

## **Wisconsin Shared Family Care Program Description**

### **Introduction**

Shared Family Care (SFC) is an alternative foster care program which utilizes foster parents trained to work with both parents and children in maintaining the family unit. SFC providers will mentor and support parents as they develop the skills necessary to safely care for their children and use community supports following reunification. The SFC program will reunify families quicker and prevent re-entry of children into out-of-home care by assisting parents to develop constructive parenting skills, maintain a household, and establish positive connections with community resources.

Families will participate in the SFC program in situations where the families have potential for reunification and the parents are willing to work with the SFC provider as a mentor. Children will be placed in foster care with licensed SFC providers and the SFC placement will provide a safe environment for the children while the provider works with the parents toward reunification. Parents will work with the SFC provider extensively on-site with the children, including residing at the SFC home, to minimize separation of parents from the children while the parents develop their skills and community supports.

The SFC program will be implemented on a small scale in Milwaukee, Wisconsin by the Bureau of Milwaukee Child Welfare (BMCW), with Innovative Family Partnerships, Inc. (IFPI) having the lead role in the project. The program will be implemented at one of the five BMCW service sites where IFPI is a case management service provider, with the potential to expand to other BMCW sites. The program will be managed by the State of Wisconsin, Division of Children and Family Services, as a demonstration project under a federal Title IV-E waiver. The program will be evaluated using control and experimental groups with random assignment.

### **Intake and Screening**

Children typically enter the Milwaukee child welfare system following an investigation of an abuse or neglect report. The BMCW Initial Assessment Workers have primary responsibility for intake of children who are placed in out-of-home care. They assess the safety of the situation, remove children from the home where necessary, and transfer the family case to Ongoing Case Managers who do permanency planning and manage the out-of-home care placements of the children.

The SFC Program Coordinator will be notified of intakes and follow up with Initial Assessment Workers as they do their assessment of the family situation to identify families who could participate in the SFC program. Cases where contact between the parents and the children poses a serious threat to child safety will generally not be considered for the SFC program. The SFC Program Coordinator will further review cases as they go through intake to identify families to participate in the program.

As cases are transferred to Ongoing Case Management for out-of-home care placement, the SFC Program Coordinator will do an initial screening based on the intake assessment to identify families as candidates for the program. The pool of potential families for the program will be assigned for evaluation purposes, with random assignment to either experimental or control groups.

The SFC Program Coordinator will contact the families in the experimental group to provide information about the SFC program and conduct a detailed assessment. In general, families selected for the program will consist of families with sibling groups of children and at least one parent who:

- ❑ Wants to retain custody of their children;
- ❑ Demonstrates a “readiness” to work on an individualized service plan to promote self-sufficiency and permanency for their children
- ❑ Will benefit from working on-site and living with a SFC provider who will assist them in reaching their goals;
- ❑ Requires supportive services in order to adequately protect their children; and
- ❑ Agrees to participate in the program.

The SFC Program Coordinator and IFPI’s Clinical Screener will develop a screening tool to further screen the experimental group to select participants for the program. Screening will focus on identifying substance abuse, mental health and family violence issues. The screening process will use a family change model to assist in identifying the stage of change that the family member is at, and the member’s stage of change will be used as a guideline for selecting potential program participants.

### **Random Assignment to Experimental and Control Group**

Random Assignment will be done following the initial screening of families identified through Initial Assessment as potential candidates for the SFC Program. Cases will be assigned to either the experimental or control groups over the course of the demonstration project, with a goal of having at least 100 cases in each group.

Assignment of cases for evaluation purposes will be done at times when the Program Coordinator knows that a SFC provider is available or will shortly become available to take a placement. During periods when all SFC providers have placements, no cases will be assigned to the experimental and control groups or cases will be assigned only to the control group. The Program Coordinator will work with Ongoing Case Managers to designate cases as participants in the SFC evaluation in the WiSACWIS data system.

For families assigned to the **experimental group**, the Program Coordinator will discuss participation in the SFC program with them and do more in-depth screening of the families. This step will count as their initial exposure to the program versus the control group that will not be exposed to the program. The Program Coordinator will explain the program requirements, determine if participation is appropriate, and talk with the parents to obtain their voluntary participation in the SFC program. For the families to

actually participate in the program, the parents must sign a rights and responsibilities agreement and the families must be matched with a SFC provider.

The SFC placement will be contingent on identifying a SFC provider (the host family) to appropriately match with the biological family, the ability of the host family and biological family to reach agreement on how the parent will work and live with the host family, and the concurrence by the court of the placement with the SFC provider. All SFC placements will be done through court order the same as regular foster care placements.

Among the cases assigned to the experimental group, there will be subpopulations depending on what happens with participation by the parents and matching with the host family:

- For most of the experimental group, the parents will agree to participate, complete the rights and responsibilities agreement, be matched with a SCF host family, and the children will be formally placed by the court with the SFC host family. This primary experimental group of SFC placements will be used to determine the outcomes of the SFC program. This group will be used to determine the impact of the SFC program on safety and permanence for the families and on IV-E program costs.
- For some families assigned to the experimental group, issues will arise that prevent participation in the SFC program. This includes the family being determined inappropriate through further screening, the parents not wanting to participate, parents not completing the rights or responsibilities agreement, families not being matched with a SFC host family, or other factors. In these cases, the children will be placed with regular foster care providers as their permanent placement. The outcomes for these families who are exposed to the SFC program, but do not participate, will be tracked as a comparison group. The results for the primary experimental group will be compared with both the comparison group (exposed to SFC program) and the control group (not exposed to the SFC program).
- For some of the families who are matched with SFC host families, it is possible that the SFC placement will end early. This includes planned terminations of the SFC placement due to parents not fulfilling their rights and responsibilities agreement or being dropped from the SFC program due to misconduct. This also includes unplanned terminations of the SFC placement in situations where the parents become ill, are incarcerated or otherwise cannot work with the SFC host family. In these situations, the children will generally be moved to another foster care placement so the SFC provider can take on a new family. The outcomes for these “placement termination” groups will be tracked separately from the primary experimental group that completes the full SFC program. The reasons for termination of SFC placements will be examined as part of the evaluation.

The **comparison group** will consist of families who, based on the initial screening, have comparable characteristics to the experimental group but do not participate in the SFC program due to lack of interest or available and appropriate mentor. The children will be placed with regular foster care providers and the families will receive the same reunification services provided to the general foster care caseload. Families assigned to the comparison group will not be deprived of any services regularly offered by the BMCW child welfare program. Assignment to the experimental group will be limited due to the limited capacity of SFC providers and to ensure an effective evaluation design as required by the federal IV-E waiver.

### **Program Coordinator**

The SFC Program Coordinator will have the responsibility of screening potential families, matching biological families with SFC providers, negotiating individualized Rights and Responsibilities Agreements with the parents, and working with Ongoing Case Managers on placements. The Program Coordinator, will also work with the IFPI Licensing and Recruiting Specialist (Children's Service Society of Wisconsin) in identifying potential host families to be SFC providers, coordinating training for host families, and developing a budget and monitoring expenses for each SFC placement. In addition, the Program Coordinator will have weekly contact with the biological and host families, do troubleshooting, coordinate treatment plan development with the ongoing case manager, and overall tracking of program participants.

### **Assignment to SFC Program Host Family**

The families who participate in the SFC program will have children removed from the home following investigation of an abuse or neglect report, including removals on an emergency basis. These children may spend brief periods of time in a temporary placement before being placed with the SFC host family. The goal is to place children with a host family quickly, but also ensure that the biological family is a good match with the host family so the SFC provider can be effective in helping the biological family toward reunification. The SFC placement will be done within the first 30 days following removal of the children from the home.

Once assigned to a host family, the biological parents will spend considerable time at the host family's residence to allow the SFC provider to serve as a mentor. Depending on the parents' own living situation and progress in the program, the parents will be frequent overnight visitors or reside at the host family's residence to allow the SFC provider to work with the entire family. SFC providers will be designated as either residential or nonresidential host families, depending on the host family's preference and living situation, with the nonresidential host families having parents on site during the day.

Numerous considerations will be made when matching a host family with a biological family including: specific qualifications of the family in terms of personal experience or training; cultural similarity when possible and cultural competency; family composition and size; and other consideration. Every effort will be made during the recruitment and

training phase of host families to ensure the ability of the host family to be flexible to accommodate a variety of families and issues. However, careful matching of host and biological families will be critical and will need to be based on individualized assessment.

The assignment process will consist of the following steps:

1. Following selection of the biological family to participate, the Program Coordinator will make an initial placement recommendation and will inform the prospective host family and biological family about each other.
2. One or more introductory meetings between the Program Coordinator and the biological and host families will be conducted.
3. Both families will have short period to consider the arrangement.
4. Assuming both families agree to the arrangement, the Program Coordinator will develop the Rights and Responsibilities Agreement for the biological family in addition to the general program rules. The agreement will be signed by both the host and biological families.
5. Placement of the children with the SFC provider will be approved by the court in accordance with all IV-E requirements. The biological parent will need to comply with all court-ordered conditions for reunification.
6. The Ongoing Case Manager and the Program Coordinator will develop an individualized family plan with the biological family and the host family. This plan will be coordinated with the overall treatment plan for the biological family to address the court-ordered conditions.

### **Rights and Responsibilities Agreement**

The Rights and Responsibilities Agreement will address numerous aspects of the on-site visitation and living arrangements, such as privacy, chores, curfews, smoking, child care, recreational activities, grocery shopping, meal planning and preparation, laundry, medical treatment, and school attendance to ensure that both the host family and the biological family understand who is responsible for what.

Regardless of the biological family's needs, all host families will be expected to:

- Communicate regularly with the Program Coordinator and complete required progress reports;
- Participate in the biological family's treatment plan by assisting them in meeting their goals;
- Cooperate with any evaluation by completing any necessary documents;
- Help link the biological family to community resources to maximize the biological family's integration into the community;
- Help the biological family establish healthy routines for themselves and their children, plan ahead and understand the consequences of their behavior;
- Help the biological family meet the physical, emotional and educational needs of their children;
- Ensure the safety of the children;
- Include the biological family in decisions which affect all household members;

- ❑ Maintain confidentiality within legal limits;
- ❑ Understand and fulfill the responsibility as a mandated reporter; and
- ❑ Assist the biological family with transition out of the placement and be available for follow-up support or consultation.

### **Treatment Plan and Service Coordination**

The primary responsibility for mentoring the biological family in regard to life skills will be placed on the host family. However, it is anticipated that the biological family will need additional services that are ordered by the court and services to ensure independence for the family and permanency for the children. These additional services will include substance abuse/mental health treatment, job training and/or placement, and other professional services that will address specific identified needs within the biological family. The Program Coordinator, Ongoing Case Manager and the biological family will agree on a treatment plan and identify providers in the community to ensure the needs and court orders are addressed. The Ongoing Case Manager will be responsible for coordinating and authorizing these services with payment for the services out of the ongoing case management service budget or other sources such as Medicaid or TANF.

### **SFC Provider Payments**

The SFC providers will be provided a fixed monthly stipend and variable payments for living expenses based on the number of individuals placed in the foster home. Typically sibling groups of two or more children will be placed with SFCP providers, although a single child may be placed if appropriate for that family. Each SFC provider will work with one biological family at a time. Host families that are residential SFC providers will receive a higher stipend than nonresidential SFC providers.

The SFC reimbursement method will be in lieu of foster care maintenance payments computed under the state uniform foster care rate schedule for the specific children in the case. The Title IV-E requirements covered in the IV-E waiver request pertain to use of the uniform foster care rate for foster care maintenance payments and that maintenance payments are made on behalf of individual children. For any placements made prior to or subsequent to the SFC placement, foster care payments for the specific children will be made using the foster care rate schedule.

Families will be served under the SFC approach for a period of 6 to 12 months, with reunification the expected result. The SFC approach will result in shorter lengths of stay in foster care, with the shorter stays offsetting the higher monthly cost of the SFCP approach compared with regular foster care maintenance payments. The SFC approach will also improve the abilities of the parents to effectively care for their children, result in a more safe environment for the children and reduced risk of re-entry into foster care. The costs of the SFC approach and any subsequent re-entry will be compared with the maintenance costs and re-entries for the control and comparison groups.

The SFC demonstration will be implemented on a small scale with a target of recruiting 25 SFC providers. The scope of the project is limited primarily by the potential for recruiting foster parents to serve as SFC providers. The recruitment and retention of host families to serve as SFC providers will be examined in the evaluation, looking at the characteristics which make families willing to be mentors and the training and support needed to recruit and retain families as SFC providers.

### **Program Completion and Case Closure**

Completion of the SFC program will result in reunification of the children with the biological parent in their own home. SFC program completion will generally correspond with the end of the SFC placement. The cases of biological families in the overall BMCW program will generally remain open for the normal BMCW follow-up services. Completion of the SFC program and ending the SFC placement through reunification of the family will be dependent on the following:

- ❑ Parent's improved psychological and emotional well-being and feelings of self-worth
- ❑ Parent's increased ability to meet their children's physical and emotional needs
- ❑ Parent's increased ability to make good decisions for the family
- ❑ Parent's increased access and utilization of community resources
- ❑ Parent's progress towards achieving the goals in their individualized treatment plans (which may address issues related to substance abuse/mental health, job training/retention, etc.)
- ❑ Children's improved physical, emotional, educational and psychological development
- ❑ Parent's readiness toward living independently by having obtained employment, locate housing, etc.
- ❑ Court orders and conditions are met

The biological family, the Program Coordinator and the Ongoing Case Manager will work jointly to determine when a biological family is ready to transition on their own. Once this occurs, the case will remain open under Ongoing Case Management supervision for a minimum period of three months for the purpose of monitoring child safety and providing any necessary ongoing service and support. The family by this point should have and regularly use community contacts to support independent living. Closure of the BMCW case will occur when the Ongoing Case Manager determines that the family is doing well on their own and child welfare involvement is no longer necessary.

For evaluation purposes, a personal follow-up contact will be made at three months and 12 months following completion of the SFC program to collect information about the well being of the family. Child welfare program outcomes, such as repeat maltreatment and re-entry into care, will be examined for a period of two years using data from the WiSACWIS data system. Similar 3 and 12-month contacts will be done and outcome data collected for the control, comparison and placement termination groups.