. These child welfare professionals and supervisors are responsible in Wisconsin for the creation, implementation and monitoring of a child's prevention plan. The web-based pre-service training offered by the WCWPDS, combined with the agency-specific orientation plan that may include job shadowing, agency orientation and other related activities, introduces new child welfare professionals to the basic skills and knowledge they need to carry out their child protective services responsibilities. Because the pre-service training is web-based, all new child welfare professionals can begin the training immediately upon hire.

To assure that the modules are consistent with state policies, initiatives, and standards, the modules are reviewed and updated as new state policies, initiatives, and standards are released. Additionally, each module is reviewed on a three-year cycle to include updated research and best practice guidance.

Prior to being assigned as a primary worker in the in the state's eWiSACWIS system, child welfare professionals **are required** complete, or be exempted from, the pre-service training that consists of 12 modules which include: Engaging in Child Protective Services, Safety, Ongoing Services and Trauma.

These modules can be viewed at: https://wcwpds.wisc.edu/.

In addition, Wisconsin administrative rules **require** new child welfare professionals who have access, investigation/initial assessment, and ongoing child protectives services responsibilities to complete, unless exempted with county approval, 15 days (90 hours) of foundation training within their initial two years of employment. Dependent upon job function, new child welfare professionals are required to complete between 9-11 days of training on topics related to engaging families and safety assessment. The additional 4-6 days of training are chosen from a menu of foundational training courses that are designed to meet job-specific competencies.

The foundation training provides the bedrock of knowledge, awareness, skill development, and values for child welfare staff. The foundation training is evidence-informed and heavily focuses on skill development and application, with multiple opportunities for practice integration into each skill-focused foundation training session. Foundation training is provided in eight locations around the state throughout the year, with multiple offerings throughout the year in Milwaukee, making the training accessible to child welfare professionals in all counties across the state.

The required foundation courses for all Child Welfare Professionals responsible for implementing the Title IV-E Prevention Plan include:

- Engaging to Build Trusting Relationships (2 days)
- Supporting Change Through Engagement (2 days)
- Case Practice with American Indian Tribes (2 days)
- Placement (2 days)
- Safety in Child Protective Services – Present Danger (1 day)
- Safety in Child Protective Services – Impending Danger (2 days) (not required for Access workers)

Child welfare professionals in conjunction with their supervisor are also required to select an additional 4-6 training days, based on their job responsibilities. The optional foundation courses include:

- Trauma Informed Practice (2 days)
- In the Best Interest of the Child: Making the Most of Family Interaction (2 days)
- Access (1 day)
- Initial Assessment (3 days)
- Ongoing Case Planning (2 days

  Current training particularly relevant to the IV-E Prevention Plan:

- Safety in Child Protective Services – Present Danger (1 day)
- Safety in Child Protective Services – Impending Danger (2 days)
- Ongoing Case Planning (2 days)

In addition to the foundation curriculum required for all child welfare professionals responsible for implementing the IV-E Prevention Program, DCF completed a series of FFPSA Town Halls for the child welfare workforce and other key stakeholders in September and October of 2021. These FPPSA Town Halls provided an overview of the changes occurring under Family First and guidance related to service planning and delivery under FFPSA. In addition, DCF launched several training and information materials on the FFPSA website in September of 2021.

This included a technical training video on the FFPSA website in September of 2021 to assist the child welfare workforce in understanding documentation requirements related to the child's prevention plan and service selection. In addition, 1-Page summaries related to both WI's Five-

Year Prevention Plan, and the constellation of services available to serve families across the state was provided. In addition, two live technical trainings were provided in October of 2021 which allowed for real-time technical assistance related to service selection, and completion of portions of the child's prevention plan.

In addition to required worker trainings, Wisconsin has sought to develop additional workforce expertise around key topics areas through Applied Learning Communities and Enhanced Supervisory Training opportunities.

Applied Learning Communities

In 2019, DCF began a partnership with WCWPDS to offer a unique approach to professional development called Applied Learning Communities (ALCs). ALC learners self-select to participate on agency teams and enroll in a regional learning cohort. A previous focus area included studying the CPS practice requirements for the Case Transition Process outlined in the CPS Safety and Ongoing Standards. The outcomes of the ALCs are two-fold. First, for participating agency teams to apply the Plan-Do-Study-Act (PDSA) model to team ideas on how to increase alignment between written policy expectations and implementation in practice. Second, for policymakers to hear from the people implementing it, specific to what works and what are areas of misalignment. The ALCs are conducted in regions throughout the state and meetings occur throughout the year.

Supervising Safety

Over several years, DCF has partnered with WCWPDS to provide an intensive curriculum specifically for Wisconsin's child welfare supervisors. Supervisors are often an overlooked resource in the development and support of an engaged, professional, capable workforce. DCF has sought to invest in further trainings to support and engage supervisors in providing supervision specifically around safety assessments. For supervisors, participation in Supervising Safety provides an opportunity to focus on in-home safety assessment and planning on a deeper level which results in the ability to address this area of practice with greater expertise and confidence. By the end of training, supervisors have enhanced expertise in applying Wisconsin's SAFE Model, tools for supervising practice, and a more in-depth understanding of the strengths and needs of agency practice. This approach is also key to helping supervisors to equip their staff with critical training that will allow them to intervene with families and whenever possible and prevent further engagement in the child welfare system.

IX. Prevention Caseloads (Pre-Print Section 7)

As discussed in the Introduction of this plan, Wisconsin is a county-administered, state-supervised system except for Milwaukee County and the statewide public adoption program, which are administered by DCF. In Wisconsin, there are 72 local child welfare agencies, which are responsible for the provision of child protective and juvenile justice services. As part of this provision, individual child welfare agencies are responsible for determining, managing, and overseeing caseloads as part of their state-county contract with DCF.

Because of variation between counties in population density and service needs, caseload, and workload, service provision varies between regions and counties of the state. To maximize flexibility for counties to serve the unique, local needs of families in their communities, how agencies manage caseloads also vary. Some agencies have child welfare professionals

assigned to unique rolls, i.e., in-home cases, and some agencies support child welfare professionals with a combined caseload of in-home and out-of-home and/or CPS and youth justice cases. Caseloads are determined by the local Title IV-E implementing agency, typically by the child welfare professional's supervisor, taking into consideration the child welfare worker's experience, and existing work assignments (workload). To support this local flexibility DCF has designed several optional tools to assist agencies in determining workload based on local needs, which are described below.

In Milwaukee County, where child welfare services are administered by DCF through DMCPS, a performance monitoring metric per child has been established for Contracted Case Management Agencies where at least 65% of child welfare professionals will have 15 children or fewer on their caseload. Caseload size also depends on the acuity of concerns within the family being served and team composition. A robust team may lessen the child welfare professional's role allowing for a larger caseload. A child welfare professional heavily involved in direct work with the family may suggest the need for a lower caseload.

While no universal caseload standards (e.g., a ratio of cases per worker) exist throughout all Wisconsin counties, DCF recognizes that a reasonable workload for child welfare professionals is a driving force in achieving positive outcomes for children and families. The Child Welfare Information Gateway defines workload as, "the amount of work required to successfully manage assigned cases and bring them to resolution. Workload reflects the average time it takes a worker to (1) do the work required for each assigned case and (2) complete other non-casework responsibilities".[24] As part of DCF's larger strategic planning efforts, maximizing the child welfare professional's time with family and reducing administrative burden continues to be a focus at the state level.

As pointed out by the Child Welfare Information Gateway, there is not a "one-size-fits-all approach to reducing and managing caseloads and workloads".[25] One potential mechanism in reducing workloads is through additional funding for staffing needs. In Wisconsin, the primary state funding program for child welfare services is the Child and Families Allocation (CFA). Local agencies use this allocation to best meet their local jurisdiction's child welfare needs. As part of the 2019-21 state budget bill, there was a substantial funding increase of over $25 million dollars to local county child welfare agencies for Calendar Year 2020. A survey conducted to determine how the CFA funding increase was used determined that 62% of counties used the additional funding for staffing costs to offset increased child welfare workload.

In addition to the mechanisms above, DCF supports agencies in managing the unique, local caseloads and workload needs. One concrete mechanism is through the optional Worker Dashboard, which are interactive virtual webpages linked to Wisconsin's eWiSACWIS system. The Worker Dashboard is designed to provide high-level information to understand caseloads at

[24] Child Welfare Information Gateway. (2016). *Caseload and workload management.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
[25] Child Welfare Information Gateway. (2016). *Caseload and workload management.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

the individual staff level, by a supervisor's assigned team or by the overall local child welfare agency.

This dashboard aims to assist local child welfare agencies in many areas including:

- Fostering a better understanding of current caseloads by enabling agencies to identify the length of time cases are open, location of cases, number of participants on a case, and case activity trends.
- Identifying areas in need of case management by providing a list of cases that may need additional work or closure.
- Allowing agencies to view entire cases assigned to each worker, examine trends in Initial Assessment workload and view case location by worker to assist in case assignment by region.

The Worker Dashboard, in conjunction with the Workload Staffing Tool, while optional, are concrete mechanisms that support informed workload decisions and practices at the local level where needed.

As Wisconsin implements FFPSA, DCF will continue to engage in conversations at the state and local levels about the best means to monitor and support local jurisdictions in managing workload. Fidelity standards for evidence-based program models around case load size will be followed in accordance with the specific model's manual.

X. Assurance on Prevention Program Reporting (Pre-Print Section 8)

DCF will report to the secretary required data with respect to the Title IV-E Prevention Plan including the information and data necessary to determine performance measures. This information will be included as part of the Five-Year Prevention Plan using Attachment I provided as part of ACYF-CB-PI-18-09.