

2015 WORK PLAN - CYF

3. Improve outcomes for children and families of color in juvenile justice and child protective services.

#	Initiative Area	Current Status (Where are we now?)	Chosen Target (Where do we want to be?)	Tactics to Close the Gap (How do we get there?)	Measures of Success (How will we know we're there?)	Lead Staff Responsible (Who? By When?)	Progress December 2015
3.a.	Provide effective services to children, youth, and families of color and/or other cultures	<ul style="list-style-type: none"> ▪ Children/youth/families of color are disproportionately represented in alternate care. ▪ Youth of color are disproportionately formally treated in the juvenile justice system. CYF has created a Court Diversion Unit (CDU) to address this issue. ▪ Services for youth of color are not sufficient to need. ▪ Staff diversity reflects that of the community but not that of consumers. ▪ Staff with non-English language capacities do not always meet needs. 	<ul style="list-style-type: none"> ▪ Decreased disproportionality of children of color in alternate care. ▪ Youth of color will be treated on informal/deferred prosecution agreement (DPA) basis whenever appropriate. ▪ Disproportionate formal treatment of these youth will decrease as a result. ▪ Increased services for youth of color. ▪ Staff of increased diversity. ▪ Staff with increased language capacities. 	<ul style="list-style-type: none"> ▪ Require culturally competent services from providers. ▪ Continue support for Court Diversion Unit. ▪ Implement new Brighter Future Initiative (BFI) activities (increased mentoring services, Timebank services, Peer Courts expansion, Race Circles expansions, more). ▪ Increase staff diversity and language capacities by means of special / other recruitment tactics. ▪ Continue active recruitment of minority alternate care providers. ▪ Sponsor/support appropriate training programs for foster parents; require participation. ▪ Sponsor/support culture competency training for staff; require participation. 	<ul style="list-style-type: none"> ▪ The Relative Rate Index (RRI, a disproportionality index) for children/youth of color in out-of-home care (OHC) decreases. ▪ The number of youth of color placed in corrections will not exceed a baseline of 21.2 (5-yr, 2010-14 average). ▪ Court Diversion Unit staff will serve increased numbers of youth of color via deferred prosecution agreements (DPAs) vs. by formal court action in 2015. ▪ New BFI services are functional by mid-2015. ▪ Staff will increase in diversity by at least one staff person. ▪ Staff with language capacities will increase by at least one. ▪ Foster homes of color/culture will increase by at least one. 	Division Administrator Lee; all managers	<ul style="list-style-type: none"> ▪ The RRIs for children/ youth of color in OHC regrettably increased in 2015. The figure for African-American youth was 16.1 (vs 15.8 in 2014) and for Hispanic youth was 2.4 (vs 2.2). ▪ Overall, JJ referrals of youth of color dropped from 69.7% in 2014 to 64.5% in 2015. Figures for African-American youth dropped by 9.9% and for Hispanics by 10.3%. The # of youth of color placed in Corrections was 13 in 2015. This is lower than the 5-year average of 21.2. The # is significantly lower than in 2014 (n=21) and 2013 (n=24). ▪ CDU staff served 155 youth by means of DPA's in 2015; the 2014 # was 141. 79 of the 155 were youth of color. 41% of referred youth of color were served by DPAs; 46% of non-white youth were so served. ▪ Operational BFI programming included the Municipal Diversion Program, Peer Court, and Gardens for Empowerment employment program. ▪ 76 youth of color were diverted from municipal court. ▪ The # of staff of color is 46 (23% of 194 individuals); the 2014 # was 45. ▪ Staff with language capabilities is 38 in 2015; this is an increase of 1 over the 2014 figure. Twenty-seven staff are proficient or better; 13 languages, plus ASL are represented. ▪ Foster homes of color remained at 63. These homes continue to constitute fully 27% of all homes.

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3 b.	Implement Community Court initiative for young adults	The County has allocated monies to create a new Community Court to serve as an alternative to formal prosecution of young adults (ages 17-25) who may be charged with certain law offenses. Prosecution of low-level law offenses results in disproportionate numbers of young persons of color in the formal court system. These young persons experience adverse effects as a result of this involvement. The prosecutions tax the justice system and cause significant community expenses as well. South Madison has been selected as the first Community Court area.	A functional and effective Community Court by the end of 2015.	<ul style="list-style-type: none"> ▪ Resolve remaining issues with DA, law enforcement, other partners ▪ Continue to identify, develop resources for consumers in South Madison site. ▪ Convene Community Court. ▪ Engage participants. ▪ Monitor compliance with Community Court orders. ▪ Evaluate Community Court participant successes. 	<ul style="list-style-type: none"> ▪ Issues are resolved such that Court may convene. ▪ Court is convened. ▪ Resources are identified and/or developed. ▪ Coordinator monitors participant compliance. 	Community Programs Manager Ron Chance; other managers	<ul style="list-style-type: none"> ▪ CRC convened in July 2015. The Advisory Board is operative and meets on a monthly basis. ▪ Community services placements have been arranged and 42 volunteer "peacemakers" have been trained. ▪ Three (of 4) individuals have successfully completed all CRC requirements. The Court is presently working with 12 more individuals. Ethnicities of 16 participants to date: African-Americans, 5 (3M, 2F); Latinos, 4 (4M); Whites, 4 (3M, 1F); Asians, 3 (3M).

5. Improve the availability of evidence-based programming to address high need individuals and those with challenging behaviors in need of long-term care. This includes children and youth whose needs are met in both the long-term support system and in the child protective service or the juvenile justice systems.

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5 a.	Implement Comprehensive Community Services (CCS) programming	DCDHS has submitted an application to the State Department of Health Services (DHS) to provide CCS in 2015. The Adult Community Services (ACS) Division has spearheaded this application as the majority of consumers will be adults. However, children and youth will also be eligible and the CYF Division will process CCS applications of and service facilitation for eligible children. DCDHS's application to DHS calls for service provision to commence as of July 1, 2015.	A staffed and trained staff contingent to serve children and youth eligible for CCS programming at the close of 2015.	<ul style="list-style-type: none"> ▪ Create 2.25 social worker positions supported by CCS funding to provide CCS intake and service facilitation. ▪ Train newly-hired staff in CCS rules and services. ▪ Certify staff in CCS rules and services. ▪ Provide community information re: CCS availability for children as of July 1, 2015. 	<ul style="list-style-type: none"> ▪ Positions created / staff in place as of July 1. ▪ Staff trained and certified as of July 1. ▪ Information disseminated to community. ▪ Fifty children screened for CCS benefits by end of year. ▪ Twenty-five children enrolled in CCS programming by end of year. 	Mental Health Services Manager Wills; other managers	<ul style="list-style-type: none"> ▪ Staff were hired, certified, and trained as of July 1. ▪ Information has not been fully disseminated to community pending having an increased complement of providers in place. ▪ 21 children were screened and 17 were accepted at the end of 2015. The lower #s relate to the delay in identifying sufficient #s of providers.

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5 b.	Implement new Post-Reunification Support (PS) program	Dane now receives Federal/State PS monies to serve families of CPS and JJ children and youth post-reunification. The monies should increase the likelihood that families remain unified. CYF commenced implementation of PS programming in 2014. Implementation will continue in 2015 as the number of children and youth whom CYF might enroll increases from 27 to 40, JJ youth are more fully integrated into the consumer mix, and the hire of new designated staff is explored.	<ul style="list-style-type: none"> ▪ Children/youth who participate in PS programming remain in family homes post-reunification and re-enter care at lesser rates than non-eligible children and youth. ▪ Strategies developed for PS children and youth are brought to bear for non-eligible children and youth to extent possible. 	<ul style="list-style-type: none"> ▪ Maintain/enhance programmatic mechanisms to identify children, enroll children, plan for support of those children/families, and implement programming for those children/families. ▪ Monitor successful participation of those children/families. ▪ Develop PS program participation strategies for JJ families so as to increase participation and promote improved outcomes. ▪ Identify strategies that are most effective in maintaining children safely in their homes post-reunification. ▪ Hire staff once revenues allow. 	<ul style="list-style-type: none"> ▪ Children/youth who participate in PS programming will re-enter care at lesser rates than non-participating children and youth. ▪ JJ youth will comprise one-third or more of all PS participating children and youth. ▪ The PS program staffing situation is resolved. 	CPS Manager Ahnen, JJ Manager Johnson	<ul style="list-style-type: none"> ▪ Children/youth who participated in PS programming re-entered care at a 7% rate vs the non-PS rate of 27% in 2015. ▪ JJ youth comprised 27% of PS participating children and youth in 2015. ▪ The PS staffing situation was improved via hire of Social Services Specialist - LTE and movement on hire of Social Work Supervisor.
5 c.	Enhance JJ staff utilization of evidence-based-practices (EBP) into casework.	JJ staff and system partners have commenced utilization of EBP's in their casework. Staff and partners have been trained in the evidence-based Juvenile Cognitive Intervention Program; NIP and Briarpatch staffs use this method in groups' work. CYF has promoted use of evidence-based Motivational Interviewing techniques and provided training to partners in this method. JJ staff commenced utilization of the evidence-based COMPAS risk assessment tool in 2014.	<ul style="list-style-type: none"> ▪ JJ staff incorporates EBP into daily casework via effective utilization of provided tools. ▪ System partners embrace and understand Division EBP utilization. 	<ul style="list-style-type: none"> ▪ Continue to incorporate COMPAS risk assessment tool into daily practice. ▪ Utilize Carey guides as part of JJ case plans. ▪ Supervisors to utilize EBP 'BriefCases' in unit meetings. ▪ Host conference on EBP for JJ staff, Juvenile Court partners, purchased services providers, others to further bring EBP principles to JJ practice in fall 2015. 	<ul style="list-style-type: none"> ▪ JJ staff effectively use Division-provided EBPs in daily practice. ▪ JJ case outcomes in areas of disproportionate minority contact (DMC), recidivism, and re-entry into out of home care (OHC) will show improvements. ▪ Conference will take place in fall 2015. 	JJ Manager Johnson	<ul style="list-style-type: none"> ▪ Staff continued to use COMPAS tool; utilization/understanding increases as time passes. Staff began use of Carey guides. Supervisors began use of EPB 'BriefCases.' ▪ Generally, it is too early to measure changes in outcomes linked to new EBPs. This said, JJ outcomes for youth of color in 2015 were mixed. Referrals of youth of color dropped to 64.5% (v. 69.7% in 2014); figures for African-American youth dropped by 9% and for Hispanics by 10%.The # of youth of color placed in Corrections was 13 (2014 n =21; 2013 n = 24). The RRI's for youth of color in OHC increased, regrettably. ▪ The EBP conference took place in November 2015.

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10. Improve the department's ability to protect and strengthen the services it is mandated to provide.

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10 a.	Alternate Care	Alt care utilization levels are satisfactory. However, pressures mount as the County population grows and changes. Institutionalization pressures mount as consumers' treatment issues intensify, too. Alt care dollars needs compete with community-based services dollars needs. Data shows that children are more stable when placed with relatives.	<ul style="list-style-type: none"> ▪ Maintain alt care utilization (ADP totals) at 2013/14 levels (or better). ▪ Maintain institutional numbers (RCC + DOC ADP totals) at 2013/14 levels (or better). ▪ Increase use of relative placements. 	<ul style="list-style-type: none"> ▪ Maintain community-based services at satisfactory levels (see 10b / next). ▪ Require training of foster parents to enhance skills so as to maintain placements. ▪ Increase recruitment and licensure of relative caregivers. ▪ Devote increased attention and supports to relative caregivers. 	<ul style="list-style-type: none"> ▪ Alt care utilization (ADP totals) is the same or lower than 2013/14. ▪ Institutional numbers (ADP totals) are the same or lower than 2013/14. ▪ The number of licensed relative caregivers increases by at least one. ▪ A minimum of 15 foster parent training offerings. 	Division Administrator Lee; Alt Care Mgr Wills; other managers	<ul style="list-style-type: none"> ▪ The 2015 ADP of 631.9 was lower than the 2013-14 (avg) ADP of 639.6. Figures were down for all five types of placements. ▪ The 2015 institutional ADP was 49.9 vs. the 2013-14 (avg) ADP of 64.2 (reduction of 28%; these are the most expensive placements by far). ▪ The number of licensed relative caregivers decreased from 33 to 31. ▪ Fully 78 trainings were made available to foster parents.
10 b.	Community Based Services (CBS; internal and purchased)	The CBS array is excellent but it has sustained reductions in recent years owing to strained budgets.	CBS will meet consumer and agency needs.	<ul style="list-style-type: none"> ▪ Support CBS as alternatives to placements; provide adequate support to these services; maintain continuum of services . ▪ Monitor CBS as to clientele, models, and outcomes; address issues as necessary. ▪ Consider Baker-Tilly recommendations as to support of essential services. 	The CBS array will be at 2013/14 levels or higher with respect to funding and key outcomes in child protective services, juvenile justice, mental health, AODA, and alternate care areas.	Division Administrator Lee; all managers	<ul style="list-style-type: none"> ▪ The CBS was financially well-supported in 2015. The real-dollar amount of \$16.2 million was \$1.1 million higher than in 2014 and reflected the third-straight year in which the figure increased. The allocated sum was the highest percentage of monies in the overall budget in four years. ▪ Significant expansions of JJ programming took place thanks to new grant monies. ▪ Expansion of evidence-based Multi-Dimensional Family Therapy (MDFT) services took place owing to reallocation of monies. ▪ Expansion of supervised visitation services took place owing to reallocation of monies.

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10 c.	Prevention and Early Intervention (P/EI) and Youth Development (YD)	CYF devotes significant monies to P/EI services. These are recognized as essential elements of the continuum. They face budget cuts, however, as they are not mandated services.	CYF will maintain a strong commitment to P/EI services – including strong internal JFF, ECI, and YD programming – in this and future years.	<ul style="list-style-type: none"> ▪ Support P/EI services commitment in budget process. ▪ Assure value of these services by close monitoring. ▪ Maintain JFF, ECI, and YD programming at current levels; increase if possible. ▪ Maintain AmeriCorps support, programming. 	<ul style="list-style-type: none"> ▪ Maintenance of current internal / external P/EI programming levels (average 8.6% of budget over past five years), increase if possible; ▪ Maintenance of internal JFF, ECI, and YD programming at current levels, increase if possible; ▪ Maintenance of AmeriCorps support, programming. 	Division Administrator Lee; Prevention Services Manager Bettin; JJ Manager Johnson; Community Programs Manager Chance	<ul style="list-style-type: none"> ▪ Monies allocated to P/EI totaled \$5.7M in 2015; this was the highest total and highest percentage (10.4%) ever. ▪ JFF, ECI, YD and AmeriCorps programming is very effective and performing at very high levels. JFF sites were maintained. We refined ECI zones and maintained AmeriCorps members at 35.
10 d.	Revenues maximization	CYF leverages significant Medical Assistance, Social Security / SSI, private insurance, and other revenues on behalf of consumers. These monies are used to offset GPR monies; services may be maintained and/or expanded as a result. Additional monies of this sort are desirable at a time of budget strains.	Claim any and all appropriate client-associated revenues in 2015	<ul style="list-style-type: none"> ▪ Commence Comprehensive Community Services (CCS) MA claiming in 2015. ▪ Continue efforts to maximize other MA-monies. ▪ Investigate any and all new Federal, State, and private revenue opportunities. 	<ul style="list-style-type: none"> ▪ CCS staff hired and trained; programming commenced; fifty children screened for benefits; twenty-five children enrolled in programming by end of 2015. ▪ Pursue one or more Federal, State, or private grants in 2015 to support new programming in future years. 	Division Administrator Lee; Alt Care Manager Wills	<ul style="list-style-type: none"> ▪ 21 children were screened; 17 were accepted. The lower figure relates to the need to secure additional providers before additional enrollments can occur. ▪ CCS monies (\$1.1M / continuing) and JJ-related Brighter Futures Initiative (BFI) monies (\$250K / 3 yrs.) and JJ-Early Intervention monies (\$99K / 2 yrs.) were secured.
10 e.	Increase AODA consumers' participation in continuing treatment	Forty-three people successfully completed County-funded residential treatment at Hope Haven between Oct. 1, 2013, and Sept. 30, 2014. Thirteen (30%) continued in County-funded post-res treatment for at least 90 days, however. It is important that consumers participate in additional/ continuing post-res treatment.	Consumers who complete post-res AODA treatment for at least 90 days will increase to 35%.	<ul style="list-style-type: none"> ▪ Residential treatment agency staff will record discharge plan within 7 days of entry. ▪ Residential treatment agency staff will meet with staff from follow-up non-residential agency staffs for transition purposes. ▪ Residential treatment agency staff will explore and implement ways to increase consumers' follow through on continuing treatment referrals. 	<ul style="list-style-type: none"> ▪ Discharge plans are regularly established within 7 days of residential entry. ▪ Increase in referrals for treatment. ▪ 90-day retention rate in County-funded treatment has improved to 35% for those who begin treatment at the Treatment Readiness Center (TRC). 	AODA Manager Campbell	<ul style="list-style-type: none"> ▪ Discharge plans were so established in all instances. ▪ All plans included referrals for continuing treatment. ▪ The overall retention rate was 25%. However, the rate was in fact 34% for those who successfully completed TRC programming.

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10 f.	Implement Early Childhood Initiative (ECI) program expansions	ECI has offices in three Madison locations (Allied, Southwest, and Leopold) and Sun Prairie. (Southwest staff flexes to serve Verona as of 2014 as well.) Additionally, ECI has created Early Childhood Zones to coordinate home visitation (HV) programming in Leopold (Madison), Sun Prairie, and Verona. Zones offer employment and training assistance to the various partners.	<ul style="list-style-type: none"> ▪ Early Childhood Zones fully implemented in the noted areas with functional Oversight Committee ▪ Increased referrals from HV partners in the Zones to education and employment components of ECI ▪ Expanded funding streams for the Initiative related to anticipated positive Innovations Grant evaluation. 	<ul style="list-style-type: none"> ▪ Fully implement employment responses to HV programs in the three Zone areas ▪ Create a centralized intake function to best match families with appropriate HV programs ▪ Maintain Zone Oversight Committee with regular meetings and an evaluation framework 	<ul style="list-style-type: none"> ▪ Employment responses will be enhanced in the Zones. ▪ ECI Annual Report to State will demonstrate positive performances at the sites / Zones. ▪ Report will show increases in referrals from other HV programs to education and employment staff. ▪ Positive Innovations Grant evaluation, which opens doors to new funding. 	Community Programs Manager Chance	<ul style="list-style-type: none"> ▪ Employment responses have been enhanced through the new Family Stability Program. ▪ Annual Report presented many positive performances: staffing stability; increased housing case management resources; new Sun Prairie site referral process; proactive Leopold site school meetings; regular Zone Oversight Committee meetings; more. ▪ ECI continued to provide the centralized-intake function and made 40+ referrals to other HV programs. ▪ Evaluation has been delayed owing to data issues.

12. Improve staff competency and knowledge base

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12 a.	Support staff development	<p>Staff development is critical. The current Staff Development Manager (SDM) will retire in March 2015. Her departure presents a logical opportunity to revamp the job and staff development efforts.</p> <p>Training monies are limited. State-mandated training demands increase each year.</p>	<ul style="list-style-type: none"> ▪ The SD Manager will devote more time to true staff development, including promotion of staff diversity and cultural competence. ▪ Opportunities for staff training are expanded. ▪ Training and orientation programs are provided to all new staff. 	<ul style="list-style-type: none"> ▪ Conduct manager discussions of SDM job focus, parameters. ▪ Hire new SDM with more focused duties. ▪ Continue to pursue free / non-traditional training opportunities, develop same, coordinate with other agencies. ▪ Increase staff training budget line in 2016. 	<ul style="list-style-type: none"> ▪ SDM with focused responsibilities is in place. ▪ Staff participate in 3,500+ training hours. 	Division Manager Lee; future Staff Development Manager; all other managers	<ul style="list-style-type: none"> ▪ New SDM Nancy Ortegon-Johnson shifted into her position in September 2015. ▪ Staff training totaled 5,776 hrs. in 2015. ▪ Staff training budget increased by \$3,000 (+8.5%) in 2016 budget.