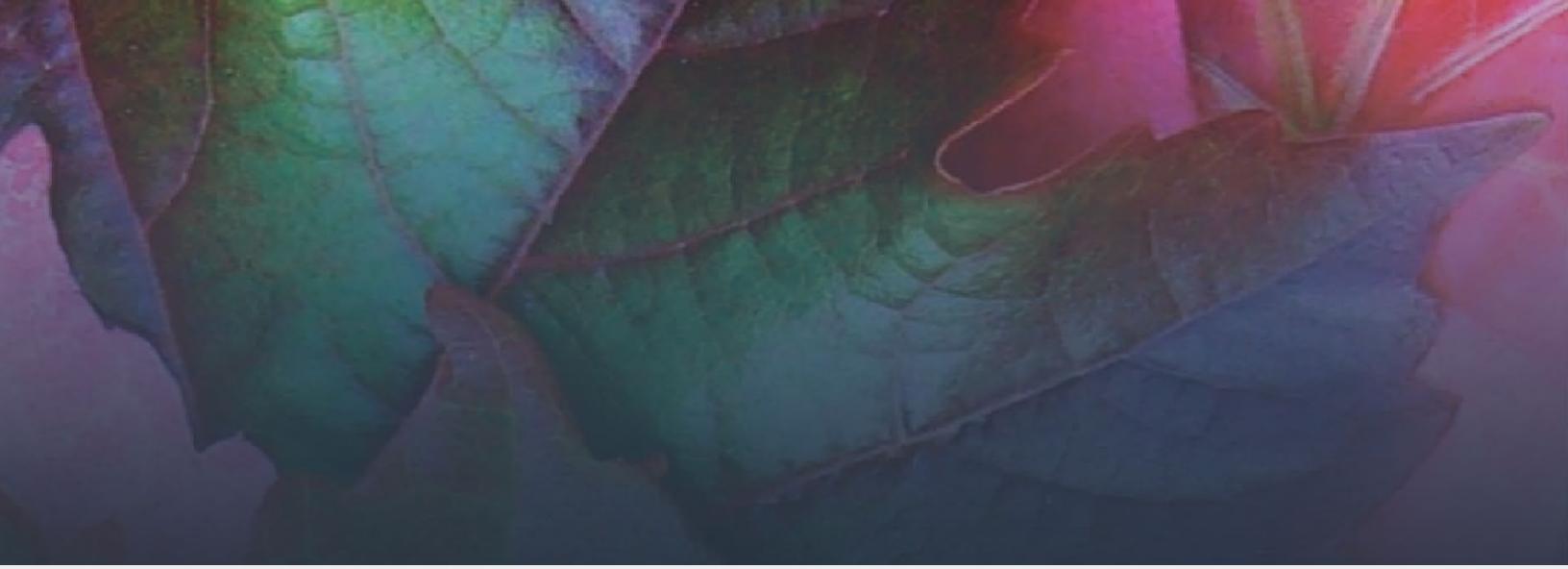

Rock County Child Protective Services Case Review Report

Submitted to: Rock County, Wisconsin Human Services Board

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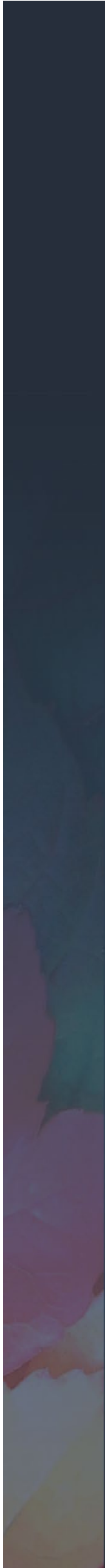

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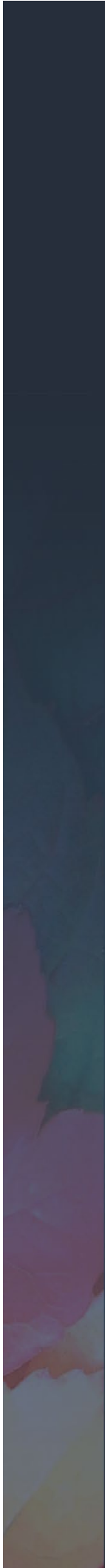

Executive Summary

The Butler Institute for Families (Butler) was contracted to complete "**a comprehensive child welfare case review to assess compliance with county and state policies and best practices in the child welfare field."** Over the period of February 2022 – September 2022, Butler engaged in a rigorous multi-modal research project to conduct the case review, resulting in this report with findings and recommendations.

Butler convened a steering committee of external community and internal Rock County Department of Human Services (Rock County DHS) staff to provide project oversight and guidance. The steering committee co-created research questions focusing on issues including barriers to timely permanency, team accountability, balancing safety standards and family separation, placement stability, disparities, and family interaction.

Methods

During the project's first phase, Butler conducted focus groups and interviews using prescribed protocols with external community stakeholders including foster parents, birth parents, service providers, court personnel, and other interested parties. Rock County DHS staff, including leadership, supervisors, and caseworkers, also participated in focus groups and interviews. A total of 76 people participated in 31 hours of focus groups and interviews. Findings from the focus groups/interviews informed the case review instrument. A pilot review was conducted to test the instrument and finalize logistics. In August, an on-site review was conducted by two teams of three people each. Each review team included two Butler staff/consultants and one current or former Rock County DHS staff person. A stratified random sample of 10% of all cases handled by Rock County CPS between July 1, 2021, and June 30, 2022, was reviewed.

Case Review by Race/Ethnicity and Case Type

Case Type	BIPOC*	White	Unknown	Total
Out of home	9	11	1	21
In home	3	2	0	5
Closed after initial assessment	34	30	0	64
Screened out	28	108	4	140
Total	74	151	5	230

*Black, Indigenous, and People of Color

For each area of practice, the review teams rated the case as fully meeting best practice standards (2 points), partially meeting standards (1 point), or not meeting standards (0 points).

Case Review Average Score by Case Type

Case Type	Average Score (out of maximum 2.0)
Out of home	1.67
In home	1.37*
Closed after initial assessment	1.80
Screened out	1.76
Total	1.76

*Statistically significantly lower than screened-out and closed-after-initial-assessment cases

Key Findings from Focus Groups/Interviews

STRENGTHS

- Family Team Meetings
- Family Recovery Court
- Keeping families together or finding relative placements
- Parents Supporting Parents program
- Collaboration with CASA
- Thorough initial assessments
- Caseworker training in Family First Prevention Services Act (FFPSA) and using a strengths-based approach
- Children's Long-Term Support (CLTS) and Comprehensive Community Services (CCS)
- Consistent leadership
- Family engagement

AREAS FOR IMPROVEMENT – SYSTEM LEVEL

- Challenges with system reform required by FFPSA
- Race, ethnicity, gender, and culture
- Struggles finding adequate high-quality services
- Accountability

AREAS FOR IMPROVEMENT – ORGANIZATIONAL LEVEL

- High caseloads
- Turnover among caseworkers and other roles
- Staff appreciation of focus on worker well-being
- Staff want more support for rebuilding relationships after a grievance

AREAS FOR IMPROVEMENT – PRACTICE LEVEL

- Definitions of safety and concerns about safety

- Lack of communication, follow-up, and check-ins
- Rushed reunifications without adequate support
- Family interaction
- Birth parents want a stronger voice
- Foster parents' feelings toward birth parents
- Foster parents need more support
- Foster parents feel unappreciated
- Transparency and joint decision-making
- Family Team Meetings
- Staff feedback on role clarity, resources to support families, and placement options

CASE REVIEW FINDINGS BY RACE/ETHNICITY

Families were categorized as BIPOC or White using all possible data in the case files. There were no statistically significant differences in caseworkers' adherence to best practice standards based on the family's race/ethnicity in this analysis. The independent samples, two-tailed *t*-test yielded $t(223) = -.683$, $p = .495$

- BIPOC families' cases mean = 1.73, SD = .30
- White families' cases mean = 1.76, SD = .31

Case Review Highlights

STRENGTHS

- Safety assessment: 100% fully met standards for out-of-home (OOH) cases; 100% for in-home cases; 84% fully met (16% partial) for initial assessment/closed cases
- Using the Child & Adolescent Needs and Strengths assessment (CANS) to develop case plans: 95% fully met standards in OOH cases
- Reasonable/multiple efforts to find kin: 95% fully met standards (also, 62% of OOH placements were with kin)
- Case plan fully addressed safety issues: 100% of OOH cases fully met standards
- Children receiving sufficient services based on the CANS: 90% fully met standards in OOH cases
- Contact with foster parents: 100% of OOH cases fully met standards
- Access/intake timelines: 94% of initial assessment/closed cases fully met standards; 98% of screened-out cases
- Initial assessment timelines: 83% of initial assessment/closed cases fully met standards; 86% of OOH cases fully met standards

AREAS FOR IMPROVEMENT IN INITIAL ASSESSMENTS AND CASE PLANNING

- Meeting timelines for assessment: 60% fully met standards for in-home cases
- Using the CANS to develop case plans: 60% fully met standards for in-home cases
- Case plan fully addressed safety issues: 40% fully met standards for in-home cases

AREAS FOR IMPROVEMENT IN ONGOING CASES

- Court-ordered conditions used SMART format: 70% of OOH cases fully met standards; 67% of in-home cases fully met standards
- Caseworker checking on progress of case plan: 75% fully met standards for OOH cases; 20% fully met standards for in-home cases
- Birth parents received sufficient services based on the CANS: 70% of OOH cases fully met standards
- Foster parents received sufficient services/supports: 81% of OOH cases fully met standards
- Caseworker checked in with birth parents: 52% of OOH cases fully met standards; 60% of in-home cases while 40% partially met standards
- Foster parents received medical authorizations in a timely manner: 81% fully met standards for OOH cases
- Family interaction: 60% of OOH cases fully met standards for parent/child; 54% fully met for siblings

AREAS FOR IMPROVEMENT WITH TEAM COLLABORATION

- Caseworker contacted birth parents' service providers: 70% of OOH cases fully met standards (15% partial)
- Using urine analysis (UAs) to monitor cases with alcohol or other drug abuse (AODA): 62.5% of OOH cases fully met standards
- Caseworker checked in with team members: 65% of OOH cases fully met standards; 60% of in-home cases
- Team members followed through with commitments: 60% fully met standards for OOH cases

Discussion by Research Question

BARRIERS TO TIMELY PERMANENCY

- Stakeholders shared the primary barriers were parental substance use, parental incarceration, and Rock County DHS's reluctance to terminate parental rights.
- Case reviewers found the primary barriers were parental substance use/mental health, parental incarceration, housing, court delays, parents' intellectual/developmental disability, and inability to obtain approval for subsidized guardianship.

IMPROVEMENTS IN ACCOUNTABILITY FOR ALL TEAM MEMBERS

- Stakeholders shared that caseworkers do not check in frequently enough with team members, including providers, schools, and foster parents.
- Case reviewers found:
    - There is room for improvement in meeting best practice standards for checking in with providers and other team members, both for in-home and OOH cases.
    - There is room for improvement in team members following through with commitments.
    - 100% of reviewed OOH cases met best practice standards for checking in with foster parents.

BALANCING SAFETY STANDARDS WITH AVOIDING FAMILY SEPARATION

- Stakeholders shared they do not define safety in the same way as CPS.
- Stakeholders did not mention the harms of removing children from the home.
- Stakeholders shared that safety includes:
    - Having the child's physical, emotional, and mental health needs all met.
    - Having a clean environment with a bed, toiletry products, and adequate food.
    - Having a solid support system of safe adults.
    - Stability and not doubting whether there will be an adult to take care of them.
    - Having the freedom to be kids and not have worries and anxieties due to their circumstances.
    - Stakeholders shared serious concerns about assessing and monitoring safety.
- Case reviewers found:
    - Strong adherence to best practice standards for assessing safety.
    - There is room for improvement on monitoring in-home safety plans.
    - Excellent efforts to find relatives when OOH placement is necessary.

RACIAL AND ETHNIC DISPARITIES

- Stakeholders shared concerns about disparities in services and access for BIPOC families and lack of understanding of diversity, equity, and inclusion among some caseworkers.
- Case reviewers found no statistically significant differences in caseworkers' adherence to best practice standards for BIPOC and White families.
- Note: BIPOC families may be impacted in more subtle ways, such as receiving services that are not culturally responsive, which are not captured in the case documentation. We caution that despite the lack of evidence of a pattern of biased case practice, individual BIPOC families may still be affected by bias or discrimination. Additionally, BIPOC families may be impacted by systemic racism in systems beyond the control of CPS, such as the justice system or historic inequities in education and economics, which ultimately affect CPS involvement and their needs when involved in CPS.

PARENTAL ENGAGEMENT IN DECISION-MAKING AND GOAL SETTING

- Stakeholders shared:
    - Rock County DHS is making great strides in this area and that family engagement and family voice have increased.
    - Family Team Meetings are a great method for increasing parental engagement.
    - Birth parents want a stronger voice.
- Case reviewers found:
    - There is room for improvement in family interaction.
    - Case documentation is not sufficiently detailed to assess level of engagement.

REASONABLE EFFORTS TO FIND KIN FOR ALL RACES/ETHNICITIES

- Stakeholders shared that CPS makes strong efforts to find relatives when OOH placement is necessary.
- Case reviewers found:

- For BIPOC children, this was fully done to best practice standards in 100% of cases.
- For White children, it was fully done to best practice standards in 92% of cases and partially done in 8% of cases.
- Placement with relatives was high across all OOH cases, at 62% of cases reviewed.

FACTORS IMPACTING PLACEMENT STABILITY

- Stakeholders shared there is a serious lack of the following services and supports:
  - Placement options for children with complex needs (behavioral health and intellectual/developmental disabilities)
  - Transition planning from psychiatric hospitalization and residential treatment facilities
  - Wraparound care
  - Mental health services that fully address children's trauma-based needs
  - Adequate crisis services and mobile crisis response
  - Culturally responsive support
  - Accessible, intensive, culturally responsive mental health and substance use treatment for parents
  - Sufficient peer support and services that develop parents' skills to manage their children's behavioral and emotional needs
  - Respite care
  - Services for parents with intellectual/developmental disabilities
- Case reviewers found a lack of therapeutic foster homes in Rock County is a barrier, a few children were placed in lower-level homes than their needs required, and there were inadequate and/or inaccessible services.

FAMILY INTERACTION

- Stakeholders shared family interaction is often a strength, but there are challenges with scheduling, sometimes due to limitations with PSG's availability and particularly between siblings when they are placed separately.
- Case reviewers found best practice standards for parent-child interaction were fully met in 60% of cases and partially met in 35% of cases, but standards for sibling interaction were fully met in only 54% of cases.

Recommendations

SYSTEM-LEVEL RECOMMENDATIONS

1. Engage in a robust change management effort to address the philosophical approach and system reform driven by FFPSA. Utilize implementation science to help the community and staff move through the new approach.
2. Conduct a community service array assessment to better understand the strengths and gaps of services in the community, especially related to substance use, domestic violence, child and adult mental health, crisis services including mobile crisis response, economic supports, services to help parents develop the skills they need to support their children, and wraparound care coordination.
3. Consider applying zip-code-based, population-level data to the community needs assessment to better understand the client population and service delivery system.

4. Offer training and ongoing learning opportunities for foster parents on issues relevant to them.
5. Offer training and resources to improve parents' skills for handling children's challenging behaviors and behavioral/mental health crises (for birth, foster, and adoptive parents).
6. Offer training on systemic racism; cultural and historical trauma; disproportionality in the child welfare system and best practices to address it; and diversity, equity, and inclusion to all community stakeholders, including providers, advocates, schools, and foster parents.
7. Engage in a community relations campaign to inform the community about Rock County DHS's goals and successes. Use creative strategies such as microvideos and infographics explaining safety in plain language. Communicate family successes.
8. Work with the court system and other community partners to expand Family Recovery Court.
9. Strengthen youth and family voice in Rock County DHS activities. Consider developing an advisory council with youth, foster parents, and birth parents. To ensure all voices are heard, these may need to be separate councils.
10. Suggest that the Human Services Board (board) can review its governance structure to help ensure that all voices are heard, allowing it to be best situated to respond to emergent needs and opportunities.

ORGANIZATIONAL-LEVEL RECOMMENDATIONS

11. Address high caseloads using creative methods such as teaming and the use of case aides (see also recommendation in practice-level section).
12. Employ an array of retention strategies to keep and support Rock County DHS staff.
13. Develop a supervision model and strengthen management practices to build supportive, developmental, and effective relationships and improve consistent supervision and accountability for all staff.
14. Expand and strengthen the Parents Supporting Parents program to provide peer support for more birth parents.
15. Given the historical marginalization of BIPOC families and disproportionality in child welfare, closely monitor racial/ethnic disparities by frequently reviewing the data in team meetings at organizational and unit levels.

PRACTICE-LEVEL RECOMMENDATIONS

16. Expand and strengthen the use of Family Team Meetings so the model is practiced to its full potential. Ensure that all relevant team members (e.g., foster parents, schools, service providers, advocates, GALs, etc.) are invited to every meeting and supported to fully participate.
17. Improve accountability for all team members. Prioritize follow-up with all team members as essential for all in-home and OOH cases, with improved supervisor monitoring of caseworker check-ins with all team members.
18. Employ case aides to assist with more routine tasks, such as collecting medical authorizations and confidentiality releases. Consider recruiting people with lived experience as case aides.
19. Strengthen caseworkers' initial meetings with foster parents to ensure they are fully informed on the child's needs as documented in the CANS.
20. Provide more training on thorough documentation to caseworkers, and have supervisors reinforce this skill. Build on the exemplary documentation already done by some caseworkers in the agency and elevate all caseworkers to that level of excellence.

21. Keep cases open after reunification to offer in-home services and support.
22. Increase monitoring of family interaction time, including sibling interaction. Ensure supervisors regularly check this for all OOH cases.

Next Steps

We further recommend wide dissemination of this report and a process to engage the community to determine the priorities moving forward. We suggest that the board consider developing a committee to review recommendations, align them with current efforts already underway (such as those led by Alia), prioritize recommendations, and develop an action plan to share widely with the community.

Acknowledgements

The Rock County Child Protective Services (Rock County CPS) case review project was a significant effort for the Butler Institute for Families and Rock County Department of Human Services (Rock County DHS). We commend Rock County CPS for fully opening themselves to scrutiny with candor, grace, and humility. We appreciate their efforts throughout the project to provide Butler staff with case files, links to salient information, and connections to their various listservs so we could communicate with stakeholders. A special thanks goes to Lisa Moore-Kelty, who helped us access case files and make copies and who swiftly responded to all of our questions.

We greatly appreciate the people on the Rock County CPS Case Review Steering Committee (steering committee) and their participation in helping us co-create the project research questions, act as the voice for their stakeholder groups, and review instruments and protocols. Our lively discussions during the steering committee meetings helped us better understand the context and concerns so that we could hone in on the best possible methodology for the project.

The focus groups and interviews were conducted by Butler's team of facilitators (Ashley Brock-Baca, Emily Campbell, Christa Doty, Brenda Lockwood, and Sommer Purdom). These focus groups and interviews brought forth insightful information that made a significant contribution to the findings. Our case review team of Kimber Blum, Emily Campbell, Brenda Lockwood, Sommer Purdom, and Michelle Stowe worked diligently during the intense on-site review to assess cases through the lens of best practice standards and were committed to consensus and fair findings. They continued their thorough and fair efforts for the screened-out and closed-after-initial-assessment cases. We are very appreciative of Melanie Smith's coordination efforts and willingness to engage in any task that needed to be done. We are grateful for the thorough editing by Gwynne Middleton and design brilliance of Melanie Young. Ashley Brock-Baca led the research aspect of this project, and her efforts resulted in a methodologically sound case review. Her analysis of the quantitative and qualitative results illuminated key themes and reflected research rigor, giving credence to the results.

Most of all, thank you to the Rock County community who care so deeply about the children and families in your county. Together, the community and the Rock County DHS can improve outcomes.

Respectfully submitted,

Charmaine Brittain, Principal Investigator

Report authors:

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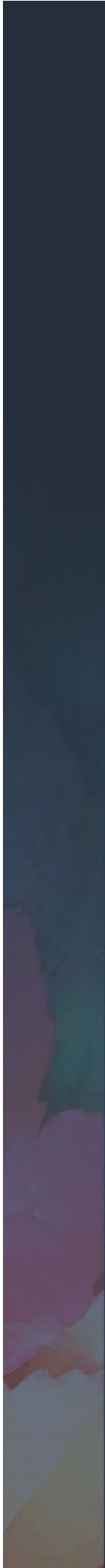


Introduction

Rock County Department of Human Services (Rock County DHS) serves an important role in the community to protect children, achieve permanency for families, and improve family well-being. Rock County Children, Youth and Families Division's mission is to *empower families and youth by building upon strengths through services and relationships that center on family, encourage hope, and establish a supportive team that ensures safety within the family and community.* Core values guiding Rock County DHS are:

Safety—Service to children, youth, and families is our fundamental reason for being. We strive to engage and empower through family-centered, strengths-based, and trauma-informed services.

Permanence and Stability—Children and youth need and have the right to lifelong nurturing and secure relationships that are provided by families who can meet their specific needs. Efforts to identify and secure permanency are continuous and integrated into all stages of involvement with children, youth, and families.

Cultural Responsiveness—We take an inclusive approach that reflects awareness of, sensitivity to, and respect for the lifestyle and cultural background of families served.

Partnerships—We practice collaboration with families, service providers, and community organizations to create supportive, meaningful, sustainable connections.

Practice—We use a comprehensive, evidence-based and team-based approach to meet the changing needs in our community and families.

The board determined that the best way to understand the degree to which the mission and core values were being achieved and to address community concerns was to engage in an unbiased and impartial case review by an outside vendor with deep child welfare and research expertise. Butler was awarded the case review project contract after a bidding process with the Rock County Human Services Board.

Butler outlined their expertise and intended overall approach in the proposal. The overall purpose of the Rock County child protective case review is to complete "**a comprehensive child welfare case review to assess compliance with county and state policies and best practices in the child welfare field."**

Butler developed project values prior to the kick-off meeting to reflect the proposal and Rock County's expectations.

These values were reviewed at the start of every internal and external meeting to set the tone and remind all participants of how the case review was being conducted. The project's steering committee helped the project achieve these values.

Rock County Case Review Project values:
Integrity
Equity
Transparency
Competence
Partnership

Steering Committee

At the project's inception, Butler invited key Rock County internal and external stakeholders to join the steering committee. Their role was to provide high-level oversight, co-create research questions, and review instrument and interview protocols, as well as act as representatives for their stakeholder group.

Invitations for the steering committee were purposeful and consisted of a broad range of stakeholders. Members included the Butler team, county staff (i.e., manager, supervisor, caseworker), a birth parent, a youth, a relative foster parent, a nonrelative foster parent, a court-appointed special advocate (CASA), a member of the court personnel, and other stakeholders. See Appendix A for a full list of steering committee members. All representatives for the various stakeholder groups applied voluntarily, and if there were more people than slots, representatives were randomly selected using a random number generator. We chose this method to be as unbiased as possible and to keep the group at a reasonable size. All stakeholder representatives agreed to be the "voice" for their group and made efforts to connect to and keep their group informed. Rock County DHS leadership was on the committee to act as a conduit for information (such as connecting to birth parents, foster parents, etc., and accessing the data and information systems).

Notes were taken for each meeting and sent back to committee members promptly so they could distribute to others. Additionally, Rock County DHS posted the meeting notes to their public website to ensure communication and transparency. Over the course of the project, Butler also developed several communications to keep the public and stakeholders informed. Please see the appendices for these publications.

Over the course of the project, the steering committee met eight times between March and July 2022 to engage in the activities specified above. They provided invaluable input to ensure the project reflected the concerns and voice of the community.

The steering committee created the following list of group agreements to guide interactions:

- Communicate with respect.
- Speak for yourself.
- Honor differences.
- Participate intentionally.
- Engage in the process.
- Call people in ("Jesse, we haven't heard from you. What do you think?").
- Have candid conversations.
- Listen to understand, not to respond.
- It's okay to disagree. Everyone is different.
- Maintain a safe space.
- Respect confidentiality when personal and professional experiences are shared and opinions expressed.
- Acknowledge power differences and maintain steering committee space as a safe space.
- Share ideas and perspectives free from ridicule and retribution by others.
- Agree on the takeaways to be shared publicly at the meeting's conclusion as well as what is confidential.

The steering committee used a consensus-building technique called "5 fingers," in which each member's level of agreement/disagreement is expressed by raising one through five fingers for any decisions that needed to be made. This meant that until everyone in the group was in agreement as indicated by voting with at least three fingers, the group did not move forward. Butler has used this technique effectively with other groups to help identify concerns and ensure that everyone is on board before moving forward.

Research Questions

Butler co-created the research questions with the steering committee through a facilitation process to ensure all voices were heard. Through an iterative process over the course of several meetings, eight research questions were crafted to guide the case review. Specifically, the focus group protocols and case review instruments were designed to gather information on these questions to the extent possible within the scope of the project. Please see the box below for these questions. The Discussion section in this report integrates quantitative and qualitative findings for each of these questions.

Methods

Focus Groups and Key Stakeholder Interviews

Butler's team structured the review to start with focus groups and interviews in order to understand the concerns of stakeholders, which then informed the subsequent case review. Initially, the proposal included 15 focus groups and interviews designated for specific stakeholder groups. Butler developed focus group protocols based on the research questions and relevant topics on which the stakeholders would be knowledgeable. All focus group protocols were vetted with the steering committee to ensure they asked the right questions. A welcome script, including a consent declaration, was developed to start each focus group or interview.

Research Questions Co-created with Steering Committee

1. What are the barriers to timely permanency?
2. What improvements can be made around accountability for all members of the team (e.g., birth parents, caseworkers, providers, schools, CASA, legal, GALs, etc.)?
3. How are safety standards balanced with avoiding family separation?
4. Are there disparate outcomes for families of color in various stages of the case, including reunification?
5. What is the level of parental engagement in decision-making and goal setting in cases?
6. Are reasonable efforts being made to find relatives for children of all races and ethnicities?
7. What contributes to placement changes/stability?
8. How frequently are family interactions occurring, and how do family interactions impact the outcome of the case?

Please see the Appendices for the focus group protocols and welcome script. Focus groups and/or interviews for the following groups were offered:

- Nonrelative foster parents
- Relative foster parents
- Birth parents
- Youth
- Spanish-speaking birth parents, foster parents, and youth
- Rock County DHS caseworkers
- Rock County DHS supervisors
- Rock County DHS leadership
- Court personnel
- CASA
- Providers
- Other interested parties

Butler developed invitation emails for various groups and a flyer for public posting. Rock County DHS staff sent the flyers to the appropriate group email lists (e.g., all foster parents, all birth parents, youth who have been in foster care, DHS caseworkers) and posted the flyer in various community locations (e.g., county offices and library). Additionally, Spanish-speaking focus groups were offered, and the flyer was translated into Spanish and posted in locations around the county. To encourage participation by persons with lived experience, Butler offered a $25 gift card to foster parents, birth parents, or youth who attended a focus group or completed an interview.

To encourage participation and confidentiality, focus group participants were limited to 10 people and conducted over Zoom. They were recorded so that they could be transcribed and subsequently analyzed with qualitative data analytics software. A team of Butler researchers experienced in focus group facilitation conducted the focus groups. As word spread about the focus groups, it became apparent that the number of groups originally scheduled was insufficient. More focus groups and interviews were added to the schedule. No one was turned down who wanted to participate in a focus group or interview. Butler staff accommodated every focus group or interview request and worked with all stakeholders to schedule interviews when it was convenient for them. This resulted in 15 individual interviews, in addition to 16 focus groups. Plus, Butler offered people the option of responding in writing to the protocol questions or even providing additional information subsequent to the focus group. The intent of these efforts was to ensure that all community stakeholders were offered the opportunity to speak and have their voices heard. This effort to ensure participation and transparency resulted in a total of 31 hours of stakeholder feedback sessions held over an eight-week period.

All focus groups and key stakeholder interviews were recorded using Zoom technology. The audio recordings were sent to a transcription service to provide word-for-word transcripts. No Spanish-speaking participants responded to the Spanish-language survey to sign up for Spanish-language focus groups or interviews. Thus, no translation of focus group transcripts was needed. Three Butler researchers (Ashley Brock-Baca, Sommer Purdom, and Melanie Smith) analyzed the transcripts generated from the focus groups and key stakeholder interviews using ATLAS.ti 22 data analytics software. The team reviewed some transcripts together to ensure they were coding in alignment. The

process of coding followed the Grounded Theory model (Glaser & Strauss, 1967), conducted in the following three iterative steps:

- Open Coding – coding phase in which segments (sentences/paragraphs) of qualitative data are reviewed in detail and assigned a code that describes the concept. In some cases, the code label may be based on a concept already identified.
- Axial Coding – coding phase in which data are reviewed again to examine open coding results. During this phase, codes and the data assigned to them are reviewed for similarities or differences. Similar codes may be grouped, and more complex concepts may be divided into more detailed codes.
- Selective Coding – coding phase in which codes are examined for relationships and saturation of an idea or concept. During this phase themes are identified, and quotes are selected to validate and/or illustrate instances of the concept.

Case Review Random Sample Selection

The quality review and performance analysis section manager at the Wisconsin Department of Children and Families provided the Butler researchers with a data file containing all cases that were open, closed, or screened out at any point in time between July 1, 2021, and June 30, 2022. This includes cases that were opened prior to July 1, 2021, and were still open during that 12-month period. In order to select a stratified random sample that accounted for the case type and race/ethnicity, the file contained the case number, information on what type of case it was during the time period under review, and the race and ethnicity information of the index person in eWISACWIS. For cases that had multiple events or levels of care during the period under review, the case was categorized by the quality review and performance analysis section manager at the highest level of involvement. For example, if a family had both a screened-out event and a report that resulted in an initial assessment and then closure, the case was categorized as a closed-after-initial-assessment case. If a family received both in-home services and there was an out-of-home placement during the time period under review, the case was categorized as out of home. For out-of-home cases, the length of time in out-of-home placement was also contained in the file to allow the Butler researcher to stratify the out-of-home sample by length of time out of home (less than 18 months, or 18 months or longer). For in-home cases, the case type (such as child protective services or youth justice) was included in the file to allow the Butler researcher to select from the appropriate cases. No identifying information, such as names or caseworker information, was contained in the file. Based on the input from the project steering committee and the pilot review, only in-home cases that were “ongoing in home without youth justice involvement” were included. The steering committee determined that youth justice cases were not appropriate for the review instrument or relevant to the research questions. For out-of-home cases, cases were excluded in which the child was in detention or there was a residential placement (such as in a psychiatric residential facility) because of a services request from parents (with no allegations of abuse or neglect). The total number of cases handled by Rock County DHS that were eligible to be randomly sampled is shown in Table 1.

Table 1. Total Eligible Cases Handled by the County in the Review Period

Case Type	Total Cases Eligible
Out of home	207
In home (CPS only)	30
Closed after initial assessment	634
Screened out	1,370
Grand Total	2,241

A sample of approximately 10% of eligible cases was selected for each case type using IBM SPSS statistical software, resulting in the sample sizes listed in Table 2 below. Stratified sampling was utilized within each case type to select representative numbers of BIPOC and White cases, based on the index person in eWISACWIS. For out-of-home cases, the length of time in out-of-home placement was also a stratification factor, with cases categorized as either less than 18 months, or 18 months or more. Note that while the sample was selected based on the race and ethnicity information listed for the index person in eWISACWIS, when the review team reviewed the case, they collected all known information from the case file on all family members. If any family members had a race other than White listed, or if any family members had Hispanic/Latinx ethnicity, the Butler case review data categorized the family as BIPOC. Thus, it is possible that a particular case was selected for the random sample as "White" based on the index person in eWISACWIS, but the family was categorized as BIPOC if any of the children or the other parent was a different race. If either the parent's or child's race was unknown, the Butler research team categorized the cases as unknown.

Table 2. Randomly Sampled Case Selection by Case Type and Race/Ethnicity

Case Type	BIPOC	White	Unknown	Total
Out of home	9	11	1	21
In home	3	2	0	5
Closed after initial assessment	34	30	0	64
Screened out	28	108	4	140
Total	74	151	5	230

Case Review

Based on the proposal and agreement with the board, Butler reviewed 10% of each case type using a standardized instrument. The project research questions and focus group findings informed the case review instrument development. Butler also incorporated Wisconsin state department of human services standards and Rock County DHS policies so that the case review instrument reflected these standards, which are generally aligned with national best practices.

Butler utilized a review team structure consisting of three people each on two teams (six people total). It was determined that two people from each team would be from Butler and the third would be a current or former Rock County DHS employee. The current or former Rock County DHS employee was included to provide a local practice perspective and answer questions that may come up about documentation or other agency-specific protocols. In order to select the Rock County DHS reviewers impartially, Butler developed a case reviewer application. This application also ensured that the Rock County DHS reviewers met the qualifications determined by the steering committee. See the box below for the case reviewer application questions.

An email was sent to former and current Rock County DHS staff inviting them to apply for the case reviewer positions. Multiple applications were received, and a Butler researcher used a random number generator to select two reviewers. One current and one former Rock County DHS staff member were chosen to be on the review team.

Butler conducted a pilot case review on July 18-19 with two Butler team members to review a small sample of cases and to evaluate the instrument performance. Adaptations were made to the instrument based on the pilot case review. The instrument was finalized after review by the steering committee. The instrument was built into a Qualtrics survey for data entry prior to the case review in August.

Butler developed a comprehensive instrument review guide including research questions, Wisconsin standards, links to key documents, and instrument scaling instructions (see the box).

Case reviewer questions

1. Understands and has practiced Rock County CPS standards
2. Held a CPS caseload in Rock County
3. Employed by Rock County CPS within last three years as a worker or supervisor
4. Has had three or more years of experience working for CPS
5. Worked in initial assessment or ongoing (i.e., familiar with standards)
6. No current performance improvement plan
7. Left voluntarily (if former CPS)
8. Available August 16, 17, and 18 from 8 a.m. – 5 p.m.

Instrument Scale

Fully done – Occurred 80% or more of the time
Partially done – Occurred 50 – 79% of the time
Not done – Occurred less than 50% of the time

A training was held with all six reviewers to teach them how to use the instrument, discuss logistics, and reinforce the project values (see above). Special attention was paid to ensuring confidentiality of all cases and review results.

The on-site case review was held at the Rock County DHS offices on August 16-18, 2022. All in-home and out-of-home cases were reviewed on site. Review teams were provided a fact sheet with demographic information developed by Rock County DHS staff and a hard copy of each case's key documents (e.g., initial assessment, CANS, services plan, court reports). Additionally, the team was able to access all case records electronically through Rock County DHS staff reviewers' logins. Each review team was assigned a separate conference room to provide privacy and the opportunity for discussion. Reviewers independently reviewed each case and determined individual case review ratings. Any differences in rating designations were discussed, and reviewers came to consensus on all scores. Butler staff entered the data into Qualtrics for future analysis.

After the on-site review, Butler staff reviewed the screened-out and closed-after-initial-assessment cases independently using the designated instruments. Data were entered into Qualtrics for subsequent analysis. Data was analyzed using IBM SPSS statistical software.

Results

Qualitative Analysis

For the qualitative analysis, 76 Rock County stakeholders shared their experiences through focus groups and interviews. Butler researchers conducted 31 hours of stakeholder feedback sessions. Please see Table 3 for the focus group and key stakeholder interview participant attendance.

Table 3. Focus Group and Interview Participants

Group	Attendance
Foster parents (3 groups)	15
Youth (2 groups)	0
Birth parents (2 groups)	2
Court personnel	1
Human services supervisors	8
Human services staff (2 groups)	12
Providers	8
CASA	4
Other interested parties (2 groups)	8
Additional perspective group	3

Individual interviews	15
Total:	**76**

We have organized the qualitative analysis results by system level, organization level, and practice level. However, these levels intersect, and many issues mentioned in a particular level affect issues within other levels.

SYSTEM LEVEL

Strengths of Rock County DHS and the System

Stakeholders shared a number of strengths regarding ways Rock County DHS and the system were improving outcomes for families. Family Recovery Court was a frequently cited strength across stakeholders of all types, as well as Family Team Meetings. Stakeholders who were familiar with these two practices felt that their use should be expanded to more families and that the system needed to build the capacity to serve far more families.

Stakeholders felt the following programs and areas of practice were strengths:

- Family Recovery Court and prioritizing those parents for substance use services
- Family Team Meetings
- Parents Supporting Parents (PSP) program
- Collaboration with CASA
- Family interaction
- Family engagement
- Keeping families together or finding relative placements
- The Rock County DHS substitute care unit
- Thorough initial assessments
- Foster parent training
- Caseworker training in Family First Prevention Services Act (FFPSA) and using a strengths-based approach
- Children's Long-Term Support (CLTS) and Comprehensive Community Services (CCS)
- Consistent leadership

Challenges with System Reform Required by FFPSA

Stakeholders shared that Rock County DHS has been undergoing many changes, including changes in leadership. Several stakeholders felt the impact of changes required by the FFPSA, and they believed that the changes require substantial system reform. One stakeholder felt that the FFPSA-required changes were being implemented too "dramatically."

Some stakeholders agreed wholeheartedly with the system reform, but others seemed unclear about the purpose or process of system change and how the system reform impacts roles within CPS and the broader system.

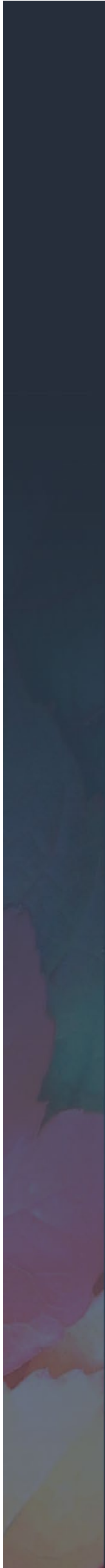
> *"I see this dynamic happening a lot: 'Is your role to support the parents and the family, or is your role to protect the child?' And so that, 'Whose job is it to do which?' question comes up. Whenever I hear that, I respond, 'We keep kids safe by supporting families, and that's the way we have to be able to see our work. Child safety is ultimately our goal, and how do we do that? By supporting parents and families to keep their kids safe.'" - Kate Luster, Human Services Director*

Stakeholders also shared feedback about the change in leadership. Two stakeholders shared that the current director is doing a good job, and another stated that the current director is making "brave choices" to improve outcomes for children and families in Rock County. Another mentioned that the current director is "cleaning up the mess" from the past.

Stakeholders shared concerns about the agency's culture and work environment. Retaliation, or fear of retaliation, was a common theme among stakeholders across categories. While one provider specifically stated that they believed they had been "kind of black-balled by the county" for criticizing the agency's decisions, several other stakeholders indicated a "fear of retaliation" for disagreeing with the new direction of Rock County DHS. Several foster parents felt that after they criticized the agency's decisions, they had been retaliated against by the department, in the form of the department decreasing the number of children placed with them.

Some stakeholders believed that the fear of retaliation is a result of Rock County DHS's concerted efforts to change practices to align with FFPSA and improve outcomes. These efforts have resulted in changes in practices and changes in contracting, including changes that have shifted more power to birth families and relatives rather than foster parents and providers. Foster parents' roles have changed significantly to align with the system reform.

> *"That shift to really have foster parents be part of the team, the treatment team, but not the people to whom we are providing services - they're actually providing services to youth on our behalf. That shift, I think is a really important shift that is hard and is not going to come easily, but it is an important shift in making space for families of origin and for parents in new ways to have contributing voices where that airspace has been taken up quite a bit by folks who are more personally motivated." - Stakeholder*



Some stakeholders feel that resistance is a natural part of the change process, particularly for people who held more power and authority prior to the change. Resistance to change can negatively sway people's buy-in to something different and better, and the process of change can be uncomfortable.

> *"What we know for sure in our experiences: Pushback comes. Where it comes from is always different. The union, the staff, the foster parents, the police, the schools, the board, different places, but it always comes... It is normal for people to want it to be the way it used to be, where they had more authority and power and where they feel like they're losing it now. And it's all under the guise of child safety. But, in fact, the reality is not that children are less safe when we move to this other way of work. They need to really understand that so that they don't get caught up in the crisis-making that doesn't really exist." – Stakeholder*

Some stakeholders also shared that the agency work environment and culture are now adjusting to the changes in practice. Three Rock County DHS staff said that the agency culture is now improving after a period of transition that included a lot of tension. Another said that the "open-door" culture at the agency is improving, although there is still room for improvement in transparency and communication.

Race, Ethnicity, Gender, and Culture

Focus group protocols included questions about differences in how families were treated based on race, ethnicity, and other factors. Stakeholders had varying perspectives on these questions. One foster parent, as well as another stakeholder, noted that birth mothers often received more services than birth fathers. Some stakeholders stated they had not noted differences based on race or ethnicity, while others felt that families were offered different levels of care or services because of their race, with BIPOC families receiving fewer services or having to wait longer than White families. Two foster parents noted that the Rock County DHS has seemed reluctant to place BIPOC children with White foster parents, with caseworkers stating that they wanted to keep children with their families if possible, or if that wasn't possible, to at least keep children with families who share their racial, ethnic, and/or cultural background. (Note: While this is only legally mandated for children who are American Indian/Alaskan Native, it is a best practice for all children [Children's Bureau, 2021].)

Feedback from foster parents generally indicated a sensitivity to discussions of race and White privilege, with some indicating color-blind ideology (Bonilla-Silva, 2015) and making accusations of reverse racism (White people being discriminated against for being White). While color-blind ideology and reverse racism are complex social topics, this may indicate a lack of awareness about the causes and consequences of structural inequity and systemic racism. Because of this lack of awareness, diversity/equity/inclusion and cultural responsiveness efforts may be misinterpreted and met with resistance instead of being viewed as useful measures to correct longstanding injustices.

Struggles Finding Adequate High-Quality Services

Stakeholders had varying perspectives on the services available in Rock County. A few stakeholders felt that adequate services are available if you know how to find them but that not everyone (including some caseworkers) knows how to access them. Most stakeholders felt there were waitlists for some

services and many barriers for families, including cost, insurance limitations, and transportation. Concerns were shared about the quality and type of services, including trauma-specific treatment and culturally responsive services. Additionally, many stakeholders felt that the services available in the community are not sufficiently intensive to support children and parents with complex needs.

Stakeholders shared:

- There are inadequate services to address trauma.
- Higher quality, more intensive behavioral health services are needed for parents to address the root causes of substance abuse.
- There is a lack of culturally responsive and equitable services.
- Throwing services at families that do not address the root causes of their problems is not helpful.
- Caseworkers often fail to make referrals to, or arrange funding to pay for, mental health and counseling services, particularly for children in relative placements.
- The lack of intensive mental health services for children creates a revolving door for psychiatric hospitalization for children with serious mental health challenges.
- There is a lack of discharge planning and follow-up services when children leave residential facilities or psychiatric hospitalization.
- Better crisis services, including mobile crisis, would support placement stability and successful reunification.
- There is a need for more accepting and nonjudgmental services.
- More peer support services for parents would be helpful, as well as helping parents build natural and informal supports.
- Many families need intensive care coordination, such as wraparound services.

Accountability

Stakeholders shared concerns about lack of accountability in the system. However, there seemed to be no shared definition or understanding of what accountability means and the behaviors that illustrate it. Several stakeholders mentioned that lack of accountability leads to poor outcomes for children.

"A lot of the team meetings that I was in, it was mostly to make sure mom felt good about herself. Let's just focus on what she is doing, which is coming to say three meetings instead of 15 visits. But she made the three, so 'You're doing awesome, take care of yourself.' And instead of what should be done is, 'Hey, what do you need? Are you taking the parenting classes? Are they helping? Is there something else that we could do?'" - Foster Parent

Stakeholders shared:

- There is a lack of accountability for birth parents to achieve the goals in their plan, particularly around completing urine analysis (UAs) and developing parenting skills.
- There is a lack of oversight and accountability for caseworkers to follow up on their cases.
- There is a lack of accountability for monitoring in-home safety plans.

"I would say that one of the strengths that I didn't share earlier is the Department is putting in all these services up front for parents, which is absolutely wonderful, but there's no accountability that it's actually happening. Their cases are not in the court system. So, there's no judge overseeing them; they're doing in-home safety plans. They're saying they're doing them, but there's nobody checking up to make sure it's being done. I'm just really concerned because I'm hearing feedback that they're not happening and that there's not enough services to actually do what they say they want to do." - Foster Parent

ORGANIZATION LEVEL

High Caseloads

Many stakeholders shared that the agency was stretched too thin and caseworkers' caseloads were too high, preventing them from doing their best work. There were 26 comments from stakeholders indicating this concern. Both caseworkers and stakeholders from outside the agency shared this worry.

"I think they are strained to their limits and beyond." - Foster Parent

"It seems like each caseworker has a lot more cases, and I think it wears thin on them. And we have amazing talent in that department, and it's frustrating to watch them have to suffer because they just don't have enough staff to share the caseload." - Stakeholder

"We've been so short staffed for so long that it's like, I don't know what support I need other than, can you take some of my cases? You know what I mean? That's where we're at. It's just worker retention." - Caseworker

Stakeholders also shared:

- Recruiting qualified workers is challenging.
- Retention has been a challenge, with high turnover in the department.

Turnover Among Caseworkers and Other Roles

Stakeholders shared their perspective that high turnover among caseworkers is a major barrier to consistent practice. There were 29 comments from a variety of stakeholders that expressed this concern about caseworkers and four additional comments mentioning high turnover among supervisors and managers in Rock County DHS. Additionally, some stakeholders shared that turnover among foster parents and guardians at litem (GALs) were barriers as well.

Rock County CPS Staff Perspectives

Rock County CPS staff provided feedback about their needs and their experience working in the Rock County DHS. Staff members shared they appreciated the focus on workforce well-being.

"I think there's also been a shift into...focusing on workforce well-being and I think normalizing that this is a hard career path to have. We're all going through our own secondhand trauma with work every day. I think that having more places to be able to talk through a lot of that has been helpful." - Rock County CPS Staff

Staff members stated that they need understanding, responsive, and supportive supervisors. Some staff members indicated that agency leaders and supervisors need to find a better balance of showing appreciation for staff and helping them improve performance. They shared that sometimes it doesn't feel genuine when supervisors try to appreciate them and then turn around and try to correct them or ask them to change how they handle something.

Several staff members shared that they need support to rebuild relationships after a grievance.

> *"My understanding of the grievance process right now is that when a grievance has been made, eventually there'll be a conversation with the supervisor and the worker, and then it's kind of left at that. That was my experience, but there's no teaming to rebuild that relationship. My experience was that it was left on me. 'Do you feel comfortable having this follow-up conversation to start to rebuild that relationship?' There's not a lot of support." - Rock County CPS Staff*

PRACTICE LEVEL

Definitions of Safety and Concerns About Safety

Foster parents, school personnel, and providers shared that they do not define safety in the same way as Rock County CPS. This leads to disagreements about child placement and reunification decisions. One provider said that CPS's definition of safety has shifted and is now unrealistic.

> *"There was a time, and I don't know if they have since rescinded this or not, but they actually said that an IV heroin user can absolutely be a safe parent... All heroin addicts, and once most of them get clean or even some of them while they're using, readily admit, 'there is no possible way I could be a safe parent while still using.'" - Provider*

A few stakeholders specifically said that parents should have to be sober before getting their children back.

Foster parents, providers, school personnel, and other stakeholders shared that their definition of safety includes the following:

- Having the child's physical, emotional, and mental health needs all met.
- Having a clean environment with a bed, toiletry products, and adequate food.
- Having a solid support system of safe adults.
- Stability and not doubting whether there will be an adult to take care of them.
- Having the freedom to be kids and not have worries and anxieties due to their circumstances.

Related to this perceived difference in the understanding of safety, many stakeholders shared their concerns about children being left in, or returned to, unsafe situations. Many stakeholders discussed this concern in terms of Rock County CPS decisions not being made in the best interest of the child, due to CPS ignoring or downplaying safety concerns. There were 31 stakeholder comments that expressed this belief. Stakeholders also shared there is sometimes inconsistency in what counts as a safety concern. Some stakeholders stated CPS now has a lack of focus on safety, with family togetherness being prioritized over safety.

Lack of Communication, Follow-Up, and Check-Ins

Many stakeholders shared concerns about lack of communication, follow-up, and check-ins, particularly for children in out-of-home placement. There were 66 comments stating concerns on this topic. Providers, school personnel, foster parents, birth parents, caseworkers, and other stakeholders shared this concern.

Relative foster parents particularly emphasized this concern, expressing that just because the child was placed with a safe relative does not mean they do not need mental health therapy, coordination about school attendance, or check-ins about the progress of their case and potential reunification. Relative foster parents also mentioned a need for more support from CPS, as the sudden responsibility for parenting a child or children who have experienced trauma and separation is very challenging.

> *"No response, no check-ins even when I had them for eight months, no check-ins, how are they doing? No school reports... nothing. There's no follow-up."*
> *- Relative Foster Parent*

Stakeholders shared:

- Lack of communication between caseworkers and providers is a barrier to good care and therapeutic progress.
- Providers need caseworkers to collaborate and engage birth parents to implement evidence-based practices such as child-parent psychotherapy, which require participation from the parent.
- Caseworkers sometimes use foster parents as messengers with therapists and providers rather than contacting them directly.

"There was one case that I have right now, specifically, where my first contact with the social worker was nine months into the case, that I had been providing therapy to the child. And that was because the foster parent's licensing social worker invited me with a Zoom link to the team meeting. And that was my first actual conversation with the social worker [assigned to the child] herself. In the meantime, though, she put statements in her report about what I was saying based off of what she got from the foster parent. Which, I don't know about you, but for me, that is not only inappropriate, but it's unethical. Because how can you know that is what I said and that the foster parent's relaying what I said accurately, and without bias?" - Provider

- Delays in getting medical authorization and other paperwork to foster parents puts children at risk.

"The children that I have now, I had to call and ask for my forms because I didn't have them... I have a child that has severe burns. I have to get medical attention for her. I needed those medical consent forms. You need to have those... showing I have placement of this child. But things are just not the way they used to be. Child comes into care, we need our paperwork, it just needs consistency there, and the paperwork needs to be filled out. All the blanks filled in." - Foster Parent

- Lack of communication with schools about children's medical needs puts children at risk.

"I don't know the whole CPS side...from my viewpoint, something needs to be done because medically it's very detrimental to the child, to show up to school every day with blood sugar at 500, 600. That is doing damage to that child's body for life... The communication and the explanation - they don't have to go into great detail about bio parents or anything. I just need to know that something's being done." - School Personnel

- Caseworkers seem unfamiliar with children's needs and strengths and do not provide sufficient information to foster parents about children's medical and mental health needs.

- Lack of communication with foster parents about children's needs may result in children being placed in a home that does not match the level of care they require.

> *"I do not feel foster parents are given enough information about the child that's coming into their home." - Foster Parent*

> *"We have an issue with communication within CPS where we're not getting the full picture even when they call you to take placement of a child. They're not saying, 'Hey, this child has these problems. They're ADHD or they're autistic.' We're not getting that information until after they're placed with us." - Foster Parent*

- Lack of communication with foster parents when children are being moved is very challenging and creates barriers to smooth transitions and good care of the child.

> *"I've had times where I wasn't allowed to know where they were moving to, to talk with the [new] foster home. So, I had kids and they were moving and I said, 'Shouldn't I get the new foster mom's email address because they have some issues?', and they said, 'No, don't worry about it. You're not supposed to know where they're going.' Or, 'You don't need to know where they're going. You don't need to know what happens to them after.' And so, basically they leave your home and that's it. You are not to ask about them." - Foster Parent*

- Ongoing caseworkers assigned to children in placement do not follow up frequently enough with foster parents.

> *"A foster parent has to go to court in order to get information on a case... to find out how the mom or dad or whoever is doing, what that situation is. That is not okay, when you have that child. I think that's a huge gap, and a disservice to the foster parent. The foster parent is loving that child in the absence of their parent, and they can't get updates on mom's addiction, dad's schizophrenia, whatever that may be. They shouldn't have to go to court to get information." - Foster Parent*

"When you have a challenging child, when they bring them to your home, they know this child's going to be a challenge, and then they're in your home, and you don't hear from a caseworker for a month until it's time to do a home visit. If they would just check in with us once a week, even if you don't have a challenging child. 'How are things going with so and so? Is there anything you need? Can I do anything for you?' That's all they need to do and that would make 95% of all the foster parents in Rock County happy." - Foster Parent

- Lack of communication between caseworkers, PSG (the vendor facilitating family interactions), and foster parents creates serious challenges to scheduling family interaction time.
- Caseworkers believe they need to communicate better with birth parents after a removal.

"One thing I've noticed in initial assessment at the point of taking custody is we have this giant list of things we have to do within 24 hours of taking custody of a child. I think what can get lost in there is communicating with parents besides like, 'Here's your court information.' I think at the point of TPC, if we had some sort of protocol where someone was reaching out to that parent... I mean, I know that I do this as a worker, but there are some cases where you're placing a kiddo that you're out until midnight. Then I'm not texting that parent like, 'Hey, they're here safe. They love you...' Informing that parent 'Here's where they are, here's the contact information.' Theoretically they have that on the form we give them, right? On the pile of paperwork that they do not want to look at, rightfully so, because they've just been through this traumatic incident." – Caseworker

Rushed Reunifications Without Adequate Support

Many stakeholders expressed concerns that reunifications are often rushed, resulting in multiple episodes of out-of-home placements when birth parents are not prepared for reunification or provided with adequate services. Concerns about rushed reunification without sufficient support were the most common concerns expressed by stakeholders, with 72 comments stating concerns on this topic.

"Their goal of...reunification at all costs, which involves the cost to the well-being of the child. There's a lot of re-entry and I mean, if there's anything that I think is more damaging than the abuse to begin with, it's going back and then having it happen again." - Provider

Stakeholders shared:

- Reunification should include more preparation, more support, and more intensive follow-up services, including family therapy.
- Sending children home to unstable birth parents results in re-entry into foster care.
- Parents often need respite after reunification.
- Listening to birth parents might slow the pace of reunification but be more successful.
- Resources for parents usually drop off after reunification, but that is when they need *more* resources and support.
- Birth parents are not set up for success because they don't receive adequate services and therapy.
- Birth parents need skill building to facilitate healing their relationship with the child after a separation, as well as training on how to manage children's behaviors.
- Reunification does not heal children's trauma.

"A lot of the parents that they go back to are exactly the same as when the kid came into care, but maybe with a job and not doing drugs as much. And now this kid isn't any better. It's not like the kid just, 'Oh, I'm back with mom. So, my behaviors and all the trauma I went through are gone and I'm going to be this great kid.' ... I think a lot of the reason why they come back into care again is because it gets overwhelming." - Foster Parent

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"Me personally, I know that the family therapy is a big piece. I feel that when there is a separation where my child is a teenager, it does create more distance...my child has explained to me, her removal hardened her, it made her not want to really be open to moving forward with a relationship because she fears that if I ask for help again, she will have to leave." - Birth Parent

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Family Interaction

Family interaction was generally cited as a strength by most stakeholders, but some stakeholders shared concerns about difficulty arranging family time with PSG, the vendor that facilitates family interaction. Additionally, some stakeholders, including birth parents and foster parents, noted that when siblings were not placed together, sibling interaction time was lacking.

"We've had our kiddo for over six months, and they've just now said, 'Okay, enough is enough. The kids all need to see each other as a group once a month, and they need to have two sibling interactions every week.'"
- Foster Parent

Birth Parents Want a Stronger Voice

Birth parents expressed that they want a stronger role in decision-making for their children, even if they are in out-of-home care.

> *"I also feel that when a parent is active and has not been noted as a safety or neglect concern for the child, they should be allowed to still help make decisions for those children as far as just normal things like school, doctors, but also if they're going to be spending time with others in the community."*
> *- Birth Parent*

One birth parent expressed feeling that their concerns were not heard and that their voice does not matter.

Birth parents also mentioned that they wanted more family interaction time with their children who are in care but that they struggled to schedule visits because of limitations in PSG's availability.

Foster Parents' Feelings Toward Birth Parents

Foster parents expressed mixed views about and feelings toward birth parents. Some foster parents were critical of birth parents. Some advocated for a "tough love" approach with birth parents and expressed strong feelings about saving or protecting children from their parents. However, other foster parents expressed more supportive views and a willingness to partner with birth parents and offer help beyond reunification.

> *"When I have a parent that's working hard to do something, I'm going to work with that parent so they can have their child back." - Foster Parent*

Some foster parents expressed a willingness to support birth parents after reunification with childcare and respite.

> *"I do have one child right now who'll be reunified [this week]. She's been here nine months. I'm working with her mom, but I'm going to also be doing daycare for her mom until she can secure daycare. That's a success story there, too." - Foster Parent*

Foster Parents Need More Support

Foster parents stated they need more support, particularly for children with medical, mental health, and behavioral needs or for children with intellectual/developmental disabilities.

> *"My only support is from my sub care worker, the worker who's assigned to my home. Otherwise, most of the time, you have to email somebody 100 times, call them. Support is lacking very much in Rock County, especially when you have challenging children." - Foster Parent*

> *"If you have a child that's on a feeding tube, you have a child who has other medical needs... why aren't we utilizing our Rock County Public Health nurse to make a home call?" - Foster Parent*

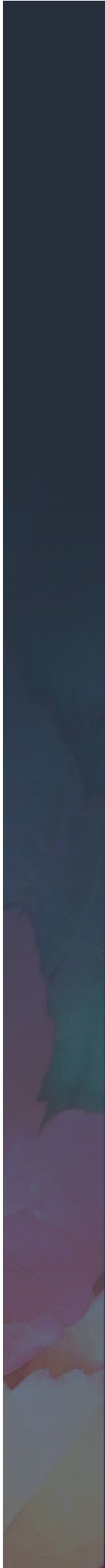
Some foster parents also expressed that because they do not get the support they need from Rock County DHS, they rely on each other.

> *"So, this is where we support each other to get the answers that we need by calling each other. We don't get the information that we need from the Department or from our workers." - Foster Parent*

Foster Parents Feel Unappreciated

Many foster parents expressed feelings of being unappreciated and undervalued by CPS within Rock County DHS.

> *"I think depending on the social worker, you're a glorified babysitter, I'm a glorified daycare." - Foster Parent*



Some foster parents stated that they are not invited to participate in Family Team Meetings or otherwise contribute to discussions about the child's services, school, or other care.

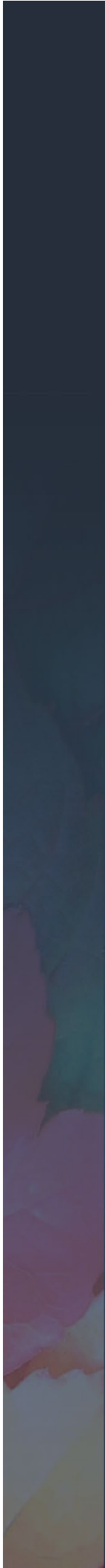
One foster parent shared that they felt more respected by other team members than by Rock County CPS.

Transparency and Joint Decision-Making

> *"Foster parents more times than not are not really considered part of the team. And they really don't take what we say, which is really difficult because we are with these kids 24 hours a day, seven days a week. We get to know these kids so well and their likes and their dislikes and their habits, and all so much about them. And we can offer so much, especially about them returning home..." - Foster Parent*

> *"The Guardians Ad Litem and the CASA workers - they all respect what we do because they know that we're doing, not a favor, but we're doing a service to help the children of Rock County. We're not glorified babysitters."*
> *- Foster Parent*

Some stakeholders shared concerns about lack of transparency at Rock County DHS, particularly around case decision-making. Providers, school personnel, foster parents, advocates, and other stakeholders felt that CPS sometimes makes decisions without gathering the information they have or finding out their perspectives.



"I find myself sometimes asking CPS straightforward, 'Oh, how did you reach that determination?' Or, 'How did that happen?' Or, 'Can you explain why?' And gratefully, we work with a lot of the same [caseworkers]. So, we're lucky with being comfortable with our team. But that being said, I think it is frustrating when there is an outcome that's been determined, but not a reasoning as to how or why that was the outcome." - Stakeholder

On the other hand, stakeholders who had been involved in cases which utilized FTMs shared that they have greatly improved communication and transparency.

"I think the implementation of the Family Team Meetings has really helped with the engagement process... I think that's been a great avenue to get everybody kind of on the same page with one vision from the very beginning, so that we're not doing that a year after the fact. 'Why are we making these decisions?' And now, so it kind of gets everything going right in the beginning and everybody on the same page. Which I think has kind of helped maybe bridge some of that miscommunication that was happening with foster placements in the past where it felt like they were in the dark with a lot of things that were going on and it's kind of kept them very much included in decisions that are being made and why and what the family's vision and goals are." – Stakeholder

Family Team Meetings

Stakeholders had largely positive feedback about FTMs. Stakeholders of all roles shared their beliefs that this practice, when utilized well, results in strong teams that support families. FTMs increase communication and transparency, as well as joint decision-making.

"I think that open dialogue and communication and when you have family team meetings or team meetings that a parent feels they can be open and honest, that we are not pushing for kids to go home or, 'Foster parent, you guys have developed this awesome relationship. Can this foster parent be somebody to do respite on the weekends? Can you call them to help?' When you build these family team meetings, a lot of those people end up being there for the kids and the family after." - Caseworker

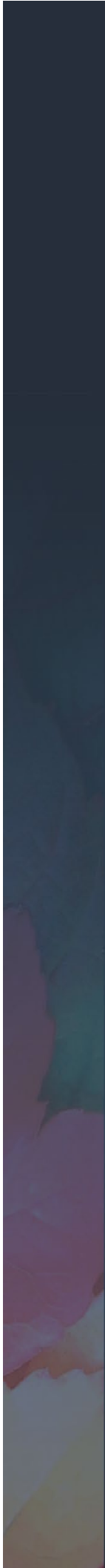
Many caseworkers shared that they believed FTMs could be helpful for families whose cases were opened prior to the beginning of FTM implementation.

Some stakeholders felt that FTMs were not being used to their full potential, however. They stated that allowing birth parents to decide not to include foster parents, or not inviting providers or the child's school, decreases the effectiveness of the FTMs. Stakeholders emphasized that for FTMs to be effective, every person who is involved in the child's life or provides services to the parents needs to attend regularly.

> *"There were people that the mom didn't want on the team. These were people who were involved on a weekly basis with the kids, but the mom had issues with them and didn't want them to come to team meetings. And there were people that were officially on the list for coming to team meetings but never showed up. Other professionals who were too busy to fit it into their schedule. So, I really didn't feel like team meetings did very much because it was usually the social worker, the parents, and me." - Foster Parent*

Rock County CPS Staff Feedback on Practice Issues

The most common theme among feedback from CPS staff regarded lack of role clarity and understanding which person was responsible for which tasks under different circumstances and timelines within cases.



"I think most roles are very clear, but I've been here for over three years and it's still unclear to me when I transfer a case who does permanency plans and who does disposition. I've asked specifically to have the case transfer process really standardized. The practice standard is that once an initial assessment is approved, a case needs to be transferred within seven days, [but sometimes] that wasn't happening. It's not clear. A couple of months ago somebody asked me to help them do a disposition. I haven't written a disposition in two years, and they said the initial assessment worker always writes the disposition on their cases." – Caseworker

"Some IA [initial assessment] workers can get a TPC [temporary physical custody] case done in two weeks, and sometimes it takes 60 days. Then what's the ongoing worker doing? What's the IA worker doing? And then it's confusing for the families. The general roles are clear, but more specific things are not laid out, not clear. [Sometimes] the supervisor will say, 'You should do the permanency plan.' And I'm like, 'Well, I'm not the one that has to update it at six months... I can help. Sure.' But that doesn't feel like an IA role for a permanency plan... it's not clear to me who does what." - Caseworker

Additionally, initial assessment caseworkers shared that they need more time to support families and connect them to services, and they feel rushed to close cases. They also shared that they sometimes receive mixed messages about how to help families with multiple referrals and difficult decisions about whether the case should be screened in or opened.

"I think the thing we need to really improve on, as an initial assessment worker - there's some reasons why we're so heavy on our caseloads - but we really don't have a lot of time to do case management with our families. If we want to do that proactive approach where we're trying to help them and assist them with their needs, not to have them back in with us, we're not getting the time to do that." - Caseworker

"Sometimes we get re-referrals and it could be screened out. However, if you look in the screening decision, sometimes a supervisor would be like... a worker will follow up. But then I think, 'Oh, but I screened out, why am I following up? I already had this conversation.' And then there's kind of that mixed message. Am I supposed to follow up? My supervisor didn't tell me. But eWISACWIS is telling me. We need to really focus our attention on the needy cases, the safety cases." – Caseworker

Several staff members shared that they struggle to find appropriate placements for children, and that there is a lack of foster parents willing to take placements and a lack of internal support for this issue, which causes stress for caseworkers and poor outcomes for children.

"Really the only teaming process that we have in place with sub care is the finders' meetings, and those take place every Tuesday. If you have a child that is needing placement or you anticipate to move, you go and essentially present this child to the sub care team. Typically they'll go through their list and say, 'Oh, I don't have anybody.' And that's typically the start of the need to look for a higher level of care, which disconnects these kids from their entire community, because you're looking across the state of Wisconsin. I do a lot of the work in the forefront, where I'm getting a lot of calls with parents saying, 'I don't want to parent my teenager anymore, come get him.' And so, a lot of what I'm getting is, 'Well, even if we did have to take custody of them, we don't have anywhere for them to go.'" - Caseworker

Case Review Analysis

Each type of case (out of home, in home, closed after initial assessment, and screened out) in the randomly selected sample was reviewed according to the appropriate section on the case review instrument. Most questions assessed best practice standards on a three-point scale (fully done, partially done, or not done, according to the rubric specified in the Methods section of this report). A few additional questions assessed specific information such as the number of ongoing caseworkers and barriers to permanency. Finally, a comments section on the review instrument allowed reviewers to note their reflections on the case.

Overall, adherence to best practice standards was high across all case types, though it was lower for in-home cases than for all other case types. Butler researchers calculated an average score for each case that was reviewed. This was computed by assigning 0 points for each area of practice in which standards were not met, 1 point for each area of practice in which standards were partially met, and 2 points for each area of practice in which standards were fully met. Then, the average across all relevant areas of practice for each case was calculated. This resulted in a score between 0 and 2 for each case, with 2

representing a case in which caseworkers met best practice standards in all areas on the review instrument. See Table 4 for a breakdown of the average score by case type.

Table 4. Average Score by Case Type

Case Type	Average Score
Out of home	1.67
In home	1.37*
Closed after initial assessment	1.80
Screened out	1.76
Total	1.76

Statistically significantly lower than screened-out and closed-after-initial-assessment cases

A one-way analysis of variance (ANOVA) was performed on the scores by case type. This revealed there was a statistically significant difference between groups by case type, F (3, 226) = 3.821, p = .011. Tukey post-hoc comparisons show that the in-home case scores were statistically significantly lower than closed-after-initial-assessment and screened-out cases at the $p < .05$ level. There was no statistically significant difference between in-home and out-of-home cases or between out-of-home cases and the other case types.

Case Review Analysis by Race and Ethnicity

One of the research questions in the project related to examining differences by race and ethnicity. Within the scope of this project, the two methods of collecting and analyzing data on this topic involved 1) asking stakeholders in focus groups and key stakeholder interviews for their perspectives and experiences and 2) comparing the degree to which caseworkers met practice standards for the cases of families of different races and ethnicities. The results from the qualitative analysis are described above. The case review analysis is described below.

For the case review, most files contained information on the parents' and child(ren)'s race and ethnicity (Hispanic/Latinx or not). While this data was sometimes incomplete, reviewers were able to determine the race and ethnicity of most parents and children for most cases (225 out of 230). Race was indicated on the review instrument as African American/Black, American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, and/or White, corresponding to Rock County's DHS data system. Multiple races could be selected for both parents and children. Ethnicity was indicated by questions on the review instrument asking whether any parents or children were Hispanic or Latinx. The case reviewers used all possible information in the file to answer these questions, beyond the data indicated in eWISACWIS for the index person on the case, but the data is limited to what was available in each case file. While the review team made every possible effort to correctly identify the racial and ethnic background of parents and children, it is possible that some were incorrectly identified. If the data in the case file was inaccurate, that inaccuracy will also be reflected in the case review.

There were insufficient numbers of cases for families with races/ethnicities other than African American/Black to constitute a group for quantitative analysis. Thus, based on the input from the project's steering committee, families with any parents or children who were African American/Black,

American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, and/or Hispanic/Latinx, were categorized as Black, Indigenous, or People of Color (BIPOC) for this analysis. Caseworker practice on these families' cases was compared to practice on families' cases who were White. The White category included families who were White alone and not Hispanic/Latinx. For five out of the 230 cases, the families' race and ethnicity were unknown. Those five cases were excluded from the analysis below. Among the five excluded cases, one was an out-of-home case, and four were cases that were screened out.

To compare the two groups, the Butler researcher analyzed the difference in the total score for each case by race/ethnicity. The mean for White families' cases was 1.76 (SD = .31), while the mean for BIPOC families' cases was 1.73 (SD = .30). An independent samples, two-tailed t-test was conducted on the two groups' scores. The result was $t(223) = -.683$, $p = .495$. The difference in means between White families' cases and BIPOC families' cases was not statistically significant. However, given the historical marginalization of BIPOC families and that some stakeholders were concerned about racial/ethnic disparities, we recommend closely monitoring practice and outcomes for racial/ethnic disparities. We have provided data on areas of case practice in which lower adherence to standards for BIPOC families' cases were noted in descriptive analysis in the sections below. Though these differences were not statistically significant, and there were other areas of practice in which the descriptive statistics showed lower adherence for White families' cases, it may be helpful to reinforce equitable practice in these areas.

Out-of-Home Cases

For the initial assessments in out-of-home cases, overall compliance with standards and practices was very high; reviewers rated 100% of reviewed cases as meeting best practices standards for fully assessing parents regarding providing a safe environment, making necessary contacts, and taking appropriate steps if birth parents did not respond to calls or make themselves available for safety checks. For 86% of reviewed cases, timelines were fully met; for 9%, timelines were partially met, and for 5% of cases, timelines were not met.

For 95% of reviewed cases, standards and best practices were fully met regarding utilizing the CANS assessment to develop the case plan. For the remaining 5% of cases, this was partially done. However, in only 29% of cases did the caseworker notify the foster parents of the CANS results.

For 95% of reviewed cases, caseworkers fully met standards and best practices for making reasonable and multiple efforts to find relatives/kin. In 5% of cases, this was partially done. In 85% of cases, potential relative placements were fully apprised of the child or children's needs. In 15% of cases, this did not occur or was not documented.

In 100% of reviewed cases, children were not left in emergency or temporary placements longer than guidelines allow. For 95% of reviewed cases, the placement type met the child's level of need. For two cases, the reviewers found that exceptions were made to licensing requirements and the plan to address the gap was not fully implemented and monitored.

In 100% of reviewed cases, the reviewers rated that the case plan fully addressed safety issues. For 75% of cases, the caseworker met standards and best practices in checking to see if progress was being made on the case plan. For 20% of cases, this was partially done, and in 5% of cases, this was not done. In 74%

of cases, behavior changes specified in the case plan were monitored and used to measure progress, and in 21% of cases, this was partially done. In the remaining 5% of cases, this was not done.

For 70% of reviewed cases, the court-ordered conditions used SMART (specific, measurable, achievable, relevant, and time-bound) format, and for 25% of cases, this was partially done. In the remaining 5% of cases, this was not done.

Of the six cases in which domestic violence services were indicated, five cases fully met best practices for providing domestic violence services, while one case partially met the standard. For 76% of cases which required services to address economic hardship, adequate services were provided. For 6% of cases, this was partially done, and for 18% of cases, this was not done.

For 60% of reviewed cases, team members (defined as caseworkers, all service providers, CASA representative, and foster parents) fully followed through with commitments. In 30% of cases, this was not done, and in 10% of cases, documentation was insufficient to determine the extent to which team members followed through with commitments.

For 90% of reviewed cases, the child or children received sufficient services based on the CANS, and progress (or lack of) was documented. For 5% of cases, this was partially done, and for 5% of cases, this was not done. However, birth parents/caregivers were rated as less frequently receiving sufficient services. In 70% of reviewed cases, standards were fully met, with 15% rated as partial, 10% rated as not met, and 5% rated as insufficient documentation to determine.

For 81% of reviewed cases, reviewers rated that foster parents fully received sufficient services and supports, with 9.5% rated as partial and 9.5% rated as not done.

For 70% of reviewed cases, reviewers rated that caseworkers fully met best practices standards around contacting service providers to determine if birth parents were consistently attending and engaged in services. For 15% of cases, this was partially done, and in 15% of cases, this was not done. Of cases in which alcohol or other drug abuse was identified, 62.5% of cases met standards for using UAs to monitor substance use, while 12.5% partially met standards and 25% did not meet standards.

In 81% of reviewed cases, medical authorizations were obtained in a timely manner for the child or children's services, and in 19% of cases, this was not done.

In 100% of reviewed cases, caseworkers made and documented sufficient foster parent contact. However, only in 52% of cases did the caseworker make and document sufficient contact with birth parents/caregivers. In 33% of cases this was partially done, and in 14% of cases, this was not done. Similarly, in only 65% of cases did the caseworker make and document sufficient contact with team members. In 20% of cases, this was partially done, in 10% it was not done, and in 5% of cases, there was insufficient documentation to determine.

In 60% of reviewed cases, best practices standards regarding face-to-face family interaction between parents and children were fully met. In 35% of cases, standards were partially met, and in 5% of cases, they were not met. In the cases in which siblings were in different homes, 54% of cases were rated as fully meeting best practice standards for face-to-face interaction between siblings. In 38% of cases, standards were partially met, and in 8% of cases, standards were not met. In 73% of cases, face-to-face contact between parents and children increased if/when parents made progress, and in 27% of cases, this was partially done.

In 71% of reviewed cases, the caseworker communicated the return conditions to the birth parents in a timely manner. In 10% of cases, this was partially done, and in 14% of cases, this was not done. In 5% of cases, there was insufficient documentation to determine whether this happened.

Of the reviewed cases in which the out-of-home placement occurred in October 2021 or after, 75% had FTMs consistently at least once a month, while 25% had FTMs sometimes, but not every month. In all the cases in which FTMs occurred, birth parents and service providers consistently attended the meetings, while foster parents consistently attended only half the time. Court personnel (including CASAs and GALs), school personnel, natural supports, and extended family members rarely attended FTMs.

The case review team documented the number of caseworkers that families had after the case was assigned to ongoing, as research shows that a higher number of caseworkers predicts lower permanency rates (Flowers et al., 2005). For 48% of the reviewed cases, there was only one ongoing caseworker. For 24%, there were two caseworkers. For 9%, there were three caseworkers, and for 19% of cases, there were four or more ongoing caseworkers.

The most frequent barriers to permanency listed by the reviewers were parental substance use/mental health, parental incarceration, housing, court delays, and parental intellectual/developmental disability. In one case, the inability to obtain approval for subsidized guardianship was listed as a barrier to permanency.

The case review team made recommendations for improvements that could be made around accountability for all members of the team, including parents/caregivers, foster parents, CASA, GALs, providers, and caseworkers. The most frequent recommendations included improving documentation about the interactions between team members, being more specific about roles and responsibilities among the team, better and more frequent follow-up with service providers, providing more services to birth parents/caregivers, and focusing permanency plans on the underlying needs to sustain change. Stronger efforts to engage incarcerated parents and parents who are experiencing homelessness were also noted by the case review team as areas for improvement. A case review team member from Rock County DHS provided context that when parents are incarcerated outside of the county, there can be challenges in arranging visits and coordinating with the justice system.

Among the strengths noted by the case review team was the use of FTMs, though it was offered that consistent attendance by the entire team was an area for improvement. Reviewers also noted very strong efforts to involve and engage parents and kin and several successful instances of reunification with parents and other family members. In one case, permanency was achieved by successfully placing a child with the biological father who had not previously been involved in the child's life. The majority (62%) of the out-of-home placements in the reviewed cases were with the child's relatives. Finally, the thoroughness of initial assessments and attention to safety were noted as strengths.

Generally, case practice was very similar for BIPOC and White families. Across most of the aspects of the out-of-home cases reviewed, there were no distinctions between BIPOC and White families in the descriptive statistics. We reiterate that there was no statistically significant difference in the degree to which case practice met standards in White and BIPOC families' cases in the case review. We are noting areas of minor distinction in the descriptive statistics to enable Rock County DHS to monitor these areas in the future. For out-of-home cases, BIPOC families' cases were less likely to have practice standards met regarding the caseworker regularly checking on the progress of the plan. Casework only fully met

standards for checking in on the progress of the plan in 50% of BIPOC families' cases (37.5% partially met standards and 12.5% did not meet standards). In contrast, casework fully met standards in this area in 91.7% of White families' cases, and the remaining 8.3% partially met standards. Related to that area of practice, BIPOC families' cases were less likely to have practice standards met regarding using specific behavior changes in the plan to monitor and measure progress. Casework only fully met standards for using specific behavior changes to monitor progress in 42.9% of BIPOC families' cases (42.9% partially met standards, and 14.3% did not meet standards). In contrast, casework fully met standards in this area in 91.7% of White families' cases. These results may indicate the need for careful monitoring to ensure equity.

In-Home Cases

In-home cases have had an initial assessment conducted, and the family accepted services to support the children in home, rather than be placed out of home. In-home cases provide the opportunity to prevent the need for future placement. As described in the Methods section of this report, the in-home case review was limited to cases that were CPS ongoing cases without youth justice involvement. There were only 30 cases of this type in the 12-month period under review. A sample size of three cases would have constituted 10% of the total, but the Butler team determined that five cases should be reviewed. One of these cases was court ordered, while four were under an informal dispositional agreement (IDA).

For 100% of reviewed cases, parents were fully assessed in regard to providing a safe environment. Timelines were fully met in 60% of cases, with the balance of 40% being partially met. For 100% of cases, the necessary contacts were made for the initial assessment. For only one case was it necessary to take additional steps if birth parents did not respond to calls to conduct a safety check. Otherwise, birth parents were responsive. In 60% of cases, the CANS was used to develop the case plan. For the remainder of cases, this question was rated as not applicable because a CANS was not conducted.

Case plans for in-home cases should fully address safety issues that were brought to Rock County DHS's attention. For 20% of cases (or one case), this was not done, another 20% were rated as partially done, and for 40% of cases, this was fully done. For one case (or 20%), this question was not applicable.

Results related to the caseworker checking on progress on the case plan were not as positive. For 40% of cases, caseworkers did not check on progress, and for another 40% of cases, this was partially done. Only for one case (20%) did the caseworker adequately check on progress. Similarly, 75% of cases partially met standards for having behavior changes specified in the case plan to measure progress, while standards for this aspect of the case were not met in 25% of cases.

The court-ordered conditions used SMART format objectives in 67% of cases and partially used them in 33% of cases. It should be noted that this item was not applicable for two cases.

The review considered whether services were provided for various types of need. Services were more often provided for economic hardship (75%) and urine analysis (UAs) (75%), with these not being done in 25% of cases. Domestic violence was noted as an issue in two of the cases. For one of these cases, adequate services were not offered, and for the other case, providing adequate domestic violence services was partially done.

Team members fully followed through with commitments for 40% of the cases and partially for 20% of cases, while this was not done for 40% of the reviewed cases. For 67% of reviewed cases, children

received sufficient services based upon the CANS, and progress was documented, while in 33% of reviewed cases, this was not done. Birth parents fully received sufficient services for 40% of reviewed cases, partially for another 40%, and for 20%, this was not done.

For 20% of reviewed cases, caseworkers contacted service providers to determine whether birth parents had consistent attendance and were engaged in the services. For 40% of cases, this standard was partially met, and for 40%, this standard was unmet. For parents in which alcohol or other drug abuse was identified, 75% of cases fully met standards for using UAs, while 25% did not.

Regarding contact with birth parents, caseworkers made sufficient contact in 60% of reviewed cases. This standard was partially met in 40% of cases. For contact with team members, caseworkers fully met standards in 60% of reviewed cases, partially met standards in 20%, and did not meet standards for 20%.

Reviewers were asked about improvements that could have been made regarding accountability between team members. Two comments were made about the lack of services noted in the case records and whether any monitoring occurred. One person noted that no follow-up was made to address unsafe conditions in the home despite this being noted in the records; instead, services focused on the parents' drug use.

For the five in-home cases, two of them had been assigned one caseworker, two had experienced two caseworkers, while one had more than five workers. Reviewers observed that some of the cases had great documentation.

Initial Assessment – Closed Cases

A total of 64 cases that had an initial assessment and then closed were reviewed. Regarding access/intake, standards were fully met for 94% of reviewed cases, and for 6% they were partially met. Timelines were fully met in 94% of reviewed cases, partially met in 3%, and not met in the remaining 3%. In only one case was there a difference of opinion about screening the case in.

For the initial assessment portion of the case review, multiple questions were assessed. For 84% of reviewed cases, parents were fully assessed regarding providing a safe environment, whereas this was partially done in 16% of reviewed cases. Timelines were fully met in 83% of reviewed cases and partially met in 17% of cases. For 79% of reviewed cases, all the necessary contacts were made. In 21% of reviewed cases, this was partially done.

The review also assessed whether appropriate steps were taken if the birth parents did not respond to calls or make themselves available for safety checks. This item was relevant for 10 cases. Of those cases, standards were fully met in seven cases, partially met in two cases, and not met in one case.

The review assessed whether the family was provided information about community supports. This was fully done in 63% of reviewed cases, partially done in 7% of cases, and not done in 30% of cases.

Mandatory reporters should be notified of the decision on the report. This was relevant for 31 of the reviewed cases. Notification was made in 30 of the 31 cases to which this applied and not done in one relevant reviewed case.

Reviewers made multiple comments about the cases they reviewed to clarify their ratings. The comments below represent reviewers' explanations on cases in which standards were not met.

- Case was closed past the 60-day requirement.
- Dad was not assessed, and Mom was very stressed and could have used some community supports.
- Dad was not assessed. This family has had many reports and could/should have been provided information about community resources. Also, Mom is part Native American but not enrolled in a tribe. Case is noted as "pending" for ICWA.

Several comments were made about cases in which domestic violence was present. Concerns were raised by reviewers that not all caregivers were assessed. Specific comments related to cases in which standards were not met included:

- Not all caregivers were fully assessed. Information was not behaviorally specific enough to fully inform safety assessment and decision-making.
- Young children's narratives contradict results of safety assessment, and there was lack of documentation to support decision-making. High-stress/high-risk case.

One reviewer made a general comment related to all cases reviewed that documentation was very good with "lots of detail and kept track of each contact, who they saw, and what they chatted about." However, for one specific case, the reviewer said the documentation was poor.

Of the 64 cases, 34 were categorized as BIPOC and 30 as White. Generally, case practice was very similar for BIPOC and White families' cases. Across most of the aspects of the closed-after-initial-assessment cases reviewed, there were no distinctions between BIPOC and White families' cases. It is important to reiterate that there were no statistically significant differences between BIPOC and White families' cases overall in the case review. However, we are providing descriptive statistics for any areas in which even minor distinctions are noted to enable Rock County DHS to monitor these areas of practice to ensure equity. For closed-after-initial-assessment cases, parents were fully assessed in regard to providing a safe environment in 90% of White families' cases and 79% of BIPOC families' cases. For the remainder of cases for both White and BIPOC families, this was partially done.

Screened-Out Cases

Screened-out cases are those in which a call was received at the hotline and a decision was made to go no further with an investigation. A total of 140 screened-out cases were reviewed by the Butler team. This review took place after the on-site review and reviewers divided up these cases and worked independently to assess them using the instrument designated for screened-out cases. Screened-out cases contain very little information, so the instrument and its results are also brief.

Cases were assessed for whether access/intake standards for decision-making were followed. These standards were fully met in 83% of reviewed cases, partially met in 10%, and not met in 7% of reviewed cases. Discussions with supervisors to determine whether to screen in or out the case were held in 66% of reviewed cases. This was partially done 6% of the time, and in 27% of reviewed cases, this was not done.

Timelines were met in 98% of all screened-out reviewed cases. For two reviewed cases, this was partially done, and for one case, it was not done. For 91% of reviewed cases, mandatory reporters were notified of the decision, while for 5% of reviewed cases, this was partially done and for 3%, it was not done. Two cases were noted as having insufficient documentation for the review team to rate. In only one case of

all reviewed cases was there a difference of opinion documented in the case file about screening the case in.

Reviewers made comments on their observations from reviewing the screened-out case files. The comments listed below are related to the small percentage of cases in which the decision-making standards were rated as not met. Comments included:

- High-risk case that could have likely benefitted from further assessment of underlying dynamics/caregiver protective capacities.
- Unable/unwilling to provide care; vulnerable child living with Bio Mom/TPR'd. Insufficient information documented to understand current dynamics, relationships, caregiver protective capacities, and changes in circumstances.
- Reasonable suspicion to warrant further investigation: child reportedly fearful of parent, multiple recent reports of physical abuse/disclosure to school, DV history, poor school attendance of child. No discretionary service referral was made or linking to support.
- Visible injuries to a small child's buttocks warrant an investigation.

Comments were also made about a lack of information to have made a reasonable decision to screen out the case. These cases would have benefitted from an initial assessment to assess further.

Multiple comments were also made about the lack of documentation related to discussions with a supervisor about whether to screen in the report.

Of the reviewed cases in which race and/or ethnicity was identified, 28 were categorized as BIPOC and 108 as White families. Some did not have race and/or ethnicity identified. We caution that screened-out cases are the most likely to have inaccurate racial and ethnic information documented due to lack of extensive contact with the family. However, we noted that for access/intake standards for decision-making, standards were not met for 18% of BIPOC families' reviewed cases, compared to 4% of White families' cases. Standards were partially met in 14% of BIPOC families' cases and 8% of White families' cases. Standards were fully met in 68% of BIPOC families, compared to 88% of White families. As mentioned earlier in the report, the differences in case practice for White and BIPOC families' cases were not statistically significant overall, but these observations may provide areas for monitoring.

Discussion

The case review project was designed to address the co-created research questions. This section explores the research questions using the data gathered from both the case review and the qualitative data from the focus groups/interviews.

The qualitative data and case review data provide two different perspectives on CPS practice in Rock County. Some of the project's research questions are best answered by qualitative data, while others are best answered by case review data. In some cases, both types of data are relevant. For topics in which both types of data were relevant, Butler researchers noted some instances in which the conclusions from the qualitative data and case review data are in agreement and some instances in which the conclusions from the qualitative data and case review data do not align. There are several possible reasons for this, listed below.

- People who have had negative experiences are often more likely to sign up for and attend focus groups and interviews than people with positive or neutral experiences, thus skewing qualitative data toward more negativity.
- The case review data covered a recent 12-month time period, as this was determined as the most relevant. Practice problems that occurred prior to that time period, but which have since improved, were not captured by the case review.
- Relatedly, though researchers conducting the focus groups and interviews asked stakeholders to limit their responses to their experiences in the past year, some stakeholders may not have done so, or they may have been unable to separate their past experiences from more recent ones. Thus, it is possible that the qualitative data reflects some experiences from prior to the time of the case review, or that past experiences shaped the perceptions of stakeholders who participated in the focus groups and interviews.

In this section, we integrate the qualitative and case review data according to the project's research questions. Alignment, or lack of, between the two types of data are noted for each topic.

Barriers to Timely Permanency

Stakeholders participating in focus groups and interviews listed three primary barriers to permanency: parental substance use, parental incarceration, and Rock County's DHS reluctance to terminate parental rights. Stakeholders also mentioned that the longer children go without permanency and the more times they change placements, the more they tend to develop trauma-induced behavioral and attachment problems that hinder permanency. One stakeholder mentioned that when out-of-home cases are reassigned to new caseworkers, there tends to be a delay in terminating parental rights and moving toward permanency.

The case review data aligned with stakeholder input on parental substance use and incarceration. The case review revealed the following barriers, listed here from most to least frequent: parental substance use/mental health, parental incarceration, housing, court delays, and parental intellectual/developmental disability. In one case, the inability to obtain approval for subsidized guardianship was listed as a barrier to permanency. Taken together, the case review and qualitative data indicate a need for more accessible and intensive services for the treatment of substance use and mental health, as well as long-term intensive supports for parents with intellectual/developmental disabilities. Parents' intellectual/developmental disabilities were found by the case review team to be barriers to permanency in two out of the 21 cases reviewed. Greater system resources and efficiency, such as faster court proceedings and subsidized guardianship, can also support more timely permanency.

Improvements for Accountability for All Team Members

Stakeholder feedback and the case review data revealed opportunities to improve accountability for all team members, as well as to help stakeholders understand the structures in place that create accountability. Improved communication between all team members and regular check-ins were the most prevalent areas revealed by the data as needing improvement. The case review data showed that for out-of-home cases, check-ins with birth parents and team members were among the lowest areas for adherence to best practice standards. In only 52% of cases did the caseworker make and document sufficient contact with birth parents/caregivers. In 33% of cases this was partially done, and in 14% of

cases, this was not done. Similarly, in only 65% of cases did the caseworker make and document sufficient contact with team members, such as providers, CASA, GALs, and schools. In 20% of cases, this was partially done; in 10% of cases it was not done; and in 5% of cases, there was insufficient documentation to determine.

It should be noted that the qualitative data did not reflect the same degree of foster parent contact as the case review. In the reviewed cases, 100% showed that best practice standards were fully met for foster parent contact, but several foster parents, including relative foster parents, shared that the child's caseworker rarely contacted them or contacted them with inadequate frequency. This could be a result of a negativity bias in the focus group data (people with negative experiences being more likely to participate in focus groups), or it could have another explanation. Several foster parents mentioned that their substitute care workers did contact them frequently, even when the child's caseworker did not. It was not always possible to tell from the case record which caseworker made the contact with foster parents, and which caseworker made the contact was not a factor in the case review, so the case review data may have reflected the substitute care workers' contact in addition to the child's assigned caseworker, and foster parents desire more contact from the child's assigned caseworker.

We believe that a primary reason for lack of follow-up and check-ins is caseworkers' caseloads being too high. Although some improvement may be gained by increasing supervisor monitoring of check-ins with birth parents and following up with providers, GALs, CASA, and schools, the underlying cause is likely the caseworkers' lack of time to check in as often as they would like. Without addressing the high caseloads carried by caseworkers, it may be very challenging to achieve best practice standards in this area.

Greater accountability for all team members, including birth parents and providers, is a need that can be met through FTMs. When FTMs are implemented to their greatest potential and have regular attendance from all caregivers and providers, FTMs provide an excellent opportunity for accountability for everyone on the team, including birth parents. FTMs could be utilized with families with in-home open cases as well as those who have children in out-of-home care.

Balancing Safety Standards with Avoiding Family Separation

The case review data and qualitative feedback from stakeholders on balancing safety standards with family separation were very different. The case review showed overall high adherence to best practice standards regarding gathering sufficient information to inform safety and risk decisions for out-of-home cases, in-home cases, and cases that were closed after initial assessment. For example, case reviewers rated 100% of reviewed out-of-home cases as meeting best practice standards for fully assessing parents regarding providing a safe environment, making necessary contacts, and taking appropriate steps if birth parents did not respond to calls or make themselves available for safety checks. For in-home cases, 100% of reviewed cases met best practice standards for fully assessing parents regarding providing a safe environment, though there was room for improvement in attention to safety in the form of increasing monitoring of in-home safety plans. For cases that were closed after initial assessment, 84% were rated as fully meeting best practice standards for assessing parents on providing a safe environment, and 16% of cases partially met standards. The case review data showed excellent efforts to find relatives and a high rate of out-of-home placement with relatives (62% of all out-of-home cases reviewed), demonstrating the outcome of their strong efforts in this area. Thus, the case review data reflect that Rock County DHS is doing very well in assessing safety, although monitoring safety plans for in-home cases needs improvement.

In contrast, many stakeholders expressed concerns about leaving children in unsafe situations or returning children to unsafe situations after out-of-home placement. We believe that the discrepancy between the case review data and the qualitative feedback is explained by the difference in the definition of safety used by CPS versus what is considered safe in the eyes of the community. While Rock County CPS generally adheres to the best practice definition of safety for child welfare practice, the community does not share CPS's belief in this definition. This presents an opportunity to help community stakeholders, including foster parents, providers, and school personnel, understand how CPS defines safety and the research that supports their safety standards, as well as the need to balance safety concerns with the harm caused by removal (Doyle, 2007; Trivedi, 2019). The researchers noted that community stakeholders never mentioned the potential harm of removing children from the home or the need to balance safety concerns with the harm of family separation but instead focused solely on safety concerns. Analysis of reunification success and foster care re-entry may also provide more insight and data that can be shared with the community on this topic.

Racial and Ethnic Disparities

Several stakeholders shared concerns about racial and ethnic disparities in services offered to families who are BIPOC. In contrast, the case review data did not show statistically significant differences in meeting best practice standards in the cases of BIPOC families compared to White families. However, BIPOC families may be impacted in more subtle ways, such as receiving services that are not culturally responsive, which are not captured in the case documentation. We caution that despite the lack of evidence of a pattern of biased case practice, individual BIPOC families may still be affected by bias or discrimination. Additionally, BIPOC families may be impacted by systemic racism in systems beyond the control of CPS, such as the justice system or historic inequities in education and economics, which ultimately affect CPS involvement and their needs when involved in CPS. Analysis of data on factors such as reunification and re-entry rates, which was beyond the scope of this project, could also provide more insight into potential differences in case outcomes by race and ethnicity.

Parental Engagement in Decision-Making and Goal Setting

The case review was only able to assess parent-child interaction and caseworker contact with birth parents. There was insufficient documentation to assess the degree of parental engagement and birth parents' role in decision-making and goal setting. Based on the level of caseworker check-ins with birth parents, however, there may be room for improvement in this area. The limited feedback that was received from birth parents in the focus groups also supports a need for improvement. Birth parents shared that they wanted a stronger voice and greater role in decision-making for their children in care. Feedback from stakeholders in other roles indicated that Rock County DHS is making great strides in this area and that family engagement and family voice have greatly improved as the department has implemented system reform to align with best practices and FFPSA. Some stakeholders specifically mentioned that FTMs have given birth parents greater opportunity to share in decision-making and developing goals. We recommend that these efforts be continued and increased and that documentation be improved to allow monitoring of this aspect of care.

Reasonable Efforts to Find Kin for White and BIPOC Children

The case review data on out-of-home cases showed very strong efforts to find relatives for children in care. For BIPOC children, this was fully done to best practice standards in 100% of cases. For White

children, it was fully done to best practice standards in 92% of cases and partially done in 8% of cases. Placement with relatives was high across all out-of-home cases, at 62% of cases reviewed. This appears to be a strength of Rock County CPS practice.

Factors Impacting Placement Stability

The case review data and stakeholder input provided insight into several factors that impact placement stability. The first of these is that there is a lack of therapeutic foster homes (Levels 3 and 4) in Rock County for children with complex mental health or behavioral needs, including needs that are trauma induced. These children are more challenging for their parents, which may increase their likelihood of entering care, and then Rock County DHS struggles to find appropriate placements for them when they need it. Stakeholders shared that these children are more likely to be moved between foster homes or re-enter foster care after reunification with their families. Several stakeholders mentioned a serious lack of adequate services in the community to support children with complex needs, including a lack of transition planning from psychiatric hospitalization and residential treatment facilities, lack of wraparound services, lack of mental health services that fully address children's trauma-based needs, lack of adequate crisis services and mobile crisis response, and lack of culturally responsive supports. Similarly, lack of accessible, intensive, culturally responsive mental health and substance use treatment for parents influences their stability. Stakeholders also mentioned a lack of sufficient peer support and services that develop parents' skills to manage their children's behavioral and emotional needs. Finally, a lack of availability of respite care was noted. We recommend acting on these service array inadequacies by conducting a service array assessment and working with providers to expand their services and gain the specialized training they need to better serve families involved in CPS. Other improvements can be made by increasing peer support provided through Rock County DHS's PSP program and financially supporting respite care for families. Increasing the support offered after reunification, including respite and family therapy, was also noted by many stakeholders as a strong need that can prevent children's re-entry into out-of-home care.

Family Interaction

The case review and qualitative data both showed that parent-child interaction is often a strength when children are placed out of home, but there is still room for improvement. In 60% of reviewed cases, best practice standards regarding face-to-face family interaction between parents and children were fully met. In 35% of cases, standards were partially met. However, in the cases in which siblings were in different homes, only 54% of cases were rated as fully meeting best practice standards for face-to-face interaction between siblings. This data is consistent with input from stakeholders that sibling interaction occurs less frequently than parent-child interaction. This represents an opportunity for improvement to maintain or strengthen parent-child and sibling attachment.

Recommendations

The case review offers clear findings on the status of Rock County CPS from a system, organizational, and practice level. Throughout this report, stakeholders offered many ideas for improving practice. Please also see the Family First Prevention Services Act (FFPSA) Brief prepared by Butler staff (sent separately) summarizing best practices around this significant legislative policy for more ideas about how to achieve the legislation's intent to transform service delivery. It should also be noted that Rock

County DHS is currently engaged with Alia to reform their system, and many of our recommendations align and support those efforts.

We present the following recommendations categorized by system, organizational, and practice levels based upon the case review findings and our child welfare system expertise.

System Level

1. Engage in a robust change management effort to address the philosophical approach and system reform driven by FFPSA. Utilize implementation science to help the community and staff move through the new approach. The intent of this change management effort should be to create a forum or structure to engage the community in developing a shared vision and understanding of child and family safety and well-being, including opportunities to explore differences in the roles and responsibilities of various entities and how they all contribute to stronger outcomes. This effort should be as transparent as possible, including acknowledging the challenges of change and that the Rock County DHS is there to support the community stakeholders as their roles change. Provide role clarity for all team members (e.g., foster parents, birth parents, providers, advocates, schools, etc.). Encourage a nonjudgmental, trauma-informed, unbiased, and culturally responsive system through the change efforts.
2. Conduct a community service array assessment to better understand the strengths and gaps of services in the community, especially related to substance use, domestic violence, child and adult mental health, crisis services including mobile crisis response, economic supports, services to help parents develop the skills they need to support their children, and wraparound care coordination. The assessment should specifically address the availability of intensive services, such as in-home therapy, family therapy, and transition services following psychiatric residential treatment and psychiatric hospitalization (up to and including partial hospitalization and day treatment). Endeavor to understand how service access issues impact the community and the barriers to treatment. Assess the degree to which community resources are culturally responsive and address trauma, and the extent to which they address underlying root causes. Based on the service array assessment, utilize all possible options and incentives to expand the service array to meet the needs of the community and reduce barriers to treatment.
3. Consider applying zip-code-based, population-level data to the community needs assessment to better understand the client population and service delivery system.
4. Offer training and ongoing learning opportunities for foster parents on issues relevant to them. Include the following topics: the research supporting system reform, understanding safety, the potential harms of removal, the impact of systemic racism, cultural and historical trauma, disproportionality in the child welfare system and best practices to address it, implicit bias, and what foster parents are and are not entitled to know.
5. Offer training and resources to improve parents' skills for handling children's challenging behaviors and behavioral/mental health crises (for birth, foster, and adoptive parents).
6. Offer training on systemic racism, cultural and historical trauma, disproportionality in the child welfare system and best practices to address it, and diversity/equity/inclusion to all community stakeholders, including providers, advocates, schools, and foster parents.

7. Engage in a community relations campaign to inform the community about the Rock County DHS's goals and successes. Use creative strategies such as microvideos and infographics explaining safety in plain language. Communicate family successes.
8. Work with the court system and other community partners to expand Family Recovery Court.
9. Strengthen youth and family voice in Rock County DHS activities. Consider developing an advisory council with youth, foster parents, and birth parents. To ensure all voices are heard, these may need to be separate councils.
10. Consider that the board review its governance structure to help ensure that all voices are heard, allowing it to be best situated to respond to emergent needs and opportunities.

Organizational Level

11. Address high caseloads using creative methods such as teaming and the use of case aides (see also recommendation in Practice Level section).
12. Employ an array of retention strategies to keep and support Rock County DHS staff. See the National Child Welfare Workforce Institute website for ideas and resources.
13. Develop a supervision model and strengthen management practices to build supportive, developmental, and effective relationships and improve consistent supervision and accountability for all staff.
14. Expand and strengthen the PSP program to provide peer support for more birth parents. Ensure parent partners provide emotional support, help parents develop natural and informal supports in the community, teach parents to advocate for themselves and their children, and coach parents on setting goals and meeting their return conditions.
15. Given the historical marginalization of BIPOC families and disproportionality in child welfare, closely monitor racial/ethnic disparities by frequently reviewing the data in team meetings at organizational and unit levels. Analyze data such as length of time out of home and foster care re-entry rates according to race and ethnicity. Improve documentation of all family members' race and ethnicity in data systems to ensure data analysis on race/ethnicity is accurate.

Practice Level

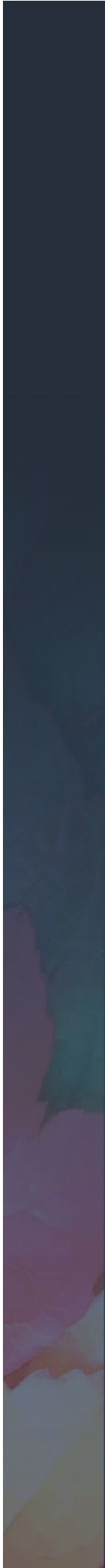
16. Expand and strengthen the use of FTMs so the model is practiced to its full potential. Ensure that all relevant team members (e.g., foster parents, schools, service providers, advocates, GALs, etc.) are invited to every meeting and supported to fully participate. Begin offering FTMs for cases still open from before October 2021, and expand to in-home cases. FTMs can help address the lower adherence to practice standards found by the review team for in-home cases, as well as improve practice for out-of-home cases, because many areas rated as not meeting best practice were related to following up and checking in on the plan and with the team members.
17. Improve accountability for all team members. Prioritize follow-up with all team members as essential for all in-home and out-of-home cases, with improved supervisor monitoring of caseworker check-ins with all team members. Engage in creative strategies such calendar-sharing, "office hours," or virtual forums to improve communication.

18. Employ case aides to assist with more routine tasks, such as collecting medical authorizations and confidentiality releases. Consider recruiting people with lived experience as case aides. Ensure that foster parents receive all necessary paperwork right away, particularly medical authorizations.
19. Strengthen the caseworkers' initial meetings with foster parents to ensure they are fully informed on the child's needs as documented in the CANS. Share the CANS report with foster parents. Ensure these discussions are clearly and fully documented in the case notes.
20. Provide more training on thorough documentation to caseworkers, and have supervisors reinforce this skill. Build on the exemplary documentation already done by some caseworkers in the agency, and elevate all caseworkers to that level of excellence.
21. Keep cases open after reunification to offer in-home services and support. Ensure all families have access to family therapy. Encourage ongoing relationships between birth families and foster families, and encourage foster parents to provide mentoring and respite care. Pay foster parents to offer this support to birth parents.
22. Increase monitoring of family interaction time, including sibling interaction. Ensure supervisors regularly check this for all out-of-home cases.

Summary and Next Steps

The Rock County CPS case review project generated insightful information about Rock County DHS's strengths and areas for improvement through a thorough analysis of stakeholder voices from across the system and a comprehensive case review. Moving forward, agency leadership, staff, and the community must be committed to improving the system to achieve better outcomes for children and families.

The next phase of this project will be to share the case review results with Rock County DHS staff and stakeholders throughout the community. We recommend that the board develop a committee to review recommendations, align them with current efforts already underway (such as with Alia), prioritize those recommendations, and develop an action plan to share widely with the community.



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Appendices

Appendix A: Steering Committee

Steering Committee Members

NAME	ROLE
Rachel Belanger	Birth parent
Robin Gleason	Caseworker
Amber Johnson	Caseworker
Jamie Proctor	CPS supervisor
Harriet Everette	Kinship/relative foster parent
Joan Vetter	Nonrelative foster parent
Angel Maciel	Youth
Kate Luster	HSD Director
Lisa Line	Assistant corporation counsel
Sandy Johnson	CASA executive director
Tera O'Connor	HSD deputy director, acting program manager
Josh Smith	County administrator

Appendix B: Rock County Child Welfare Case Review One-Page Summary

Rock County Child Welfare Case Review

This project includes a comprehensive child welfare case review to assess compliance with county and state policies and best practices in the child welfare field. The Butler Institute for Families at the University of Denver Graduate School of Social Work will lead this project.

Project Values:

- Integrity
- Equity
- Transparency
- Partnership
- Competence

Project Components:

- Focus groups and interviews with stakeholders
- Randomized case reviews with reports
- Family First Prevention Services Act (FFPSA) integration implementation plan with national best practices
- Communication plan and associated products

Project Team Structure:

Steering committee comprised of internal and external stakeholders
Case review teams comprised of Butler and Rock County staff

Case Review Process:

1. Specify research questions and topics for review
2. Identify measures and related criteria
3. Develop a sufficient sample size and identify population characteristics
4. Conduct purposeful, stratified case sampling
5. Develop case review protocols for review teams
6. Organize case review teams and train review team members
7. Collect case review data and ratings
8. Analyze case review results

Timeline:

April	May	June	July/August
Focus groups	Focus Group Results Review Instrument Review Logistics Family First Brief	Case Review Training Case Sampling Case Review	Findings Analysis Report Stakeholder Presentation

Butler Team:

Principal Investigator: Charmaine Brittain, MSW, PhD
Co-Principal Investigator: Ashley Brock-Baca, PhD
Reviewer: Brenda Lockwood, MA, CNTC, PCC
Reviewer: Christa Doty, MSW, LCSW, CPCC, CNCT, PCC
Reviewer: Sommer Purdom, MSW candidate
Best Practice and FFPSA Expert: Carole Wilcox, LCSW
WI Practice Consultant: Emily Campbell, CSW, MSc

Appendix C: Rock County Focus Group Flyer, Version 1

A comprehensive child welfare case review is being undertaken to assess compliance with county and state policies and best practices in the child welfare field.

Focus groups will be held for:

- Foster Parents
- Birth Parents
- Youth (18 and over)
- Providers
- Court Personnel
- Human Services staff
- Other Interested Parties

Confidential 75-minute focus groups will be offered at various days and times between May 12-26, 2022 and will be specific to various stakeholder groups (for example, foster parents, birth parents, providers, court personnel). In other words, there won't be any mixed groups!

Focus groups will be hosted via Zoom by the Butler Institute for Families at the University of Denver.

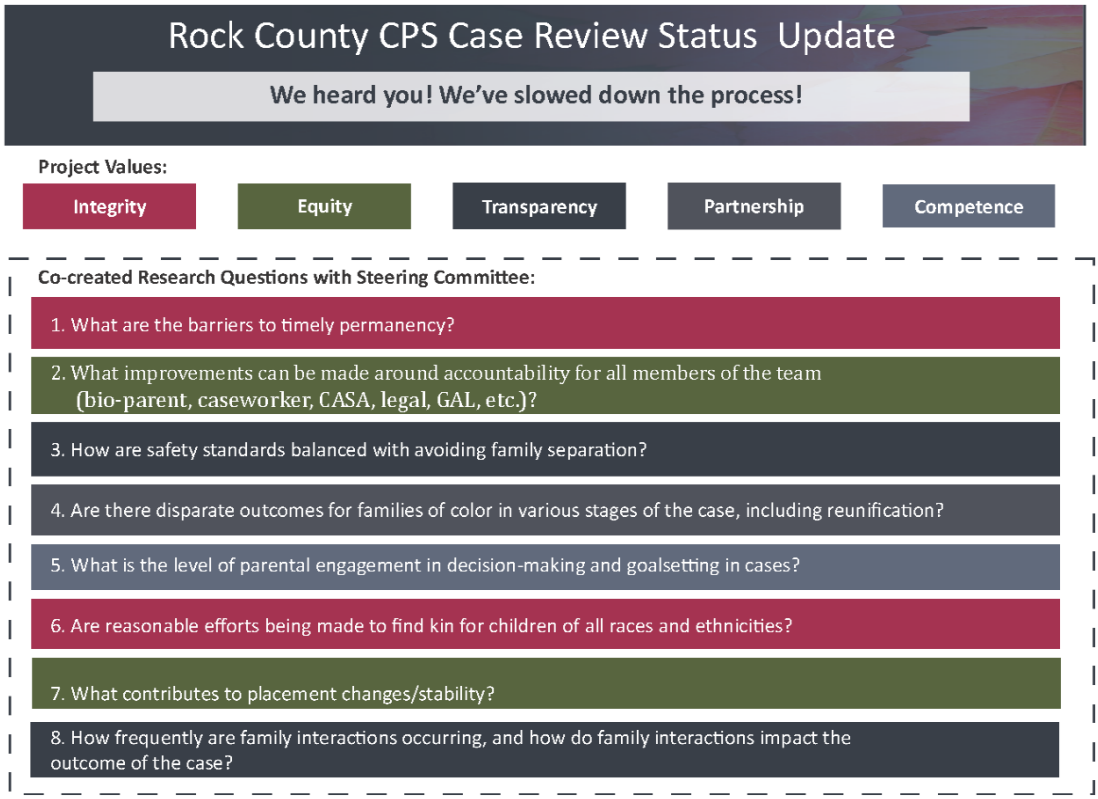
Sign up here

(depending upon your identified stakeholder group, you will be offered choices for dates)

Questions? Contact: Charmaine.Brittain@du.edu

Appendix D: Rock County Focus Group Flyer, Version 2

Appendix E: Rock County CPS Case Review Status Update



Appendix F: Responses to Questions and Concerns

Responses to Questions and Concerns

Rock County Stakeholders,
Thank you for taking the time to provide feedback to our team. We (our Butler team) have heard feedback showing excitement about the process, as well as feedback expressing concerns about the process and stakeholders. Guided by our commitment to the values of transparency and partnership, we will endeavor to respond to each of your questions and concerns in this document.
Collectively, our Butler Institute team has about 150 years of experience in the child welfare field as social workers. As social workers, we are guided by the National Association of Social Workers (NASW) code of ethics. Our Butler team has worked with stakeholders in communities, state agencies, county programs, tribal programs and more. We are confident that our review methods and work together during this project will provide information and opportunities that your community can use to inform meaningful and sustained policy and practice change. Butler is housed in the Graduate School of Social Work at the University of Denver and is a not-for-profit educational institution. Our mission is: To strengthen child-, youth-, and family-serving systems with evaluation, capacity building, and applied research.

Questions: (questions from stakeholders are italicized and presented as asked; responses are in regular font; names are redacted)

Is there information somewhere about the overall goals and purpose of this assessment and steering committee?
The overall purpose of the case review is: **A comprehensive child welfare case review to assess compliance with county and state policies and best practices in the child welfare field.**
The steering committee consisting of internal and external stakeholders provides high-level oversight, co-creates research questions, and reviews instrument and interview protocol development.

I am curious to how the committee was selected? We identified all key stakeholder groups and then invited people to apply for slots representing those groups. If there were more applicants than slots, we used a random number generator to select stakeholder representatives.

I find it concerning that of the 11 people on the committee, 7 of them report to the HSD Director and an 8th is a County employee. Wouldn't you consider that unethical in a committee whose purpose is to determine whether or not the County is compliant with policies and best practices?
The committee selection was purposeful and consists of a broad range of stakeholders. While there are multiple county staff, there are also six Butler team members (Charmaine Brittain, Ashley Brock-Baca, Brenda Lockwood, Christa Doty, Sommer Purdom, and Emily Campbell) on the committee. We specifically wanted representation at various county staff levels to understand both the system and the interaction between supervision levels. The committee also includes a birth parent, youth, kin foster parent, and non-kin foster parent. All representatives for the various stakeholders applied as volunteers and if there were more people than slots, they were randomly selected using a random number generator. We chose this method to be as non-biased as possible. All stakeholder representatives are willing to be the "voice" for their group. County leadership is also on the committee to act as a conduit for information (such as connecting to all birth parents, kin foster parents, etc.; accessing the county-wide information systems).
The Steering Committee created the following list of group agreements to guide interactions:

• Communicate with respect
• Speak for yourself
• Honor differences
• Participate intentionally
• Engage in the process
• Call people in (Jesse, we haven't heard from, what do you think?)
• Have candid conversations
• Listen to understand, not to respond
• It's okay to disagree, everyone is different
• Maintaining a safe space
• Respect confidentiality when personal and professional experiences are shared and opinions expressed
• Acknowledge power differences and maintain steering committee space as a safe space
• Share ideas and perspectives free from ridicule and retribution by others
• Agree on the takeaways to be shared publicly at the meeting's conclusion as well as what is confidential

The steering committee uses a consensus-building technique called "5 fingers" (level of agreement/disagreement is expressed by raising 1 through 5 fingers) for any decisions that need to be made. This means that until everyone in the group is in agreement as indicated by voting with at least three fingers, we do NOT move forward. We have used this technique effectively with other groups and it does air concerns and ensures that everyone is on board before moving forward.

My understanding is that there are seven people involved with CPS and only one foster parent and one kinship parent on the committee. I'm questioning whether the committee so heavily weighted with staff (including a manager and her assistant, which could cause people to not speak freely, the whole purpose of an independent review) would be able to come to an impartial conclusion of any sort. Therefore, I feel that more foster and kinship parents should be included in the committee and possibly even a birth parent whose children are currently in the system, it should definitely not be weighted with people that have authority over the jobs of those on the committee. This would allow all sides to be heard and may provide a more rounded review of the CPS program in Rock County.
We (the Butler team) agree with you that the steering committee should be unbiased and independent. There are actually 17 members on the committee including Butler staff. There is a birth parent, kin foster parent, non-kin foster parent, and a youth on the steering committee. Each of these people with lived experiences have accepted the responsibility of also connecting with their stakeholder group. Butler staff will maintain impartiality and act in the best interests of our project goal.

I feel the irony of [name redacted] being on this committee is especially noteworthy. From firsthand experience, I'm aware she's been involved with case management issues pertaining to knowingly not disclosing her own conflicts of interest. All caseworkers and supervisors were randomly chosen.
To avoid any perceived conflict of interest, this person will not be on the review teams. See above about the inability of one person to decide outcomes. Butler staff constantly monitors the group to ensure all voices are heard and consensus is achieved.

Am I reading this correctly that Butler and a county staff person will do file reviews?
Yes, it will be two teams of three, each made up of two Butler staff and a county person. The county person's role is to help us navigate the system, answer questions about specific-county practices, etc. The system of including a local person on case reviews is a model that has been used nationally in the

Child and Family Services Reviews (CFSRs) and also one that Butler has employed in other review sites. Butler staff have the final say in all case review decisions.

Would it make sense to expand the file review group to include an outside stakeholder?
The reviews require deep practice experience. The method of having teams of three including one local person has proved to be efficient and effective.

If a case is reviewed, would a bio parent, foster parent(s) and case workers be interviewed?
We built in the capacity to have up to three interviews per case. Appropriate interviews will be determined for each case.

How many files will be reviewed and will there be a combination of open and closed?
Cases will be selected from the database using purposeful stratified sampling (approximately 10% of each type of case). The stratified sample will include screened in/out, investigation (substantiated/unsubstantiated), open for services, and permanency case situations.

Can you specify who exactly is proposing the questions/topics for review? Item 1 next to "case review process" seems to imply that this committee (composed of 8 individuals who are on the department/County's payroll and only 3 who aren't) will be proposing the topics to review. I am concerned that the topics presented to research/review will be biased rather than impartial.
Butler and the steering committee are co-creating the questions for review. We start with defining the research questions then move to developing the focus group protocols that will help to answer those research questions. The focus group results, as well as Butler's expertise in best practices, will then inform the case review instrument development. The steering committee will approve the case review instrument.
In regards to the question about the steering committee composition, every person on the committee has veto power. Our aim is to build consensus and move forward only when that has been achieved.
Butler co-created the research questions with the steering committee and the full review will address these questions:

1. What are the barriers to timely permanency?
2. What improvements can be made around accountability for all members of the team (bio-parent, caseworker, CASA, legal, GAL, etc.)?
3. How are safety standards balanced with avoiding family separation?
4. Are there disparate outcomes for families of color in various stages of the case, including reunification?
5. What is the level of parental engagement in decision-making and goalsetting in cases?
6. Are reasonable efforts being made to find kin for children of all races and ethnicities?
7. What contributes to placement changes/stability?
8. How frequently are family interactions occurring and how do family interactions impact the outcome of the case?

The focus group protocols and the case review instrument will ask questions in order to address these research questions. It should also be noted that the focus groups will happen first and results from them will inform the development of the case review instrument. For example, we may see a theme in the focus groups that we want to follow up on for the case review.
To summarize the sequence of development is: research questions → focus group protocols → focus group results → case review instrument. Along the way, we will constantly gather feedback and make adjustments. The final report will contain the focus group and case review results.

We are asking for the steering committee's opinions on what should be asked during the focus groups and case reviews, that Butler staff will then translate into appropriate questions. Butler's staff members bring their knowledge and deep practice experience to the protocol and case review development process and ultimately, Butler staff will finalize the protocols and case review instruments. Also and most significantly, our research is governed by the University's Institutional Review Board, meaning that our research plan must meet the rigor of this board and be approved by them before moving forward.

I'm also curious about the upcoming focus groups- would that be an opportunity to include more diverse voices in this process than what I see listed on the steering committee?
The focus group plan is as follows:

Stakeholder Group	**Focus Groups**	**Interviews**
Foster parents	2-3 (more as needed)	1-2
Birth parents/families	2-3	---
Court personnel	1	---
Human Service Dept. leadership	---	2-3
Human Service Dept. supervisors	1	---
Human Service Dept. staff	2	---
Providers	1	---
Other interested parties (CASA, law enforcement, schools, etc.)	2	---

Every foster parent who would like to participate in a focus group will have the opportunity to do so, even if it means holding more focus groups than originally planned. We would like to try to limit the focus groups to 10 people so that people have sufficient safety and time to speak, so we will increase the number of focus groups to accommodate the interest. We are attending to your concerns and appreciate the level of interest.
Focus groups will be transcribed and a special qualitative analysis software called Atlas.ti will analyze the data to generate themes. This ensures that the focus groups will be analyzed objectively and without bias.
We will also provide the written interview protocol to foster parent participants, if they would prefer to respond that way, and will enter any written responses into the Atlas.ti software. We will also offer a limited number of one-on-one interviews with foster parents and to be fair, we will ask people to "apply" for them, and then use a random number generator to select the interviews.

I also think it would be very valuable to include a focus group of more foster youth or former foster youth, as well as bio parents. Is this something the focus groups will address or is this not part of the scope of this particular project?
We agree! It is part of our scope and we will offer focus groups to birth parents and youth.

Thank you for expressing your questions and concerns. We will make all steering committee notes available to the public. Please let us know whether we can answer additional questions.

On behalf of the Butler team,
Charmaine Brittain, MSW, PhD Project Director, Principal Investigator
Butler Institute for Families Graduate School of Social Work, University of Denver

Appendix G: Rock County Focus Group Sign Up via Qualtrics

Q1 - Thank you for your interest in participating in a focus group. Please provide the following information so that we can contact you to send the link to participate.

- First Name
- Last Name
- Email
- Phone number (must enter if you do not have an email address; can enter N/A otherwise)

Role - Please select the group which best matches your role.

- Foster Parent (including relative foster parents)
- Birth parent or parent/caregiver who has had a case in their family
- Youth (18 or older)
- Child Protective Services staff
- Providers (health, behavioral health, child placing agencies, residential care, group homes, Non-CPS Human Services staff, etc.)
- Court Personnel
- Court-Appointed Special Advocates (CASA)
- Other interested parties (law enforcement, schools, transportation provider, etc.)

Foster Parents - Foster parents, please select the date and time you would like to participate.

- Thurs 5/19 1:00-2:15pm CT
- Mon 5/23 10:00-11:15am CT
- Fri 5/27 11:00am-12:15pm CT
- I prefer an individual interview rather than a focus group. (Limited availability. People will be randomly selected if more people choose this option than we have spots available.)

Foster Parents - Focus groups will be held via video conference, or you can call in on the phone. Do you need someone to set up a private space and computer for you to log in?

- Yes
- No

Birth Parents - Birth parents/caregivers, please select the date and time you would like to participate.

- Fri 5/20 5:00-6:15pm CT
- Mon 5/23 2:00-3:15pm CT
- Wed 5/25 11:00am-12:15pm CT

Birth Parents - Focus groups will be held via video conference, or you can call in on the phone. Do you need someone to set up a private space and computer for you to log in?

- Yes
- No

Youth - Youth, please select the date and time you would like to participate.

- Tues 5/24 6:00-7:15pm CT
- Thurs 5/26 3:00-4:15pm CT

Youth - Focus groups will be held via video conference, or you can call in on the phone. Do you need someone to set up a private space and computer for you to log in?

- Yes
- No

CPS Staff - CPS staff, please select the date and time you would like to participate. Supervisors, please sign up for the option labeled for supervisors.

- Thurs 5/19 10:30-11:45am CT
- Wed 5/25 1:00-2:15pm CT
- Wed 5/18 12:00-1:15pm CT (Supervisors only)

Providers - Providers, please select the date and time you would like to participate.

- Wed 5/18 5:00-6:15pm CT

Court Personnel - Court personnel, please select the date and time you would like to participate.

- Mon 5/16 5:00-6:15pm CT

CASA - CASA, please select the date and time you would like to participate.

- Wed 5/18 3:00-4:15pm CT

Other Parties - Others, please select the date and time you would like to participate.

- Fri 5/20 1:00-2:15pm CT
- Mon 5/23 10:00-11:15am CT

Appendix H: Focus Group/Interview Introduction and Welcome Script

Facilitator, please read this in its entirety.
Thank you for agreeing to participate in this focus group to inform the Rock County Case Review project. I am, NAME, ROLE (e.g. facilitator). I am with the Butler Institute for Families, at the University of Denver, in Denver Colorado.

We are conducting these focus groups as part of a comprehensive child protective services case review. During this focus group, we will ask you about your experience and perspectives with the Rock County CPS system. We have a list of questions to guide this focus group and want to get through them all. This review is looking at cases from the last twelve months so we'd appreciate that you keep this time period in mind as you respond to questions.

Participation is voluntary. Everything discussed in the focus groups is confidential. That means that everything said in the focus group is confidential and we appreciate your agreement to this. If at any time you do not want to answer a question, just skip it. Discussions will be recorded however, only Butler's research team will have access to the recordings. We also encourage you to write in comments in the chat box as we can record them as well. We will delete all recordings, after we have completed our final report. You may leave the focus group at any time if you are uncomfortable. We will not individually identify you in any report we produce. Instead, we report general themes across focus groups to give Rock County suggestions about strengths and areas for growth. We will also use findings from the focus groups to inform the case review instrument. Your opinions will help us to identify what we should look for in the case reviews.

This report will be presented to the steering committee and made available to the public through social media and emails. The intent for this case review is to improve the CPS system. If you have any additional comments or concerns, please email me directly [insert your email address] as I've inserted my email in the chat box. Are there any questions? Can I please have your consent by either saying yes or raising your hand? Ok, let's get started.

Appendix I: Foster Parent Focus Group Protocol

Review the instructions. Read the script and make sure the recording is on!

1. What do you think are the top three areas that the department needs to improve on, and what are the top three areas of strength?
2. How does the county do in regards to keeping a child in their current placement (with bio-parents or with kin or foster home if reunification is not yet possible)?
3. Are you getting the support you need? What support are you not getting?
4. How does the county do in terms of facilitating family interactions?
5. Do you perceive consistency around case practice, decision-making, and safety?
6. How does the department do in terms of providing equitable services and resources? Have you seen any differences in services or resources provided to families based on the gender of the parents, their race or ethnicity, or other characteristics?
7. How do you think the department can help bridge the gap between foster parents and bio parents?
8. What are your perceptions about the transparency of case decision-making? To what extent are the reasons for decisions communicated to foster parents?
9. Do you feel respected by the team members working with you?
10. How do you perceive roles and relationships among child welfare system stakeholders? How do the relationships impact the work and outcomes for families?
11. What are your experiences with caseworkers? GAL? CASA? Service providers?
12. To what extent do foster parents understand the elements of the child welfare process? Are you clear about what is expected?
13. What information do you feel you would benefit from having that you do not have?
14. Tell me about how you understand "safety" for children. Do you think your understanding of safety is shared by all stakeholders, including the department, the court, and bio parents?

Thank participants for their time.
Enter the number of participants for this focus group into the Focus Group Master Schedule in the correct tab.

Appendix J: Human Services Staff Focus Group Protocol

Review the instructions. Read the script and make sure the recording is on!

1. What do you think are the top three areas that the department needs to improve on, and what are the top three areas of strength?
2. How does the department do in regards to keeping a child in their current placement (with bio-parents or with kin or foster home if reunification is not yet possible)?
3. What supports do you feel you need to do your job to the best of your ability?
4. What barriers to reunification and/or timely permanency have you seen?
5. To what extent do you perceive consistency around case practice, decision-making, and safety?
6. How do issues and grievances get resolved for workers and supervisors? How could this process be improved?
7. What are your perceptions about the transparency of case decision-making? To what extent are the reasons for decisions communicated to all team members, including bio parents and foster parents?
8. To what extent do you think everyone understands their own role and the roles of the other team members?
9. How do you perceive roles and relationships among child welfare system stakeholders? How do the relationships impact the work and outcomes for families?
10. What are strengths and barriers related to successful communication across all parties?
11. To what extent do you think families understand the elements of the child welfare process? Are they clear about what is expected?
12. Do families have access to mental health and substance use treatment when needed? What barriers do you see?
13. What do you think leadership can do to maintain placement providers and foster parents?
14. Tell me about how you understand "safety" for children. Do you think your understanding of safety is shared by all stakeholders, including foster parents and bio parents?
15. How does Rock County address Family First? What more could be done?
16. What do you see as the biggest barriers to improved engagement with families? What about collaboration with providers and stakeholders?
17. What do you think could be done to improve the out-of-home placement process?
18. What is the level of engagement for all team members? How could engagement be improved?

Thank participants for their time.
Enter the number of participants for this focus group into the Focus Group Master Schedule in the correct tab.

Appendix K: Birth Parent Focus Group Protocol

Review the instructions. Read the script and make sure the recording is on!

1. What do you think are the top three areas that the department needs to improve on, and what are the top three areas of strengths?
2. If your children were removed from the home, what did you need to be able to keep your kids safe that you did not have when your children were removed?
3. How does the department do in regards to keeping a child in their current placement (with bio-parents or with kin or foster home if reunification is not yet possible)?
4. What could be done to improve the out-of-home placement process? How can children and families be more supported?
5. If your children were removed from the home, what help did your family get with dealing with the trauma of separation?
6. How much do you feel you have a voice in your family's case and the decisions that are made? (Prompt if time allows: Can you give examples of when your voice was heard and when it was not heard in your family's case and the decisions that have been made?)
7. What are your perceptions about the transparency of case decision-making? How much are the reasons for decisions communicated to parents?
8. How does the county do in terms of facilitating family interactions?
9. How does the county do in terms of providing equitable services and resources? Have you seen any differences in services or resources provided to families based on the gender of the parents, their race or ethnicity, or other characteristics?
10. How do you think the department can help bridge the gap between foster parents and bio parents?
11. Do families have access to mental health and substance use treatment when needed? What barriers do you see?
12. Are you getting the support you need? What support are you not getting or did you not get?
13. Do you understand what is expected of you, and to what extent do you understand the roles of other team members?
14. What supports do parents need after reunification?
15. Tell me about how you understand "safety" for children.

Thank participants for their time.
Enter the number of participants for this focus group into the Focus Group Master Schedule in the correct tab.

Appendix L: Provider Focus Group Protocol

Review the instructions. Read the script and make sure the recording is on!

1. What do you think are the top three areas that the department needs to improve on, and what are the top three areas of strength?
2. How does the department do in regards to keeping a child in their current placement (with bio-parents or with kin or foster home if reunification is not yet possible)?
3. What is the level of engagement for all team members? How could engagement be improved?
4. Do you perceive consistency around case practice, decision-making, and safety?
5. What barriers to reunification have you seen?
6. What barriers to timely permanency have you seen?
7. Do you think everyone understands their own role and the roles of the other team members?
8. How do you perceive roles and relationships among child welfare system stakeholders? How do the relationships impact the work and outcomes for families?
9. How does the department do in terms of providing equitable services and resources? Have you seen any differences in services or resources provided to families based on the gender of the parents, their race or ethnicity, or other characteristics?
10. What are strengths and barriers related to successful communication across all parties? (lots of answers from #1 on this topic)
11. Do families have access to mental health and substance use treatment when needed? What barriers do you see?
12. In what ways are you involved in case decisions?
13. Tell me about how you understand "safety" for children. Do you think your understanding of safety is shared by all stakeholders, including foster parents and bio parents?

Thank participants for their time.
Enter the number of participants for this focus group into the Focus Group Master Schedule in the correct tab.

Appendix M: Youth Focus Group Protocol

Review the instructions. Read the script and make sure the recording is on!

1. What things went well in your case? What are the areas that could have been improved on?
2. Did your social worker/case manager explain the placement process and/or decision making to you?
3. Do you feel safe and comfortable in your relative/foster home? What could be done to make you feel safer or more comfortable?
4. What else could the social worker/case manager have done to make you feel more comfortable or informed during the transition from your home to the relative or foster home?
5. How does the county do in terms of maintaining contact between you and your family (including parents, siblings, extended family, and chosen family)?
6. Do you feel you have a voice in the decisions made about your care?
7. What, if any, differences in services or resources have you seen be provided to families based on the family member's gender, sexual orientation, their race or ethnicity, or other characteristics?
8. Were you included in the decision-making process in your case and/or were the reasons for decisions communicated to you?
9. In what areas are you getting the support you need? In what areas do you feel you need more support? (for example: mental health, substance abuse, etc. for both youth and parents)
10. What supports do youth and their families need after reunification?
11. If you were removed from the home, what do you think your parents needed to be able to keep you safe that they did not have?
12. Do you feel respected by the people working with you and your family?
13. Do you understand what is expected of you, and do you understand the roles of the people working with you?
14. Tell me how you understand "safety."

Thank participants for their time.
Enter the number of participants for this focus group into the Focus Group Master Schedule in the correct tab.

Appendix N: Other Interested Parties Focus Group Protocol

Review the instructions. Read the script and make sure the recording is on!

1. What do you think are the top three areas that the department needs to improve on, and what are the top three areas of strength?
2. How does the department do in regards to keeping a child in their current placement (with bio-parents or with kin or foster home if reunification is not yet possible)?
3. What is the level of engagement for all team members? How could engagement be improved?
4. Do you perceive consistency around case practice, decision-making, and safety?
5. Do you think everyone understands their own role and the roles of the other team members?
6. How do you perceive roles and relationships among child welfare system stakeholders? How do the relationships impact the work and outcomes for families?
7. How does the department do in terms of providing equitable services and resources? Have you seen any differences in services or resources provided to families based on the gender of the parents, their race or ethnicity, or other characteristics?
8. What are strengths and barriers related to successful communication across all systems?
9. Do families have access to mental health and substance use treatment when needed? What barriers do you see?
10. What barriers to reunification have you seen?
11. What barriers to timely permanency have you seen?
12. Tell me about how you understand "safety" for children. Do you think your understanding of safety is shared by all stakeholders, including foster parents and bio parents?
13. What challenges have you experienced in working with Rock County?

Thank participants for their time.
Enter the number of participants for this focus group into the Focus Group Master Schedule in the correct tab.

Appendix O: Court Personnel Focus Group Protocol

Review the instructions. Read the script and make sure the recording is on!

1. What do you think are the top three areas that the department needs to improve on, and what are the top three areas of strength?
2. How does the county do in regards to keeping a child in their current placement (with bio-parents or with kin or foster home if reunification is not yet possible)?
3. Do you perceive consistency around case practice, decision-making, and safety?
4. Do you think everyone understands their own role and the roles of the other team members?
5. How do you perceive roles and relationships among child welfare system stakeholders? How do the relationships impact the work with families and outcomes for families?
6. How does the county do in terms of providing equitable services and resources? Have you seen any differences in services or resources provided to families based on the gender of the parents, their race or ethnicity, or other characteristics?
7. What barriers to reunification have you seen?
8. What barriers to timely permanency have you seen?
9. Tell me about how you understand "safety" for children. (Prompt) Do you think your understanding of safety is shared by all stakeholders, including foster parents and bio parents?
10. What is the level of engagement for all team members? How could engagement be improved?
11. What are strengths and barriers related to successful communication across all parties?
12. Do families have access to mental health and substance use treatment when needed? What barriers do you see?
13. How does Rock County address Family First? What more could be done?

Thank participants for their time.
Enter the number of participants for this focus group into the Focus Group Master Schedule in the correct tab.