



WAUPACA COUNTY NOTICE OF MEETING AGENDA



GOVERNMENT BODY: Health and Human Services Department Board
DATE: Wednesday, November 3, 2021
TIME & PLACE: 5:00 pm, Room LL42, Waupaca County Courthouse

Written materials completed in advance of the meeting may be found at www.waupacacounty-wi.gov under the Agenda and Minutes tab, select the Committee/Board link, and then the "Packet" and "More" links.

- The meeting will broadcast for remote access on a live stream on YouTube at <https://www.youtube.com/channel/UCLTWDB7UAKvFtU07vcs08zO/>
- This meeting may inadvertently cause a quorum of other County Committees or the County Board of Supervisors. No business decisions of any other committees or the Board of Supervisors will be conducted at this meeting.

Committee members: Supervisors Murphy, Wengelski, Craig, Johnson, Lehrer, Golding, Citizen Members Goedderz, Muck, Olson.

OPEN SESSION: This meeting and all other meetings of this committee are open to the public. Proper notice has been posted and given to the media in accordance with Wis. Statutes so that the citizenry may be aware of the time, place and agenda of this meeting.

AGENDA

CALL TO ORDER AND OPEN MEETING STATEMENT
ROLL CALL
REVIEW AND APPROVE AGENDA
MINUTES OF PREVIOUS MEETING: October 6, 2021
Public Comment

Program Presentation: Sharing of State Driven Changes Coming (YASI and Family First)

1. General Board Business
 - a. Aging Plan 2022-2024 Request for Approval
 - b. Advisory Committee Reports/Updates
 - i. Transportation Coordination Committee-Appointment Recommendation
 1. Bill Flemal
 2. Lori Schneider
 3. Dave Morack
 - ii. Committee On Aging-Appointment Recommendation
 1. John Charleston
2. Finance
 - a. Income Statement Overview
 - b. Payment Register/Approve Bills
3. Personnel
 - a. Employee Updates/Resignations/Retirements/Recruitments
4. Director's Report and Agency Overview
 - a. General Updates
 - b. Telework/Remote Work Update
5. Supervisor Report(s): Conference, Seminar, Convention, and/or Webinar Report(s)
6. Adjourn – Next meeting is December 1, 2021

The Health and Human Services Department Board may conduct a roll call vote, a voice vote or otherwise decide to approve, reject or modify any item on this agenda. If you are unable to attend, call (715) 258-6300, and leave a message prior to 9:00 a.m. November 3, 2021. If you are a person who requires special accommodations for the meeting room, please contact Waupaca County Clerk at 715-258-6200, all requests are confidential. Posted and e-mailed.

WCDHHS Board Meeting Minutes
October 6, 2021
Waupaca County Courthouse
Room LL42
Waupaca, WI 54981

Board Members Present: Jerry murphy, Dennis Wengelski, David Johnson, Jan Lehrer (remote), Sue Golding, Judi Olson, Jody Muck, Dr. Steven Goedderz

Board Members Absent: Pat Craig

Staff Present: Ted Phernetton, Liz Wagner, Melissa Anderson, Megan Hintz, Jed Wohlt

Public Present: None

The meeting of the Health and Human Services Board was called to order at 5:00 pm by Chairperson Jerry Murphy.

Motion by Johnson, second by Golding, to approve agenda. Motion carried without negative vote.

Motion by Wengelski, second by Muck, to approve the minutes of the September 1, 2021 meeting. Motion carried without negative vote.

Public comment: none

1. General Board Business

- a. Public Health-COVID-19 Updates- Jed went over slideshow showing 7 and 14 day trends, case numbers, hospitalization numbers, and testing options. He stated Public Health did partner again with the National Guard for testing at the Masonic Center in Manawa; he also stated the Public Health will be doing their own testing; also at the Masonic Center starting Thursday 10/7/2021. Jed also went over vaccination rate and answered questions from the Board Members.
- b. Recommendation to submit Voucher Program Application for Hotel Fremont- Megan went over the application for opening another voucher site; Hotel Fremont has been selected for this site. Megan stated that Hotel Fremont would like to honor the vouchers for all of their business hours, offering a breakfast, lunch and dinner menu. Opening of this voucher site would be dependent on Hotel Fremont's readiness to have menus prepared; once application has been submitted and approved by the State after approval of this board. Golding made

the motion to approve of this application being sent onto the State for their approval, second by Olson. Motion passed without negative vote.

- c. Ethical Standards for Case Managers- Ted went over the document that was provided for this within the board meeting packet. He defined Case Manager VS Social Worker. Ted gave background and additional information on why having these standards in place for Case Managers would be beneficial. Motion to approve to have Ethical Standards for Case Managers was made by Muck, second by Wengelski. Motion passed without negative vote.
 - d. Advisory Committee Reports/Updates
 - i. Nutrition Advisory Council minutes with handouts from 9/16/2021– No discussion
 - ii. Committee on Aging minutes with handouts from 8/31/2021- No discussion
 - iii. CCS/CST Coordination Committee minutes from 8/27/2021- No discussion
2. Finance-
- a. Income Statement Overview- Ted provided overview of the income statement and projected revenues and expenses.
 - b. Payment Register/Approve Bills- Motion made by Johnson to approve payment register/approve bills, second by Golding. Motion passed without negative vote.
3. Personnel
- a. Employee Updates/Resignations/Retirements/Recruitments- handout provided to show these updates; Ted provided a brief overview of the handout indicating that there were two resignations since the last board meeting.
4. Director's Report
- a. General Updates- Ted gave a brief overview of the management report and went over the number of children in high cost facilities.
 - b. Telework/Remote Work Update- Ted stated that a DHHS Remote Work policy is in the works to be put in place to help support the Waupaca County Telework Policy. Ted mentioned that a survey was given to DHHS staff- results have come back and majority of the folks think that things are going well; he mentioned that a refined survey will be created to help find solutions for potential 'problem' areas.
 - c. Gift Card Policy- A copy of the policy was included in the board meeting packet- Ted went over this policy briefly.
5. Supervisor Report(s): Conference, Seminar, Convention, and/or Webinar Report(s)- No Discussion.

6. Adjourn: Motion to adjourn at 5:48pm was made by Muck, second by Goedderz.. Motion passed without negative vote. Next regularly scheduled meeting is November 3, 2021.

Submitted by,

Liz Wagner
Administrative Services Coordinator

DRAFT

Wisconsin's Plan for Assessment & Case Planning in Youth Justice Statewide



The Plan

Wisconsin has selected an assessment tool for use statewide that considers a youth's risk to reoffend in the context of the youth's needs and strengths. The Youth Assessment & Screening Instrument (YASI) is validated for youth, and counties who applied and were selected for Phase 3 of implementation will begin in the Fall of 2020.

By the end of the three year phased implementation process (four phases expected), all counties will use the YASI in their youth justice cases.

How Does an Assessment Tool Work?

- An assessment tool looks at research-based static (historic and unchangeable) and dynamic (changeable) risk factors to estimate the likelihood that the same delinquent behaviors will continue **if there is no intervention**.
- It guides case planning by indicating which areas (dynamic risk factors) may be the best targets for intervention.
- A tool provides information about responsivity – to individualize the mode and strategies of services.

Why Use an Assessment Tool?

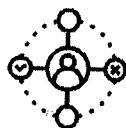


Use of an assessment tool helps us be more **targeted** and **effective**

- Research on the use of validated assessments in youth justice has grown significantly in the last decade. Assessment tools are often described as the foundation of evidence-based practices.
- We do not want to intervene more or less than is necessary. A validated assessment tool helps us match youth with the most effective level and type of supervision and services.
- This is about a more efficient use of resources to improve outcomes for youth and families, and ultimately increase community safety.

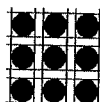


Research shows that when youth assessed at low risk are diverted, they are significantly less likely to reoffend than comparable youth facing formal court processing.¹



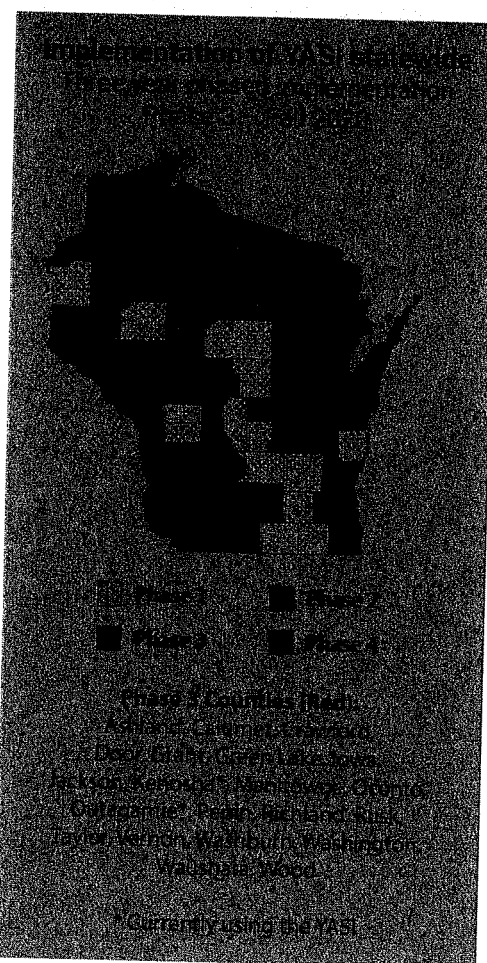
Use of an assessment tool **informs** and **supports** professional decision-making

- Workers went into this profession because they want to help. A tool informs and supports professional decision-making; it does not replace it.
- Use of a tool does not create a lot of additional work, rather it helps workers do their jobs more effectively by identifying areas to focus on with youth and families to promote positive behavioral change.



Use of an assessment tool provides **consistency** across the state

- Use of a tool standardizes statewide data collection about the needs of youth referred to the YJ system, and provides a common measure of the effectiveness of interventions.
- Use of a tool statewide provides a common language across counties and stakeholder groups.

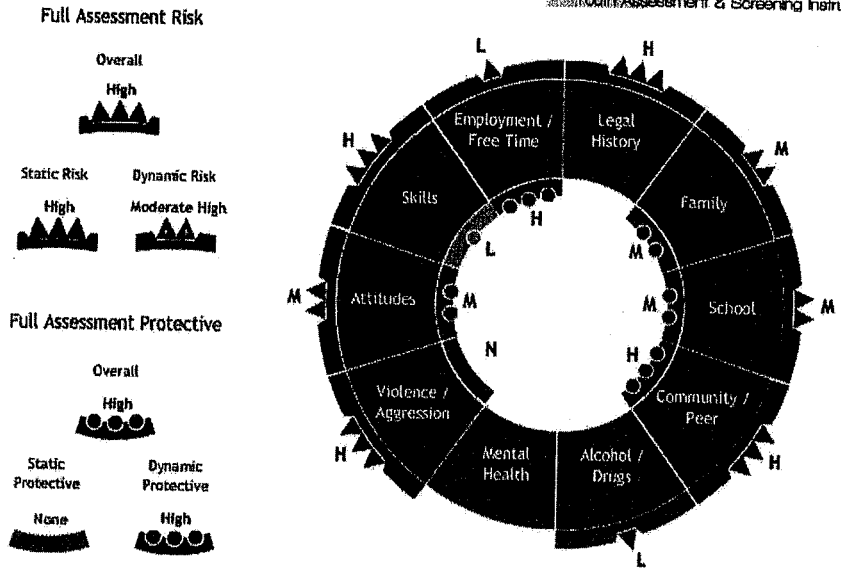


What is the YASI?



The Basics

- The Youth Assessment and Screening Instrument (YASI™) measures risk of reoffense, needs and strengths and helps develop case plans.
- The full YASI includes a total of 88 questions; the pre-screen includes just 33 of those questions.
- The YASI and the accompanying case planning model, Collaborative Case Works, are grounded in the principles of Risk Need and Responsivity (RNR) and Motivational Interviewing (MI).



Full assessment results are graphically displayed using a "wheel" diagram to illustrate risk, need and strength levels for the ten domains (blue areas). Users can target areas of the wheel that represent potential targets of intervention for the youth's case plan.

Key Features of the YASI



Case Planning is Paramount

- A critical feature of the YASI is to link assessment results in an immediate way to the process of individualized case planning and appropriate service provision.
- The YASI assessment results inform the case plan. The key objective is to ensure that the assessment helps produce good decision-making and the creation of individualized plans to reduce problem behavior.
- The results help identify the targets of service that are most likely to achieve positive change.



Includes Static and Dynamic Factors

- Static factors (e.g., delinquency record) are necessary and efficient predictors of recidivism.
- Dynamic factors (e.g., adaptive skills, use of free time) are predictors of recidivism that also point to youth characteristics and behavioral patterns that need to change to reduce future problem behaviors.
- Just because a youth shows up as "high risk" does not mean the youth is dangerous. Risk levels are specific to the offense/s that brought the youth into contact with the youth justice system.

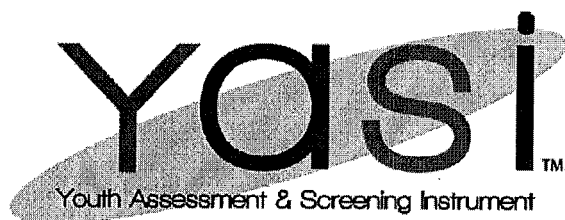


Strengths or Protective Factors

- One of the most attractive features of the YASI is the incorporation of protective factors - or strengths. These are characteristics or resources that are likely to help reduce or "cushion" the negative impact of risk factors.
- In fact, a number of studies have presented convincing evidence that high-risk youth who possess protective factors (like family strengths, attachment to school, optimism about the future), have appreciably better outcomes than high-risk youth who possess few strengths.
- Assessment of strengths focuses case plans in a way that maintains or bolsters protective factors where they already exist, and helps develop new resources where needed.

[Click here for YASI brochure](#)

¹Holly A. Wilson & Robert D. Hoge, "The Effect of Youth Diversion Programs on Recidivism: A Meta-Analytic Review," Criminal Justice and Behavior, Vol. 40, Issue 5, pp.497-518, (October 2012).



What is YASI?

The Youth Assessment and Screening Instrument (YASI™) measures risk, needs and strengths and helps develop case plans for at-risk youth. It can be used in juvenile probation, detention/secure custody, day reporting, youth services, schools, police diversion and other settings where there is a requirement to assess risk of negative outcomes and identify service needs. The YASI includes a brief "Pre-Screening" version (about 30 items) used to assist in early decision-making and assigning scarce case resources.

Based on a variety of information sources, YASI provides a vehicle for entering and analyzing information collected by juvenile probation officers, youth service managers, police, teachers, social workers and other case managers who assess youth clients.

The YASI brings together a number of exciting new developments in youth assessment:

- improved links to case planning
- Inclusion of strengths
- A sharper focus on dynamic reassessment
- An abridged Pre-Screen for early case decisions.

These developments received a boost from the Washington State juvenile assessment model (CMAP) in the late 90's. Based on the Washington model, YASI benefited from enhancements introduced by Orbis Partners in our earliest implementations in New York and Illinois. YASI is now used statewide in 10 jurisdictions and in numerous county and youth agencies across North America and in some international jurisdictions.





Case Planning is Paramount

Stimulating well-informed, individualized case planning is the critical challenge in youth assessment. Frequently youth service professionals complete risk and need assessments thoroughly, but fail to bring the process forward. All too often assessments are retired to a filing system before review or analysis.

Assessment technology now exists to build efficient instruments for predicting outcomes. The existing research provides clear direction on relevant predictive content for composition of tools. For example, research tells us which characteristics of youth predict recidivism and identifies various dynamic or need factors that must be addressed to build positive outcomes. Research on strengths and developmental assets has taught us how protective factors can buffer the impact of risk. We also know that high risk youth need more services and the services must match their need profiles. Given the state of knowledge about assessment, practitioners are demanding tools that smoothly translate into service action (often referred to as fourth generation tools).

YASI and the accompanying case planning model (Collaborative Case Work™) were designed to meet these challenges.

In adapting the Washington model for new jurisdictions, our goal was to focus on user application – building an assessment interface that helped users *apply* the results. Therefore, a critical feature of YASI is to link assessment results in an immediate way to the process of individualized case planning and appropriate service provision. This is accomplished through:

- A step by step model that incorporates the youth in the case planning process – Collaborative Case Work
- Focus on reassessment for monitoring the progress of case planning and supervision objectives
- Training that emphasizes case planning as the central objective of assessment.
- Case planning software that uses an attractive graphics interface and includes the capacity for more detailed case noting

Our case planning approach outlines discrete steps practitioners can employ to help youth choose appropriate goals and action steps, while developing motivation to follow the plans. The model is contrasted with a case planning approach that automatically selects interventions from a standard menu, or relies only on attempts to enforce court conditions as the primary method for promoting positive behavioral change. The YASI assessment and case planning process is more individualized – matching supervision and intervention strategies with the youth's motivation level and other important individual *responsivity* factors.

Our case planning model has been successfully applied in a number of youth and adult jurisdictions with diverse populations. Over the years, the model has been revised and refined to enhance success. The Collaborative Case Work model consists of the following three components:

- Mapping (assessment)
- Planning (mobilizing youth motivation)
- Reviewing (reassessment, reinforcing change, responding to relapse, managing the plan as it progresses)

YASI and Collaborative Case Work were designed to facilitate individualized case planning and intervention in a way that draws on evidence based practice.

The case planning model is integral to YASI. It emphasizes that assessment is only a first step. Without case planning, assessing risk, needs and strengths have little value on their own. The YASI assessment results drive the case plan. The key objective is to ensure that assessment helps produce good decision-making and the creation of individualized plans to reduce problem behavior.

Case planning begins with an analysis of the results of a YASI assessment. The results help identify the targets of service that are most likely to achieve positive change. Next, there is a focus on how to gain the youth's "buy-in" and develop realistic action steps that will achieve the desired results. As the plan is implemented, ongoing monitoring of the plan and provision of focused support become essential. All of the case planning steps are intimately linked to the YASI, from initial assessment to ongoing dynamic reassessment and documentation of outcomes. All of the steps are built into our CaseWorks™ software platform used for assessment and case planning.

YASI and Collaborative Case Work are driven by the principles of Risk, Need and Responsivity (RNR) advanced by Andrews, Bonta and Hoge. In addition, we draw heavily from Motivational Interviewing (MI) to inform both the assessment process and case planning.

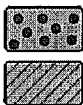


Instrument Design

The Washington Model on which YASI is based was created after extensive consultations with delinquency researchers, experts on juvenile assessment, and leaders in family and youth services. Input from expert sources and close attention to existing research helped shape an exciting new assessment model that capitalized on major advances in the field.

The original model was developed as a collaboration between researchers from the Washington State

Institute of Public Policy (WSIPP) and the Washington Association of Juvenile Court Administrators. Involvement and input of staff who worked with youth was a principle element of the design process. This ensured that the style and content of the tool matched the language and intervention methods of users. The result was a state-of-the art model that combined scientific integrity with a practical appeal that "made sense" to users.



Content and Style of YASI Items

The input of frontline users is reflected in the language of the tool. Many of the items can be rendered as behavioral targets for change that inform the choice or goals and the selection of action steps in case planning. Most of the dynamic items are measured on graduated scales that frequently consist of four or more response options. In this way, users can pinpoint youth problems and strengths on a continuum. In turn, the scales become helpful for measuring change as the youth successfully responds to service plans, experiences setbacks, or achieves only minimal progress.

The language and selection of items balances the need to employ terminology that is most comfortable for users, while ensuring that the content reflects what the current state of research recognizes as valid predictors of outcome. YASI content is being revised on an ongoing basis to incorporate input from users. This helps sharpen item definitions and increases the reliability of the tool.

The YASI domains (or sub-scales) include conventional static factors (usually related to delinquent history or other historical markers), and dynamic factors that have emerged from research on criminogenic needs. The domains also link to a variety of national programs and interventions that were developed through research over the past 20 years. This helps keep YASI in step with the types of services that many jurisdictions are introducing as they build evidence-based service delivery systems.

The 10 YASI domains consist of:

- | | |
|--------------------|---------------------------------|
| 1. Legal History | 6. Mental Health |
| 2. Family | 7. Violence/Aggression |
| 3. School | 8. Attitudes |
| 4. Community/Peers | 9. Adaptive Skills |
| 5. Alcohol/Drugs | 10. Use of Free Time/Employment |

The YASI domains resemble the content of other youth assessment tools that include risk and need factors. This is because research has converged on a number of factors that reliably predict outcomes in youth services. Hence, assessment tool developers have been able to identify a relatively consistent set of assessment items that offer efficiency of prediction. YASI also offers a fresh approach by incorporating the most recent research and the newest measurement advances. Some of the conventional risk and need domains have been re-conceptualized in the YASI (e.g., community/peers, aggression, adaptive skills), while newer research-based items have been introduced to supplement the case planning function.

YASI research has demonstrated that strengths provide predictive information over and above risk and need factors to provide a more complete profile of the youth.



Strengths or Protective Factors

One of the most attractive features of the YASI is the incorporation of protective factors - or strengths. These are characteristics or resources that are likely to help reduce or "cushion" the negative impact of risk factors. In fact, a number of studies have presented convincing evidence that high-risk youth who possess protective factors (like family strengths, attachment to school, optimism about the future), have appreciably better outcomes than high risk youth who possess few strengths. A number of intervention strategies have capitalized on these findings and offered theories of "resilience". Protective factors are viewed as helping youth "bounce back" when faced with high risk situations and other adversity. Recent research based on YASI validation studies show that youth at all risk levels appear to benefit from strengths with respect to reductions in recidivism. Our research has also shown that strengths provide predictive information over and above risk and need factors to provide a more complete profile of the youth.

The concept of protective factors is not new! Many practitioners already use "strengths" in planning services to help youth and their families. Yet, the development of assessments for strengths is very new. The YASI now provides probation officers, juvenile correctional workers, and other youth service workers with the ability to assess and monitor strengths using objective measurement techniques.

Highly intuitive for all types of case managers in the youth service field, assessment of strengths focuses case plans in a way that maintains or bolsters protective factors where they already exist, and helps develop new resources for youth who lack strengths. Incorporation of strengths grounds the model in a case planning process that is motivating both for youth and for the professionals who must guide the development of case plans.



Static and Dynamic Factors

Both "static" (historical and unchangeable) and "dynamic" (changeable) factors are included in the YASI. Static factors (e.g., delinquency record) are necessary and efficient predictors of recidivism. Dynamic factors are predictors of recidivism that also point to youth characteristics and behavioral patterns that need to change in order to reduce future problems.

The primary static or historical domain is **Legal History** (e.g., age at first arrest, previous adjudications, detention, probation violations, etc.) There are also some static items in the **Family** (e.g., history of family problems, neglect, etc.), **School** (expulsions), **Mental Health** (e.g., abuse), and **Aggression** (e.g. violent behavior) domains.

Among the more dynamic or changeable factors are:

- **Family** (e.g., positive and negative family influences)
- **School** (e.g., performance, attendance, behavior problems, school attachments, attitudes toward education)
- **Community/Peers** (e.g., positive and negative peer influences, adult role models)
- **Substance Use** (e.g., frequency of alcohol/drug use and alcohol/drug-related problems)
- **Mental Health** (e.g., mental health diagnoses, suicidal ideation)
- **Aggression** (e.g., anger management skills, beliefs about the use of violence)
- **Attitudes** (e.g., pro-social attitudes or lack of empathy, dispositions favorable toward crime, unreceptive toward change)
- **Adaptive Skills** (e.g., deficits or strengths in problem solving, interpersonal skills, and other cognitive skills that normally promote pro-social adjustment)
- **Employment** (e.g., positive experience related to labor market participation) and **Use of Free Time** (e.g., positive structured and unstructured leisure pursuits, pro-social hobbies or other high involvement activities likely to serve as protective factors).

The Importance of Dynamic Factors

Reflecting the importance of targeting "changeable" risk factors according to the need principle, the YASI focuses particular attention on dynamic elements. The dynamic risk factors reflect the youth's "needs" for service or attention in particular problem areas.

Frequently static and dynamic factors are combined in assessment tools, making it difficult to separate the two sources of risk. Yet for reassessment purposes, it is relevant to focus more attention on the factors that are amenable to change. By examining dynamic factors specifically at reassessment, YASI offers a clearer assessment of whether or not the youth's dynamic risk (i.e., need) is increasing, staying the same, or decreasing.

YASI uses a number of measurement techniques to increase the validity and reliability of dynamic assessment. By

providing more response options on a graduated scale for the dynamic items, YASI helps case managers develop greater awareness of potential behavioral targets, monitor change in the targeted areas, and document the change as it occurs.

The Full Assessment YASI produces results for both static and dynamic factors, showing "low", "moderate" and "high" levels of risk and need. However, in order to boost sensitivity for detecting change, the overall dynamic need scores are displayed across 6 levels ("low", "low moderate", "moderate", "moderate high", "high", and "very high"). This classification system also helps identify extreme groupings (e.g., very high need) so that resources can be more efficiently distributed. This is very helpful for allocating services to youth who are most in need, especially where services are at a premium.



Attitudes and Adaptive Skills

The **Attitudes** and **Adaptive Skills** dimensions are often perceived as difficult to measure reliably. Many view such measures as too "subjective". Yet research consistently shows that anti-social attitudes and characteristics such as poor impulse control skills are among the strongest dynamic predictors of recidivism. YASI employs carefully prescribed semi-structure interview techniques with youth to assess the attitudinal and adaptive skills domains. Using numerous items and multiple response categories for attitudes and adaptive skills resulted in important assessment advances in these critical areas. In turn, these improvements have important links to services and programs. In fact, the attitudes and adaptive skill domains are among the strongest predictors of recidivism within the full battery of YASI items. The **Attitudes** domain links to a number of interventions that target anti-social attitudes and poor motivation. The **Adaptive Skills** domain is beneficial for assessing the need for cognitive skills and other interpersonal skills training. Moreover, both domains have obvious links with targets of cognitive behavioral methods – the type of interventions that research has unequivocally shown to produce the best outcomes with juvenile populations.

While the **Attitudes** and **Adaptive Skills** domains are relatively detailed, this allows YASI to achieve more measurement reliability for reassessments, and also furnishes a more practical range of attitudes and behaviors to target for intervention and monitoring change.



Violence/Aggression

There have been some gains in predicting violent and aggressive behavior in recent years. In order to be responsive to the public's desire for more scrutiny in this area, many youth service professionals wish to include history of violent behavior in their assessments. YASI includes separate scores for static indicators of violence (e.g., any history) as well as more dynamic markers of future aggressive behavior. The dynamic component is helpful for identifying youth who are likely to benefit from anger management training, programs that focus on reshaping attitudes that promote violent activity, or need more attentive supervision to monitor potentially volatile behavior.



Mental Health and Trauma

It is well-recognized that many youth entering the juvenile justice system suffer in various degrees from mental health problems. As such, the inclusion of mental health in an overall profile of youth risks and needs is critical. While mental health issues may not be predictive of negative juvenile justice outcomes, for many youth mental health issues may be salient responsivity factors. As such YASI displays service need "flags" for youth who may require professional mental health attention.

Research is accumulating on Adverse Childhood Experiences (ACE). Many juvenile justice practitioners ask about how they can monitor such experience and address problems revolving around youth trauma. YASI incorporates the majority of standard ACE items that have been used in studies that describe the experience and impact of adverse events among youth. YASI-based studies have shown meaningful links between ACE's and juvenile justice outcomes. In a future planned upgrade to the CaseWorks™ software, ACE scores will be generated as part of the Full Assessment results.

Another advance is that Orbis Partners was selected by the University of Massachusetts School of Medicine to serve as the exclusive distributors of software for the administration of the Massachusetts Youth Screening Instrument (MAYSI), a widely validated mental health assessment for juvenile justice clients. By combining YASI and MAYSI users can conduct more rigorous screening for mental health problems among youth receiving juvenile justice services.



Pre-Screen YASI

The YASI includes **Pre-Screen** and **Full Assessment** versions.

The YASI **Pre-Screen** is the primary index used for classification. The Pre-Screen employs a minimum of highly predictive static and dynamic items (about 30 items) that yield classifications of "low", "moderate", and "high" risk of future problem behavior (e.g., delinquent recidivism). The YASI version of the original Washington Pre-Screen was streamlined to contain fewer items and scoring was redesigned to provide predictive generalizability across different jurisdictions.

As a time-saving device, the Pre-Screen rapidly identifies "moderate" and "high" risk cases that will require more intensive services. The Full Assessment is then recommended as a method for developing a detailed profile of the need and strength factors that will become the focus of case planning for moderate or higher risk cases.

As a "triage" approach to identify moderate and higher risk youth, the Pre-Screen helps introduce greater efficiency in assessment and case planning.

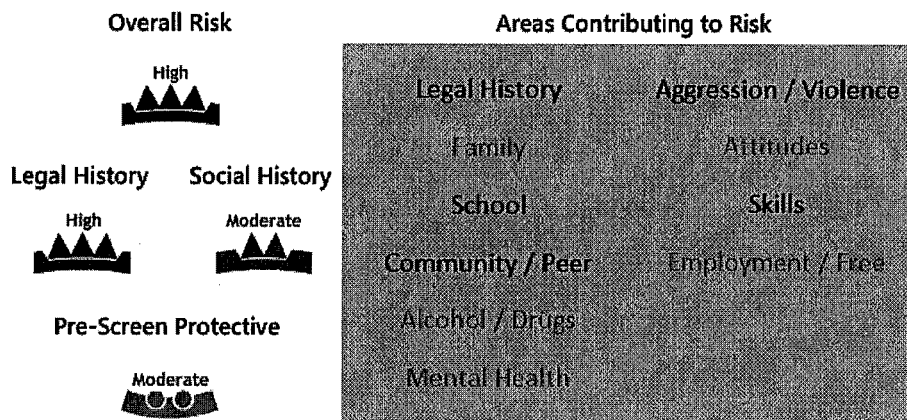
While a brief interview with the youth is necessary for completing the Pre-Screen, information about many of the pre-screen items is also readily available through case files, existing social

histories and other sources of data (e.g., police reports) that may already be accessible when the case manager begins the assessment. The selection of Pre-Screen items was based on the need to include highly predictive items, while recognizing that a streamlined assessment must provide results for decision-making based on a rapid assembly of basic information. Using the YASI software, Pre-Screen results are displayed for Criminal History and Social History based on a classification of "low", "moderate", and "high" risk.

An added advantage of the YASI adaptation of the Washington model is the inclusion of a validated strength measure for the Pre-Screen. The YASI Pre-Screen derives strength levels of low, moderate, or high as a standard component of the results.

The Pre-Screen software also produces a list of key need areas that represent elevated risk (e.g., family, school, substance abuse, attitudes, etc.). While the Pre-Screen is not designed for detailed case planning, it provides ease and efficiency for summarizing case information at the early stages of serving youth.

Examples of software-generated **Pre-Screen** results:





Full-Assessment YASI

The **Full Assessment** builds on the Pre-Screen to provide a substantially more detailed assessment of the needs and strengths that will be considered in building case plans for moderate and higher risk youth.

Again, the Full Assessment contains many items that easily translate into "targets" for action steps in case plans. The Full Assessment ensures that the case plans and the ongoing monitoring of the youth's progress is based on factors that are

behaviorally based and grounded in modern research on high risk youth.

In generating Full Assessment results, the software is designed to deliver an integrated approach to case planning. The results of the full assessment and the case planning steps are conveniently linked with built-in features that encourage in-depth case analysis, tracking of progress, and case-noting.

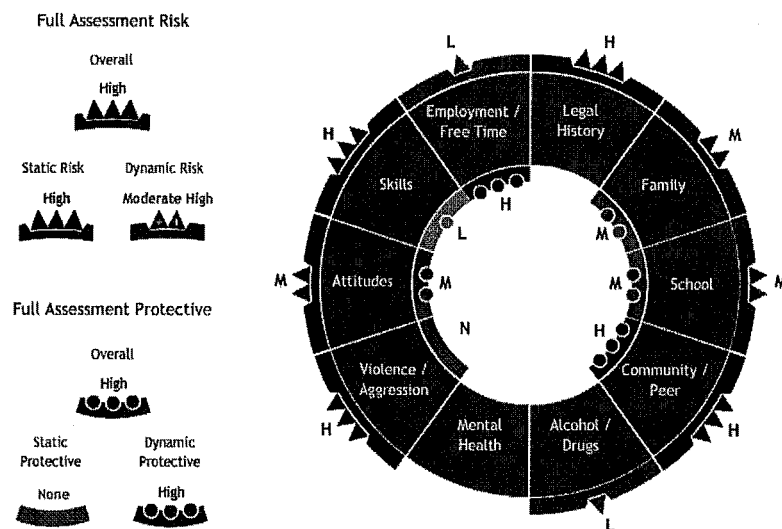


Software

CaseWorks™, the browser-based software platform that delivers YASI, provides a number of useful features for displaying results and aggregating data across multiple caseloads within jurisdictions. The browser software is fully hosted and maintained by Orbis Partners but can also be installed in local network environments. The YASI application is fast, secure, and easy to use. In addition to assessment functionality, a step-by-step feature for building case plans is integrated within the CaseWorks™ platform.

YASI results are shown for overall risk, needs and strengths. Risk/Need and strength levels for each domain (e.g., family, school, peers, attitudes, etc.) are also displayed. In addition, the software breaks down the overall results by static and dynamic sub-totals.

The Full Assessment results are graphically displayed using a "wheel" diagram to illustrate risk, need and strength levels for the various domains. For YASI users, the "wheel" is one of the most popular features of the model (see below). Users click on areas of the wheel that represent potential targets of intervention for the youth's case plan. When a particular domain is selected as a priority, the priority is carried forward throughout the case plan module. Next, users can supply more information about the goals, action steps, and interventions for addressing the priority domains. The software allows case managers to track progress on goals, record referral sources, and enter other relevant case notes.





Narrative Reports - Social History/ Pre-Disposition Reports

Because of the comprehensive content of the Full Assessment, YASI provides a rich source of information for social histories and pre-disposition reports. Based on the items gathered as part of the assessment and entered into the software, users are able to access computer-generated narrative reports that can be customized to suit a variety of juvenile justice and youth service contexts. For example, the narrative supplies a draft report that can be amended to suit the requirements of reports to the court or other officials (e.g., pre-sentence reports). Alternatively, the narrative can be used as part of a referral package used to brief service providers or supervisors. YASI was the first fourth generation assessment tool to include narrative reporting and this feature is highly valued by users across a range of settings. The software offers rapid conversion of the YASI narrative for editing in various word processing applications.



Information Management Potential

Aggregate reporting of assessment statistics is another key function of the YASI software. The richness of the assessment database provides an important and exciting source of information for identifying service gaps, allocating scarce case management resources, and other service planning purposes.

Managers can produce statistics that profile the youth population being served and identify trends in risk and strength levels across the 10 YASI domains. The ability to break down results by a variety of service types (e.g., diversion, status offenders, probation, delinquency prevention groups, etc.) and demographic characteristics of youth (e.g., age, gender) offers vital tools for profiling the diversity of service needs across sub-populations. This function can also generate information relevant for measuring agency performance. Many agencies use CaseWorks statistical data to strengthen grant applications or supply routine reports to funders. The statistical reports include very detailed reporting on YASI reassessments, conveniently showing the percentage of youth that make positive gains, stay the same, or show decline across overall or domain scores.

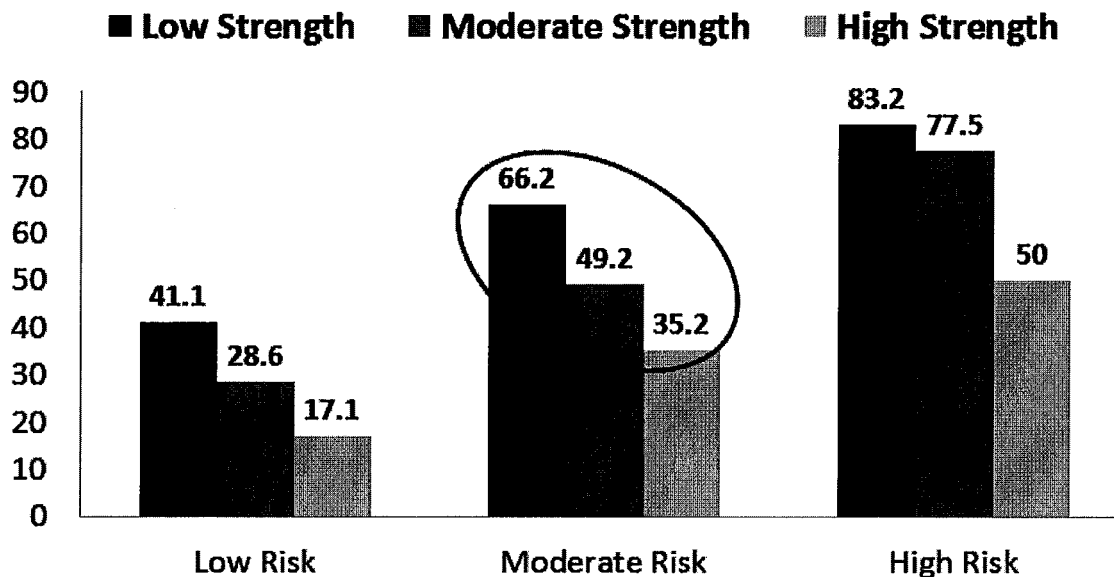
Statistical reports can also help examine caseload characteristics of individual staff. The reporting functionality assesses quality of assessment data (e.g., level of completeness) and assists in performing database maintenance. In future releases of the software, reports will help identify staff who have completed assessments in inconsistent ways and who may need coaching to improve their YASI scoring.



Validation

There are a number of studies focusing on the validity of the Washington Model and the YASI. Based on very large samples in Washington State, the Pre-Screen tool predicted new offenses including misdemeanors, felonies, and violent recidivism in a juvenile probation population. Very positive predictive results were also obtained for Full Assessment scores. Using juvenile delinquent samples in probation settings in Illinois, New York, Virginia, Wisconsin, and Alberta Canada, YASI predicted new referrals for delinquency with very good accuracy. In addition, YASI has predicted outcomes for status offenders (e.g., negative outcome at service closure, new legal involvement, arrests). The tool also appropriately discriminates between youth on diversion and on formal supervision (e.g., adjudicated versus diverted youth). The resilient effects of strength factors have also been confirmed in YASI studies. In the bar chart of the following page, the buffering effects of strength are shown to operate across low, moderate, and high risk cases. A list of studies and scholarly presentations that report results for YASI are included at the end of this document.

Any Negative Outcome by YASI Risk and Strength Levels over 12 months (n=2,712 youth probationers)



In addition to validation, information is available on the reliability of YASI assessments. Reliability speaks to the issue of consistency of YASI scoring across staff. In a major study comparing nine juvenile assessment tools used in the United States by the National Council on Crime and Delinquency, YASI ranked among the top tools with regard to inter-rater reliability. Similar evidence of inter-rater reliability was demonstrated in a research study where YASI was used in combination with a series of research tools by academic researchers. More recently, Orbis Partners has explored the consistency of scoring of YASI assessments using large assessment databases that include outcome data. The research helped illuminate common scoring errors and identify staff who exhibited higher rates of inaccurate assessments. As a result of this work we were able to validate a protocol for assessing the accuracy of scoring by individual assessors. In the future, Orbis will introduce software functionality that will alert staff to possible scoring inconsistencies as they conduct assessments and provide supervisors with information about staff who need additional coaching and support.



Gender Responsive Assessment

In most validation samples YASI performed equally well for girls and boys. Given that girls normally recidivate at lower rates than boys, some adjustments were made to cut-off scores to ensure that girls and boys exhibited similar probabilities of recidivism across low, moderate, and high risk levels. More recently, large YASI follow-up samples have allowed Orbis the opportunity to develop separate item weights for girls and boys scores. The new weights reflect variations in how some of the domains predict outcomes across gender. This work, which involves cross-validation across two large samples, will allow Orbis to introduce more gender responsive scoring for YASI in the near future.



YASI Training: On-site and eTraining

Proper training for use of the YASI is essential. The Collaborative Case Work (CCW) training is normally conducted in two stages. An initial two-day training focuses on how to conduct YASI assessments: collecting the necessary information through interviews, case records and collateral contacts. The training prepares users to return to their work settings and begin to complete YASIs and generate results with the CaseWorks software. The second two-day follow-up training is devoted entirely to case planning using YASI. Participants develop an enhanced case management skill set to work with youth to set goals and commit to action steps that match the needs identified with YASI.

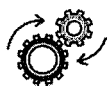
We have learned that staff are most receptive to trainers who can explain how to use assessment based on their first-hand experience with clients. There is also a demand to provide information about the scientific fundamentals on which the model is based. Orbis Partners carefully chooses training teams to supply a blend of practical field expertise along with knowledge of the research elements of YASI. Every effort is made to present the material in a way that is accessible for staff with different learning styles and varying interests in the more technical aspects of the model. Our training strategy delivers dynamic presentations using attractive training materials and employing exercises that build participant skills.

The research-based principles of risk, needs and responsivity inform all of the training and effectively link the components of assessment, supervision, and case planning. Throughout the initial and follow-up trainings, a motivational approach to working with youth is also reinforced. Attention to motivational techniques includes interview skills for completing the YASI as well as engaging the youth in building meaningful case plans.

Advances made in Motivational Interviewing (MI) and an understanding of the concept of client change supply an essential foundation for our training. We use video demonstrations of YASI interviews and case planning sessions and a variety of skill-building practices. Many jurisdictions have already embraced MI as a foundation skill. For staff already initiated in MI, the training reviews how the skills are used for both assessment and case planning with YASI. Staff who have not yet been introduced to MI learn how efficient the methods are for obtaining quality assessment information and for eliciting the youth's support.

Introduced in 2012 as a cost-efficient alternative, an e-Training option is also available to replace or supplement on-site training. Some jurisdictions have too few staff to warrant the delivery of on-site training. Other jurisdictions seek solutions to provide ongoing training for new staff after initial implementation. Some of our clients look for refresher training options that will help their staff maintain excellence in assessment and case planning. For some clients, our eTraining offering provides a viable solution to meet their needs.

The eTraining course features audio and video content, quizzes and module tests so that participants can receive feedback on their mastery of the material. The eTraining course takes an average of 12 to 14 hours to complete and each participant can pursue the online content at their own pace and schedule. The online course includes both assessment and case planning components of CCW, and participants are introduced to the various components of the CaseWorks software application.



Customization and Integration

Because of the predictive robustness of the content of the YASI model, the items can be customized for specific youth service contexts. A critical ingredient of implementation success is using language that reflects local practice, thereby promoting credibility and trust in the tool. The wording of YASI items can sometimes be modified to reflect local practice and preferences. Ultimately, instrument customization benefits YASI users across different jurisdictions. YASI was customized for many jurisdictions in the United States, Canada, Scotland and Australia. Helpful advances that emerge through customization in one

jurisdiction are shared with others. Orbis can also develop customized functions within the CaseWorks application to help jurisdictions meet their needs for data capture and reporting.

The CaseWorks software used to deliver YASI and case planning can also be integrated with other client information systems in order to reduce duplication and promote more efficient access for staff. In addition to the convenience of such features as single sign-on, integration can be used to pre-populate selected YASI data fields that already exist in larger client information databases. Demographic information, legal history and other YASI-relevant content can be transferred seamlessly to the corresponding data elements in YASI. In addition, unique data elements stored in CaseWorks including YASI assessment results can be transmitted to the larger client database for reporting and other purposes. Orbis works with clients to define the requirements and scope of integration and customizes solutions to meet unique data requirements. Our VP of Product Management helps clients define their customization and integration needs and coordinates the required work with our software development team.



The Validation Component of Implementation

The implementation of YASI (or any risk/need assessment model) can benefit from a validation process to assess reliability and validity. Using validation research as an integral component of implementation can provide users with valuable descriptive information about the population being assessed. Staff will exhibit significantly more "buy-in" when they receive feedback on their data and understand how the tool is working in their setting. A validation process allows for adjustments to the instrument to ensure that it is performing at maximum efficiency. With validation, cut-off scores for YASI domains can be adjusted to ensure optimal functioning within a jurisdiction. Validation also promotes quality assurance because it helps identify potential difficulties that can arise when the tool is not being administered reliably. If desirable, Orbis can help jurisdictions facilitate the validation process.



Implementation Support

How can organizations derive maximum utility from assessment and capitalize on the potential efficiencies? Many organizations find themselves alone after receiving intensive training on how to administer a new assessment device. Questions remain about how the tool should work in the jurisdiction and how local practices should be adjusted to make room for successful implementation. There are frequently questions about the likely distribution of risk levels and how it might depart from the distribution delivered by an existing tool. Other questions include how to transition from a previous tool, how decisions should be made about service allocations, how assessment scores can be linked to current services, how frequently reassessments should be administered, and whether customization can be considered for certain items. There are also many concerns about how to manage staff resistance to the introduction of assessment.

Orbis Partners strives to provide project managers and users with the necessary support to adjust to inevitable challenges that arise with a new assessment and case planning approach. Supportive activity is crucial before training, during training and following training.

Before training the support focuses on assessing training needs and helping managers determine the steps for preparing a YASI implementation plan. *During* training the support focuses on helping staff learn the assessment procedures and develop confidence in their ability to apply the skills. *Following* training support shifts to providing ongoing coaching and reinforcement for the implementation of the model. This includes consultation on how to adapt the model to the jurisdiction's unique needs, promoting quality assurance, and supplying information management assistance to make the best use of aggregate assessment data.

Through accessible software support, consulting on the application of the model for a variety of practical problems, and providing data feedback, Orbis Partners helps maintain project momentum. Toll-free telephone and e-mail support, e-Training, webinars, and site visits are among the support vehicles used.

In order to boost implementation efforts, Orbis has developed a specialized curriculum that is addressed specifically to supervisors. Supervisors find themselves in a unique position: they frequently do not conduct assessment and case planning activities with YASI on a routine basis, yet they are expected to supervise the performance of this work among their staff! The Supervisor Training series helps supervisors learn fundamentals of how to support their staff during implementation. Supervisors learn how to observe and coach their staff in the use of YASI and the CCW model. The supervisor sessions also provide participants with the ability to trouble-shoot implementation issues by brainstorming with their colleagues.

In recent years Orbis has embraced a coaching model aimed at helping staff, individually and in groups, grapple with issues of skill acquisition and implementation fidelity. Our experience has shown that coaching can be conducted effectively both on-site and online. Our coaching focuses on providing feedback and support on the assessment and case planning work of individual staff. We provide direct coaching support to individual staff as well as help develop internal coaching resources among supervisors and other staff who can provide leadership and support to their colleagues.



Cost

The YASI can be made available to jurisdictions in service packages that might include customization, training, software, technical support, application consulting, coaching, quality assurance and validation/research services. Based on hosted solutions or licensed applications on the client's network, the Caseworks software includes unlimited use of the assessment tool for initial assessments and reassessments. Jurisdictions may also opt for a train-the-trainer certification process in order to meet the demand for ongoing training or include eTraining in the service package.



YASI Implementation Team

The YASI team consists of experts in assessment and programming with many years of experience in youth and adult human service fields. Combining both research and clinical skills, as well as state-of-the art software development, the team has benefited from the practical experience of implementing assessment tools and other programs in a variety of settings across North America, the United Kingdom and Australia.

Orbis Partners maintains a full-time staff complement who are responsible for ongoing research, training, software development, and technical support. Part-time associates who actively deliver services to youth or supervise front-line staff also contribute to training on assessment and case planning. The dynamic team that has been assembled by Orbis Partners is well resourced to provide rapid response to support implementation.



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Child Welfare Strategic Transformation in WI

Wisconsin's Strategic Transformation and Family First implementation is evolving. To stay updated on changes impacting the Child Welfare system, virtual Town Hall sessions will be held on dates in October. Training sessions are also offered for child welfare workers and staff on updates happening to eWiSACWIS. Click the icon above for a list of event information.

Since 2018, Wisconsin has been progressively working toward transitioning the child welfare system to become more in-home, family-focused, and collaborative.

Transformation Creates Positive Outcomes

1. Record number of families being served with in-home services.
2. Closing the service gaps with stakeholders.
3. Stronger integration of cross agency/county collaboration for services.

The shift in the system began when research indicated that children and families have better results when supported jointly. This transformation is focused on keeping families and children together by serving them in-home with resources and services.

Four Transformation Priorities

1. To strengthen local communities + build services to support families in their homes.
2. To keep children in family settings whenever possible.
3. To improve our group care system.
4. To support our workforce with solutions and improvements.

Transformation in Action

The Department of Children and Family Services (DCF) partnered with Root Inc. to assist in the child welfare transformation efforts. Root conducted research to understand how Wisconsin counties were progressing toward achieving the 4 strategic priorities listed above.

The results show Wisconsin is well on its way to serving more kids and families in-home than ever before. To learn more about the research conducted by Root [download the presentation](#) or [watch it here](#). To continue the child welfare transformation, a learning map training experience will be offered to counties.

Family First Prevention Services Act

TRANSFORMING WISCONSIN'S CHILD WELFARE SYSTEM

As Wisconsin's strategic child welfare transformation was evolving, the federal government boosted these efforts by passing the Family First Prevention Services Act (FFPSA) in 2018.

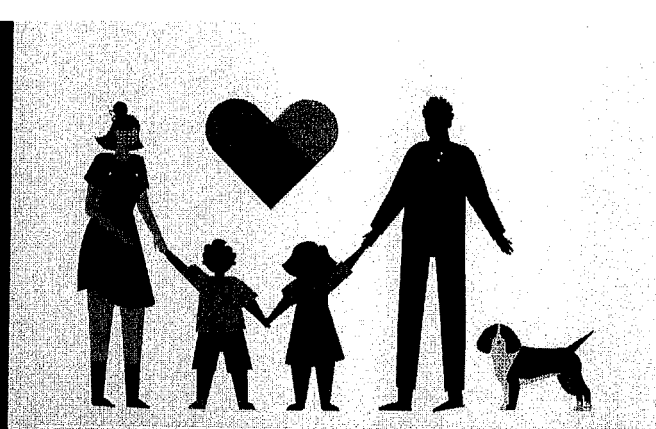
This legislation restructures how the federal government allocates funds to the child welfare system to improve outcomes for children and families.

Family First is a great opportunity for county stakeholders, tribes, and the courts/legal partners to work together in shifting our system to be even more family focused.

DCF is enacting Family First initiatives by:

- Phasing in learning map discussions and trainings on change management to transform the child welfare system at large.
- Implementing specialized training programs to focus on serving more children + families in home.
- Engaging with individuals and organizations to ensure that these efforts meet the needs of children and families in the child welfare system.

To learn more about Family First in Wisconsin, visit: dcf.wisconsin.gov/family-first.



Changing the Foster Care Landscape

◆ 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's Title IV-E Five-Year Prevention Plan



What is the Five-Year Prevention Plan?

As part of the Family First Prevention Services Act (FFPSA), the Five-Year Prevention Plan outlines how Wisconsin intends to implement evidence-based, Title IV-E Prevention Clearinghouse Services. DCF is able to receive partial federal reimbursement for these identified services when they are delivered to children who are "candidates".

Title IV-E Prevention Clearinghouse Services in the Five-Year Prevention Plan include:

- **Nurse-Family Partnership**
- **Healthy Families America**
- **Parents as Teachers**

These services are one small piece of Wisconsin's larger Child Welfare Transformation to keep more kids safely in-home and connected with family.

What will be changing on October 1, 2021?

- In jurisdictions where the above services are already used, DCF will begin to collect data related to how these services impact outcomes for children.
- To capture this service information, minor documentation changes on the Case and Permanency Plans will be taking effect on 9/29/2021.
- To meet the needs of families in-home, agencies are encouraged to consider the entire constellation of services.
- Service selection should continue to be driven by an assessment of needs, in partnership with families.
- Where the above services are not available, or not appropriate for the family, agencies are encouraged to consider creative strategies in line with the goal to **dramatically reduce the number of children served in out-of-home care**.

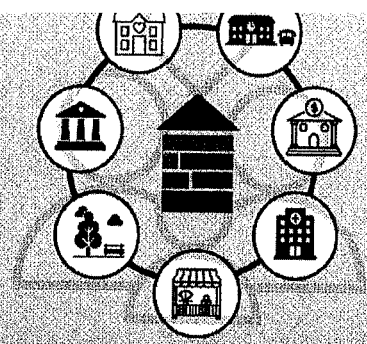
Who is considered a "candidate" for Title IV-E Prevention Services?

- Children who are being served by the local child welfare agency and have been determined to be unsafe.
- Children who have been returned to their parent's care, and services remain necessary to prevent re-entry.
- Children or youth 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.



Child Welfare Transformation

Constellation of Services



DCF funds a constellation of services to help serve children and families in-home. These services include, but are not limited to:

- **Targeted Safety Support Funds** — funding to assist families when children are unsafe and at risk of removal from their home.
- **Promoting Safety and Stable Families Grants** — funding for prevention of child maltreatment, family preservation and reunification.
- **Family Foundation Home Visiting Programs** — a voluntary program designed for pregnant women and families with children under 5. Home visitors are nurses, social workers or other professionals that help families reach their goals.
- **Domestic Abuse Services**—a variety of services offered to provide support to survivors, their children, and family members.

Local level innovations that receive state funding include:

- **Parents Supporting Parents** —an evidence-based service aimed at empowering parents with lived child welfare experience as mentors to current families within the system.
- **Youth Innovation Grants** — funding for innovative youth justice projects at the local level.
- **Representation in CHIPS Hearings** — Title IV-E reimbursement for Legal Services provided to children and their parents.

Other key services include child care/early childhood education, housing supports, specialized services, & immediate access to Mental Health & AODA treatment services.

How to support in-home planning locally:

Engage and build partnerships with lived experience experts.

Have conversations with key community stakeholders about ways to support children and families in-home.

Consider ways to align local services and existing funding.

Explore service coordination opportunities with local health service programs.

Review the Child Welfare Transformation Insights presentation and “advanced behaviors” on the DCF website to understand agency strengths and needs.

More updates are in the Family First newsletter:

[Subscribe here.](#)





Prevention Services Questions

1. What is the 5-Year Prevention Plan?

The Family First Prevention Services Act (FFPSA) requires states to submit a 5-Year Prevention Plan to the federal Children's Bureau outlining the evidence-based services (Title IV-E Prevention Clearinghouse Services) that will be implemented in the state, and how these programs and practices will be evaluated and monitored. States can amend their 5-Year Prevention Plan at any time as evidenced-based services are added to the Title IV-E Prevention Clearinghouse. Evidence-based programs funded through non-federal dollars may be eligible for IV-E reimbursement only if listed in the 5-Year Prevention Plan.

More information on the Title IV-E Clearinghouse can be found here:
<https://preventionservices.abtsites.com/>

2. Is the Wisconsin 5-Year Prevention Plan available to review?

Wisconsin's 5-Year Prevention Plan and 1-Page Summary will be available on the Department of Children and Families (DCF) [FFPSA website](#) following its submission to the Children's Bureau.

3. What Title IV-E Prevention Clearinghouse Services will be included in the Wisconsin's 5-Year Prevention Plan?

Wisconsin selected three Title IV-E Prevention Clearinghouse Services:

- Healthy Families America
- Parents as Teachers
- Nurse-Family Partnership

Further information about these services can be found on the DCF website:
<https://dcf.wisconsin.gov/cwportal/homevisiting>

4. Why were the three Home Visiting services selected for inclusion?

- All three services are considered "well-supported" meaning they have the highest degree of evidentiary support on the Title IV-E Clearinghouse.



- All three programs have existing infrastructure in the state and are represented in every region of the state.
- While most home visiting funds are federal, there is a small state investment in home visiting on which DCF may be able to generate federal IV-E reimbursement.
- Initial research also suggests an important overlap between families traditionally served by home visiting programs and those served by the Child Welfare system.

5. Are there additional Title IV-E Clearinghouse Services that are being considered for future inclusion and implementation?

Several evidence-based services continue to be evaluated for future inclusion, including Homebuilders, Motivational Interviewing, and others.

The Title IV-E Prevention Clearinghouse continues to be updated and DCF is monitoring the approval of programs on the Title IV-E Prevention Clearinghouse. DCF plans to adjust the 5-Year Prevention Plan as additional services are approved that may meet the needs of children/families in Wisconsin and should additional funding become available.

6. Why are additional Title IV-E Clearinghouse services not available currently?

There is no federal funding (e.g. grant programs or other direct funding) provided for ongoing service delivery. States can claim federal reimbursement when families receive Title IV-E Prevention services listed in the state's 5-Year Plan, and when those services are funded through non-federal dollars.

During the last state biennial budget process, DCF requested additional General-Purpose Revenue (GPR) funds to support in-home evidence-based services but did not receive this. Due to the lack of both federal and state funding, implementation has focused on supporting existing infrastructure and in-home planning.

DCF intends to request additional funding to support Title IV-E Clearinghouse Services in future budgets.



7. Will agencies be required to utilize Title IV-E Clearinghouse Services?

No, local child welfare agencies will not be required to shift their current programming to one of the three Title IV-E Clearinghouse Services.

- DCF is continuing to explore ways to support evidence-based services and other child welfare innovations across the state without additional funding.
- Local child welfare agencies are encouraged to have conversations with their local stakeholders about ways to support children and families in home.
- Due to variations across the state, the most pressing need for some communities may not be evidenced-based services but may be related to more economic or concrete needs, such as housing, childcare, or others.

8. Will agencies receive any reimbursement or financial incentive for using Title IV-E Clearinghouse Services?

No, using Title IV-E Clearinghouse Services will not mean additional funding to the referring agency. Selecting an appropriate service for a family continues to be based on the assessment of a family's needs and the ability of the service to meet those needs.

9. What is changing on October 1, 2021 related to Prevention and Title IV-E Clearinghouse Services?

If your agency currently uses any of the above programs, you may continue to refer eligible families. In jurisdictions where the selected Title IV-E Clearinghouse Services are already used, DCF will begin to collect data related to how those services impact outcomes for children.

To easily capture this service delivery information, minor documentation changes on the Case and Permanency Plan will be taking effect on 9/29/2021. These changes will make it easier to identify if one of the above selected Title IV-E Prevention Clearinghouse Services was delivered. A technical training video is available [here](#). Understanding this data will help DCF plan for future implementation and service needs.



In addition, to meet the needs of more families in-home, agencies are encouraged to consider the entire constellation of services available. Selection of services should continue to be driven by the assessment of needs, in partnership with families. Where the above services are not available, or not appropriate for the family, agencies are encouraged to consider creative strategies in line with the goal to dramatically reduce the number of children served in out-of-home care.

DCF is continuing ongoing efforts to improve the service array and minimize policy barriers to serving children in-home. Further training and information about Title IV-E Prevention Clearinghouse Services, including how to refer and access these services, will be shared in the future as continued FFPSA rollout occurs.

10. What is “candidacy” and how is this defined in Wisconsin?

FFPSA defines candidacy (or a candidate for foster care) as a “child who is identified in a prevention plan as being at **imminent risk** of entering foster care but who can remain safely at home”.

In Wisconsin, children identified as candidates for foster care are children who meet one or more of these 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 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.



11. What impact does this candidacy definition have on direct practice with families?

Because Wisconsin has chosen to define candidacy within the existing child welfare population, child welfare agencies will continue to serve the same children and families.

Wisconsin's strategic shift is changing where children and families are served, from out-of-home to in-home. The needs of children and families remain complex and serving these same families in-home will require continued innovation and resource investment at the state and local level.

12. I am a youth justice worker, how is FFPSA and candidacy related to my work?

Data shows families and youth often experience overlap between the Child Welfare and Youth Justice Systems. Of Wisconsin youth referred to Youth Justice services in 2019:

- About 2/3 had at least one previous Child Protective Services Report screened-in
- About 1/6 had experienced at least one out-of-home care placement episode

Due to this, Wisconsin included children and adolescents served by the youth justice system in the definition of candidacy. Wisconsin is uniquely poised to serve this population, as Wisconsin's Division of Safety and Permanence oversees both the child protection and youth justice systems.

13. Is there work being done towards building better community services that are culturally relevant to our families?

DCF recognizes that due to variations across the state, the most pressing need for some communities may not be Title IV-E Clearinghouse Services but may be related to more concrete needs or locally based, culturally relevant services led by community partners.

DCF encourages local child welfare agencies to consider ways to align existing funding to better support the unique needs of children and families in their communities, strengthening culturally relevant services for families.



DCF currently provides some flexible funding opportunities for local child welfare agencies to focus their services and supports based on unique community needs.



Teams Drive Transformation

To help make this change possible, three strategic teams were formed to implement components of Family First. These teams align with DCF's long-term, strategic transformation efforts.

Home-Like Team | Prevention

This team is creating an in-home services model to keep more families and children together. Main objectives of this team include:

1. Safely transforming the child welfare system and youth justice system to dramatically increase the proportion of children supported in-home.
2. Identify, recruit and support relative and like-kin caregivers, in support of children who cannot be safely maintained in their homes.
3. Elevate and support the role of individuals with lived experience to inform system changes.

Prevention planning is one way this team is working to transform the child welfare system.

Higher Level of Care Team

This team is working to ensure Wisconsin has a consistent, high-level of care for youth. Main objectives include:

1. Support the needs of complex youth.
2. Reduce the number of children placed in out-of-state care.
3. Establish a child-centric, sustainable and trauma-informed system to achieve better outcomes for children.

Infrastructure and Support Team

This team is improving processes, practice and technologies that will increase the time a child welfare worker can spend with families. This team is strategically shifting our child welfare system by:

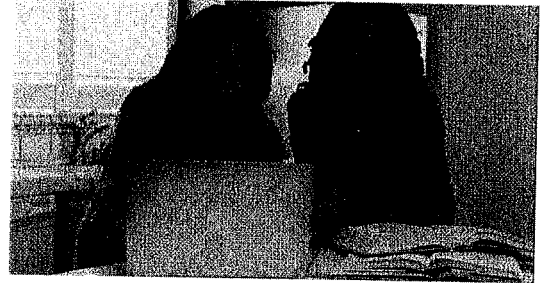
1. **Workforce Support:** increase the proportion of time spent by child welfare workers with children, youth and families doing activities that promote quality of service.
2. **New Worker Training:** develop a new child welfare worker program that meets the needs of the workforce and system.
3. **Youth Justice Infrastructure:** Enhance youth justice infrastructure to meet statutory requirements.

Combined, these teams are doing powerful work that will reshape the child welfare system to benefit Wisconsin's children, youth and families.



Workforce Support

Positive outcomes for children and families involved in the child welfare system are often due to the strong commitment of dedicated child welfare workers. This system is only as strong as the people that provide services to children and families. Building a strong child welfare workforce is essential to Wisconsin families and it begins with supportive child welfare worker training.



The Wisconsin Department of Children and Families (DCF) has partnered with the Wisconsin Child Welfare Professional Development System (WCWPDS) to provide oversight and development of all required child welfare trainings for Wisconsin's counties, other than Milwaukee. Training content includes: pre-service, new staff training, safety, supervisor training and special topics. In addition, the UW-Milwaukee Helen Bader School of Social Welfare leads the development of statewide foundation training related to foster parents and for training and professional development for home visitors, supervisors, program managers and training conducted for the Division of Milwaukee Child Protective Services (DMCPS). From this collaboration, a training model has been developed.

Training Model Framework

Training is critical to the development of a skilled workforce to assisting in achieving outcomes of safety, permanence and well-being for children and families. The child welfare training model provides a structure for consistent training for new child welfare workers that is responsive to evolving needs of workers, children and families. Some of the training model goals include:

1. Provide a **better training** experience by condensing the training timeframe.
2. Increase worker **retention** by equipping workers with essential job skills and confidence.
3. **Streamline technology** and forms for staff to create efficiency and greater compliance for requirements.
4. **Maximize IV-E draw** by creating an intensive training period where workers primary case assignments are reduced and focus is on training.



Training requirements are intended to provide a fundamental knowledge and skills necessary to assume a full caseload at a basic level of proficiency. Each training should provide knowledge at a basic level in one or more of the following areas.

1. **Keeping children safe** in their home, tribe and community whenever possible and to safe and stable temporary homes when necessary.
2. **Transitioning children from out-of-home care** safely and quickly to their family whenever possible or to another permanent home when necessary.
3. **Engaging with children**, youth and families in family-centered ways that foster decision-making about their own needs and solutions.
4. **Collaborating** with extended family.
5. **Understanding the impact of trauma** and supporting families socially, emotionally, and physically to encourage healing.
6. **Building relationships** between workers and supervisors to create a safe working environment.

Local Agency Work

Wisconsin's new worker training model builds on the supervisor's role in supporting new worker's professional development. The training areas below can be completed within the local agency by a supervisor or team that contains the following:

1. Transfer of learning + training follow ups
2. Job shadowing
3. Additional supervisory oversight
4. Learning assessment
5. Local training

Delivery

Wisconsin views training as a process and not a single event. Over the next year, the New Worker Training team will be rolling out a robust training process schedule to ensure all counties are well informed and ready to go on these new processes. Information on this page will evolve as new information becomes available, be sure to check back frequently.



Income Statement

Through 09/30/21
Summary Listing

| Classification | Budget Amount | Actual Amount | MTD Actual Amount | YTD Actual Amount | Budget Less YTD Actual | % of Budget | Prior Year Total Actual | Target % | Target Amount |
|--|-----------------|------------------|-------------------|-------------------|------------------------|-----------------|-------------------------|---------------|---------------|
| Fund Category Governmental Funds | | | | | | | | | |
| Fund Type Special Revenue Funds | | | | | | | | | |
| FUND 22 - Health and Human Services | | | | | | | | | |
| REVENUE | | | | | | | | | |
| DEPARTMENT 27 - HEALTH SERVICES Totals | \$736,119.00 | (\$1,378.60) | \$782,493.07 | (\$46,374.07) | 106% | \$1,339,253.27 | | | |
| DEPARTMENT 32 - HUMAN SERVICES Totals | \$12,902,658.00 | \$199,176.26 | \$9,212,689.91 | \$3,689,968.09 | 71% | \$11,841,630.42 | | | |
| DEPARTMENT 35 - ELDERLY SERVICES Totals | \$1,502,171.00 | \$9,911.76 | \$999,276.17 | \$502,894.83 | 67% | \$1,506,026.21 | | | |
| REVENUE TOTALS | \$15,140,948.00 | \$207,709.42 | \$10,994,459.15 | \$4,146,488.85 | 73% | \$15,547,804.42 | | | |
| EXPENSE | | | | | | | | | |
| DEPARTMENT 27 - HEALTH SERVICES Totals | \$1,401,662.00 | \$119,307.17 | \$1,086,374.20 | \$315,287.80 | 78% | \$1,590,360.36 | | | |
| DEPARTMENT 32 - HUMAN SERVICES Totals | \$11,945,952.00 | \$1,021,480.72 | \$7,985,231.88 | \$3,960,720.12 | 67% | \$11,030,073.41 | | | |
| DEPARTMENT 35 - ELDERLY SERVICES Totals | \$1,793,334.00 | \$123,706.34 | \$1,128,623.86 | \$664,710.14 | 63% | \$1,532,343.82 | | | |
| EXPENSE TOTALS | \$15,140,948.00 | \$1,264,494.23 | \$10,200,229.94 | \$4,940,718.06 | 67% | \$15,013,672.11 | | | |
| Grand Totals | | | | | | | | | |
| REVENUE TOTALS | 15,140,948.00 | 207,709.42 | 10,994,459.15 | 4,146,488.85 | 73% | 15,547,804.42 | 86% | 13,036,356.23 | |
| EXPENSE TOTALS | 15,140,948.00 | 1,264,494.23 | 10,200,229.94 | 4,940,718.06 | 67% | 15,013,672.11 | 71% | 10,724,838.17 | |
| Grand Total Net Gain (Loss) | \$0.00 | (\$1,056,784.81) | \$794,229.21 | \$794,229.21 | +++ | \$334,132.31 | | | |

2021 MENTAL HEALTH CONTRACT EXPENSES

| SERVICE | BUDGETED | JULY | AUGUST | SEPTEMBER | YTD EXPENSE | 2021 | |
|---------------------|------------|------------|------------|-----------|-------------|-------------------|------------------|
| | | | | | | REMAINING BALANCE | % OF BUDGET USED |
| WINNEBAGO/MENDOTA** | 240,000 | 116,267 | 115,355 | 27,286 | 505,848 | (265,848) | 211% |
| Expenses | | 167,566 | 149,815 | 148,306 | 1,043,410 | | |
| Reimbursements | | (51,299) | (34,460) | (121,020) | (537,562) | | |
| ACUTE HOSPITALS | 241,194 | 20,668 | 28,942 | 15,973 | 164,452 | 76,742 | 68% |
| COMMUNITY CBRF | 200,000 | 13,832 | 14,276 | 14,281 | 112,135 | 87,865 | 56% |
| MEDICATIONS | 500 | 8 | 103 | 5 | 267 | 233 | 53% |
| TOTAL | \$ 681,694 | \$ 150,775 | \$ 274,030 | \$ 84,832 | \$ 782,703 | \$ (101,009) | 115% |

* Please note Winnebago/Mendota Expenses & Reimbursements are based on State reports (not the current activity on the County's ledger)

Crisis Program 2021

| | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | YTD |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----|
| Contacts During Regular Hrs | 39 | 31 | 44 | 51 | 48 | 29 | 28 | 35 | 32 | | | | 337 |
| After Hrs Contacts | 27 | 28 | 27 | 43 | 45 | 38 | 44 | 43 | 54 | | | | 349 |
| Total Contacts | 66 | 59 | 71 | 94 | 93 | 67 | 72 | 78 | 86 | | | | 686 |
| Total Adult Contacts | 47 | 37 | 48 | 59 | 62 | 54 | 51 | 62 | 62 | | | | 482 |
| Total Child/Adol Contacts(0-24 (under 21) | 19 | 22 | 23 | 35 | 31 | 13 | 21 | 16 | 24 | | | | 204 |
| Chp 51 Detentions | 13 | 13 | 12 | 15 | 13 | 14 | 9 | 8 | 17 | | | | 114 |
| Voluntary admissions | 12 | 6 | 9 | 13 | 7 | 4 | 12 | 11 | 7 | | | | 81 |
| Total IP Admits | 25 | 19 | 19 | 28 | 20 | 18 | 21 | 19 | 24 | | | | 195 |
| Gateway Diversions | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | | | | 3 |
| "Other" Diversions | 27 | 21 | 25 | 31 | 42 | 27 | 32 | 36 | 44 | | | | 285 |
| other non-"crisis" calls | 14 | 19 | 25 | 35 | 29 | 22 | 19 | 22 | 17 | | | | |
| Calls During mobile hrs | 51 | 42 | 50 | 56 | 62 | 44 | 43 | 51 | 51 | | | | 0 |
| FTF Contact @ crisis | 6 | 9 | 7 | 18 | 18 | 7 | 10 | 10 | 13 | | | | 0 |

Where referred from?

| | | | | | | | | | | | | | |
|--------------------|----|----|----|----|----|----|----|----|----|--|--|--|--|
| Law Enforcement | 34 | 23 | 36 | 44 | 42 | 37 | 38 | 41 | 49 | | | | |
| Theadacare Waupaca | 10 | 10 | 12 | 8 | 9 | 6 | 9 | 4 | 10 | | | | |
| Theadacare NL | 4 | 6 | 2 | 1 | 2 | 3 | 3 | 5 | 2 | | | | |
| School | 2 | 5 | 7 | 11 | 9 | 3 | 0 | 0 | 4 | | | | |
| Crisis Line | 2 | 3 | 4 | 7 | 6 | 5 | 2 | 7 | 6 | | | | |
| DHHS | 4 | 1 | 1 | 2 | 4 | 1 | 8 | 4 | 5 | | | | |
| Self | 2 | 8 | 3 | 7 | 9 | 7 | 5 | 6 | 5 | | | | |
| Family | 2 | 2 | 2 | 9 | 7 | 1 | 3 | 3 | 2 | | | | |
| Other | 6 | 1 | 4 | 5 | 5 | 4 | 4 | 8 | 3 | | | | |

| 2021 DHHS Staffing Changes | | | | |
|--------------------------------|-----------------------------|-------------------|-----------------------|----------------|
| Unit | Position | Name | Notes | Effective Date |
| Administration | | | | |
| ADRU | Lead APS Social Worker | Tracy Wisner | New Position | 1/4/2021 |
| ADRU | APS Social Worker | Ashley Beyersdorf | New Hire | 2/1/2021 |
| ADRU | Elder Benefit Specialist | Iris Duran | New Hire | 3/1/2021 |
| ADRU | APS Social Worker | Kari Belille | Terminated | 5/7/2021 |
| ADRU | APS Social Worker | Abby Zehner | New Hire | 8/10/2021 |
| ADRU | Nutrition Site Manager | Shani Appleby | Resignation | 9/8/2021 |
| Behavioral Health | | | | |
| Behavioral Health | Clinical Social Worker-PT | Sandy Gallow | Retired | 1/5/2021 |
| Behavioral Health | Crisis Case Manager | Courtney Melton | Moved to new position | 3/15/2021 |
| Behavioral Health | Clinical Social Worker | Courtney Melton | New position | 3/15/2021 |
| Behavioral Health | CSP Case Manager | Kate Schmidt | Resignation | 5/4/2021 |
| Behavioral Health | CCS Technician | Linda Steffes | Moved to new position | 6/14/2021 |
| Behavioral Health | CSP Case Manager | Linda Steffes | New position | 6/14/2021 |
| Behavioral Health | CCS Facilitator | Lorena Guerrero | New Hire | 7/27/2021 |
| Behavioral Health | CSS Technician | Sue Stelzner | New Hire | 8/9/2021 |
| Behavioral Health | CCS Facilitator | Ted Conachen | Resigned | 8/13/2021 |
| Behavioral Health | Crisis Case Manager | Denise Wiley | New Hire | 8/16/2021 |
| Behavioral Health | CCS/CSP Supervisor | Tina Lintner | Terminated | 9/7/2021 |
| Behavioral Health | CCS Facilitator | Amanda Moran | New Hire | 11/1/2021 |
| Business Office | | | | |
| Business Office | Receptionist | Stacie Flease | Moved to new position | 2/15/2021 |
| Business Office | Receptionist | Becky Landre | New Hire | 3/22/2021 |
| Children & Families | | | | |
| Children & Families | Youth Justice Social Worker | Lauren Young | New Hire | 1/4/2021 |
| Children & Families | Ongoing CPS Social Worker | Sidney Dombrowski | Resigned | 1/15/2021 |
| Children & Families | Ongoing CPS Social Worker | Autumn Grenlie | New Hire | 1/18/2021 |
| Children & Families | CPS Social Worker | Hannah Konezke | Resigned | 5/28/2021 |
| Children & Families | Youth Justice Social Worker | Lauren Young | Resigned | 6/3/2021 |
| Children & Families | Ongoing CPS Social Worker | Autumn Grenlie | Resigned | 6/3/2021 |

| | | | | |
|------------------------|--------------------------------------|----------------------|--------------------|------------|
| Children & Families | Initial Assessment Social Worker | Dustin Koury | Resigned | 7/7/2021 |
| Children & Families | Parent Mentor/Social Worker | Colby McCormick | Resigned | 7/9/2021 |
| Children & Families | Access/IA Manager | Cristin Czerwonka | Resigned | 7/16/2021 |
| Children & Families | CPS Manager | Jasmine Peterson | New Hire/Returning | 8/9/2021 |
| Children & Families | Initial Assessment Case Manager | Samantha Jackson | New Hire | 8/9/2021 |
| Children & Families | Youth Justice Social Worker | Autumn Grenlie | Returning | 8/20/2021 |
| Children & Families | Initial Assessment Case Manager | Andrew Hopfensperger | New Hire | 8/23/2021 |
| Children & Families | Ongoing CPS Social Worker | Miranda Reinwand | New Hire | 11/8/2021 |
| Children & Families | Family Engagement Specialist | Calan Stichman | New Hire | 11/15/2021 |
| Economic Support | Economic Clerk | Ann Forseth | Retired | 1/8/2021 |
| Economic Support | Economic Support Specialist | Robertta Ludwikowski | Resigned | 1/8/2021 |
| Economic Support | Economic Clerk | Stacie Flease | New position | 2/15/2021 |
| Economic Support | Economic Support Specialist | Jennifer Dzioba | Resigned | 2/24/2021 |
| Economic Support | Economic Support Specialist | Jordan Pfeiler | New Hire | 3/22/2021 |
| Economic Support | Economic Support Specialist | Tressa Nelson | New Hire | 3/29/2021 |
| Economic Support | Economic Support Specialist | Kathy Hobbs | Retired | 5/3/2021 |
| Family & Community Svc | Mentor | Kaleb Caudel | Resigned | 3/19/2021 |
| Family & Community Svc | Mentor | Devan Frasch | New Hire | 5/10/2021 |
| Family & Community Svc | CST Case Manager | Alaina Vallafsky | Terminated | 5/12/2021 |
| Family & Community Svc | CST Case Manager | Erin Eller | Resigned | 11/5/2021 |
| Fiscal Services | Assistant Fiscal Services Supervisor | Tera Mytton | New Hire/Returning | 1/25/2021 |
| Fiscal Services | Accountant | Brittany Hansen | Resigned | 6/30/2021 |
| Fiscal Services | Accountant | Robin Austreng | New Hire/Returning | 8/16/2021 |
| Fiscal Services | Account Technician | Mary Bork | Resigned | 9/21/2021 |
| Public Health | Healthy Beginnings Case Manager | Jen Lubinski | Resigned | 1/15/2021 |
| Public Health | WIC Nutritionist | Bev Hall | Retired | 4/2/2021 |
| Public Health | WIC Nutritionist | Hailey Prosek | New Hire | 5/17/2021 |
| Public Health | Healthy Beginnings Case Manager | Amy Koehler | New Hire | 8/2/2021 |

Management Report
to DHHS Board

To: DHHS Board
From: Ted Phernetton, Director
Date: October 28, 2021

Purpose of Report

The purpose of this report is to provide a brief overview of operations of the Waupaca County DHHS as well as a primer for the monthly board meeting. It will also be used as the foundation of creating in the future an ongoing dashboard to act as a cover to this report.

Presentation

There is not a program presentation this month. However, what will be shared during this agenda heading will be information sharing on the State's movement toward Family First and the use of the Youth Assessment & Screening Instrument (YASI). Both of these have the potential of creating concern by community partners, but there is no choice in Waupaca's involvement.

General Board Business

Action Items

Aging Plan 2022-2024 Request for Approval

Advisory Committee Reports/Updates

- i. Transportation Coordination Committee-Appointment Recommendation
 1. Bill Flemal
 2. Lori Schneider
 3. Dave Morack
- ii. Committee On Aging-Appointment Recommendation
 1. John Charleston

Telework Update

As of now, 58 DHHS employees have completed the Telework application. Most of the employees who are teleworking, are doing so at an intermittent schedule. The Management team is working on employee schedules to best utilize the office space within DHHS.

Financial Services – Erica Becker, Fiscal Administrator

The Fiscal team consists of the administrator, assistant supervisor, 1 accountant, 1 CCS support technician, 1 account technician, and 2 account clerks. We will be welcoming a new hire to the team mid-November as we filled the vacant account technician position.

In review of the income statement through September 2021, the financial position reflects a positive balance. At this point in time, revenues are approximately 13% and expenses approximately 4% below the projected targets. The fiscal department continues to work on the billing system error previously mentioned, as well as other billing job responsibilities that were discovered not to have been completed by our previous accounts receivables employee.

2021

- Revenues \$10,994,459.15
- Expenses \$10,200,229.94
- Financial Position \$794,229.21

Family and Community Services – Shawna Hansen, Manager

The Family and Community Services Unit serves children with special needs. The manager of this unit will be on maternity leave mid-October through the beginning of October. Birth to Three Supervisor, Nicole Lauritzen and Ted will oversee the unit during this time.

Children’s Long-Term Support Waiver – CLTS

- 112 open cases
- 3 new cases
- 1 case closed
- No waitlist (the State no longer allows a waitlist for this program)

The CLTS Program is available to children and youth under age 22 who have a developmental disability, physical disability, or mental health diagnosis.

CLTS and CCOP can pay for a variety of services and supports requested by a family. Conferences for care takers to learn about their child’s special needs are covered under this service; which may sometimes include airfare, lodging, the conference itself, and an attendant to support the family in attending the conference (the attendant can serve as a support for caring for the youth if the youth needs a break from the conference and child care is not offered). Some diagnoses are rare and conferences may not be offered in State; hence the need to cover airfare and lodging to ensure care takers have access to education about their child’s unique needs. Natural supports can be found during these networking opportunities (conferences) made available by the State covering these expenses through CLTS and CCOP.

Case managers “follow” cases when youth are in an ineligible setting to be enrolled in the CLTS program, staff are currently following 5 cases that are not open but we want to remain a support for the family until a child returns to an eligible/community setting.

Children’s Community Options Program – CCOP

- 123 open cases
- 3 new cases (all CLTS cases are automatically enrolled in CCOP)
- 1 cases closed
- No waitlist

CCOP is for families who have a child under age 22 who has a developmental delay or diagnosed condition; this program provides service coordination and financial support to assist eligible families to care for their children within the home and community.

Coordinated Services Teams – CST

- 19 open cases
- 4 Referrals
 - 1 declined Services
 - 2 CST Appropriate
 - 1 CCS Appropriate
- 2 new cases
- 1 cases closed
- No waitlist

CST Initiatives are for children who are involved in multiple systems of care such as mental health, substance use, child welfare, juvenile justice, special education, or developmental disabilities. CST Initiatives develop a comprehensive, individualized system of care for children with complex behavioral health needs. The CST itself is a group that includes family members, service providers, and others that work to design and carry out a coordinated services plan for the child.

The CST program was awarded a Supplemental Grant for \$25,000; this grant runs through September. You will see unusual (Chamber Gift Cards for thousands of dollars) expenses on the credit card statement that are covered by this grant.

Grant funds will be used for Chamber Gift Cards for families to spend time together in their community. Families who feel they belong in their community fair better than those who do not. Picnic tables were purchased and placed outside the courthouse to offer safe outdoor meeting space for families and the community. This grant will fund a free group for teens in partnership with CAPS Services providing snack and transportation. The group will discuss:

Social Media/Internet Safety • Art Expression • Healthy Coping Skills • Positive Self Image • Bullying • Drugs and Vaping • Peer Pressure • Managing Emotions • Conflict Resolution • Mental Health • Healthy Relationships.

These funds will be used to certify Alison Wismer Fries, Waupaca County Licensed Clinical Psychologist, in the Neurosequential Model of Therapeutics (NMT) through Saint A's. NMT is a developmentally-informed, biologically-respectful approach to working with children and adults who have experienced trauma. CST does not have funds to cover this assessment through outside agencies, having a case manager who can provide this service in-house will be preventative to all who receive the comprehensive assessment and recommendations to move through trauma. NMT is not an intervention but a tool; it helps identify which options for treatment may be most beneficial. NMT assesses how well different areas of the brain are functioning and identifies areas that may be underdeveloped. For example, if someone has difficulty managing emotional responses, they may have a dysregulated brainstem, interventions (such as equine therapy/horse therapy) that are rhythmic and sensory can help regulate that part of the brain.

<https://www.socialworker.com/feature-articles/practice/the-neurosequential-model-of-therapeutics-nmt-helping-clients-move-beyond-trauma/>

Mentor Program

- 22 open cases
- 2 new cases
- 1 case closed
- No waitlist

The mentor provides youth with experiences in peer interaction, social and recreational activities, and employability skill-building opportunities during spontaneous and real-life situations, rather than in a segregated or classroom-type environment. The mentor implements learning opportunities by guiding and shadowing youth in the community while practicing and modeling interaction skills.

Birth to Three

Birth to Three consists of 1 manager, 3 case workers, and contracted services for Occupational, Physical, and Speech Therapy.

- 74 open cases 53 of those open for direct services
- 13 new cases
- 1 case closed
- Birth to Three does not allow waitlists
- Annual Review with Regional Support will be Nov. 1st. Meta Star quality file review will be week of November 17th. In addition to a steady need of speech needs, there are additional costs for interpreter/translation that

were not anticipated. Our OT position is still open and several families are going without services.

- Open cases are those that are being evaluate, receiving services, or being provided case management. Open Cases are those directly enrolled in services with an open Individual Service Plan.

Economic Support Services – Thiago, Manager

The Economic Support Unit consists of 1 manager, 2 lead workers, 3 EBD workers, 1 ES Assistant, 11 Family workers, and 1 pre-screener.

- Medical Assistance – Total – 5,979 cases
 - 3,928 cases of BadgerCare
 - 184 cases of Family Planning
 - 1,190 cases of EBD
 - 861 cases of Long Term Care
- FoodShare – 5,230 recipients as of September 2021
- Caretaker Supplement – 21 cases
- Child Care cases – 64 cases
- New requests in the month of September – 191 new applications
- Cases closed in the month of September – 122
- No Waitlist
- Federal Pandemic policies continue in effect such as households receiving additional emergency FoodShare benefits and rules requiring Medical Assistance closures to be put on hold.

Approval of emergency supplemental FoodShare benefits is approved on a month to month basis.

Children and Family Service

CPS/ Parent Aides – Jasmine Peterson, Manager

The CPS/Parent Mentor team consists of 1 access worker, 1 community response worker, 4 CPS Initial Assessment workers, 3 CPS ongoing workers, and 2 parent aides.

Access/Initial Assessment

- Access Reports: 81
- Neglect: 46
- Physical abuse: 17
- Sexual Abuse: 16
- Emotional Damage/Abuse: 2
- Unborn child abuse: 1
- Initial Assessment: 15 IAs were completed, 38 total allegations from the completed assessments. The findings included the following: 20

unsubstantiated maltreatment findings, 12 Services Not Needed findings, 6 substantiated findings.

Child Protective Services

- Open cases: 27 cases currently open with 50 children
- Home with Parents: 18
- Foster Home: 7 non-relative; 7 relative; 1 treatment foster care
- Relative unlicensed: 12
- Kinship: 2
- Reunifications: 3

Parent Aides

- Are currently working with 15 active families

Youth Justice, Foster Care, Kinship Care, Family Engagement – Crystal Farrell, Manager

Youth Justice

- Open cases: 51
- 0 Voluntary Services Case open
- Foster Home: 2
- Kinship: 1
- Residential: 4
- Group Home: 2
- Institution: 0

Foster Care/ Kinship Care

- 25 Foster Care Placements
- 5 Kinship Care Placements
- 3 Residential Placements
- 2 Group Home Placements

Behavioral Health Services - Kay Saarinen-Barr, Manager

The Behavioral Health unit consists of 4 clinical social workers, 1 psychiatric nurse, 1 AODA counselor, 3 part-time psychiatrists, 1 part-time psychologist, 5 crisis workers, 2 secretaries, 2 CSP social workers, 1 CSP nurse, 3 CCS facilitators, and 3 CSS technicians.

Outpatient

The Behavioral Health Outpatient clinic has 460 open clients at this time.

Community Support Program (CSP): This program is supported by 2 Case Managers, 1 RN, and 3 Community Support Specialists. There are currently 26 open cases.

Comprehensive Community Services (CCS): This program has 3 full time service facilitators in the BH Unit and 4 others from the Family and Community

Services Unit that do CCS work part-time. In January we will increase the number of Service Facilitators in the Behavioral Health Unit to 5 and we will no longer be sharing staff with the Family and Community Services Unit. As of the end of today we have 43 consumers enrolled in CCS. The vacant CCS Service Facilitator position has been filled by Amanda Moran who will start with us on 11/1/2021. Erin Eller, who is one of the shared positions, has given her notice so we are working to fill her position at this time.

Crisis: The Crisis Program has 5 full-time workers. The Crisis Unit responded to 86 crisis calls in September during regular and after work hours. There were 17 emergency detentions and 7 people went into the hospital voluntarily. 44 clients responded to a diversion plan to avoid hospitalization in September. 51 calls came in during mobile hours and 13 face to face contacts were done.

ADRC – Melissa Anderson, Manager

The ADRC consists of the unit manager, 1 Aging Programs Supervisor, 1 APS lead social worker, 2 APS case managers, 4 I&A specialists, 2 benefit specialists, 1 transportation coordinator, 1 volunteer coordinator, 1 ADRC assistant, 1 clerk typist, and 4 nutrition site managers

*to ensure accuracy of information, data shared will be from previous month.

Aging and Disability Resource Center

In the month of September the ADRC received 470 calls.

Top five topic areas include: long-term care, public benefits, income maintenance, assisted living and caregiving Information.

In the month of September DBS worker covered for EBS employee who was on maternity leave. Totals below include both EBS and DBS referrals.

26 referrals in the month of September.

Volunteer Transportation Program-

- Masks continue to be required for both drivers and riders. Restriction for essential transportation only has been lifted. Transportation is now available for shopping, doctor appointments, personal appointments available for riders 65+, as well as individuals connected to services within Waupaca County DHHS.
- 580 one ways rides provided in the month of September, 11 New Riders

Adult Protective Services, serves adults ages 18+

- New APS Cases
 - January, 2021 = 22
 - February, 2021= 33
 - March, 2021= 37
 - April, 2021= 37

- May, 2021= 32
- June, 2021= 35
- July, 2021= 24
- August, 2021- 23
- September, 2021- 24

Elderly Nutrition Program-

- Voucher restaurant senior dining started July 6, 2021
 - Completed registrations for the program-
 - June- 22 individuals
 - July – 22 individuals
 - August- 12 individuals
 - September- 11 individuals

- New Home Delivered Meal Assessments
 - January- 24 (3 individual were found ineligible)
 - February- 12 (3 individual withdrew request for meals)
 - March-18 (7 individuals were found ineligible)
 - April- 12 (0 individuals were found ineligible)
 - May- 13 (0 individuals were found ineligible)
 - June- 10 (1 individual found ineligible)
 - July – 22 (1 individual found ineligible)
 - August- 19 (0 found ineligible)
 - September- 35 (1 found ineligible)

Public Health – Jed Wohlt, Health Officer

Public Health consists of 1 health officer, 1 public health nurse supervisor, 3 public health nurses, 3 healthy beginnings case managers, 1 WIC project director, 2 nutrition educators, 3 environmental health specialists, 1 community health educator, and 1 program assistant.

Pandemic Response:

- Cases have slowly trended down in October
 - The last 7 day trend showed an average of 22 new cases per day, down from an average of 40 cases per day in late September
- Over 51% of county residents have received at least 1 dose of vaccine
 - Just under 60% of eligible (12 year olds and older) Waupaca County residents have received at least 1 dose
- Walk-in vaccination clinics continue on Wednesdays (Walk-in Wednesday)

- Approximately 80-120 individuals per clinic have been participated during the October clinics
- Public Health provided several workplace onsite clinics in the last month and is planning with schools for additional onsite vaccination clinics.
- Public Health partnered again with WI National Guard to establish a community test site. WING operates at the Manawa Masonic Center every Monday and Friday. Public Health also provides a community test site in Manawa every Thursday afternoon.
- Public Health staff currently includes 12 LTE or contract employees working in disease investigation, vaccinators, and test site specimen collection

Environmental Health

- To date, 37 inspections of licensed facilities have been conducted in October
- Processed 34 water samples in October
- Investigated 1 environmental complaints and 3 licensed facility complaint in October

Healthy Beginnings

- 31 families enrolled
- 0 families on a waitlist

Public Health Nursing, Community Health/PHEP Coordinator, & Program Assistant

- Continue to support COVID response with vaccination clinics and disease investigation
 - Administered over 400 COVID vaccinations in October
- Investigated 896 reportable communicable diseases (including 834 COVID-19 cases) in October

WIC

- 627 Participants served in the month of September.

Personnel and Staffing Issues

As is typical of each month, the board is provided with a detailed spreadsheet outlining staffing changes. That document is found in the board's monthly meeting packet. We are in the process of hiring a Behavioral Health Supervisor who will oversee the Outpatient Clinic Operations and our Crisis Services. This is a change in areas of supervision for this position. Originally this position supervised the CCS and CSP programs. This has been a difficult position to fill due to the unique qualifications needed. Kay Saarinen-Barr our Behavioral Health Manager has graciously agreed to "swap" here areas of direct

supervision from the Outpatient Clinic and Crisis to the CCS and CSP programs. She hold all of the unique training and experience in those areas. She will still be the overall manager of the Behavioral Health Unit.

The shared position with the four school districts has been filled with the person starting on November 15th.

Client Grievances

As has been the case for the past several months, as of this writing there is no updated news to share from the State regarding the one remaining client rights grievances that has been mentioned in the past few of reports. There have been no new complaints or client rights grievances filed. We did have one community complaint go to a board member who is not on the DHHS Board. That complaint was from the Waupaca School District. That situation was dealt with.

Structural and Operational Adjustments within the Department

There is little to add to this month's report. As noted in a past reports, there are certain areas that are being focused on outside of getting the day-to-day duties of the department completed. Some of that focus is on the review of certain policies and procedures that influence the department's workings.

Director's General Update

As reported previously, we continue to experience an uptick in placements of adolescents in high-level/high-cost residential settings. It is interesting, or discouraging depending on your view, that the State of Wisconsin lacks significant resources for complex youth with multiple issues to be addressed. Waupaca will have a youth heading to an out of state facility in the very near future; within days of this writing.

This writer must ask of board members that if there are concerns that they be brought forward with direct conversation and with specific details. There continues to be issues that are brought forward to this writer that are not based on current situations and are in fact old issues that for whatever reason continue to be presented as current. In addition there continues to be vague issues presented as "people are saying" but have no specifics or context to what is be said. This writer does know that we have a couple of staff members who have presented misinformation or information out of context to board members and others that has caused problems internally and also with community partners. If someone does contact a board member this writer is certainly interested in the information as there is a strong desire to correct things that may not be appropriate. However, specifics are needed to not only address issues, but to clarify misinformation. In addition, staff members that present information must be cautioned about breaching confidentiality by sharing certain case information that they should not be entitled to. It would be helpful

if, as a board member you are contacted by a staff member that you ask the question if the person is entitled to the specific case information. This writer will add that there is no concern regarding any staff member contacting board members. That is fine. It is just the misinformation that causes issues.