

**Outagamie County Department of  
Health and Human Services**

# **MULTI-SYSTEM REFORM INITIATIVE FOR DUAL STATUS YOUTH**

## **SITE MANUAL**

**Technical Assistance Provided By:**



**Robert F. Kennedy  
Children's Action Corps**  
RFK National Resource Center  
for Juvenile Justice

**November 2013**

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## Acknowledgments

This initiative could not have been undertaken without the vision, leadership, work, and will of many individuals. Among these are several whose efforts merit acknowledgment.

- Rosemary Davis: Executive Director of the Outagamie County Department of Health and Human Services (OCDHHS). Not only was she directly involved with the Executive Steering Committee, but early on she authorized the allocation of resources and staff time to this effort, and made its success a departmental priority.
- Executive Steering Committee members, from whose commitment and guidance this initiative greatly benefitted. A roster of these individuals is provided in the appendix.
- John Tuell and Jessica Heldman: Consultants with Robert F. Kennedy Children's Action Corps who provided expert consultation and invaluable technical assistance.
- Supervisors in the Children, Youth, and Families Division (child welfare agency) and Youth and Family Services Division (juvenile justice agency): Rebecca Spulak, Amy Hendrick, Sherri DeWilde, Jennifer Sailer, Stephanie Densen, Judy Hug, Jerry Verhagen, Mary Krumplitsch, Scott Kornish, and Heather Lawrence.
- CYF and YFS Division Managers: Melissa Blom and Mark Mertens.
- Chairs of the Subcommittees: Sandy Craig, Marc Seidl, Quinn Leisgang, Judy VanRyzin, Tamara Nelson, and Shane Polakowski.
- Jennifer Herrick: Secretary for YFS, who tirelessly attended subcommittee and Executive Steering Committee meetings to take minutes which have preserved a permanent record of this endeavor (and was a primary source of information for this manual), and who quietly assisted with tracking progress and developing materials for the subcommittees.
- The Honorable John DesJardins and the Honorable Mitch Metropulos, Outagamie County Circuit Court Judges, for their valuable input, support, and leadership.

This manual was written by Jonathan I. Cloud (Planning and Management Consultant) with contributions from YFS Division Manager Mark Mertens and CYF Division Manager Melissa Blom.

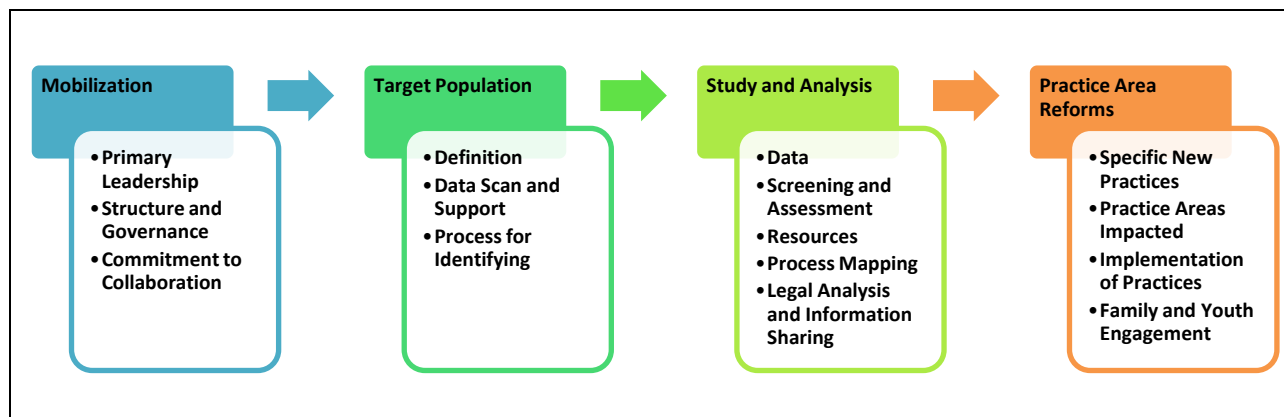
Mark Mertens and Melissa Blom would like to thank Jonathan Cloud for his invaluable contributions to this project. His efforts to collect and analyze data were key factors in the initial conception of our application, and he provided critical support in every step along the way. He is a valued colleague who has contributed greatly to the success of this project.

## Executive Summary

On August 14, 2012 the Outagamie County Department of Health and Human Services (OCDHHS) convened a county-wide “kick-off” event which began its participation in the Multi-System Reform Initiative (MSRI). Sponsored by the Office of Juvenile Justice and Delinquency Prevention and the John D. and Catherine T. MacArthur Foundation, this national demonstration project provided technical assistance by expert consultants from the Robert F. Kennedy Children’s Action Corps. The aim of this initiative is to improve outcomes for dual system youth, that is, youth involved with the juvenile justice system that: a) have had previous contact with the child welfare system; and/or b) are also involved with the child welfare system at the time of their referral to the juvenile justice system. This site manual provides an overview of fifteen months of this initiative during which time technical assistance was provided, beginning with mobilization and concluding with the first phase of implementing reforms. (Please see in the appendix the OJJDP-MacArthur Project Twelve-Month Agenda for Sites). Specifically, four phases of work supported by technical assistance are covered in this manual, as illustrated below.



### Multi-System Reform Initiative Technical Assistance Phases



In addition to the areas above, this site manual provides an overview of the effect of this effort on OCDHHS’s organizational culture. Specifically, it describes the ways in which this process appears, at this early stage, to have affected cross-system practice culture and enhanced collaborative culture both within the agency and with and among its community partners. One overarching approach and two reforms or new practices that resulted from this process are as follows:

1. Trauma-Informed Care Overarching Approach: Accounting for the effects of trauma exposure in the lives of dual system youth, develop a cross-systems approach to assessing

such exposure and crafting effective trauma-informed case practice and service delivery approaches.

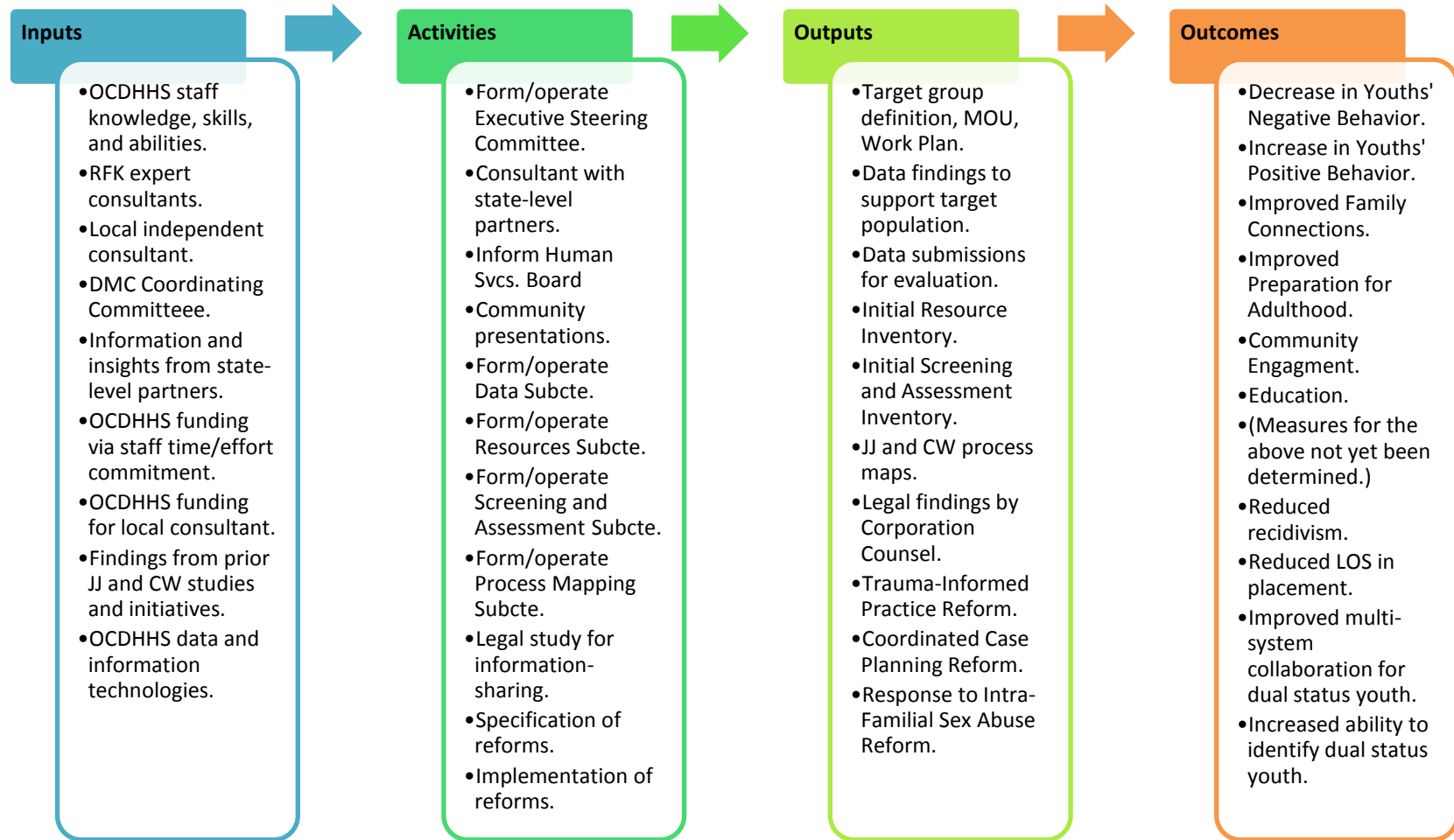
2. Coordinated Case Planning Protocol: Accounting for the fact that multiple workers often possess knowledge about Dual Status Youth, establish standards of case planning practice that ensures sharing of information and blending of decision making.
3. Coordinated Response to Intra-Familial Sexual Abuse Cases: Accounting for the complex nature of these cases and the critical, time-sensitive decisions made by multiple workers and agencies, establish standards and procedures that provide for effective intervention that facilitate survivors' recovery and lessen the likelihood of subsequent abuse.

**“Every organization must develop the discipline of planned abandonment. Unless we develop a discipline of shedding things, letting go, we cannot create something new. The first step in that process is to realize how hard it is.”**

Drucker Foundation  
(This quote was used for a supervisor's meeting agenda.)

More details on these reforms are provided in the appropriate sections of this site manual. On the next page, a basic logic model that captures the process is presented. It parallels a logic model utilized by the RFK Consultants for the technical assistance delivery process. Provided in the appendix is the March 2013 version of OCDHHS's Work Plan which provides insight into how the work was planned, undertaken, and monitored.

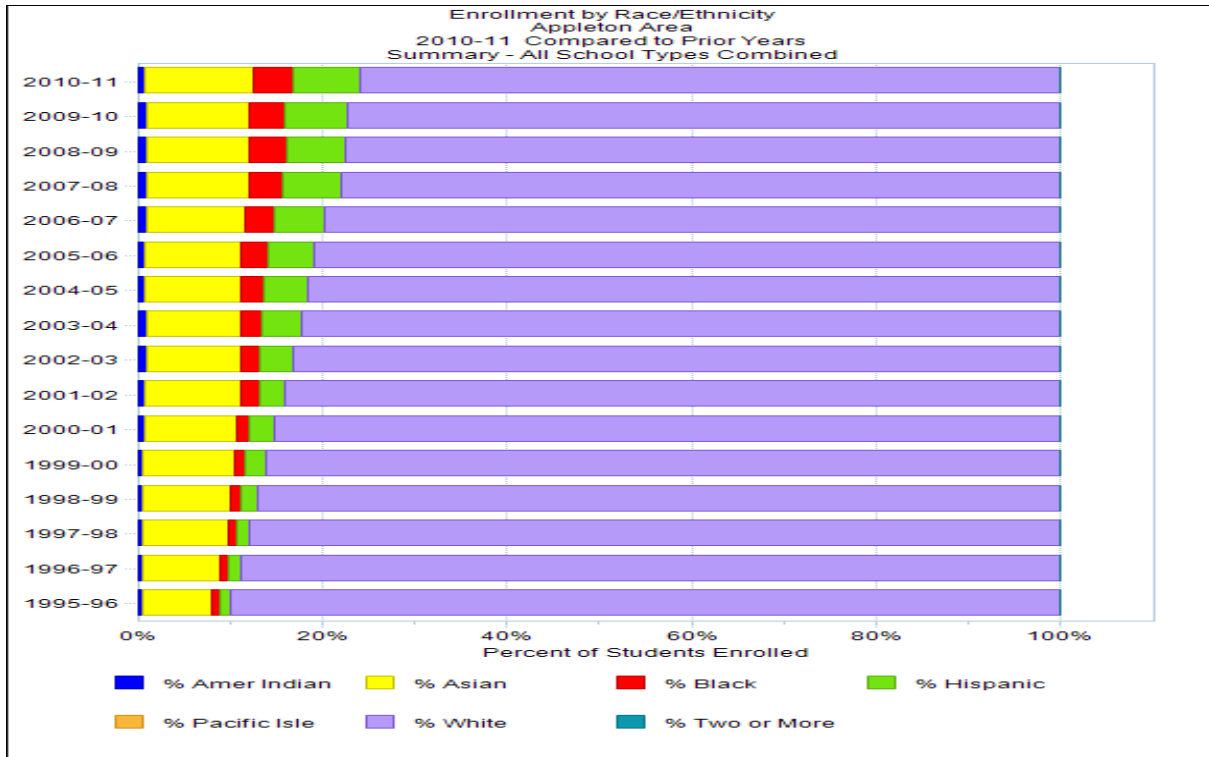
## Logic Model for Outagamie County



# Introduction

## Background and History of Jurisdiction

Outagamie County, Wisconsin had a population estimate of 176,123 in 2010. This constituted an increase of 15,032 persons (+9%) since the 2000 census.<sup>1</sup> It is the 6<sup>th</sup> largest county in Wisconsin. The City of Appleton is the county’s largest metropolitan area with a 2010 population of 78,086. While U.S. Census (2010) estimates indicate that 91% of the county population is white non-Hispanic, school enrollment statistics for Appleton indicate a growing minority population (see below).<sup>2</sup>



The form of government is County Executive-County Board. In addition to the Outagamie County Sheriff’s Office, there are twelve police departments and 20 fire departments. And the County’s geographical area consists of 640 square miles.

<sup>1</sup> *Outagamie County 2010 Growth Report*, Outagamie County Planning Department, March 2011

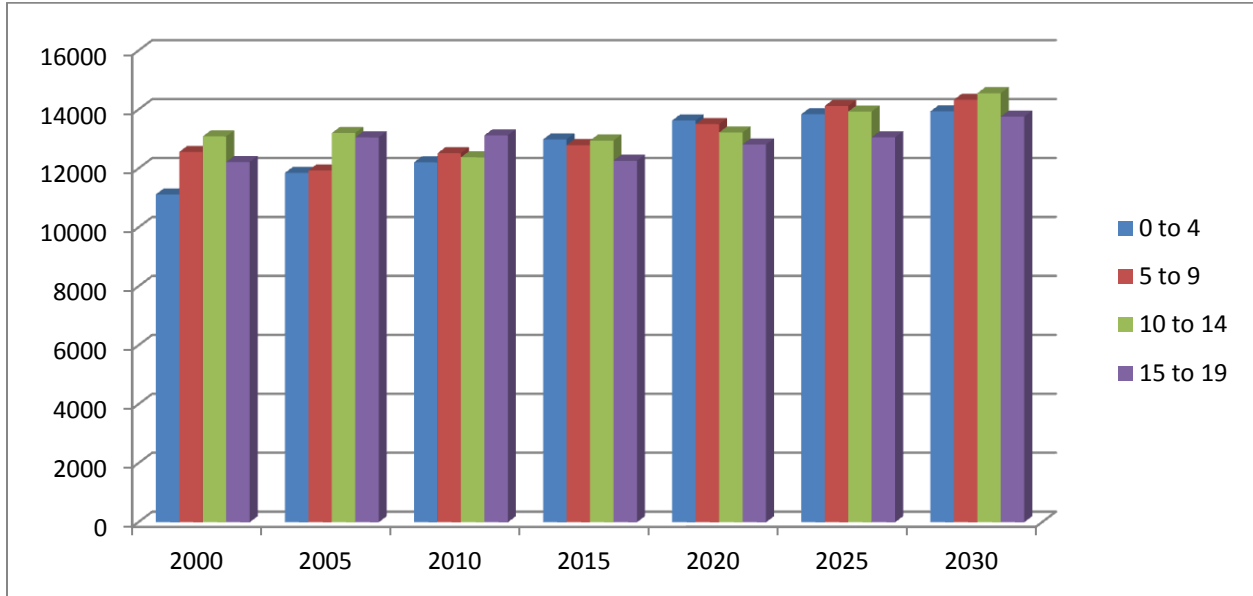
<sup>2</sup> From the Systems Integration Application submitted to Models for Change/Robert F. Kennedy Children’s Action Corps



## More Children and Youth on the Way

Indicator: Population Projection for Outagamie County (By Age Groups)

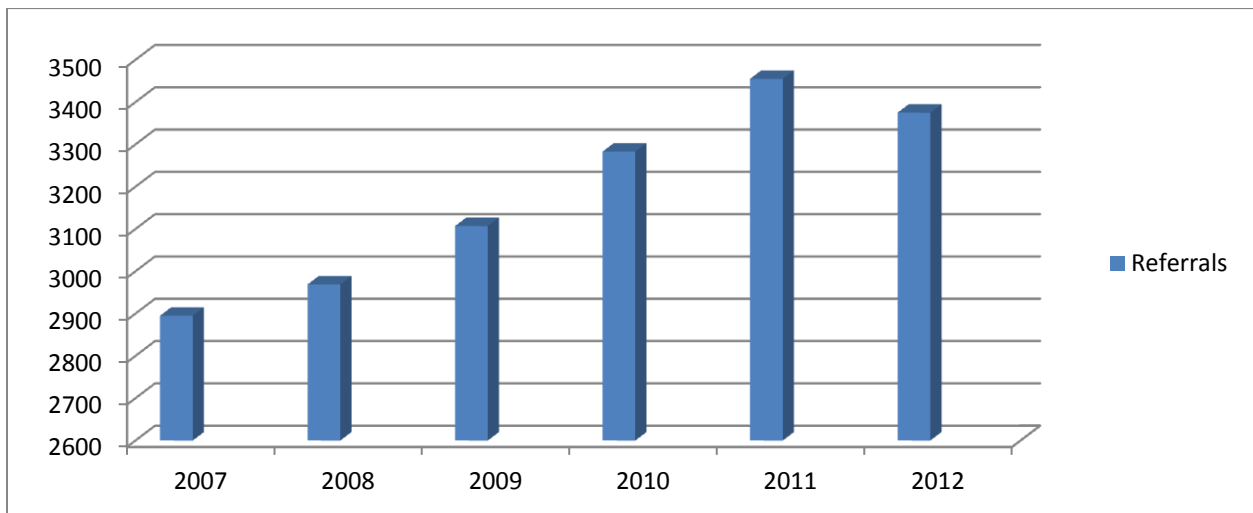
Source: Outagamie County Planning Department



## Child Welfare

Indicator: Child Abuse and Neglect Referrals

Source: Internal Data of the Division of Children, Youth, and Families

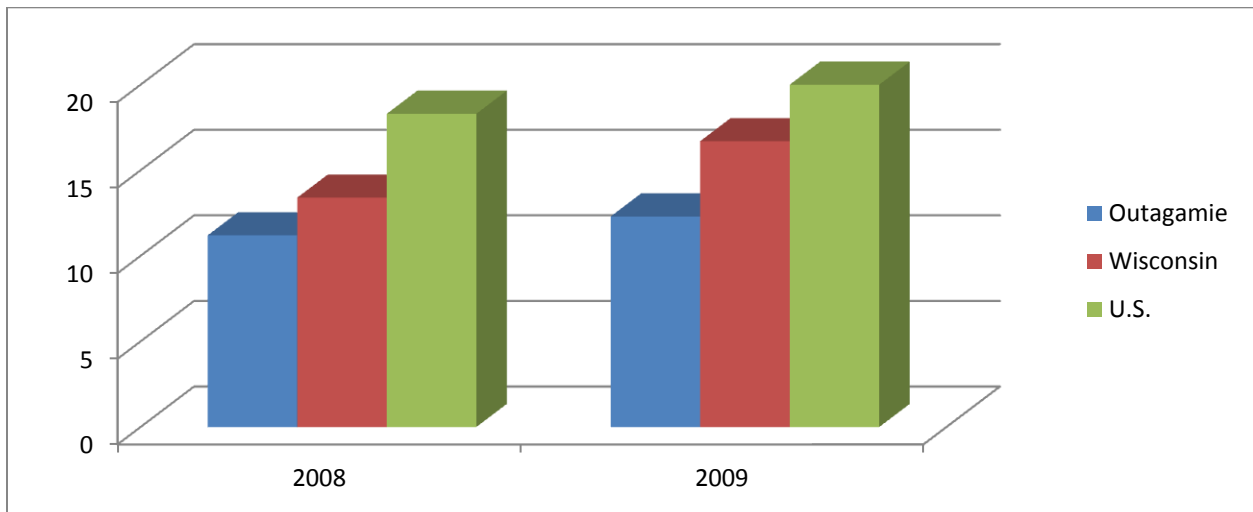


According to the Wisconsin Child Abuse and Neglect Report (<http://www.dcf.wisconsin.gov/cwreview/reports/CAN.htm>), in 2010 Outagamie County received 2,778 child protective reports, screening in 45 percent for initial assessment as

compared to 45 percent as a State wide average. An additional 98 families were assessed for the need for services. The report rate is 44.7 reports per 1,000 children, higher than the 30 per 1,000 children average from the State. Of the 1,106 initial assessments, the county's substantiation rate is 12 %, very similar to neighboring counties of equal size and the State's substantiation rate of 13 percent. The majority of CPS reports are for neglect, followed by physical abuse and sexual abuse.<sup>3</sup>

Indicator: Child Poverty Rate

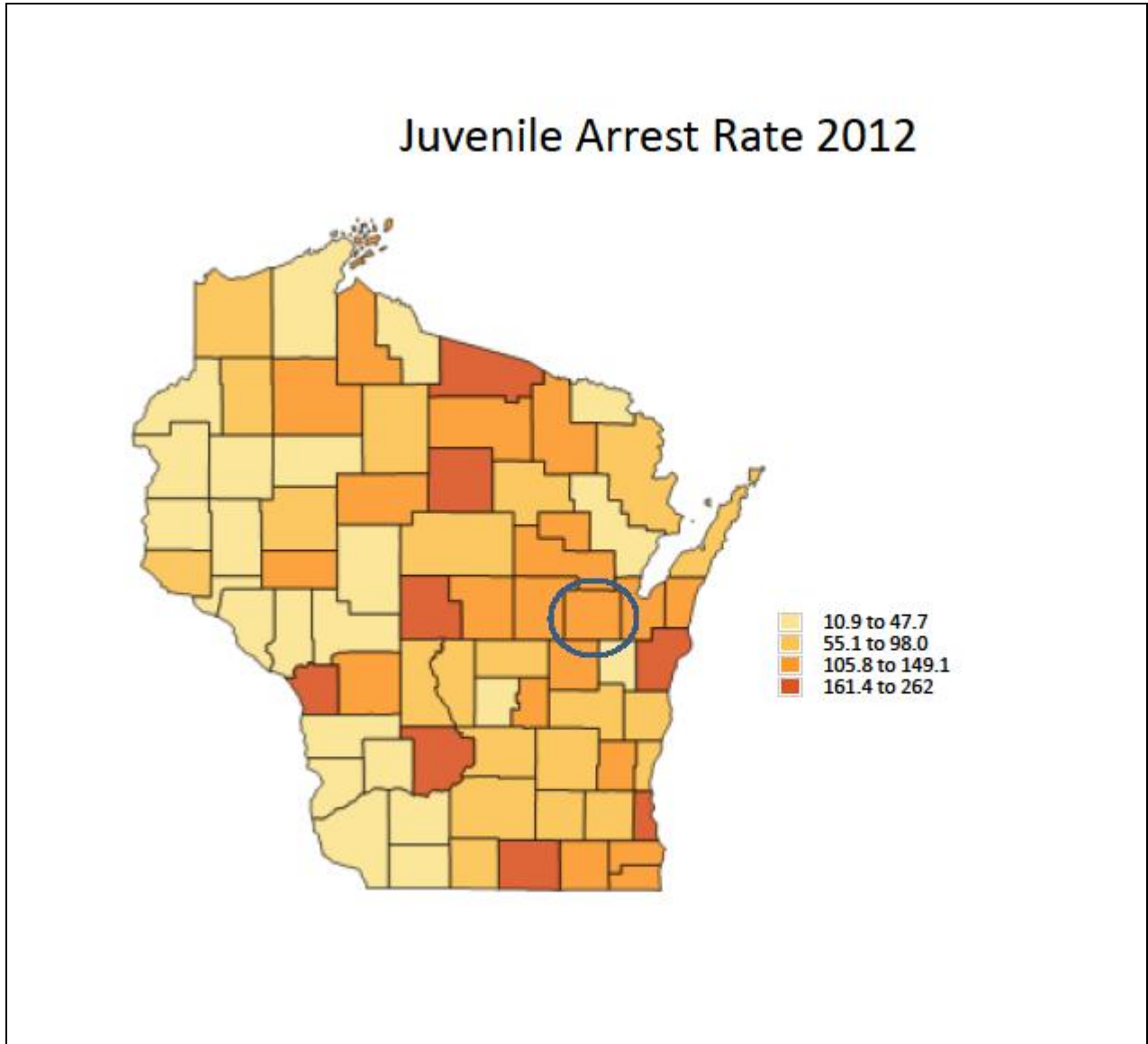
Source: Wisconsin Council on Children and Families



<sup>3</sup> From the Systems Integration Application submitted to Models for Change/Robert F. Kennedy Children's Action Corps

## Juvenile Arrest Rate

The 2012 juvenile arrest rate for Outagamie County was 17<sup>th</sup> highest statewide (up from 18<sup>th</sup> in 2010) and 3<sup>rd</sup> highest among the top ten most populous Wisconsin counties (up from 5<sup>th</sup> in 2010).<sup>4</sup>

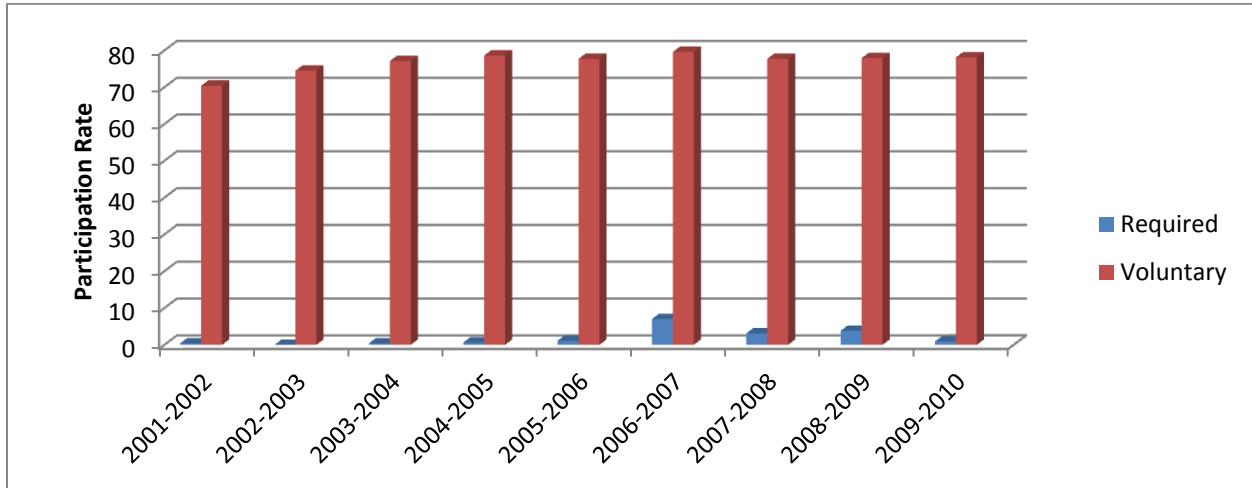


<sup>4</sup> Source: Kids Count Data Center, Annie E. Casey Foundation

A Key Community Asset: Community Valuing Youth

Indicator: Appleton Area Grades 9-12 participation in school-sponsored community activities

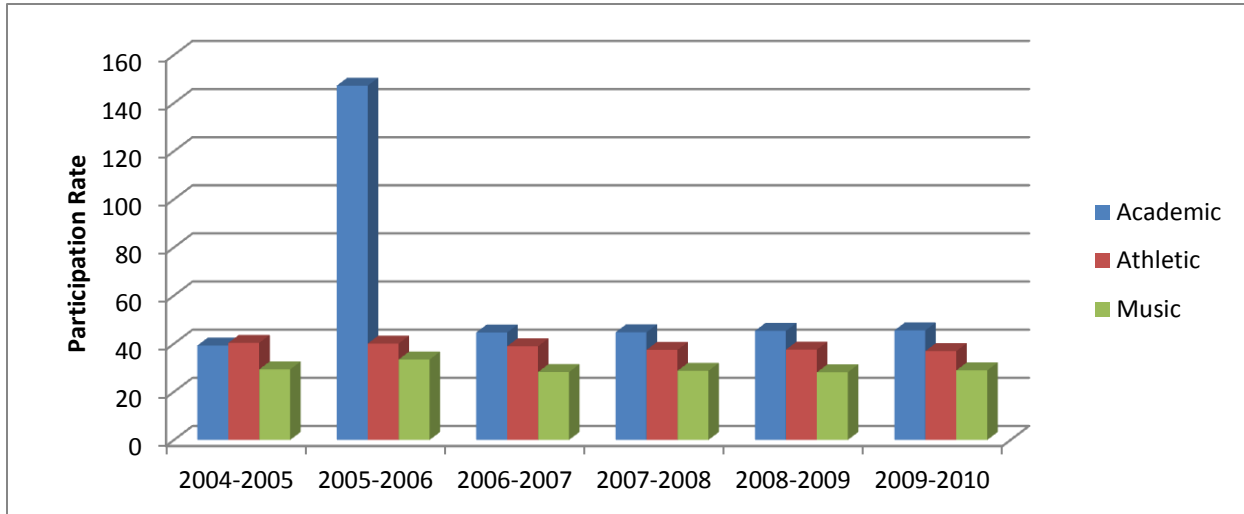
Source: Wisconsin Department of Public Instruction – WINSS Successful School Guide



**A Key Community Asset: School Engagement**

Indicator: Appleton Area Grades 6-12 extra-co-curricular activities

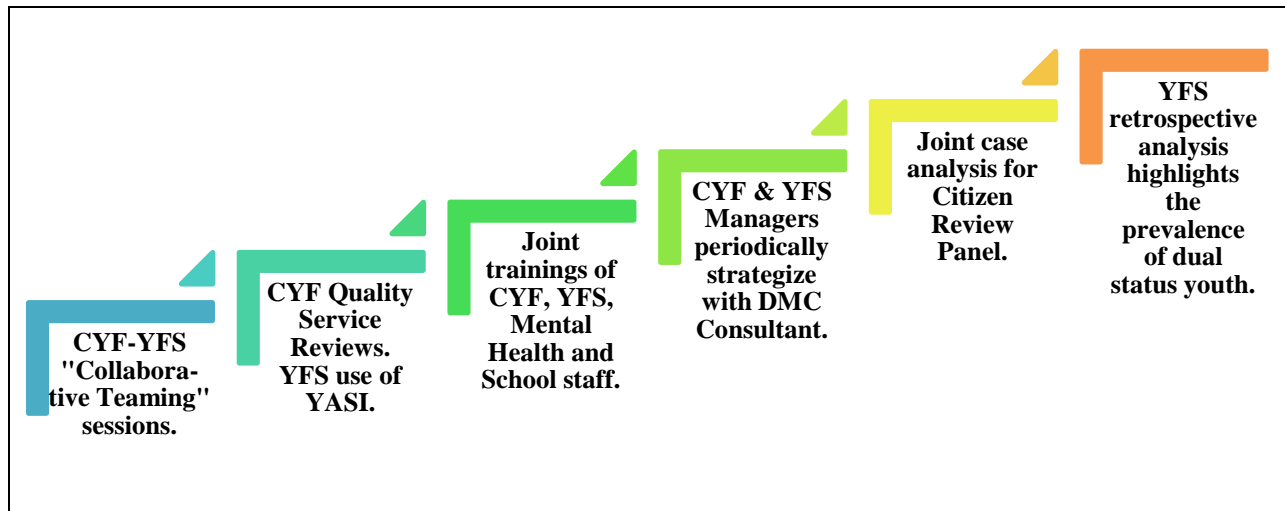
Source: Wisconsin Department of Public Instruction – WINSS Successful School Guide



**Reason for Involvement in the Initiative**

No single reason drove Outagamie County’s involvement in this Initiative. Rather, a series of “steps toward improvement” accumulated and all but made this opportunity *a next logical step* (see illustration below).

**Some Prior Improvement Efforts Leading to Initiative**



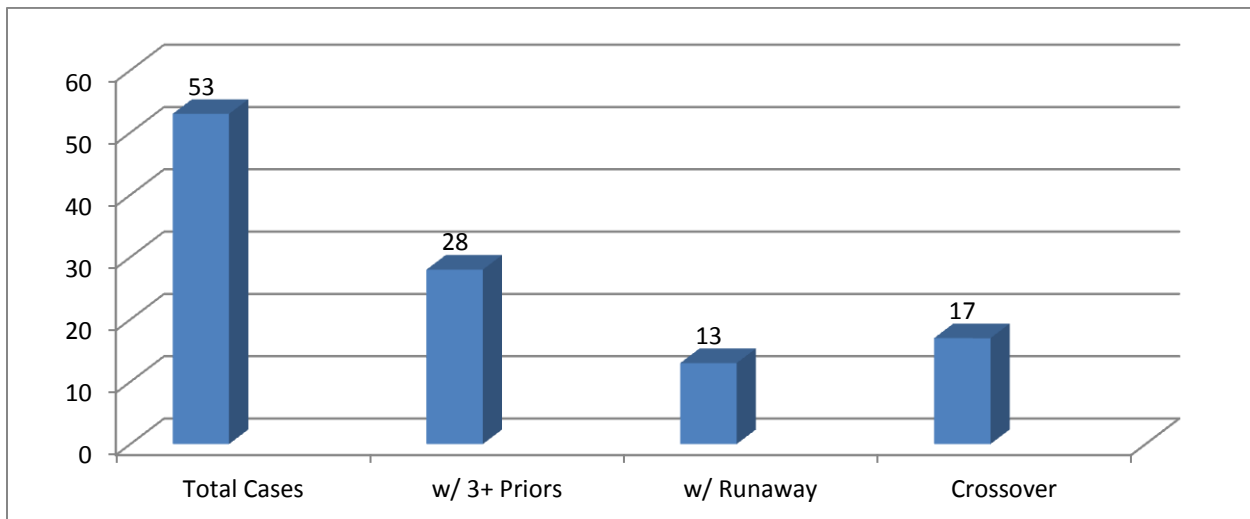
The systems improvement efforts shown above effectively set the stage for applying for systems integration technical assistance. Regarding the retrospective analysis conducted by YFS, a

number of key findings were made that were later included in the application for participation in this Initiative. In particular, three discussion points in the analysis now reveal themselves by hindsight to be a prescient signal of readiness for this Initiative, as follows:

1. YFS and its partners can reduce multiple contacts with youth as well as tend to its concerns about disproportionate contact with minority youth by continuing to improve its decision making, options, and actions at the pre-arrest decision point. What this entails is proactively addressing the needs and problem behaviors of youth that are at high risk of becoming offenders. This is work that can't happen "behind one's desk," so to speak, since it would involve working with schools, agencies, businesses and other key stakeholders. Thus, it may be difficult to carry out.
2. A significant driver of repeat offending is prior contact with the system due to child abuse/neglect or suspicion of child abuse/neglect.
3. A "volatile mix of factors" is a prior child abuse or neglect and subsequent running away that leads to or is the result of or is accompanied by mental health problems, or primarily poor cognitive functioning (i.e., reasoning, judgment, etc.).

In addition, the graph below, also from the retrospective analysis report, specifically identified "crossover youth." It should be noted that these youth were a frequent discussion in the above-mentioned strategy meetings between the CYF and YFS Managers and the DMC Consultant.

**From the YFS DMC Retrospective Analysis Report  
Factors in the Sample that Correlated with Multiple Contacts**



In conclusion, involvement in this Initiative allowed OCDHHS to access technical assistance in support of a systematic process for pursuing improvements that it had previously identified as critical and abundantly worthwhile to pursue.

## Section I: Mobilization

### Identification of Primary Leadership

The illustration below generally depicts the structure devised for the Initiative. Membership rosters for each entity are provided in the appendix.

### Description of Structure and Governance

The CYF and YFS Managers, in consultation with the OCDHHS Director, were deliberate in their efforts to utilize an operational and governance structure that avoided hierarchical decision-making and operating processes. Rather, it was determined that in order for good practice reforms to be identified and more importantly carried out, genuine participation leading to consensus was critical. The illustration below generally captures the highly organic structure that was established.

#### Fluid Structure for Continuous Communication and Consensus (Study and Analysis Phase)



The center circle depicts a group of individuals that provide the “backbone support” for the effort, including interfacing with the RFK Children’s Action Corps Consultants, planning Executive Steering Committee meetings, coordinating communications, recording and distributing minutes of meetings, distributing important documents and reports, arranging meeting locations, setting up conference calls, authorizing staff to commit time to subcommittee

**Discussion was had regarding the priority practice areas of the project. The committee will need to ensure there are formal policies, procedures, and protocols, including the development of a multi-disciplinary team that includes family members to ensure active engagement. There should also be a joint assessment of youth and an integrated case plan across systems.**

(From Executive Steering Committee meeting minutes, August 14, 2012)

work, making presentations about the effort, developing forms and processes for the subcommittees, engaging in more in-depth tasks that require time and/or expertise that CYF or YFS staff don't possess, and so forth.

The size of the Executive Steering Committee was kept manageable in order to ensure optimum input by all members. Its composition included a few representatives of state government, with access to these individuals provided by the Director of OCDHHS. As a result, support and policy guidance by such officials was built into the governance process.

### Setting the Tone for Governance

As indicated by the textbox to the left, the first meeting of the Executive Steering Committee was co-facilitated by the CYF and YFS Managers, with support of the RFK Children's Action Corps Consultants, to quickly set a tone for

governance. This involved focusing the discussion on overarching goals of the Initiative and then undertaking initial efforts to define the Initiative's target population. A sample of areas discussed by the committee members follows below.

#### **Steps Taken to Establish Steering Committee**

- 1. Reviewed past collaborative efforts for who participated.**
- 2. Determined who would be primary stakeholders for the MSRI.**
- 3. Assessed representation in terms of gender, race, ethnicity, type agency, level of government, etc.**
- 4. Drafted initial list and reviewed with OCDHHS Director and Deputy Director.**
- 5. Gained input from others in cutting list to a manageable size.**
- 6. Developed invite letter with information explaining MSRI.**
- 7. Selected certain individuals for phone calls or personal visits.**
- 8. Invited individuals to serve.**

1. Better understanding of regulations on information-sharing.
2. Bringing the two divisions together to blend strengths.
3. How management information systems can be improved or utilized for better information-sharing.
4. A common philosophy on how to treat families and a common pool of resources.
5. At what point youth are identified as at risk of "crossing over" from the child welfare system to the juvenile justice system.

### **Commitment to Collaboration**

A strong and genuine commitment to collaboration has developed over time through a variety of partnerships and joint efforts, as summarized below in a section from the County's application.

- **Appleton Area Public Schools:** As part of our participation in the DMC Action Network we have greatly increased the contact and collaboration between the YFS division and Appleton Schools. The YFS division Manager serves on an administrative leadership committee with





school representatives as well as with a representative from the Appleton Police Department. The YFS Division Manager also serves on the Appleton School District's PBIS Leadership Committee. Such efforts at collaboration (including significant cross training regarding motivational interviewing and other

evidence-based practices) has resulted in a significant decrease in arrests of youth for school-related incidents.

**Some Things We Paid Attention to in Order to Foster Commitment**

- 1. Involvement and leadership of OCDHHS Director was visible, thereby underscoring importance of initiative.**
- 2. Kept the explanation for the initiative succinct.**
- 3. Emphasized opportunity for improvement and avoided language suggesting that something is wrong.**
- 4. Showed how initiative is part of a national endeavor to address dual status youth, not just "some local person's idea."**
- 5. Gained buy-in early on from influential individuals.**
- 6. Repeatedly stated that desired results included saving time, effort, and money.**

- **Appleton Police Department:** Efforts to collaborate and jointly problem-solve youth related issues have increase substantially. The SRO supervisor from Appleton PD attended the 6<sup>th</sup> Annual Models for Change conference along with the YFS Division Manager and the Deputy District Attorney. Many strategies have been discussed to reduce arrests of youth whenever possible and consistent with community safety. Appleton PD and YFS have jointly promoted efforts to obtain services for troubled youth with the agreement that "youth shouldn't have to get arrested just to receive services".

- **Boys & Girls Club of the Fox Cities:** The Boys and Girls Club has been a critical partner in providing outreach and diversion services aimed at reducing arrests. The Targeted Youth Outreach Program Coordinator is a member of the Outagamie County DMC Committee.

- **Family Services of Northeast Wisconsin:** Family Services is a contracted provider that provides counseling and wraparound services for youth involved in the juvenile justice and child welfare systems through the Family Resource

Service Team FRST Program. The YFS division also contracts with Family Services to provide counseling and wraparound services to divert youth at risk of suspension or arrest at school. Program representatives also participate in the DMC Committee. The CYF Division contracts with Family Service's Parent Connection program, home visitor services for families in on-going child protection who need extra assistance in remaining intact as a family or need a higher level of services to reunify. Federal Promoting Safe and Stable Families dollars are used to support this partnership.

- **Oneida Nation Social Services:** The YFS and CYF divisions work closely with Oneida Tribal Social Services to jointly serve Oneida Nation children, youth, and families

involved in the juvenile justice and child welfare systems. YFS is currently exploring opportunities to collaborate with tribal law enforcement and Social Services staff as well as various other community members and elders to address the recent increase in gang activity and delinquency on the reservation.

Presented next is a series of efforts more directly associated with the run-up to this Initiative as well as collaborative efforts undertaken after its start.

## **Aligning Preexisting Local, State, and National Planning Efforts with the Initiative**

### Disproportionate Minority Contact Advisory Committee

The Outagamie County DMC Advisory Committee had been in place a few years prior to the start of this Initiative. The goal of the MSRI Initiative was presented to this committee and the connection between both was discussed and affirmed.

### Community Engagement Presentations

The CYF and YFS Managers made local presentations about the Initiative in order to build knowledge on which could be based collaborative efforts. Also, the framework for systems integration utilized in this Initiative was presented to a regional entity called the Youth Diversion Resource Network. The YFS Manager and its DMC Consultant provided a joint training at a statewide school resource officer training conference in which partnering efforts were covered.

### Wisconsin Department of Children and Families: Wisconsin Trauma Project

State-level officials were included in the Executive Steering Committee. In addition to gaining the state-wide perspective and knowledge of these individuals, it also allowed for linking the initiative to supportive state initiatives. Once such initiative was the Wisconsin Trauma Project, for which OCDHHS had to submit a competitive proposal. This proposal was successful.

### Wisconsin Office of Justice Assistance: Reducing Disproportionate Minority Contact

This entity of state government provided funding and technical support to OCDHHS in its work to address disproportionate minority contact in its juvenile justice system. The local county advisory committee for this work was apprised of this Initiative and acknowledged that it would contribute to reducing (or preventing) disproportionate minority contact.

### Models for Change: Systems Reform in Juvenile Justice

YFS has been involved with this national initiative for several years. The YFS Manager joined with the DMC Consultant and Assistant District Attorney in presentation at this conference. Also joining was a lieutenant from the Appleton Police Department, allowing for healthy three-way dialogue about the interface between YFS, the Courts, and the police department.

### Organizational Effectiveness Planning

In 2011 the CYF division participated in a pilot state initiative and received technical assistance from the American Public Human Services Association to develop a systematic and systemic process for continuous quality improvement. An organizational effectiveness team was developed in CYF with staff facilitators whose goals were to define, assess, plan, and implement improvements. This work contributed to better positioning CYF for working across its organizational boundaries for this Initiative.

## Target Population

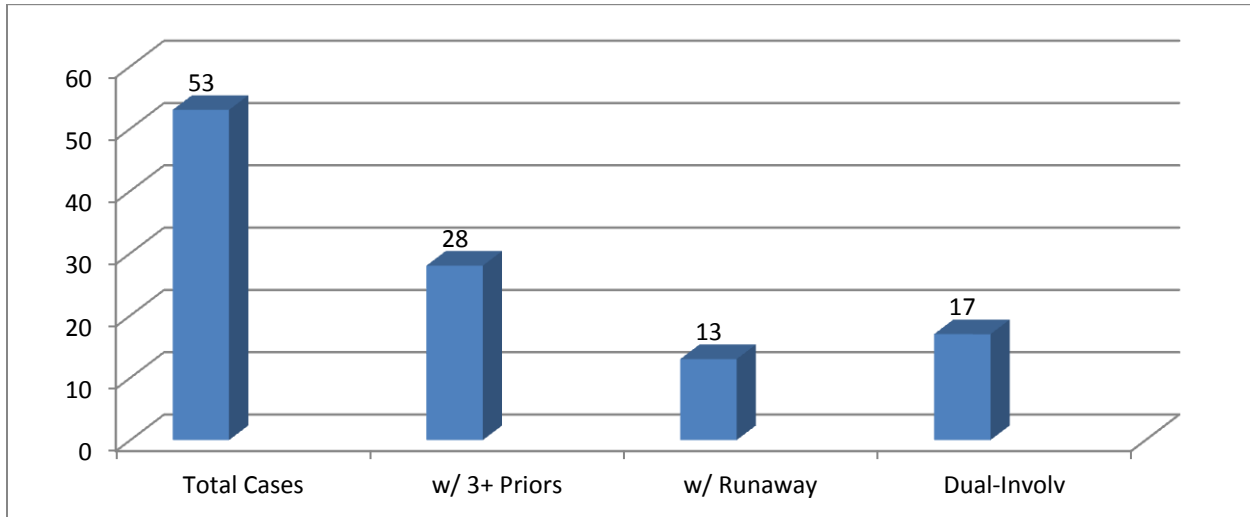
### Definition

Youth of any age (under 17 for delinquency) who are referred to Juvenile Intake for Delinquency or JIPS (Juvenile In Need of Protection or Services) for the first time and who have had some Child Protective/Child Welfare involvement in Wisconsin that includes a “screened in” case. CPS/CW involvement is not limited to cases involving a substantiation of abuse or neglect.

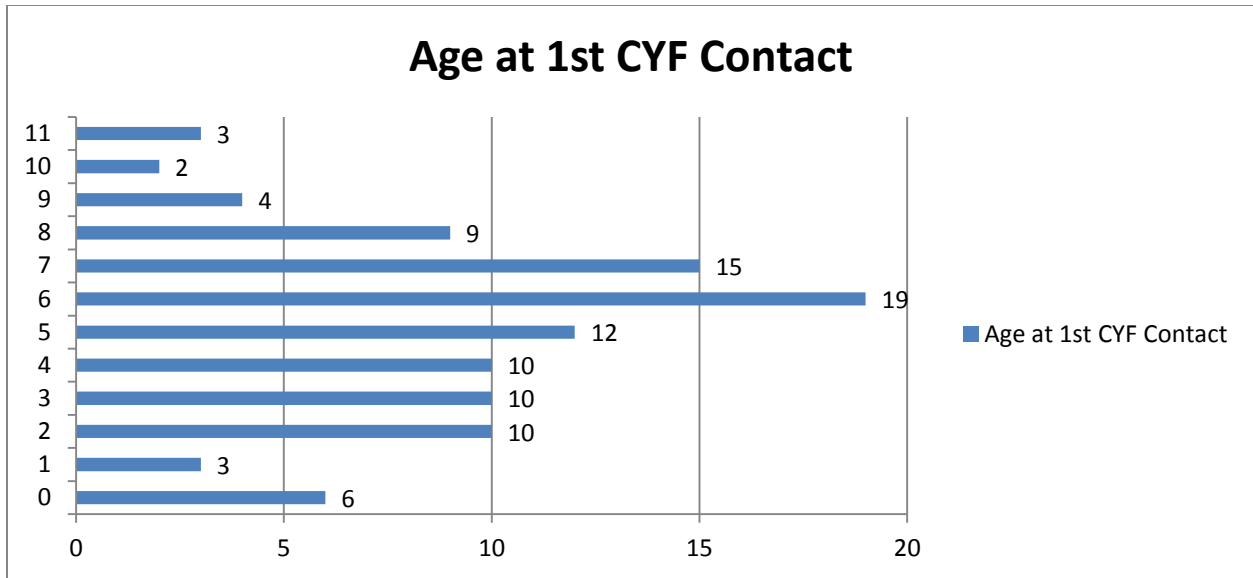
### Data Scan/Collection That Supports Target Population Definition

The YFS retrospective analysis discussed above provided some indirect support for the target population. Specifically, as shown again in the graph below, of the three factors that correlated with youth experiencing multiple contacts with “the system” (involving roughly more than five contacts), in addition to prior involvement with the child welfare system, prior offending was salient factor. Thus, it is reasonable to target first-time offenders since three or more “tips the scales” and results in deeper penetration into the system.

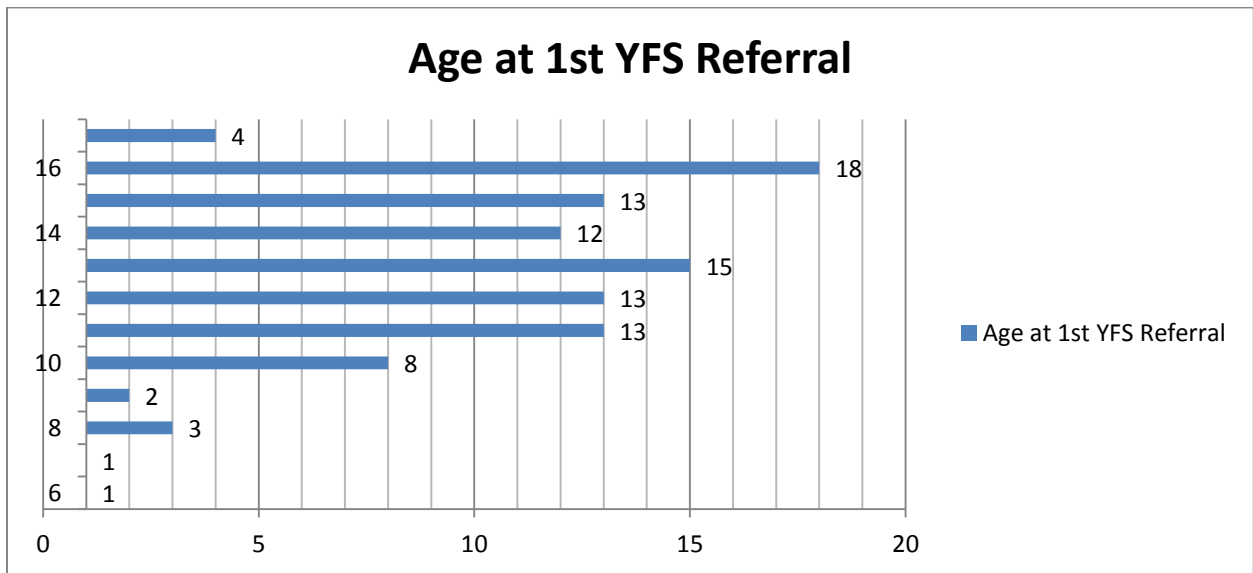
**Factors in the YFS Retrospective Analysis Sample that Correlated With Multiple Contacts**



In addition, the Data Subcommittee used the target population definition to electronically identify file records on which was based an initial profile group. Findings from the data scan shown below support the need to focus on this group.

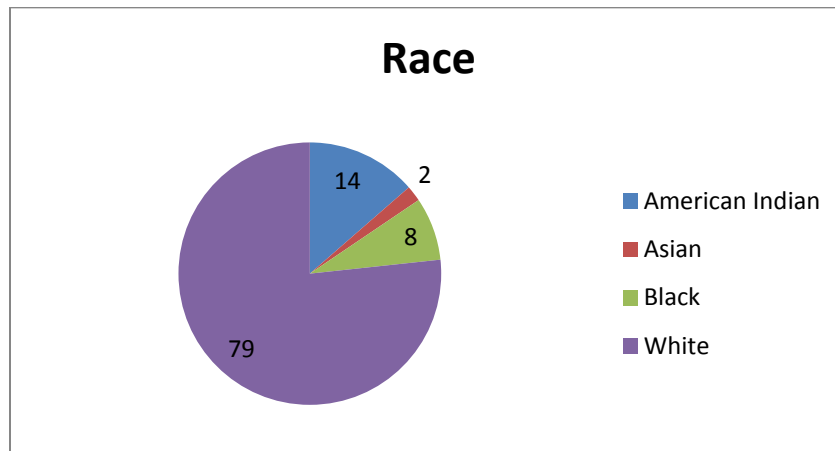
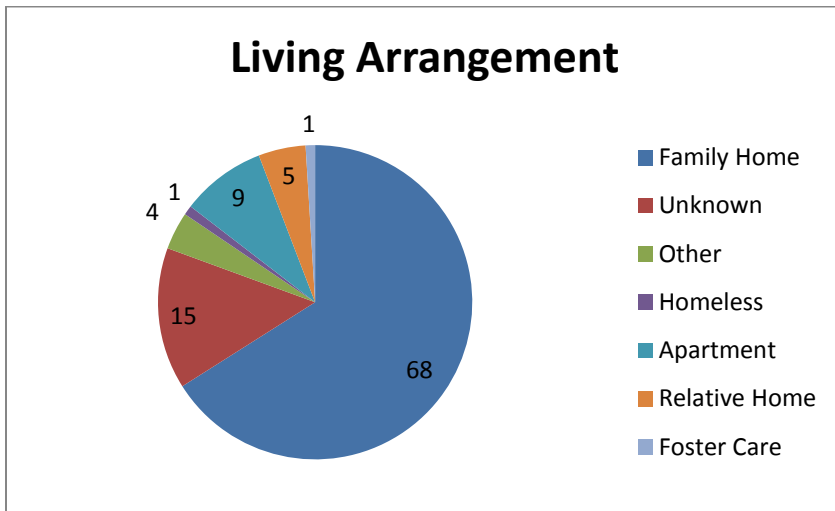
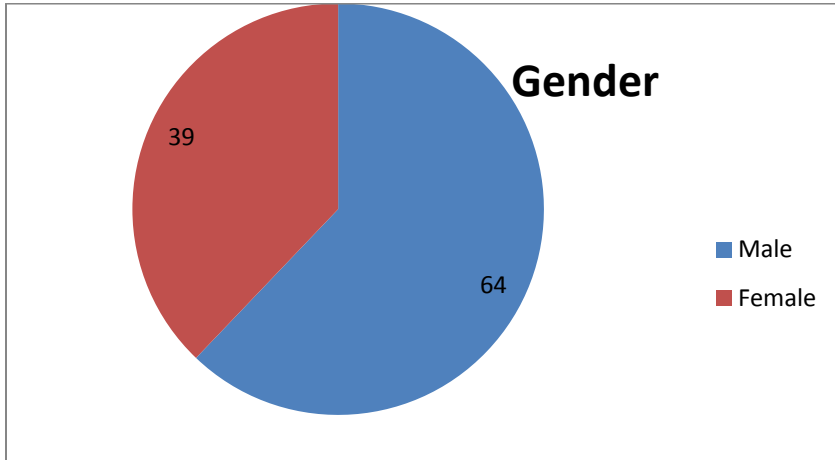


Prior involvement with the child welfare system is part of the target population definition. In this regard, the graph above shows that a significant portion of this involvement began before children’s ninth birthday. This would suggest that dually-involved youth have experienced early and, potentially, complex maltreatment or related problems. In turn, this would suggest that complex trauma is a critical factor for Outagamie County’s dual status youth.



Building on the point above, early involvement in the child welfare system would tend toward early involvement in the juvenile justice system. A child’s early involvement in the juvenile justice system increases the likelihood of chronic, serious, and violent offending. In the graph above, two-thirds of the profile group referred to juvenile justice were age 14 or below. Other demographic information of interest about the target population profile group follows below.

## Profile Group Summary



## **Description of Process for Routine Identification of Target Population**

A critical aspect of this Initiative was getting a handle on how youth in the target population have been (or are being) served by the current system. Then second, the impact on these youth of the reforms that will be identified and put into place must be measured. Both require having in place a procedure to identify youth that fit into the target population definition so that they can be tracked. The RFK Consultants provided a form for capturing this information.

### Procedure for Completing the Dual Status Youth Initial Form

The data collection form utilized for all sites is included in the appendix.

- Definition of a referral: Only those cases in CYF that were screened in for Child Protective Services (screen outs are not considered a referral).
  - Clerical support in YFS receives all referrals for delinquency on youth referred from law enforcement, school, or parent.
1. Identify youth that have a first time offense.
  2. Run an associated client list to determine if the child received any previous CYF involvement. If yes, attach the Dual Status Youth Initial Form to be completed.
  3. Enter the child's client id number in excel spreadsheet developed by the Data Subcommittee.
  4. The YFS intake worker assigned to the first time offender begins completion of the Dual Status Youth Initial Form, completing questions 1 through 11. (This form may need to be completed by the YFS ongoing case worker if the youth bypasses intake on the first time offense.)
  5. YFS case manager contacts CYF Intake supervisor to notify of a Target Population youth. The intake supervisor completes the form questions 12-16 of the Dual Status Youth Initial Form and requests assistance from staff when information cannot be located in e-wisacwis.
  6. remove #6
  7. YFS worker complete questions 17 through 29 (question #25 regarding youth's permanency will be determined by CYF.)
  8. Questions 30-37 will be completed by the current assigned YFS worker.

## **Study and Analysis**

### **Study Groups**

#### Data Subcommittee

The purpose statement and table below were developed for this subcommittee to set the direction for its work.

**Purpose:**

This committee is tasked with determining the data that we have, can get and the validity of the data.

At the end of this committee we will present a data set of youth within the defined target population. We will create policies and procedures to determine the trigger points of those youth within the process.

<i>Task</i>	<i>Assigned to</i>	<i>Due Date</i>	<i>Comments/Issues Plan to Resolve</i>
Create initial data pull based on initial target population defined			
Evaluate and discuss data with members of committee and executive committee in regards to kids under 12.			
Ongoing conference calls with researcher			
Create report for Executive Committee			

**Assessments and Resources Subcommittee**

*Immediate Tasks*

1. Compile an inventory of screening and assessment tools utilized in current practice in the juvenile justice, child welfare, and other pertinent systems (e.g., mental health, education, behavioral health, law enforcement, etc.).
2. Compile an inventory of resources utilized in current practice in the juvenile justice, child welfare, and other systems (e.g., mental health, education, behavioral health, law enforcement, etc.).



### *Tasks in Near Future*

1. Review the target population definition and related information generated by the Data Subcommittee. (This likely will require a joint meeting of both committees.)
2. Participate in (or assist with convening/facilitating) a mapping exercise to identify each of the key decision points that impact or will impact the target population.
3. Identify gaps in resources needed to address dually-involved or dually identified youth. (This will need to happen in tandem with the analysis of the target population.)

### *More Distant Systems Reform Tasks*

1. Link or connect instruments and resources to various decision points. A clear depiction of where these things come into play.
2. If/When indicated through analysis of or work with the target population, participate in developing protocols for consolidated/joint assessments of the family and youth.
3. If/When indicated through analysis of or work with the target population, participate in developing integrated case plans between social workers and juvenile justice workers for court disposition, implementation, and collaborative oversight.
4. Assist with developing protocols for multi-disciplinary, cross-agency meetings.
5. Participate in specifying systems reform practices to be newly implemented. (This will happen at the Executive Committee level to some extent.)

The following was developed by this subcommittee at its inception in order to set a direction for its work. In addition, two sessions were convened with representatives from several systems in order to develop an initial inventory of resources and assessments (see appendix).

This analysis process is based on the finished product from the decision making mapping process. This final product is a diagram of decision points (e.g., flow chart) that includes several proposed new actions that could be taken in order to: a) improve how well the two systems work together, and b) improved outcomes for youth (e.g., they stay in school and get good grades; they aren't arrested/referred again; they stop using drugs, etc.).

For each of these new actions, this subcommittee will seek to answer the following questions:

1. For the decision point at which the proposed new action is located, what are the assessments and resources that have been typically used? (This does not need to be exhaustive. The top three to five is good enough.) If neither is used because the proposed new action is really new, then what assessments or resources might be needed?
2. For the assessments and resources identified above, what adjustments/changes, if any, would be needed in order to support what the new action is seeking to achieve? (Obviously, this will require knowing something about what the assessments and resources already do. This is what the inventory and analysis tools are for. Hence we will wait to use the analysis after we have identified the assessments and resources in step one.) The basic areas addressed in answering this question for resources or services are as follows:

- a. Availability: Is there enough of the service for the number of youth that need it? If not, what can be done about it?
- b. Accessibility: Is the service fairly easy to access or get to by the consumers that need it (e.g., transportation, cost, time of day available)? If not, what can be done about it?
- c. Appropriateness: Is the service appropriate for the population or target group served (e.g., gender-sensitive, language, etc.)? If not, what can be done about it?
- d. Adequacy: Is the service sufficient in its intensity to actually achieve what it is called upon to do? (e.g., does school attendance and academic performance really improve?) If not, what can be done about it?
- e. Is the service supported by research, or is it evidence-based? If so, what is the research? If not, is there other evidence of its effectiveness? If not, can anything be put into place to establish its effectiveness?

These findings will be put together in a report that will include recommendations or things that need to be done. Among other things, it will be provided to the Executive Committee so that they can develop strategies for “knocking down” the barriers and gaps our analysis has identified. For example, if existing funds need to be re-routed to expand an existing service needed by a proposed new action, the Executive Committee would look into making this happen.

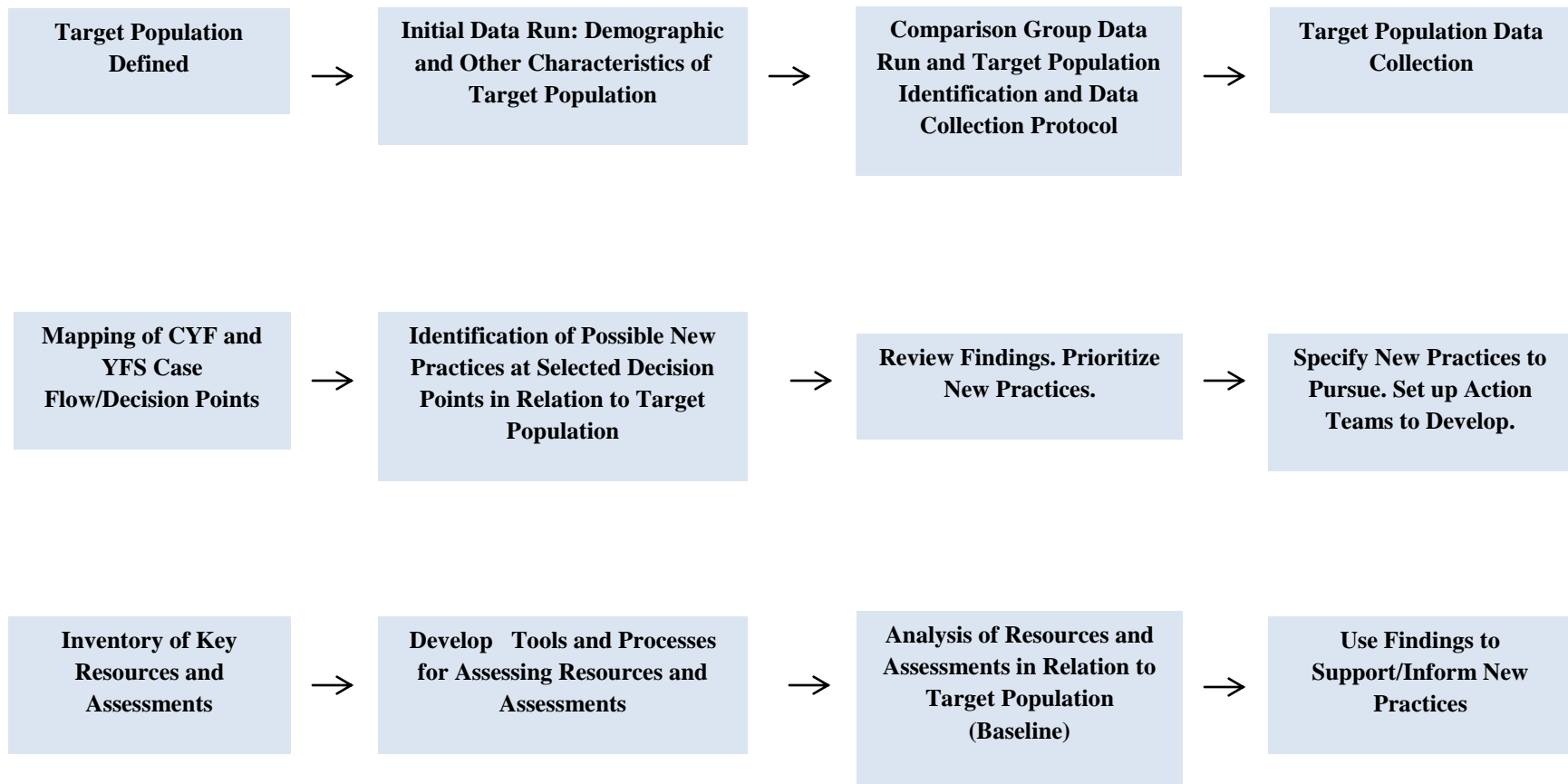
It was later determined that it would be beneficial to conduct an analysis to establish a baseline regarding the utilization of resources and administration of assessment with the target population. The electronic records of eleven cases in the target population were examined. The report generated by this analysis is included in the appendix. Below are the basic questions used to guide the study followed by the tools used to analyze the resources utilized.

- Type of child welfare incident (e.g., physical abuse, sexual abuse, medical neglect, etc.).
- Number in the target population that are “dually involved” or “dual status.”
- Key child welfare assessment findings.
- What services were used?
- How many of those services are listed in the inventory?
- Initial decisions when received by YFS.
- How many were placed by YFS in shelter care or secure detention?
- What were the key YFS assessment findings?
- What other assessments were utilized?
- What resources were utilized by YFS?

### Mapping Subcommittee

This subcommittee met numerous times over several months. These meetings involved in-depth discussions of how each division’s cases flow through their systems and the decisions and options at each point in the process. The tangible products of these meetings were updated flow charts for each division (see appendix). It is interesting to note that the final versions of the flow charts provided in the appendix are different from the initial flow charts that each division initially provided. This is not to suggest that the initial flow charts were not accurate or not followed. Rather, the mapping process allowed a variety of nuances to be identified and captured, and done so in a manner that could be understood by the other division.

## Flow of the Parallel Study and Analysis Activities



## Initial Issue Areas and Influence on Planning

Issue Areas	Influence on Planning
Early and accurate identification of dually-involved and dual status youth.	Recognized early on the need to be very deliberate in “catching” these cases in a manner that led to more appropriate responses.
Increased precision of assessments to support better decision making and case planning for dually-involved and dual status youth.	Created openness to the need to better assess issues associated with trauma, which then led to working with the State in its trauma-informed care initiative.
Coordination of case planning for dually-involved and dual status youth.	This became a specific new practice.
Develop a methodical way of selecting or utilizing resources (or services) for dually-involved and dual status youth.	A critical part of the coordinated case planning protocol is joint planning in selecting resources and a review process to monitor resource utilization.
Extent to which the resources (or services) that are used actually produce “real change” (or “they do what they say they do”); extent to which measurable outcomes are achieved for dually-involved and dual status youth.	Heightened understanding of the importance of data and other indicators to measure both performance and outcomes.
Critical need to bring law enforcement on board.	Consultation with law enforcement was integrated into the process and a Lieutenant of the Appleton Police Department participated extensively in the mapping process.

## Practice Reforms

### Key Study and Analysis Findings Driving Reforms

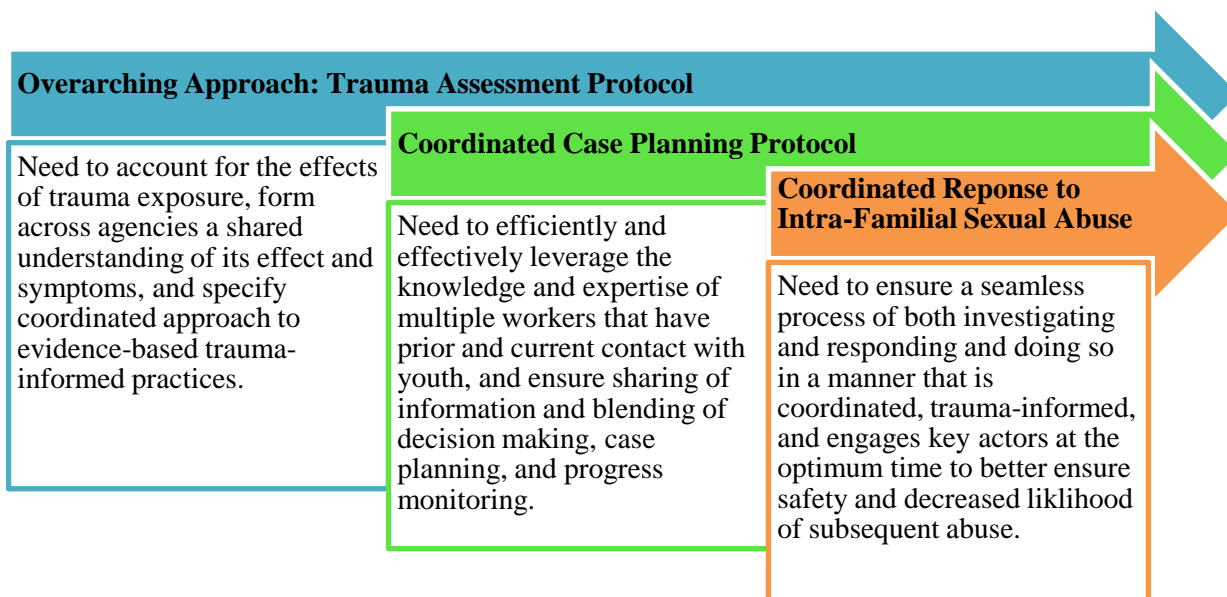
Based on prescient key findings from the study and analysis, OCDHHS selected one overarching approach and two new practices to implement in a manner that integrates YFS, CYF, Mental Health, law enforcement and the Circuit Court as follows:

- Overarching Approach: Trauma-Informed Care based on an Assessment Protocol
- First Reform: Coordinated Case Planning Protocol
- Second Reform: Coordinated Response to Intra-Familial Sexual Abuse

Specifics pertaining to each are discussed in subsequent sub-sections below. At this point, the key study and analysis findings that drive the selection and implementation of the overarching approach and two reforms are presented below. Many of these “Aha!” moments happened during the process mapping work. There were many such moments. Highlights from this work are listed below:

<b>Findings Related to Trauma</b>	<b>Findings Related to Coordinated Case Planning</b>	<b>Findings Related to Intra-Familial Sexual Abuse</b>
<ul style="list-style-type: none"><li>• Many youth present with a history of trauma exposure.</li><li>• Lack of a shared understanding within and across divisions on trauma.</li><li>• Lack of trauma-specific practices and resources.</li><li>• Need for and interest of staff in training on trauma.</li><li>• Mental Health division has a focus on trauma on which to build even more capacity.</li></ul>	<ul style="list-style-type: none"><li>• A certain amount of coordinated case planning already happens on an informal or ad hoc basis that needs to be "formalized."</li><li>• There are some case planning procedures on both sides that workers in the other division are not fully aware of or don't fully understand.</li><li>• There are many natural points of "connecting" on dually involved youth that don't require a lot of extra steps.</li></ul>	<ul style="list-style-type: none"><li>• The extreme complexity of these cases already "force" workers in each division to "get on the same page."</li><li>• Understanding the decision window for law enforcement is critical.</li><li>• Law enforcement is willing to work with JJ and CW so long as clear, sequential procedures are in place for doing so.</li></ul>

## Overarching Approach and Practice Area Reforms Identified and Their Rationale



## Crafting the Reforms

### How We Selected Our Reforms

1. **Avoided a top-down, autocratic decision.**
2. **Allowed subcommittees to engage in lengthy discussions about what's needed or desired.**
3. **Meeting minutes were developed for all subcommittee meetings, which allowed review.**
4. **Coaxed the discussion to begin to move toward some top priorities.**
5. **Juxtaposed priorities with research and information about critical challenges being faced by caseworkers, as a way of "sidelining" less useful ideas.**
6. **Presented the new practices and gained buy-in.**

The case workers directly involved in planning and providing services were engaged in the process of crafting the reforms. To assist with this task, the Division Managers developed a set of guidelines for doing so, as presented below:

### **Instructions for Protocol Development**

Please use the following format for developing your written practice improvement protocol:

**Purpose:** A brief description of why the protocol is needed and what it will accomplish (the "why" and "what" of how this protocol will help dually involved or dual status youth).

**Procedure:** A step-by-step sequential description that outlines the points below:

- Who will perform the tasks at each step.
- What tasks will be completed.
- When the tasks will be completed (e.g., within 5 days).
- Where the tasks will be performed, if relevant.

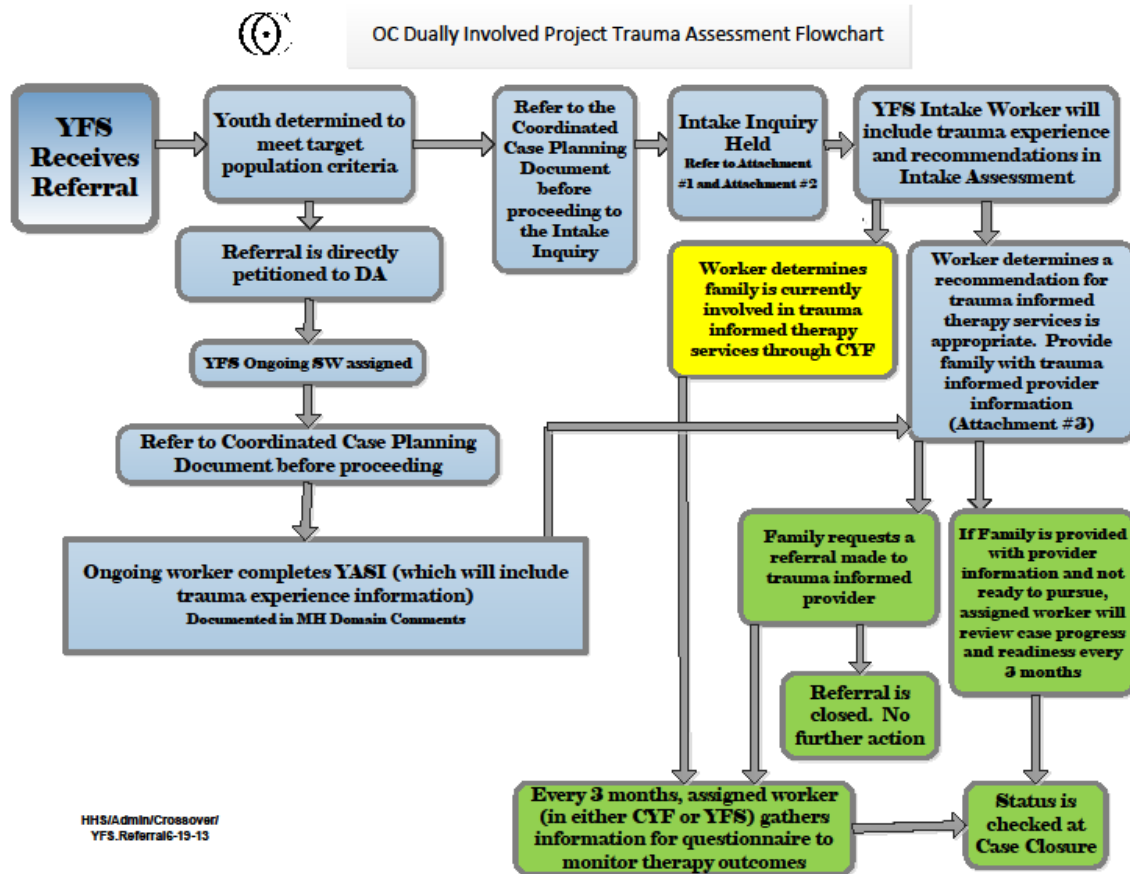
\*How the tasks will be completed in detail – what questions will be asked? How will decisions be made? How will tasks and decisions be documented? Who will review the decisions? How will families be included in decision making?

\*For the Intra-Familial Sex Offense protocol group, please include specific questions that will need to be asked/answered jointly that will aid in the objective assessment of risk to the victim, other children in the home, and the community.

\*For the Coordinated Case Planning protocol group, please be sure to address in detail the questions that will need to be asked/answered in regard to the services to be provided to prevent the youth from penetrating further into the juvenile justice system.

\*For the Trauma Assessment protocol group, please outline the questions to be added to the CYF/YFS Intake process that will enhance our capacity to identify and address trauma.

## Overview of Coordinated Trauma Assessment: Overarching Approach to Support Practice Reforms



The trauma assessment flowchart above represents a very early depiction of how OCDHHS considered an overarching trauma-informed approach. Indeed, many who were involved sensed that their current way of thinking about this was limited. When this dilemma was discussed during an Executive Steering Committee meeting, two representatives of state agencies encouraged both divisions to consider applying to become a site in Wisconsin's Trauma Project. This was done, regarding which the justification below was expressed in the application.

### Justification Provided in Application to Wisconsin's Trauma Project

Over the last three years, Outagamie County has worked to develop a trauma informed system of care team including staff from the Children, Youth and Families, Youth and Family Services, Adult Services/Children's Long-Term Support and Mental Health divisions. This group met for two years and participated in training through the



Department of Children and Families who had engaged in a yearlong pilot with Dr. Bruce Perry. Department staff were able to attend additional training on trauma informed care, and attend monthly live meetings with Dr. Bruce Perry for case consultation. Our staff have continued to be engaged with the trauma informed care principles and the delivery of a trauma informed system.

In May 2012 Outagamie County was competitively selected as one of four sites nationally to participate in an initiative jointly sponsored by the John D. and Catherine T. MacArthur Foundation and the Office of Juvenile Justice and Delinquency Prevention to address the needs of youth who are dually involved in the Child Welfare and Juvenile Justice systems. The aim of the project is to advance and expand on the work of the Child Welfare League of America (2004; [2008](#)) and Georgetown University's Center for Juvenile Justice Reform ([2012](#)). National consultants from the Robert F. Kennedy Children's Action Corps who have authored this work are providing direct technical assistance to each of the four sites. As a result of this project, Outagamie County has assembled an Executive Steering Committee consisting of local stakeholders as well as state level Juvenile Justice and Child Welfare officials including administrators from the Department of Children and Families. One of the first practice improvements to come from our work on this initiative is the establishment of a protocol to screen and address symptoms of trauma for Dual Status Youth within our target population. As our capacity to screen and serve trauma-affected children and youth expands, it is our intent to expand this approach to serve all appropriate clients within our department.

We view the Wisconsin Trauma Project as a logical next step to expand our efforts at developing a trauma informed system of care. Building on our efforts through the systems integration project, participation in the Wisconsin Trauma Project would enable us to develop an infrastructure of trauma-informed community providers trained in an evidence-based treatment model. It would also provide us an opportunity to advance and promote expertise and competence among our stakeholders such as school officials, law enforcement, and court officials as well as department staff. This opportunity would assist us in assuring that children and youth are properly diverted from arrest and prosecution, receive educational services without the inappropriate use of exclusionary discipline, and are provided appropriate opportunities to receive services to address their needs.

Primary leadership would be provided by the Division Managers and Supervisors from the CYF (child welfare) and YFS (juvenile justice) Mental Health (MH) divisions. Various other staff from each division would be invited to provide input to the process. Several "trauma champions" can be readily identified among the county leadership and professional staff. In addition, we would call on members of the Executive Steering Committee of the Systems Integration Project for Dual Status Youth to provide guidance, support, and assistance with this project.

Application to the Wisconsin Trauma Project was made with the full support of the Department Director and with the acknowledgement and understanding of the fiscal commitment required.

## **Overview of Coordinated Case Planning Protocol Reform**

The aim of this reform is to establish a coordinated case planning process between the juvenile justice and child welfare divisions for youth in the target population. The task group working on this reform developed an initial set of steps for implementation, as presented below. The process below reflects actions to be taken after a first-time offender has been identified as having had prior involvement with the child welfare system. This determination is made by the worker who receives the referral and involves reviewing the electronic records wherein all prior systems contacts are recorded. In addition, the process below reflects steps taken with cases when they are active (or open) in both juvenile justice and child welfare.

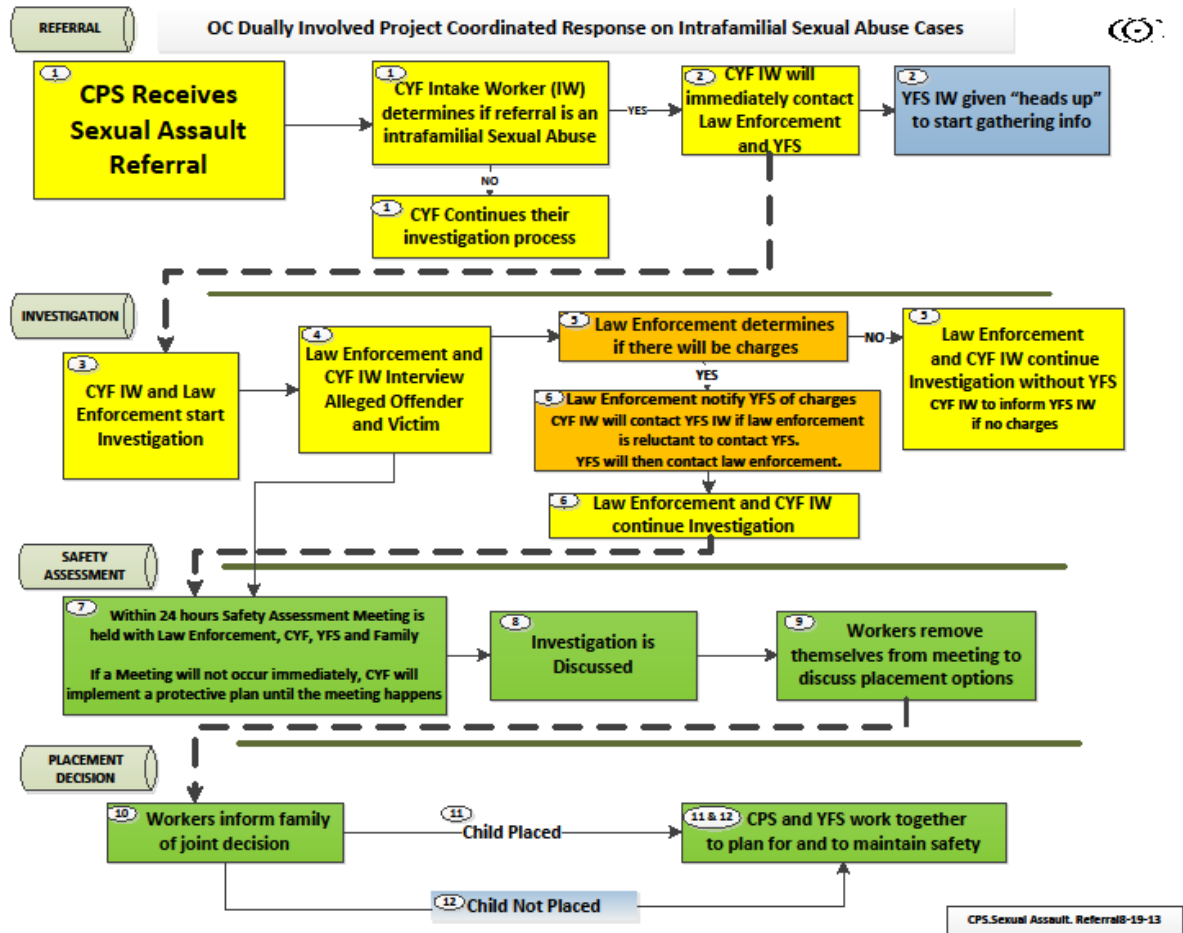
### **Coordinated Case Planning Protocol Group**

1. Referral received by YFS Intake, youth is a first time offender.
2. YFS Intake worker looks in SACWIS for previous family involvement in the child welfare system in Outagamie County and in other counties throughout the state.
3. YFS Intake worker identifies current involvement in CYF Ongoing. YFS Intake worker reviews the SACWIS Access Reports, Assessments, Case/Permanency Plan and Narrative. Within 5 days, the Intake worker will contact the assigned worker in CYF.
4. If case is open in CYF Intake and CYF Intake worker determines further services are not necessary, the case will close within 60 days. YFS Intake will gather information from the assigned Intake worker and proceed without CYF coordinated case planning involvement.
5. If case is opened in CYF Intake and will be transferred to CYF Ongoing, YFS Intake Worker will proceed under #3.
6. YFS Intake Worker identifies **past** involvement in Child Welfare services either in Outagamie County or another county. YFS Intake worker reviews the SACWIS Access Reports, Assessments, Case/Permanency Plan and Narrative to determine past involvement. YFS Intake worker will proceed without CYF coordinated case planning involvement.
7. YFS Intake worker identifies **current** involvement in child welfare services in another county. YFS Intake worker reviews the SACWIS Access Reports, Assessments, Case/Permanency Plan and Narrative. YFS Intake worker contacts county for any additional information within 5 days. YFS Intake worker will proceed without CYF coordinated case planning involvement.
8. YFS Intake worker will schedule an Intake Inquiry within 40 days of receiving referral.

Notification of Intake Inquiry sent to CYF worker with date and time of Intake Inquiry, attendance by CYF worker is mandatory.

9. YFS Intake worker conducts an Intake Inquiry utilizing attached protocol: Attachment #1.

### Overview of Coordinated Response to Intra-Familial Sexual Abuse Reform



### Safety Assessment Meeting with Youth Sex Offender

1. YFS Intake receives a phone call from Law Enforcement (LE) who is stating they are referring the youth offender of alleged intra-familial sexual offense.

2. The youth offender will be taken into custody by the referring officer and delivered to YFS for the safety assessment to evaluate risk and level of supervision needed to insure community safety. Present at this meeting will be LE, CYF intake worker, YFS intake worker and Parent/s.

3. YFS Intake will provide the youth offender his rights.

During this meeting, YFS, CYF and LE will assess and review probable cause and check concerns of seriousness of the offense and community protection by considering these following elements:

- a. Aggression or use of force or threats
  - b. Repeated contact or pattern of sexual behavior
  - c. Access and number of victims
  - d. Severity of the offense and level of supervision/monitoring
  - e. Age and range between victim and offender
  - f. Offender's admission or lack of admission
  - g. Level of remorse, empathy for the victim
  - h. Level of parental cooperation
  - i. Any physical/sexual abuse within the home
  - j. Appropriate boundaries within the home
  - k. Offender is at some risk for runaway
  - l. Offender is aggressive and displays intimidating behaviors
  - m. History of significant mental health problems and trauma
  - n. Parents/Guardians response to the offense
  - o. Parent/Guardians ability to provide safety in home and community
5. Gather additional information regarding community protection and victim concern from LE, CYF, and parent/s.
6. Consider placement options if appropriate to address safety.

### **Sexual Assault Safety Group**

#### **Proposed plan for Intra-Familial Sex Offense Protocol between YFS and CYF**

##### Referral: CYF Intake receives referral for sexual assault intra-familial case

1. CYF Intake will determine if the case meets the criteria of intra-familial sexual abuse. If the case does not meet the intra-familial sexual abuse case dually-involved, CYF will proceed with their investigation without YFS. If the case meets the intra-familial sexual abuse dually-involved requirements, CPS Intake will notify YFS and law enforcement (LE) by phone immediately.
2. CYF Intake contacts YFS to provide information of possible intra-familial dually-involved case.

##### Investigation: CYF & LE

1. CYF and LE interview the youth offender, victim, and parents to gather information.

2. LE will make a determination if there is enough evidence to charge the youth. If LE determines there is not enough evidence to charge, CYF and LE will proceed with the investigation without YFS.

3. If LE determines there is enough evidence to charge the youth, LE and CYF Intake will continue the investigation process and notify the family of YFS involvement. CYF Intake will create/approve a protective plan in place for immediate safety of the victim from the offender. LE will contact YFS immediately of the charges. YFS will immediately become involved in the joint safety assessment.

### Safety Assessment

1. If the incident occurs during business days, LE, CYF, and YFS will conduct a joint safety assessment immediately or within 24 hours. If the incident occurs during the holidays or weekend, a joint safety assessment will be conducted on the next business day. The parents and the alleged offender must be present at the safety assessment meeting. The safety assessment is held at YFS.

2. During the safety assessment, LE, CYF, and YFS will discuss the investigation and further questioning of the alleged offender and the parents to assess continued safety of the victim and the community (see attachment #1). After the investigation, LE, CYF, and YFS will remove themselves from the meeting to discuss and make a decision if placement option is appropriate.

### Placement Decision

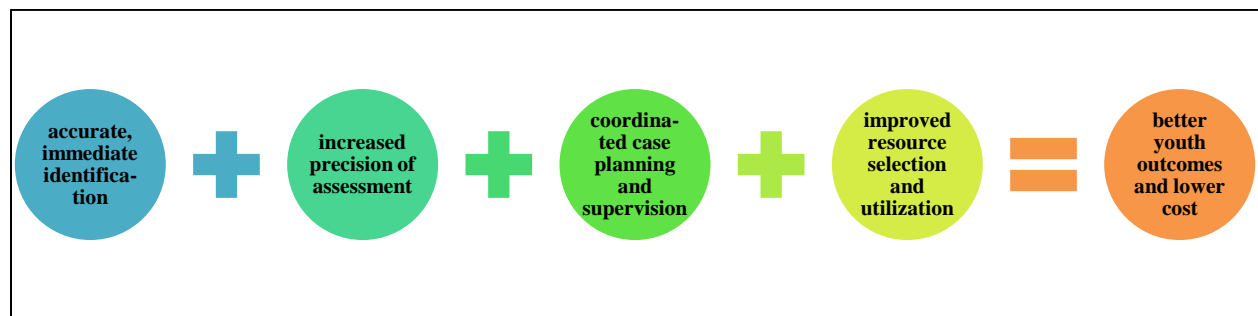
Once a joint decision is made by LE, CYF, & YFS, the family will be informed of the safety plan for the youth and the family. Workers will address all questions and any concerns at this time. Whether the youth is placed out of home or not, both CYF and YFS will jointly create a safety plan for the youth's return home.

## **How OCDHHS Began Implementation of the Reforms**

1. **Crafting of Reforms with input from staff:** The actual protocols were developed by direct service workers, not the division managers.
2. **Presentation of Reforms at Joint Meeting:** A joint meeting of both divisions was convened during which direct service workers that developed the new practices presented them.
3. **Joint Oversight by Division Managers:** The two division managers met regularly and worked as team to oversee the effort.

4. **Joint Supervisors Meetings:** Once new practices were developed, the two division managers convened a joint meeting of supervisors. This meeting became a regular management practice.
5. **Review of Files to Detect Changes:** At a certain point in the implementation of new practices, case files of dually-involved youth were reviewed to assess the extent to which different kinds of decisions were being made and actions taken.
6. **Leveraging External Partners/Initiatives:** The new practices did not happen in a vacuum. Rather, they were linked to efforts already underway with partners and agency-wide initiatives.
7. **Executive Steering Committee Oversight:** This entity provided genuine guidance. In particular, it established the desired outcomes for the new practices.
8. **Training on Phases of Change (How Change Happens):** To support the change process, the division managers provided information on the phases of change during staff meetings.
9. **Creating a Climate for Innovation (Mistakes are Expected):** OCDHHS Executives and the division managers were deliberate in their efforts to acknowledge the difficulty of instituting major new practices and create a climate that allowed for trial and error, without fear of reprisal.

## Emerging Theory of Change



- Accurate and immediate identification of dual status youth by the Youth and Family Services (i.e., juvenile justice system) at the point of arrest/referral.
- Increased precision of assessment as related to the effects of trauma exposure.
- Coordinated or integrated case planning and supervision that is informed by assessment findings and enhanced understanding of organizational behaviors.
- Improved selection and utilization of resources resulting from integrated planning that is informed by assessments.
- Results in better outcomes in the lives of dual status youth achieved at a lower cost due to increased precision, communications, joint planning and supervision.

## **Family and Youth Engagement**

### **The OCDHHS's Focus on Family and Youth Engagement**

Focusing on families and engaging youth are not new to OCDHHS. Indeed, as the discussion above regarding the reason for taking on this Initiative indicated, doing so has long been a standard operating procedure. In particular, the following three areas of work indicate this longstanding focus on family and youth engagement.

1. **Boys & Girls Club of the Fox Cities:** The Boys and Girls Club has been a critical partner in providing outreach and diversion services aimed at reducing arrests. The Targeted Youth Outreach Program Coordinator is a member of the Outagamie County DMC Committee.
2. **Family Services of Northeast Wisconsin:** Family Services is a contracted provider that provides counseling and wraparound services for youth involved in the juvenile justice and child welfare systems through the FRST Program. The YFS division also contracts with Family Services to provide counseling and wraparound services to divert youth at risk of suspension or arrest at school. Program representatives also participate in the DMC Committee. The CYF Division contracts with Family Service's Parent Connection program, home visitor services for families in on-going child protection who need extra assistance in remaining intact as a family or need a higher level of services to reunify. Federal Promoting Safe and Stable Families dollars are used to support this partnership.
3. **Oneida Nation Social Services:** The YFS and CYF divisions work closely with Oneida Tribal Social Services to jointly serve Oneida Nation children, youth, and families involved in the juvenile justice and child welfare systems. YFS is currently exploring opportunities to collaborate with tribal law enforcement and Social Services staff as well as various other community members and elders to address the recent increase in gang activity and delinquency on the reservation.

### **Wisconsin's Trauma Project's Emphasis on Family and Youth Engagement**

As discussed above, OCDHHS was selected for participation in this trauma project because of its longstanding commitment to family and youth engagement as well its involvement in this Initiative. As previously mentioned, trauma-informed practice is an overarching approach that informs our two practice reforms. A critical part of the Wisconsin Trauma Project is inclusion of family and youth in the treatment process. The application described OCDHHS's focus on family engagement as follows:

Outagamie County DHHS recognizes and values client self-determination and looks to involve parents to the fullest extent possible in the planning of and participation in services for children and youth. If selected for participation in the Wisconsin Trauma

Project, we will seek participation from parents and youth in the planning and participation in project activities.

As mentioned previously, our Mental Health division is active in practicing person-centered planning and two of the supervisors are certified trainers. Our CCS program convenes a Coordinating Committee that requires at least 1/3 of committee participation from consumers. Both CYF and YFS division staff are being trained in the Positive Family Teaming model (see below). There is an expectation within the department that parents and families will be engaged in the treatment process. This expectation will carry over to project activities as well.

### **Family Group Conferencing as Improvement Framework<sup>5</sup>**

OCDHHS participated in a Wisconsin-sponsored Quality Service Review in January 2012. One of the critical outcomes of this process was the adoption of a “teaming” approach that focused on family engagement to improve outcomes for children. What emerged from this process was the “Outagamie County Positive Family Teaming Model,” the philosophy of which follows below:

*Positive Family Teaming promotes family involvement in their own change process by giving the family a voice and a role in case planning with “keeping their children safe” as the primary purpose. In addition to the family and the agency support systems, informal support systems are identified and invited to be an important part of the team. The informal support system may offer insight central to case planning and assist the family in maintaining change and provide long-term support beyond case closure.*

The framework below illustrates the unification of the various family and youth engagement practices summarized above.

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<sup>5</sup> *Safety, Fairness, Stability: Repositioning Juvenile Justice and Child Welfare to Engage Families and Communities*, Joan Pennell, Ph.D., et al., Center for Juvenile Justice Reform, Georgetown University, May 2011, p. 46, adapted





<b>Objectives</b>	<b>How Currently Practiced by OCDHHS Child Welfare and Juvenile Justice</b>	<b>Improvements Expected Through Three New Dual Status Youth Practices</b>
Cultural Safety	Juvenile Accountability. Safety Planning. Risk Assessment.	Improved accountability and safety planning through joint planning and monitoring.
Community Partnerships	Various linkages with community partners.	Improved linkages through coordinated case planning.
Family Leadership	Juvenile intake and case planning involving family. Positive Family Teaming.	Improved family leadership through Wisconsin Trauma Project training.
Inclusive Planning	Regular consultation across divisions and with community partners.	Improved consultation through formalized joint case planning processes.

## **Organizational Culture Change**

It is often necessary to transform the organizational culture in order to successfully reform programs and incorporate new practices and policies within a large organization. The need for transformative organizational change is amplified when the task is to bring two large organizations together to accomplish common goals. This section will describe how the Division Managers began to facilitate the necessary organizational changes with the assistance of the national and local consultants.

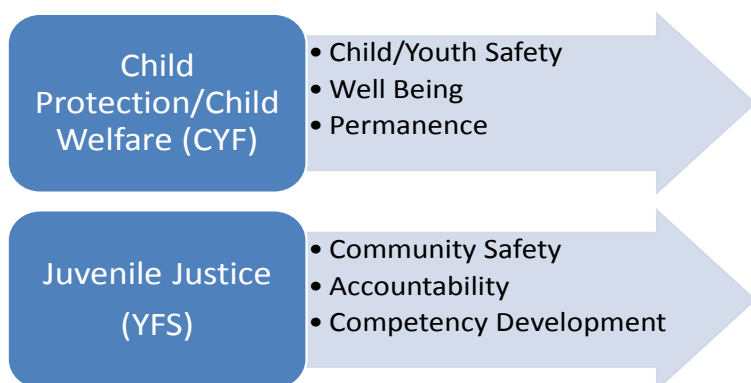
### **Historical Context**

Until 1996, juvenile justice and child protection services were administered within one division in Outagamie County. The Children, Youth, and Families Division served all children and youth who were in need of protection or services or who were delinquent or status offenders. Social workers within the division carried specialized caseloads addressing either child welfare or juvenile justice issues. While co-location allowed for more frequent opportunities for cooperation and communication, the critical operations and activities of child protection and juvenile justice were not conducted in a coordinated manner.

A gang related murder/suicide leaving four youths dead shocked Appleton and the surrounding communities in May, 1995. This tragic set of events led to a broad community response in schools, law enforcement and human services to address youth issues. The Outagamie County Board of Supervisors commissioned a study that ultimately recommended the establishment of a youth division. As a result, the Youth and Family Services Division (YFS) was formed in 1996. Youth involved in delinquency or status offenses were provided services under the new division, which was administered by the new YFS Division Manager. In 1997 YFS moved into their newly completed office building, co-locating Shelter Care, the YFS staff and administration, and various youth programs. While this move was greatly advantageous for the provision of services to youth, it created a physical obstacle in regard to collaboration between the Children, Youth, and Families Division charged with providing child protective services and the new Youth and Family Services Division charged with providing juvenile justice services.

Historically, YFS & CYF have operated on parallel tracks, sharing information on a limited basis, conducting separate assessments, case plans, meetings and hearings. This way of operating is depicted below.

## YFS & CYF on Parallel Tracks



The practice of operating child welfare and juvenile justice services on parallel tracks has exacerbated misunderstanding and tension between the two divisions in regard to decision making, policies, and procedures. Previous YFS and CYF division managers have focused on conflict resolution to mitigate these concerns. In cases where youth were dually involved in both systems, case assignment policies focused on establishing a “primary” case manager from either YFS or CYF dependent on the age of the child. This policy had limited utility in regard to cross-system coordination, often left families confused and frustrated, and only reinforced the parallel case planning approach. The longstanding differences between CYF and YFS had become an accepted way of doing business. Until the current reforms were undertaken, there had been no urgency to change those expectations.

### Unified Leadership and Building the Strategy for Change

By the fall of 2011, the CYF and YFS managers had begun to explore ways to use the DMC reform efforts of YFS and the lessons learned from the Organizational Effectiveness work occurring within the CYF Division to discuss strategies to improve the outcomes for children who were dually served by the two divisions. Data from the retrospective analysis performed by the DMC Consultant highlighted the need to address youth who had received child protective services and had subsequently become delinquent (see the “Target Population” section of this report for details about the retrospective analysis). Nearly two thirds of the youth studied had a history of child maltreatment.

This set the stage for the CYF and YFS division managers and the DMC Consultant to explore change strategies between the divisions. The need for improved collaboration and the development of joint outcomes was recognized by the managers early on, and these needs were shared with department administration and community stakeholders such as the Citizen Review Panel.

Using Kotter’s eight-step organizational change model (Kotter, John P., *Leading Change*, Harvard Business Review Press, 1996.), the following section will describe the process being

used by the YFS and CYF division managers to facilitate four change strategies. These strategies both led to and were shaped by the successful application for technical assistance through Models for Change. The four change strategies are: A) building a bridge between the CYF and YFS division cultures; B) developing common goals; C) jointly shaping new practice expectations; D) developing a shared organizational culture.

The caveat here is that what is described appears to be a linear process but is, in fact, fluid and dynamic. However, we hope it depicts with some clarity how, with the assistance of the consultants from the RFK Children's Action Corps and their newly formed National Resource Center for Juvenile Justice, the Outagamie County leadership team has begun to shift the organizational culture in order to support child welfare/juvenile justice system integration at the local level.

### **A) Building a Bridge Between Division Cultures**

The logical starting point in transforming organizational culture was to find a way to build a bridge connecting the separate organizational cultures of the two divisions. But, before that could be accomplished it was necessary to create urgency for change.

***Kotter's Step 1: Creating Urgency*** The first step in creating urgency for change involved sharing the data gathered through the retrospective analysis with department administrators as well as supervisors and staff from each division. The YFS and CYF managers used the data to build a case with the Department Director for the need for a more proactive approach. That, in turn, led to the application to participate in the Dual Status Youth Technical Assistance Project. In addition, the YFS manager and the DMC Consultant used the data in a presentation to the county Health and Human Services Board to introduce the concerns related to youth who were initially involved in the child protection system and have penetrated into the juvenile justice system, identifying abuse and neglect as a significant pathway that leads some youth into delinquency. These efforts helped to raise awareness of the issues related to dual status youth, and to frame the need to address the issues collaboratively.

In March of 2011, the Children Youth and Families Division had been experiencing a two-year surge in out of home care placements and began strategizing on how to efficiently deploy staff to meet the demands. An opportunity to participate in a statewide pilot from the Department of Children and Families presented itself and the division began its work with the American Public Human Services Association (APHSA). The effort involved seven days of intense training on "Organizational Effectiveness" training with a national trainer. The goal was to incorporate self-directed strategies to remove barriers to effective service provision.

This work led to the development of an infrastructure that recognized that assessing best practice meant evaluating the strengths and gaps in service delivery and to drilling down to the root causes of the problem. The work of a small dedicated OE team implemented a number of strategies to combat out of home placements including reorganization, improved service delivery and training. The Dual Status Youth Initiative technical assistance grant was a perfect opportunity to demonstrate the model, during which the following initiatives were undertaken that built on systems reform:

- Creation of a fifth supervisor position using the model and direct staff input to provide guidance and input.
- More direct supervision to child protective staff, foster care staff and support professionals.
- Developing a cultural shift within the management team that is supportive, trusting and willing to try new things.
- More effective management of workload that supports outcomes over case processing.

The message that “we have to do things differently” was beginning to resonate in CYF.

Setting the stage for change in YFS has presented a different set of challenges. By the fall of 2011 the division had already been in the middle stages of implementation of extensive practice improvement initiatives. Workers were still attempting to become proficient at using the Youth Assessment Screening Instrument (YASI, Orbis Partners, Inc.) that was introduced a couple of years earlier, and at developing detailed case plans that correspond with the assessment. In addition, there has been an on-going shift within the division to move from a case management model of supervision to a model where the supervising social workers more frequently provide direct interventions to build pro-social capacities in youth. Absorbing and assimilating another major change would be difficult for some, and the challenge would be to create a sense of urgency while at the same time to remain aware of the pace of change in the division. The task of the YFS manager and supervisors has been to assist the staff in seeing how the various improvement efforts fit together to compliment and support each other.

The partnership really began to take shape in December of 2012 when the CYF and YFS Managers attended the 7<sup>th</sup> Annual Models for Change Conference in Washington DC. It was the first time that a manager in child welfare at the department had the opportunity for such exposure to the arena of juvenile justice reform. For more than two decades this manager’s experience and expertise had been in the area of child advocacy through the lens of child protective services. So it was an eye opening experience to be surrounded by juvenile justice advocates.

The personal story of a young woman who was honored at the conference highlighted the barriers faced by young people who were abused and neglected and then entered the juvenile justice system. Her story reinforced the human element of this important work and the urgency to create a more effective system. After the conference, the managers re-told her story as well as the stories of many others to demonstrate the importance of addressing the needs of dual status youth.

***Kotter’s Step 2: Forming a Powerful Coalition*** The strong coalition between the CYF and YFS managers has been the core of the Outagamie County organizational culture change efforts, and it should be emphasized here that unity in leadership is the most critical asset necessary to undertake this type of reform. In order to successfully bridge the two division cultures, it was necessary for the managers to demonstrate consistent and unified leadership in highlighting the importance of working together to address the needs of dual status youth. Early in the change process, a strong coalition was formed between the YFS and CYF managers, modeling collegial attitudes and work relationships. The managers agreed to privately undertake the “difficult

discussions” involving differences in beliefs and practice between the two divisions, and to communicate one message about how those differences should be resolved. There was agreement between the managers to not mediate the differences or come up with solutions for them, but to jointly facilitate a process whereby the supervisors and staff from each division could begin to resolve their issues together and forge a new set of expectations about how the two divisions would interact more constructively. The role of the project consultant was also critical to the success of this coalition. His capacity to generate and present data and supporting research as well as his contributions to developing strategies to facilitate change have been key enhancements to the process.

## **B) Developing Common Goals**

After the first ties were established connecting the two divisions, the managers began to frame a discussion with staff and stakeholders about the establishment of actions that would involve CYF, YFS, and the community in establishing new practices to better serve this unique population. Building on the urgency created by emphasizing the adverse outcomes for dual status youth and the need to work together to interrupt the trajectory, they began to pursue the strategy of developing common goals.

***Kotter’s Step 3: Creating a Vision for Change:*** One of the first steps in creating a vision of joint purpose between the two divisions involved the YFS and CYF managers announcing together the acceptance of Outagamie County as a Models for Change project site. A joint presentation was held with both divisions outlining the issues related to dual status youth and establishing a vision of service where the two divisions work jointly to help produce improved outcomes for well-being, safety, reduced recidivism and reduction in out of home care. The managers emphasized that Outagamie County was chosen because of the existing strengths of our child welfare and juvenile justice systems, emphasizing the compassion and expertise of the staff in both divisions and, at the same time, proposing that greater collaboration could lead to even greater outcomes for our children and youth.

A similar message outlining the adverse outcomes for dual status youth and describing a vision for integration between juvenile justice and child welfare was delivered to a broader group of stakeholders at the community kickoff presentation by the RFK Consultants. The event, held on August 14, 2012, was attended by judges, school personnel, law enforcement, community providers, the County Executive, department administrators, county board members, staff from both divisions, and members of the media. It served to raise awareness and to emphasize the need for shared goals, and it lent credibility to the vision statements previously shared by the managers.

The first formal activity of the initiative was the establishment of an Executive Steering Committee. Community partners were chosen because of their leadership and demonstrated commitment to children and youth. The Executive Steering Committee has played a critical role in shaping the direction of the project and in shaping the path of system integration and culture change. Prevention and early intervention was expressed as a strong priority at the first committee meeting. This is reflective of strong community standards in Outagamie County that support a proactive approach to addressing the concerns of children and youth.

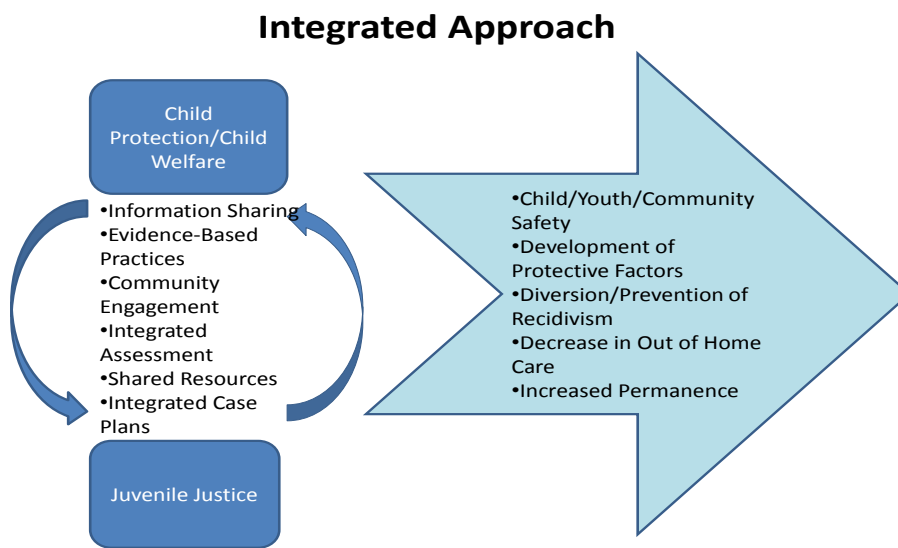
### C) Jointly Shaping New Expectations

These discussions were critical in establishing and communicating a vision for the pursuit of shared goals aimed at improving outcomes for youth. However, the concept for how the vision should be organized and defined was still not well developed. New expectations had to be defined with the clarity necessary to allow for successful culture change to take root. In order to begin to shape new expectations, the division managers began to bring supervisors and direct service staff from both divisions together. The purpose was two-fold: to begin the process of “letting go of the old”, encouraging the abandonment of historical feelings and expectations about how the divisions should interact; and to enlist a cadre of early adopters in shaping the change process and in helping to create buy-in for “embracing the new”.

The Mapping Subcommittee proved to be an excellent forum for shaping new expectations, enhancing relationships, and forging better communication. Throughout the process of outlining practices around each decision point, opportunities arose to challenge the current assumptions and to promote alternative practices that, when pursued jointly, could produce better outcomes for youth. These discussions proved to be an important exercise in the identification of program improvements. Some of these improvements would be taken up by the Protocol Development Subcommittees at a later time.

#### ***Kotter’s Step 4: Communicating the Vision***

From the various discussions occurring within the Mapping Subcommittee, the Executive Steering Committee and among the core leadership team, a new framework for collaboration and the pursuit of shared outcomes was beginning to emerge, drawing on the recognition that best practice required a coordinated response between the two divisions. It involves a collegial approach, sharing the expertise and resources of both the CPS and juvenile justice systems to engage families in a change process that recognizes the mandated objectives of safety, child well-being, and community protection, but also values and pursues broader objectives related to improving the long-term outcomes for youth. This integrated approach is illustrated below.



The new practice framework emphasizes collaborative problem solving over sequential case processing. In cases where a family is dually served by both divisions, case decisions are to be made jointly and in partnership with the family. Case closing decisions are to be made by consensus and passing of responsibility from one division to the other is discouraged. The focus is on improved outcomes for youth and their families versus simply satisfying the conditions of a court order.

### ***Kotter's Step 5: Removing Obstacles***

While these concepts were not new to the staff of either division, implementation was occasional at best and was not systematically supported by the leadership. Formal recognition and assertion of this collaborative model as a value shared by both Division Managers was a significant step forward. However, there was a lot of work to be done in order to assimilate this model into the organizational culture and put it into practice. The next step would involve the correction of some beliefs and perceptions that permeated the work environment and to begin to align the leadership teams in both divisions to support the model.

The first corrective reframe involved the perception of workloads. It is certainly true that increased caseloads and the rigors of complying with state and federal standards have impacted the direct service and supervision staff in CYF. However, data on the target population youth indicates that more than half spent fewer than 5 months in the child welfare system before being opened in YFS. This may indicate a high incidence of early case closures (perhaps due to unsubstantiation) for these youth, and may point to an opportunity to provide proactive and collaborative work earlier in the life span of the case. This in turn will save time due to a reduction in re-referrals for subsequent abuse and neglect, eliminating the need to repeatedly investigate, screen, and formally document findings.

Next, the managers needed to be explicit in giving permission for and in creating expectations that supervisors would consult, problem solve, and collaborate across the two divisions. A new supervisor culture needed to be developed that would include more open and more frequent communication. Education of the scope, mission, and limitations of each division would need to be discussed among the supervisors in order to promote greater understanding. Further, a collegial culture needed to be established that would promote asking questions (even when it is difficult to do so), encourage objectivity, and discourage blaming, defensiveness, and generalizations. To promote this, the managers began to hold monthly joint supervisor meetings involving both divisions.

### ***Kotter's Step 6: Creating Short-term Wins***

The next phase of the work involved the development of new practices that could be operationally defined and consistently replicated. The early adopters from each division were again called upon, this time to develop the Protocol Subcommittees. The specific problems to be addressed were identified in the mapping process. After some initial facilitation by the CYF Manager to specifically define the problems to be addressed (using organizational effectiveness tools introduced to CYF through their OE implementation project), direct service staff and supervisors from each division were assigned as co-chairs of three protocol development workgroups. (See the protocol development section of the manual for details about the protocols). What is important to note here is that the role of the Division Managers involved



facilitation, but the supervisors and staff were responsible for collaboratively solving the problems and developing protocol. This approach was a key to establishing ownership and buy-in from staff from both divisions. With surprising speed and clarity, the work groups developed collaborative solutions for some historically difficult and thorny issues that have challenged the divisions. Further, some of the work group participants offered to take additional on-call responsibilities in order to pilot the protocols. This was a strong indication of the commitment and ownership that the process produced.

### ***Kotter's Step 7: Building on the Change***

Steps 1 through 6 above describe the work as it has progressed as of this writing. While an organizational change process is in progress, the new culture is still emerging. There are a number of elements that need continued attention including some processes that need to be refined and assimilated into a formal way of doing business within the divisions. They include:

- ***Trust:*** We must continue to build on the early successes in promoting trust among the supervisors to see each other as a cohort group that extends beyond the boundaries of their respective divisions. The more they perceive each other as resources, the faster the culture change efforts will progress.
- ***Data-driven decisions:*** The managers will establish and maintain an expectation that practices will be established through a data-driven process that focuses on outcomes for youth and families. This will serve as a key step in preventing drift back to the status quo.
- ***Critical aim:*** YFS and CYF will engage in joint strategic planning with the aim of identifying and addressing key objectives to advance our collaborative partnership and improve our effectiveness.
- ***Trauma-informed care:*** The divisions will jointly explore the lessons learned through participation in the Wisconsin Trauma Project and, in partnership with the Mental Health Division, develop collaborative practices to establish a trauma informed system of care. The Wisconsin Trauma Project will be described in detail in another section of the manual.

### **Developing a Shared Organizational Culture**

The strategies and steps outlined above have set a solid foundation for the development of a shared organizational culture for the YFS and CYF divisions. With continued diligence and deliberate expansion of the vision, Outagamie County is well on its way to establishing a comprehensive and outcome-focused system that collaboratively serves the needs of children, youth, and their families who have had involvement or are currently involved in both the child protection and juvenile justice systems.

### ***Kotter's Step 8: Anchoring the Changes in the Culture***

A number of elements need to be addressed in order to anchor these changes into an organizational culture that is shared by the two divisions. They include:

- ***Continuous protocol improvements:*** A system of continuous quality improvement needs to be extended to the development, implementation, and evaluation of

protocols. We must recognize that our practice exists within a dynamic system and adjust accordingly.

- ***Identify new issues and protocols:*** Likewise, new protocols will need to be developed as we apply greater understanding and critical aim. Service delivery needs to be responsive and driven by client need.
- ***Maintain improved information sharing:*** We must find ways to improve our capability to share information between the two divisions. This endeavor could involve a more expansive organizational change process involving agency administration and legal counsel, or, perhaps, a reorganization of the division structure.
- ***Improved data collection and outcome measures:*** We must continue to improve our capability to collect and report data to be used for further analysis and to measure outcomes.
- ***Joint Supervisors Meetings:*** The Division Managers must continue to lead the joint supervisors meetings until there is an established culture and expectation for collaboration that is encouraged, enforced, and maintained among the supervisors. At that point, the supervisors should lead their own joint meetings.

### **Enhancement of Existing Collaborative Culture**

At the present time, the most pronounced enhancement of OCDHHS's existing collaborative culture is the establishment of meetings involving supervisors of both divisions. Also, the Executive Steering Committee represents enhanced collaboration at the local and state policy level that is likely to continue.

### **Training in Support of Implementing Practice Reforms**

At the present time, training needs for fully institutionalizing the practice reforms is being considered. Already in place is training through the previously discussed Wisconsin Trauma Project. It should be noted that this training will also enhance our collaborative culture because it involves professionals from multiple county agencies.

## Summary and Conclusion

### Next Steps, Timelines, Work to be Done

The Division Managers convened a joint supervisors meeting in November 2013 to consider initial progress and future steps. This session was convened to coincide with a visit from one of the RFK Children's Action Corps consultants. The following next steps and work to be done were discussed:

- Consider expanding the new practices beyond the target population. This consideration was discussed with caution as everyone recognized the need to carefully track and evaluate initial efforts before such expansion.
- Based on experiences thus far with the new practices, Workers are becoming aware of new opportunities to integrate the work of the two divisions. These emerging new efficiencies have prompted some to consider developing new flow charts and viewing the same as works in progress, thereby remaining open to continuous improvement.
- Continue pressing forward to address barriers to optimal information-sharing and the development of a formal information-sharing agreement.
- Make minor enhancements to the new practice protocols that have already been identified (e.g., coverage when a worker is out; better way to follow up on a fax, making sure notifications are made to appropriate professionals when there are client disclosures, etc.).
- Develop an easy-to-use data collection process that will allow for ongoing evaluation. As this will involve developing codes within the existing data system, engage OCDHHS MIS staff in this process.
- Begin discussions about the feasibility of an ongoing role for the Executive Steering Committee.
- Revisit our resource assessment in light of initial impressions (based on the trauma training currently underway) that a trauma protocol along with well-trained practitioners are likely to lead to the need for knowledge of and development of resources to support trauma-informed interventions.
- Examine ways in which these reform efforts will be sustained as staff changes, including the possibility of a “refresher schedule,” such as a regular cross-systems training/review.
- Consider the possibility of developing a Work Group focused on improvements in the court process going forward.

“As we began seeing success with the target population cases, we felt in some ways that it would be unethical to not offer the same approach to other children and youth.”

(Sherri DeWilde, supervisor responds when asked what prompted considerations to begin expanding the new practices beyond the target population.)

## **Preliminary Evaluation Design and Results**

Development of a preliminary evaluation design is underway, with much work yet to be done. OCDHHS contracted with a consultant whose duties included facilitation of efforts to develop an evaluation design. The focus is likely to be on “implementation evaluation,” inasmuch as the data systems currently in place will, with proper new coding, allow tracking of service and client outcomes.

In terms of implementation evaluation, the initial and limited focus is likely to be on the extent and quality of changes in casework operations. The consultant has developed a preliminary framework that will inform this effort, but is not likely to be the final design, as follows below.

### **Multi-Systems Reform Initiative Dual Status Youth New Practices Tracking Tools**

The forms below are provided as draft samples that can be utilized to develop more useful and user-friendly tools and processes for tracking new practices. The goal is to systematically gather pertinent information as well as track implementation with sufficient detail to pinpoint:

- what’s working;
- what’s not working;
- what modifications may be needed; and
- what are the improvements in relation to “what was previously done.”

The sample tools that follow are based only on the Coordinated Case Planning Protocol new practice in order to provide an initial concrete illustration of what’s possible. A set of tools would be required to be completed for each case.

Once final tools are developed, they can be set up for all three practices and future ones. Note that it may be possible to utilize a computer-assisted tracking process that would allow reports to be easily generated.

What is not provided in this material is “the how,” that is, exactly who will gather and enter the information needed for tracking. It may be useful to consider one person (e.g., a supervisor) who initiates contact to “check in” and get the information. Or, a regular “new practices review meeting” could be used to fill out the information, though this might be more subject to errors. Other approaches may be possible.

## Coordinated Case Planning Protocol Deliverables

Steps	Deliverables	Start Date	End Date	Delivered By
4	Package of information acquired at intake and initial decision-making stage.			
6	Documentation of past CYF involvement.			
7	Documentation of current CYF involvement.			
8	Intake inquiry notification.			
10	DPA			
10	Petition			
14	Collaborative Case Plan.			
15	Home visit summary.			
16	Team meeting summary.			
17	Case closure documentation.			

## Response Action Item Log for Coordinated Case Planning

Step	Action Required	By Whom	Date Reported	Role	Target Date	Status	Comments
1	Referral received.						
2	SACWIS checked.						
4	Assess and close.						
5	Contact CYF.						
6	Review.						
7	Worker in other county.						
8	Schedule intake inquiry.						
9	Conduct intake.						
10	Decision.						
11	CYF continue. YFS closes						
12	DPA. Copy to CYF worker.						
13	Petition. Team mtg agenda.						
14	Collaborative Case Plan.						
15	Home visits.						
16	Team meetings.						
17	Case closure.						

## Coordinated Case Planning New Practice Outcome Worksheet\*

Response Goals	Outcome Questions	
1.	What will change?	
	For whom?	
	By how much?	
	When will the change occur?	
	How will it be measured?	
2.	What will change?	
	For whom?	
	By how much?	
	When will the change occur?	
	How will it be measured?	
3.	What will change?	
	For whom?	
	By how much?	
	When will the change occur?	
	How will it be measured?	

### Challenges and Success Factors

The discussion above on organizational culture change aptly captures the challenges of this undertaking. Likewise, it covers factors that contribute to success. In addition, provided below is a presentation of project success factors that were found to be quite relevant to our work.

## Project Implementation Critical Success Factors<sup>6</sup>

Success Factors	OCDHHS Dual Status Youth Initiative
<b>Communicate the goals of the initiative, the technical assistance process, and reason for OCDHHS's involvement to partners and key stakeholders.</b>	<ul style="list-style-type: none"> <li>• The Kick-Off Event.</li> <li>• Multiple presentations by the Division Managers to key stakeholders.</li> <li>• Executive Steering Committee.</li> </ul>
<b>Enlisting, facilitating, and supporting the involvement of policy-level CEOs and other key decision makers.</b>	<ul style="list-style-type: none"> <li>• Executive Steering Committee.</li> <li>• Meetings and phone consultations with individual CEOs and key decision makers.</li> <li>• Distributing detailed and accurate meeting minutes to key decision makers.</li> </ul>
<b>Monitoring timeline and schedule for activities.</b>	<ul style="list-style-type: none"> <li>• Regular management meetings of the Division Managers.</li> <li>• Periodic strategy sessions of Division Managers with local consultant.</li> <li>• Regular review and planning conference calls with RFK Consultants.</li> <li>• Establishment of Work Group Chairs to ensure timely progress of activities.</li> </ul>
<b>Regular consultation with partners regarding progress and problems.</b>	<ul style="list-style-type: none"> <li>• Addressed through regularly scheduled meetings of Work Groups and Executive Steering Committee.</li> <li>• Included efforts by Division Managers to set up special meetings/discussions to address problems.</li> </ul>
<b>Ensuring that critical technical tasks associated with the plan of activities are carried out.</b>	<ul style="list-style-type: none"> <li>• Enlisted the assistance of a consultant for areas such as writing Site Manual, facilitating Work Groups, trouble-shooting, etc.</li> <li>• Assignment of technical roles to staff with demonstrated ability in the relevant area.</li> </ul>
<b>Making the case to partners and other key stakeholders regarding priorities and their supporting role.</b>	<ul style="list-style-type: none"> <li>• Primarily through the Executive Steering Committee.</li> </ul>
<b>Trouble-shooting and addressing unexpected crisis and barriers.</b>	<ul style="list-style-type: none"> <li>• Strong support and assistance from OCDHHS's Director and Deputy Director.</li> <li>• Handled by Division Managers and Consultant as the need arose.</li> </ul>
<b>Facilitating interagency agreements to support ongoing execution of the new practices.</b>	<ul style="list-style-type: none"> <li>• Addressed as part of future steps, or "the vision of the future."</li> </ul>
<b>Ensuring effective feedback and evaluation data/information to track progress toward outcomes.</b>	<ul style="list-style-type: none"> <li>• Executive Steering Committee meetings utilized as a venue for feedback.</li> <li>• Division Managers attended Work Group meetings to get feedback from involved staff.</li> <li>• Joint Supervisors Meetings served as significant feedback mechanism.</li> </ul>

<sup>6</sup> Slevin and Pinto, 1987, adapted



## Envisioning the Future

The future envisioned as a result of this initiative is one in which the two new practices and the overarching emphasis on trauma-informed care are well-established, routine ways of doing business and, as a result, new innovations are developed as part of a culture of continuous improvement. This vision is not only about process. It is also about outcomes. Specifically, with such a process in place, our vision is that OCDHHS will achieve measurable outcomes in lives of or on behalf of dual status youth in the following area:

1. Decrease in youths' negative/unhealthy behaviors.
2. Increase in youths' positive/healthy behaviors.
3. Improved connections among youth's family members.
4. Improved preparation for adulthood.
5. Community engagement.
6. Reduced recidivism.
7. Reduced length of stay in placement.
8. Improved multi-system collaboration.
9. Increased ability to identify dual status youth.

By establishing specific measures (e.g., reduction in truancy) and data indicators (e.g., school attendance records) for each outcome areas listed below are key elements to our future success.

At the July 2013 Executive Steering Committee meeting discussion centered on the list of above outcomes with a consensus exercise conducted to encapsulate the final four outcomes with measures:

<b>Outcome</b>	<b>Indicator</b>
Improved Educational Performance	School attendance
Reduced Recidivism	No new referrals to YFS in last 9 months
Increase in Pro-social connections	Youth connected not just referred to one or more programs
Strengthening Families	No new referrals to CYF while youth involved

# APPENDIX

## Work Plan Reflective of Activities in the Logic Model

(This tool was provided by the RFK Consultants to use in both planning and tracking work)



*Juvenile Justice & Child Welfare System Coordination & Integration:  
A Technical Assistance Framework for Improved Outcomes*

### WORK PLAN & ANALYSIS

This document is offered as a template for identifying the current status and tracking of progress in priority practice areas targeted for reform within this initiative. In each practice area, it is meant to provide participating jurisdictions with a dynamic opportunity to identify current strengths, assess weaknesses or challenges, detail time lines and progress, and clarify responsibility for tasks and activities that permit advances toward the goals for reform in each key area. The template lays out a set of priority practices that have been identified through a history of field experiences working with crossover or dually involved youth that will require ongoing examination and analysis during the work of each participating jurisdiction. It is important to note that there may be other desired practice changes uniquely identified within participating sites and the template provides space for inclusion of those key areas. This template is designed as a working tool to develop critical policies, procedures and protocols within the *Juvenile Justice & Child Welfare System Coordination & Integration: A Technical Assistance Framework for Improved Outcomes* initiative.

#### **Define Target Population(s):**

**Youth of any age (under 17 for delinquency) who are referred to Juvenile Intake for Delinquency or JIPS for the first time who have had some Child Protective/Child Welfare involvement in Wisconsin that includes a "screened in" case. CPS/CW involvement is not limited to only those cases involving a substantiation for abuse or neglect.**

<b>Mobilization / Structural Foundation</b>			
Current Status of the Practice	Plan for Action (Tasks & Activities)	Time Lines & Person(s) Responsible	Challenges / Progress
<b>1. Mobilization: Have you developed and formalized a leadership and governance structure that includes necessary stakeholders for the management and oversight of this initiative?</b>			
Yes. See attached list.	Both Division Managers develop an initial list and reviewed it with key individuals. Invitations offered in both writing and by phone, with a summary of the project and synopsis of responsibilities.	(Completed)	Essentially all individuals invited accepted. In order to include others in less demanding role, an “advisory group” was also established.
<b>2. Data Collection: Have you developed a means by which you can identify the prevalence of the target population(s)?</b>			
<b>Have you identified the questions about crossover or dually involved youth, sources of data, and the mechanism(s) for ongoing data collection to support performance measurement (i.e., data sharing agreements, protocols)?</b>			
<ol style="list-style-type: none"> <li>1. Target population data is being collected and submitted to Dr. Herz.</li> <li>2. Data is being compiled around questions generated by the Executive Committee to develop a descriptive profile of Target Population youth.</li> <li>3. Current practice of information sharing is dictated by internal policy according to State Statute in each discipline (WI Chapter 48, 938, 51, 34, &amp; 118).</li> </ol>	<ul style="list-style-type: none"> <li>• Method for on-going data collection needs to be identified for the following proposed outcomes: a) Reduced Recidivism. b) Increased educ. Performance. c) Inc. pro-social bonding. d) Decreased trauma symptoms. e) Decreased out of home placements. f) Increased behavioral health g) Increase family functioning. h) Increased permanency.</li> <li>• A department attorney (Corporation Counsel) has been appointed to develop an internal information sharing agreement regarding this</li> </ul>	Workgroup established that meets monthly-	Initial complications with difference in voluntary vs. legal CPS involvement. YFS uses TCM & CYF uses statewide e-Wisacwis. Very tight, strict interpretation of confidentiality policy has prevented coordinated service plans.

	project.		
<b>3. Have you collaboratively conducted a mapping exercise to identify each of the key decision points that will impact the target population?</b>			
Yes. See attached maps.	<ul style="list-style-type: none"> <li>• Conduct multiple sessions as needed with staff from key agencies to review and update existing maps of decision points and case flow.</li> <li>• Staff educate one another about each other’s internal decision making processes.</li> <li>• Develop final decision and case flow maps.</li> <li>• Implement 3 initial practice improvements (see questions 8, 10 &amp; 14)</li> </ul>	(Completed.)	<ul style="list-style-type: none"> <li>• Primary challenge was staff time required to engage in this intensive process.</li> <li>• Key aspect of progress was that candid discussion of challenges set in motion the process of identifying specific practice improvements.</li> </ul>
<b>4. Have you compiled an inventory of screening &amp; assessment tools utilized in current practice in the juvenile justice, child welfare systems (including also the education &amp; behavioral health areas)?</b>			
Yes. See attached.	<ul style="list-style-type: none"> <li>• Through a facilitated group “brainstorming” process, develop an inventory of resources and assessments known to be in use.</li> <li>• Utilized limited outreach to other agencies (e.g., school system, police dept.) to identify assessments being utilized.</li> </ul>	Resources and Assessment Subcommittee	<ul style="list-style-type: none"> <li>• Inventories developed.</li> <li>• Realized also that in addition to having an inventory of resources, useful information would also include in-depth knowledge about the resources, or resource assessment.</li> </ul>

<b>5. Have you compiled an inventory of resources utilized in current practice in the juvenile justice, child welfare (including also the education &amp; behavioral health) areas and identified the gaps in resources needed to address crossover or dually involved youth?</b>			
Yes. See attached.	<ul style="list-style-type: none"> <li>• Conduct case analysis to determine if resources &amp; services are adequately meeting case needs.</li> <li>• Base case analysis on three elements of examination, including intensity, duration, and frequency of the services (e.g., not only “what the services are,” but also “what they do” and “how well they do it.”)</li> </ul>	Local Consultant will conduct by 7/1/13.	After initial plans to begin this study, decision to wait until specific new practices are determined and service/resource needs can be more accurately identified (as opposed to examining services in a random way). For example, now we know that sufficient service intensity to address trauma exposure needs to be part of the analysis.
<b>6. Have you conducted a legal and policy analysis to highlight the legal mandates, current policies &amp; court processes that serve as supports or barriers to systems integration?</b>			
Analysis of court processes is pending.	<ul style="list-style-type: none"> <li>• See Question # 15.</li> <li>• Consult with Corporation Council to examine information-sharing policies the prohibit access of staff to information the other division has.</li> </ul>	Judge Prosecutor Corporation Counsel	Moving slowly in this area in order to narrow down and pinpoint specific changes that may be needed, as dictated by the new practices. Rather than a broad legal and policy review.
<b>7. Have you conducted an examination of information sharing policies and practices and put In place the same to support the handling of crossover and dually involved youth?</b>			
<ol style="list-style-type: none"> <li>1. Changes to FERPA are being discussed.</li> <li>2. Participation by Appleton Schools in Information Sharing Portal Pilot w/ DCF &amp; DPI is in early stages.</li> <li>3. Corporation Counsel is reviewing</li> </ol>	<ul style="list-style-type: none"> <li>• Designate 2-3 staff from CYF to participate in pilot DCF School IS Portal.</li> <li>• Inform staff of current</li> <li>• Ch 118/FERPA laws that restrict information sharing</li> </ul>		Current workgroups absorbed in developing new practices internally. Time intensive. Need for clerical support to document the mapping process

laws & policies related to information sharing.	(IS) between school system & HHS <ul style="list-style-type: none"> <li>• Conduct a mapping exercise with the Appleton School District.</li> </ul>		Limited Corporation Counsel time.
<b>Priority Practice Areas</b>			
Current Status of the Practice	Plan for Action (Tasks & Activities)	Time Lines & Person(s) Responsible	Challenges / Progress
<b>8. At the point a youth crosses over from child welfare to juvenile justice, is there a method by which notification to the child welfare system is routinely established?</b>			
<p>1. Protocol is being developed for coordinated case planning and will be ready for implementation by 4/1/13 for youth that fit the target population.</p> <p>2. Protocol is being developed to address joint safety assessments and custody decision making in situations where there is an allegation of sexual assault by a youth and where the alleged offender and victim share a common caregiver.</p>	<ul style="list-style-type: none"> <li>• Meeting to roll out practice implementation with all staff on 3-15-13.</li> <li>• Set up meeting with supervisors from both divisions to ensure consistent implementation.</li> <li>• Develop practice implementation for all dually involved youth</li> </ul>	April 1 2013	<ul style="list-style-type: none"> <li>• Ensure fidelity to coordinated planning between divisions</li> <li>• Develop process to mediate differences</li> </ul>
<b>9. Are the social workers and juvenile justice/court officers expected to communicate within a prescribed time period to initiate the proper exchange of case history information?</b>			

This expectation will be addressed under 8.1 and 8.2 above.			
<b>10. Are there procedures in place to ensure active consideration of diversion opportunities at key decision points in the process?</b>			
This will be addressed under the protocol for 8.1 above			
<b>11. Are Family/Multi-Disciplinary Meetings used to ensure active engagement of all person's (youth &amp; family) and agencies serving dually involved youth?</b>  <b>Are there identified points throughout the active case involvement that specialized case planning meetings or processes are conducted to ensure the ongoing agency and youth/family collaboration?</b>			
<ol style="list-style-type: none"> <li>1. This will be addressed under the protocol for 8.1 above.</li> <li>2. The CYF division has developed a new family teaming method to engage families.</li> </ol>	<ul style="list-style-type: none"> <li>• Need to further develop court coordinated planning</li> <li>• CYF staff trained March/April in Positive Family Teaming model</li> </ul>		
<b>12. Are consolidated/joint assessments of the family &amp; youth being conducted?</b>			
Yes.	Collaborative Case Planning Protocol was developed & finalized steps for joint assessment are outlined in the	Implementation began in April, 2013	<ul style="list-style-type: none"> <li>• Monitoring compliance with the</li> </ul>



	protocol.		<p>protocol</p> <ul style="list-style-type: none"> <li>• Continuous evaluation &amp; improvement of the protocol.</li> </ul>
<b>13. Have you developed integrated case plans between social workers and juvenile justice officers for court disposition, implementation, and collaborative oversight?</b>			
Yes. See #12.			
<b>14. Do you have formal policies, procedures and protocols in place that guide the institutionalized practice for dually involved youth?</b>			
Two protocols have been developed and implemented and we have greatly expanded our scope in addressing traumatic stress.	<ol style="list-style-type: none"> <li>1. Continue to refine current protocols.</li> <li>2. Develop new protocols as needed.</li> <li>3. Continue progress in our development of trauma informed practice through the Wisconsin Trauma Project.</li> </ol>	<p>1 &amp; 2: On-going &amp; continuous improvement.</p> <p>3: Wisconsin trauma Project will continue through August 2014. On-going &amp; continuous improvement after project completion.</p>	

15. Do you utilize either of the following models for coordination of court processes: - Dedicated docket      - One-family/one judge model      - JJ and CW systems pre-court conferences?			
We are in the process of exploring a dedicated docket with Branch VII.	Meet with Clerk of Courts, DA's office, the Court, and Public Defenders to establish procedures.	By the end of March 2014.	
16. Have you developed a plan and/or curriculum for training of all staff involved in the handling of dually involved youth?			
There has been on-going training on protocol implementation, trauma screening, & trauma informed care. This will need to continue as protocols are refined and new protocols are developed. Tier 3 of the Wisconsin Trauma Project will involve extensive trauma training for department staff, partners, and stakeholders.	Convene workgroups as needed for protocol development & improvement, Tier 3 planning subcommittee needs to convene to begin Tier 3 development.	Tier 3 subcommittee to convene by 1/31/14.	

## **OJJDP-MacArthur Project**

### 12 Month Agenda for Sites

#### Site Preparation Activities – accomplished in part with application and solidified after site selection

Read *Guidebook for Juvenile Justice & Child Welfare System Coordination and Integration*; read the *Symposium Paper*

Determine lead agency and establish administrative framework for handling project (meeting arrangements, conference calling capacity, record keeping, etc.)

Publish the initiation of the project within agencies and to key constituents in the community (using template project description)

Identify and invite members for participation in Executive Steering Committee

Identify other stakeholders who will be invited to the project kick-off meeting

Develop an initial scan or report on incidence and characteristics of dually involved youth

#### Month 1

2 RFK consultants provide on-site technical assistance

Kick-off meeting held to orient a broad stakeholder group along with Executive Steering Committee and key agency personnel (2 hours)

Executive Steering Committee Meeting (1/2 day meeting)

Identify goals and objectives of the initiative

Identify universe of issues for review (data collection, resources, legal, political, etc.)

Identify target population, desired child and system outcomes

Identify potential barriers to completion of the initiative

Identify individuals to provide subject matter expertise to assist in the identification of expected outcomes and analysis (i.e. recommendations for reform or policy changes)

Identify subcommittee structure, membership, and leadership (co-chairs and recorders)

Formalize governance

Identify the persons responsible for documenting the process of the site's work, all of the committees' analyses, and development of products, all aimed toward the production of the site-specific manual

Introduce the Work Plan with the structural foundation and the Priority Practice Areas

Detail the process and timeline for completion of the work

Data consultant receives definition of the target population and instructs the site on the collection of data as to demographics and other characteristics

#### Month 2

2 RFK consultants provide on-site technical assistance

Executive Steering Committee meets with consultants

Confirm the priority practice areas

Reviews target population data

Reviews Work Plan in relation to subcommittee formation and assigns the work to the subcommittees and/or individuals

Reviews progress on the development of leadership, relationships, governance, and any issues regarding the progress of the initiative in relation to the activity initiated in the previous month and the Work Plan

Subcommittees meet with consultants

Provide direction through descriptions of subcommittees  
Identify issues for review corresponding to the Work Plan  
Establish responsibilities for completion of the Work Plan activities  
Begin analysis of the issues and assign work for the month  
Data subcommittee  
examines collection of data on the target population and forwards it to data consultant  
identifies means by which kids are going to be identified across systems  
initiates development of data sharing agreements  
develops corresponding protocols  
Brief meeting of subcommittee chairs with RFK consultants  
Data and evaluation consultant  
Advises local data staff on data collection methods and use of a prescribed template  
Shares the key outcomes for the priority practice areas  
Advises on means by which data sets and data points can be collected  
Establishes schedule of follow up phone consultation

### Month 3

2 RFK consultants conduct conference call with Executive Committee and co-chairs of subcommittees  
Executive Steering Committee  
Review reports from subcommittees  
Review goals and objectives of initiative and timelines in relation to the Work Plan; update Work Plan  
Identify any newly surfaced barriers to completion of initiative  
Check on documentation efforts toward completion of site-specific manual  
Subcommittees meet  
Review analyses and progress to date in accordance with the Work Plan  
Identify particular data needs for the further development of the Structural Foundation  
Make assignments for the next month including work on the development of the Priority Practice Areas  
Data and evaluation consultant conducts call with local data staff/subcommittee

### Month 4

2 RFK consultants conduct conference call with Executive Steering Committee and co-chairs of subcommittees  
Subcommittees meet to review their analyses of identified issues in accordance with the Work Plan and make assignments for next month  
Executive Steering Committee meets  
Reviews reports from subcommittees  
Establishes additional direction for completion of the Work Plan  
Check on documentation efforts toward completion of site-specific manual

### Month 5

2 RFK consultants provide on-site technical assistance  
CJJR consultant joins RFK consultants to share gains from the CYPM multi-site findings to inform the development of high quality and replicable reforms  
Subcommittees meet with consultants  
Present their completed analyses and products from the Mobilization and Structural Foundation of the Work Plan  
Present their progress on the development of the Priority Practice Areas  
Executive Steering Committee meets with consultants

Review subcommittee reports and plan for any further development of the Structural Foundation  
Review progress of site-specific manual  
Discuss progress on Priority Practice Area development  
Develop direction for the subcommittees' next steps  
Data and evaluation consultant conducts call with local data staff/subcommittee

#### Month 6

2 RFK consultants conduct conference call with Executive Steering Committee and co-chairs of subcommittees  
Subcommittees meet to review all their products from the Work Plan and determine what remains to be put in place to begin implementing their Priority Practice Areas  
Executive Steering Committee meets  
Reviews reports from subcommittees  
Establishes direction for implementation of the Priority Practice Area reforms  
Plans the training for implementation of Priority Practice Area reforms  
Review progress of site-specific manual

#### Month 7

2 RFK consultants provide on-site technical assistance  
Training for Priority Practice Area reforms takes place  
Implementation of Priority Practice Area reforms begins  
Subcommittees meet with consultants  
Review the Work Plan products and the start up of the Priority Practice Area reforms  
Identify potential problems and provide appropriate adjustments to the implementation of Priority Practice Area reforms  
Executive Steering Committee meets with consultants  
Reviews subcommittee reports on all Work Plan activities and products  
Review progress of site-specific manual  
Develops additional direction for subcommittees' next steps  
Data and evaluation consultant conducts call with local data staff/subcommittee

#### Month 8

2 RFK consultants conduct conference call with Executive Steering Committee and co-chairs of subcommittees  
Subcommittees meet  
Review progress of the Priority Practice Area reforms and operation of the products that form the Structural Foundation of the reforms  
Develop their sections of the site-specific manual  
Executive Steering Committee meets  
Reviews reports from subcommittees  
Analyzes the implementation of the Priority Practice Area reforms and the Structural Foundation and provides any needed consolidation or additional direction  
Review progress on site-specific manual

#### Month 9

2 RFK consultants conduct conference call with Executive Committee and co-chairs of subcommittees

Subcommittees meet

Review progress of the Priority Practice Area reforms and operation of the products that form the Structural Foundation of the reforms

Develop their sections of the site-specific manual

Executive Steering Committee meets

Review progress of the Priority Practice Area reforms and operation of the products that form the Structural Foundation of the reforms

Develops plan and assignments for completion of the site-specific manual

Data and evaluation consultant conducts call with local data staff/subcommittee

## Month 10

2 RFK consultants provide on-site technical assistance

Subcommittees meet with consultants

Review progress of the Priority Practice Area reforms and operation of the products that form the Structural Foundation of the reforms

Finalize and submit their respective pieces of the site-specific manual

Executive Steering Committee meets with consultants

Reviews and approves final draft of site-specific manual

Develops plan for public reporting of reforms and other communications

## Month 11

2 RFK consultants conduct conference call with Executive Steering Committee and co-chairs of subcommittees

Subcommittees meet

Review progress of the Priority Practice Area reforms and operation of the products that form the Structural Foundation of the reforms

To review reports of data collected using prescribed template and make any needed adjustments to implementation of Priority Practice Area

Executive Steering Committee meets

Reviews and approves the final site-specific manual

Engages in a sustainability planning process

Data and evaluation consultant conducts call with local data staff/subcommittee

## Month 12

2 RFK consultants provide on-site technical assistance

Executive Steering Committee meets with consultants

To review reports of data collected using prescribed template and any other data related to the implementation of the Priority Practice Area reforms

To review implementation progress and sustainability plan

To establish a schedule of periodic meetings of the Committee (perhaps quarterly) to review the systems integration implementation

- To identify and put in place a scheme of periodic reports to the Committee and the public
- To obtain feedback from 2 RFK consultants regarding project's process and outcomes
- Data and evaluation consultant joins two RFK consultants on site to share analysis of the baseline data.

## Executive Steering Committee

Name	Agency
Melissa Blom	CYF Manager
Angela Boelter	Attorney/GAL
Jonathan I. Cloud	Consultant
Rosemary Davis	OCDHHS Director
Lindsey Draper	Wisconsin Department of Justice
John Elliott	Wisconsin Department of Children and Families
Jessica Heldman	RFK Children's Action Corps
Wendy Henderson	Wisconsin Department of Children and Families
Jennifer Herrick	YFS Clerical Support
Harry Hobbs	Wisconsin Department of Children and Families, retired
Greg Lemke-Rochon	Executive Director, Boys and Girls Club of the Fox Valley
Mark Mertens	YFS Manager
Honorable Mitchell Metropulos	Circuit Judge, Branch III
Deb Moreland	Appleton Area School District
Deborah Moutry	Foster Parent
Tamra Nelson	OCDHHS MIS Department
Tracy Plamann	Harbor House
Shane Polakowski	OCDHHS MIS Department
Lieutenant Larry Potter	Appleton Police Department
Stephanie Reilly	NEW Partnership – UW Green Bay
George Skenandore	Director, Oneida Nation Social Services
Melinda Tempelis	Deputy District Attorney, Outagamie County
John Tuell	RFK Children's Action Corps
Judy VanRyzin	OCDHHS – Mental Health Division

### Abbreviated Version of Initial Resource Inventory

AGENCY/	PROGRAM	SERVICE DESCRIPTION	TARGET POP.	FUNDING SOURCE	PARTNERSHIPS/ AGREEMENTS
DYFS	Clean Break	To deter first time offenders from court	First time offenders at the Intake level	Tax Levy	
DYFS	School Resource Program	To divert youth from entering the Juvenile Justice System	12 year of age and younger	Tax Levy	Family Services Association
DYFS	Retail Theft Group	Minor retail theft referrals	First time offenders	Tax Levy	Community partners
DYFS	Healthy Options	Provide education to youth and parent	Youth who had a consensual sex offense referral	Tax Levy	Public Health Sexual Assault Crisis Center Law Enforcement DYFS Staff
DYFS Ongoing	FRST	Work with ongoing worker to support the case plan and provide stated services	YFS Youth Adjudicated DPA JIPS	Tax Levy	FSA
DYFS	Family Training Program (FTP)	Assist parents with parenting skills and family functioning	YFS	Tax Levy	Family Training Program
DYFS	Report Center	Skill building Assist youth with completing court ordered/DPA obligations	CYF/YFS	Tax Levy	Community Service Sites Schools
DYFS	Independent Living	Assist youth with gaining independent living skills	Foster care youth 15 ½ years of age CYF/YFS	Tax Levy CHAFEE Fund	Foster Parents University State of WI



AGENCY/	PROGRAM	SERVICE DESCRIPTION	TARGET POP.	FUNDING SOURCE	PARTNERSHIPS/ AGREEMENTS
DYFS	Mentoring	Assist youth with matching to a positive adult role model	6-17 years old CYF/YFS	Tax Levy	YMCA Martins Hair Design The Fire
DYFS	Volunteer Transportation	Provide youth/family transportation to services	CYF/YFS	Tax Levy	Volunteers
DYFS	Back to School Program	Youth in need of school supplies	CYF/YFS	Community Donors	Post Crescent Churches Businesses
DYFS	NOAHH	Provides necessary items to families in need	CYF/YFS	Donations	Community Businesses
DYFS	Christmas in August	Clothing/personal items for youth in need	CYF/YFS	Donations	Prince of Peach Church
DYFS	Holiday Donation	Families in need of food/gifts	CYF/YFS	Donations	Community Businesses Church
DYFS	One Warm Coat	Families/youth in need of a coat	CYF/YFS	Donations	Burlington Coat Factory
DYFS	Innovative Services	Family/Youth/Community Support	CYF/YFS Youth	Tax Levy	
DYFS	WAIT	Youth with aggression/anger issues	YFS Youth	Tax Levy	Schools
DYFS	Cognitive Intervention	Assist youth with thought processes	YFS Youth	Tax Levy	

AGENCY/	PROGRAM	SERVICE DESCRIPTION	TARGET POP.	FUNDING SOURCE	PARTNERSHIPS/ AGREEMENTS
DYFS	Electronic Monitoring	High Risk Offenders to protect community and maintain in the home	YFS Youth	Tax Levy	
DYFS	Options Treatment Program	Youth in need of an AODA assessment	YFS Youth	Tax Levy	Options Treatment Program
DYFS	Juvenile Sex Offender Program	Sex offender treatment group	Sex Offenders	Grant Tax Levy	Winnebago County Calumet County Outagamie County Fox Cities Community Center
DYFS	Girls Group	Assist girls with skill building	DYFS/CYF	Tax Levy	
DYFS	Restorative Justice	Supports youth in meeting DPA/court ordered obligations	YFS	Tax Levy	
DYFS	Peacemaking	Assist Oneida youth/families with meeting obligations of DPA, per their culture	YFS		Oneida Tribe
Mental Health	Innovative/ Youth Services	Daily living skills, respite, supportive home care, psychosocial rehab, crisis intervention	Children and adolescents with various disabilities incl DD, PD, SED, or generally at risk youth	Services billed to county to be reimbursed through MA or levy. Accept some private pay, IRIS, Family Support, and waiver funding.	Contracted with Outagamie County. MOU's in place.
Mental Health	Family Services/FRST	Daily living skills, supportive home care, psychosocial rehab, crisis intervention	Children and adolescents with delinquency and mental health issues	Services billed to county to be reimbursed through MA or levy.	Contracted with Outagamie Co for services
Mental Health	Family Services/Day Treatment	Group therapy, psychosocial education, limited school programming	Mental Health and youth at risk ages 8-17	MA billable, private insurance	Relationship is with family only. MA card service

<b>AGENCY/</b>	<b>PROGRAM</b>	<b>SERVICE DESCRIPTION</b>	<b>TARGET POP.</b>	<b>FUNDING SOURCE</b>	<b>PARTNERSHIPS/ AGREEMENTS</b>
CYF-PRP	Family Training Program	In-home training, Parenting Issues	Parents and children	Contracted with County	Contract
CYF-PRP	OC/Appleton Public Health	In-home visits, Health Issues and PNCC	Chronic Illness Prenatal Care	County or City	Internal
CYF-PRP	OC Mental Health	EPU, In-home Mental Health Eval/Treatment, CCS	Children/parents	County	
CYF-PRP	Volunteer Services/ Churches – NOAHH	Basic household goods	Families with financial issues	Donation	
CYF-PRP	HC	Budgeting			
CYF-PRP	AODA/Steve Beau	AODA Assessments	Individuals who might be struggling with AODA Concerns	Billed to MA	Steve Beau works within DHHS
CYF-PRP	Harbor House	Shelter for battered women and children	Women (some men) and children who have experienced domestic violence	Non-Profit	MOU with CPS
CYF-PRP	Emergency Shelter		Homeless Population	Non-Profit	
CYF-PRP	Respite Care Program		Families	Tax Dollars	

<b>AGENCY/</b>	<b>PROGRAM</b>	<b>SERVICE DESCRIPTION</b>	<b>TARGET POP.</b>	<b>FUNDING SOURCE</b>	<b>PARTNERSHIPS/ AGREEMENTS</b>
Oneida Social Services	Juvenile Services	Prevention to Early Intervention to Youth and Families	Enrolled Tribal Youth and Enrolled Tribal Youth Involved in Juvenile Justice System	Tribal	Community Members Tribal Departments DYFS Oneida PD
Oneida Social Services	Peacemaking	Assist Youth with Completing Community Service while Engaging them in the Oneida Culture	Youth Involved with the Juvenile Justice System or have had Tribal Police Contact	State and Federal Grants	Oneida Police Department DYFS Seymour School District
Oneida Social Services	Yethiya> Tan↓NHA	Assist Youth with Life Skills, Social Skills, Education Credits, and Cultural Education or those who are no Longer Allowed to Attend School or have not been Successful at School	Truants, expelled ages 12-18	Grant Funding	Oneida Tribal School DYFS School Districts Oneida Tribal Agencies
Oneida Social Services	Indian Child Welfare	Provide Supportive Services to Enrolled or Eligible for Enrollment Tribal Youth/Children and Families	JIPS, CHIPS Youth	Tribal Funding	OCDYFS OCCYF Oneida Community

**Tool Developed for Analysis of Outagamie County Resources/Services**

PROGRAM	SERVICE DESCRIPTION	TARGET POP.	DECISION POINT <sup>7</sup>	RISK FACTORS <sup>8</sup>	PROTECTIVE FACTORS	COMPETENCIES or STRENGTHS	DURATION and FREQUENCY <sup>9</sup>
Clean Break	To deter first time offenders from court	First time offenders at the Intake level					
School Resource Program	To divert youth from entering the Juvenile Justice System	12 year of age and younger					
Retail Theft Group	Minor retail theft referrals	First time offenders					
Healthy Options	Provide education to youth and parent	Youth who had a consensual sex offense referral					
FRST	Work with ongoing worker to support the case plan and provide stated services	YFS Youth Adjudicated DPA JIPS					
Family Training Program (FTP)	Assist parents with parenting skills and family functioning	YFS					
Report Center	Skill building Assist youth with completing court ordered/DPA obligations	CYF/YFS					
Independent Living	Assist youth with gaining independent living skills	Foster care youth 15 ½ years of age CYF/YFS					

<sup>7</sup> Decision point at which the service is typically used. Basic decision points are referral/intake, adjudication, disposition, and post-disposition.

<sup>8</sup> Top three risk factors reduced, protective factors increased, and competencies supported/developed, or fewer if less than three.

<sup>9</sup> Duration is the typical length of time the service is provided (e.g., three months). Frequency is how often during the length of time (e.g., once per week).

## Initial Screening and Assessment Inventory

DEPARTMENT	ASSESSMENT	WHO IS ASSESSED?	WHEN ASSESSED?	INCLUDES:	RESULT
DYFS Intake	Referral	Delinquent Truant JIPS	When referral is received by Intake Worker	Screening to Determine jurisdiction and probable cause	To determine if Intake Inquiry will occur
DYFS Intake	YASI Prescreen	Delinquent Truant JIPS	During and after Intake Inquiry	Assess need for type of services	DPA Petition Closure
DYFS Ongoing	YASI Full Screen	Delinquent Truant JIPS	Referred for Ongoing services	Risk Assessment Strengths Needs Types of services needed	Guides decision to determine case plan
DYFS	JSOAP	Alleged sex offender	Prior or after court	Assesses treatment plan Safety plan Level of treatment Level of risk	Treatment and service planning
DYFS	JSORAT	Alleged sex offender	Prior or after court	Assesses treatment plan Safety plan Level of treatment Level of risk	Treatment and service planning
DYFS Ongoing	CANS	Children eligible for placement	When placement is considered	Youth/Family Caregiver strengths and needs	Guides level of care. Provides info on strengths and needs to caregiver. Drives foster care rate.

DEPARTMENT	ASSESSMENT	WHO IS ASSESSED?	WHEN ASSESSED?	INCLUDES:	RESULT
DYFS Groups	HIT	Group participants	Pre and Post Group	Youth's thought processes	Measures youth's outcomes from group
DYFS Independent Living	Ansell-Casey	Youth is placed out of home	When eligible for Independent Living Services Referred for Independent Living Group	Assessment of Youth's Independent Living Skills	Case plans and transitional plans
DYFS Mentoring Program	Potential Mentor Interview	Volunteer Mentor Applicants	During application process	Background Check Mentor Questionnaire	Helps determine appropriateness for program and match
DYFS Shelter Care	Intake Information Sheet	Potential Client	Prior to Placement	Placement details Youth history and info	Appropriateness for placement
DYFS Shelter Care	Medical Screening	Client	During Intake	Medical history	Information for needed medical
DYFS Shelter Care	Classification	Client	During Intake	Client Risk Factors	Room and Group Placement
Mental Health Aging and Long Term Support	Children's Long Term Functional screen	Child	Prior to enrollment to determine functional eligibility. Can also be used by Family Support and Katie Beckett	Information about diagnosis, daily living skills, school functioning, vocational and behavioral concerns. Determines residency requirements for services.	Functional eligibility for MA programming. Includes target group and level of care.
Mental Health	CAFAS – Child and Adolescent Functional Assessment Scale	Child and parents separately.	Initially and every 6 months or year as determined by the administrator	Recommendation of service level needed. Determination of progress based on point scaling system.	Identification of level of service need and progress measurement
Mental Health	Various scales for mania or suicide lethality, ADHD	Identified client or person of concern	On a sporadic basis if the need exists	Dependent on scale used	Determination of service needs

DEPARTMENT	ASSESSMENT	WHO IS ASSESSED?	WHEN ASSESSED?	INCLUDES:	RESULT
CYF	CPS Referral – Child Welfare Service Intake	Entire Family	At the time of the initial phone call from the reporter	Type of abuse, demographics, basic information on the family's functioning level	A decision based upon the available information on if a case will be screened in or out
CYF	Initial Assessment – Child Welfare Report	Entire family	During the course of the investigation or duration of case at the intake level	Information on the functioning of the entire family	Understanding of the family's level of functioning and a determination of the level of services needed.
CYF	Safety & Risk Assessment	Child	During the course of the investigation and at various times during the life of the case	23 Present Danger Threats 11 Impending Danger Threats Threshold Criteria	Decision on if the child is safe in their family's home
CYF	CANS	Child	After placement in Foster Care is made	Comprehensive screening on the child's strengths and needs and traumas they have experienced	Helps to determine the level of care a child needs if in placement
CYF	Stepwise	Child	During the initial interview with the child	Protocol on how to interview a child in order to gather information related to possible abuse they have experienced	Better understanding from the child's perspective of what is occurring within the home



DEPARTMENT	ASSESSMENT	WHO IS ASSESSED?	WHEN ASSESSED?	INCLUDES:	RESULT
CYF	Family Assessment	Entire Family	Within the first 60 days of the case being in Ongoing	Assessment of the family's level of functioning	Helps to make decisions regarding case planning. Goals are created after the assessment is complete.
CYF	Case Progress Evaluation	Entire Family	Every 3 months for out of home cases Every 6 months for in-home cases	Updates regarding the progress being made toward the case goals.	Shows the progress the family is or isn't making towards meeting the case goals.
CYF – PRP	TCM	The parent who was referred	45-60 days after first face to face contact	Assesses strengths and needs	Goals and outcomes are developed for the treatment plan
Oneida Tribal Services – Juvenile Services	Oral Interview	Enrolled Tribal Youth	At first interview/meeting	Determining the needs and necessary services for youth and their families	Engagement in services
Oneida Tribal Services – Peacemaking	Done by Oneida Police Dept and DYFS JCI	Youth who had have police contact or a referral to JCI	At first contact with police and/or JCI worker	Youth/Families interested in becoming more connected to Oneida culture and community	Referral to Oneida Peacemaker to meet youth's needs
Oneida Tribal Services – Yethiya> TAN↓N HA	Casey Life Skills CEC	Truant/Expelled Tribal Youth ages 12-18	At first meeting	Assess social, independent living, and Education Skills	Develop case plan to meet youth's stated needs

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