



Child Welfare Services in Wisconsin

Informational
Paper

50

Wisconsin Legislative Fiscal Bureau
January, 2005

Child Welfare Services in Wisconsin

Prepared by

Yvonne M. Onsager

Wisconsin Legislative Fiscal Bureau
One East Main, Suite 301
Madison, WI 53703

TABLE OF CONTENTS

Introduction.....	1
Federal Child Welfare Law.....	2
Child Abuse and Neglect.....	5
State Definition of Child Abuse and Neglect.....	6
Mandatory Reporters.....	6
Incidence of Child Abuse and Neglect in Wisconsin.....	7
Out-of-Home Care.....	9
Entry into Out-of-Home Care.....	9
Information on Children in Out-of-Home Care.....	11
Types of Out-of-Home Placements.....	12
Funding to Support County Costs of Providing Child Welfare Services.....	14
Exiting Out-of-Home Care.....	19
Reunification.....	19
Guardianship.....	19
Adoption.....	20
Youth Aging Out of Out-of-Home Care.....	23
Bureau of Milwaukee Child Welfare.....	26
WISACWIS.....	35
Federal Reviews.....	36
Title IV-E Review.....	36
Child and Family Services Review.....	37
Emerging Trends in Child Welfare in Wisconsin.....	39
Child Abuse and Neglect Prevention Programs.....	40
Child Abuse and Neglect Prevention Board.....	40
POCAN.....	45
Prevention Services in Milwaukee County.....	47

Conclusion	48
Appendix I	Overview of the Child Welfare System in Wisconsin..... 51
Appendix II	Title IV-E Incentive Payments Calendar Years 2004 and 2005 52
Appendix III	Title IV-B, Part II Allocations (Promoting Safe and Stable Families) Calendar Year 2005 53
Appendix IV	Independent Living and Education and Training Vouchers Allocations, 2004 and 2005..... 54
Appendix V	2003 Independent Living Annual Report Summary 56
Appendix VI	Bureau of Milwaukee Child Welfare -- Service Delivery Regions..... 58
Appendix VII	Bureau of Milwaukee Child Welfare -- Administrative Structure..... 59
Appendix VIII	Bureau of Milwaukee Child Welfare -- Case Decision-Making Process..... 60
Appendix IX	Summary of Outcome Measures and Results Under the Child and Family Services Review 61
Appendix X	Description of Outcome Measures and Findings Under the Child and Family Services Review 63
Appendix XI	Summary of Wisconsin's Child and Family Services Review Program Enhancement Plan 68

Child Welfare Services in Wisconsin

Introduction

Child welfare services encompass a broad range of services and activities that assist in assuring the health, safety, and well-being of children and their families. These include prevention services provided to families during times of crisis, services to children or juveniles in need of protection and services, other child and family support services, and child protective services.

"Child protective services" refer to services that are intended to keep children safe when their families are unable to protect them from harm. These services include: (a) coordinating the development and provision of services to abused and neglected children, to families in which child abuse or neglect has occurred, and to children and families when circumstances justify a belief that abuse or neglect will occur; (b) providing intake and investigation services to determine if a child is in need of protection or services, which may include a decision that the child has been abused or neglected; (c) dispositional services to the juvenile court in each county, including case management services to children placed in out-of-home care to ensure that permanency plans are carried out; and (d) services provided to children whose parents have had their parental rights terminated and who have been placed for adoption. Both (c) and (d) are not limited to child protective services and may be provided to the larger child welfare population as well.

"Child welfare services" do not include economic welfare or support services, such as services provided under Wisconsin Works (W-2), although many families receive both child welfare services and economic support services.

In Wisconsin, the child welfare system is county operated and state supervised. Responsibility for children in the child welfare system is shared between the juvenile court and the county department of human services or social services, or in Milwaukee County, with the Department of Health and Family Services (DHFS). At the local level, the unit in the county department that is responsible for providing child welfare services is often referred to as a child protective services (CPS) unit.

DHFS is responsible for providing statewide leadership and supervision of child welfare standards and practices, administering state and federal funds for child welfare services, and assuring compliance with state and federal law and regulations. In addition, the Bureau of Programs and Policies in the DHFS Division of Children and Family Services provides adoption services for children with special needs from counties other than Milwaukee.

This paper describes the child welfare system in Wisconsin. Appendix I provides an overview of the child welfare system statewide, with a flowchart that illustrates the different paths a CPS case may take, beginning with an allegation of child abuse or neglect, to the closure of the case. The details of the steps are described throughout this paper. Each county has established its own child welfare system that includes the county department of human or social services or in Milwaukee County, the Bureau of Milwaukee Child Welfare (BMCW), the courts, and other resources within the community. While all child welfare systems in the state operate under the same federal and state laws and regulations, standards, and policies, the organization, funding, and size of the systems differ.

Federal Child Welfare Law

History. The first documented case of child abuse in the United States occurred in 1874. The American Society for the Prevention of Cruelty to Animals (ASPCA) had been notified that a girl named Mary Ellen had been regularly bound and beaten by her stepmother and brought the case to court to remove the child from her home and to prosecute her stepmother. Following ASPCA's successful conclusion of the case, the first child protection society, the New York Society for the Prevention of Cruelty to Children, was formed and protective societies were established throughout the United States. Some of these societies emphasized "child rescue" and placed children in orphanages. Others emphasized family rehabilitation, which focused on keeping children in homes and reunifying families. When children were removed from their homes, they were placed in foster homes.

The family rehabilitation view gained more prominence and influenced state legislation and policy. State child welfare systems were established, but did not receive significant public interest. This changed with the 1962 publication of "The Battered-Child Syndrome," a research article by Dr. C. Henry Kempe and his colleagues, which examined the causes of, and the appropriate responses to, the physical abuse of children. The article indicated that little was known about the prevalence of child abuse in the United States. In response to Dr. Kempe's article, and the subsequent increase in the public's interest, the first federal legislation on child abuse was passed in 1974 - the Child Abuse and Neglect Prevention Act (CAPTA), 100 years after Mary Ellen's court case.

Federal legislation has been enacted subsequently that builds upon CAPTA and reflects not only changes in the knowledge of child development, but also philosophical changes in the field of child welfare. The most significant federal child welfare legislation is described below.

Child Abuse Prevention and Treatment Act of 1974. CAPTA (P.L. 93-247) was the federal response to the medical identification of the battered child syndrome in 1962 and the subsequent public response. CAPTA, for the first time, tried to identify the extent of the problem of child abuse by providing funding to states to: (a) develop child abuse and neglect identification and prevention programs; (b) support innovative programs aimed at preventing and treating child maltreatment; and (c) authorize limited research into child abuse prevention and treatment.

CAPTA has been reauthorized six times since 1974. Each reauthorization added to, or changed, some aspect of the original legislation. Some of these changes include: (a) facilitating the placement of children with special needs in permanent adoption homes; (b) creating a national adoption information exchange system; (c) promoting quality standards for adoptive placements and the rights of adopted children; (d) expanding the scope of child abuse to include neglect, specifically medical neglect, and requiring states to facilitate adoption opportunities for disabled infants with life-threatening conditions; (e) providing money to states for community-based child abuse and neglect prevention grants; and (f) requiring states to institute an expedited termination of parental rights (TPR) process for abandoned infants or children whose parents are responsible for the death or serious bodily injury of a child.

In addition, CAPTA establishes a national data collection system that requires states to report standardized data, including: (a) the number of reported cases; (b) the number of cases substantiated, unsubstantiated, or determined to be false; (c) the number of children who received services; (d) the number of children removed from their homes; (e) agency response time to report and to provide services; and (e) the number of children reunited with their families. CAPTA also changes the expectations, roles, and responsibilities of CPS staff, and the requirements of the CPS system, including requiring an assessment of the family's

risk of abuse, neglect, and safety.

In the 1996 re-authorization of CAPTA, a minimum definition of child abuse was established to include death, serious physical or emotional injury, sexual abuse, or imminent risk of harm.

The Keeping Children and Families Safe Act of 2003 (P.L. 108-36) reauthorized CAPTA through 2008, but it also made significant changes to CAPTA. The Act has four primary provisions that affect child protective services, including: (a) requiring states to develop a plan of safe care for the infants affected by illegal substance abuse or withdrawal symptoms; (b) requiring CPS workers to advise the alleged maltreater of the allegations against him or her at the first contact that the CPS worker has with the alleged maltreater; (c) establishing procedures for referral of a child under three years of age who has been substantiated as abused or neglected to the birth-to-three program; and (d) establishing triage procedures for the appropriate referral of a child not at risk of imminent harm to community organizations or a voluntary preventive service. In addition, the Act implements programs to increase the number of older foster children placed in adoptive families, including a grant program to eliminate barriers to placing children for adoption across jurisdictional boundaries.

Indian Child Welfare Act of 1978. The Indian Child Welfare Act of 1978 (P.L. 95-608) was enacted to protect the interests of Native American children and promote stability and security of Indian tribes and families. Under the Act, tribes have jurisdiction in child protective services custody matters involving Native American children who reside on reservations (this does not include the authority to conduct child protective services investigations or initial assessments) and have a right to intervene in certain custody matters involving a Native American child handled in state courts. In addition, the Act establishes minimum federal standards for the removal of Native American children from their families, requires Native American children to be placed in foster or adoptive homes that reflect Na-

tive American culture and grants preference to Native American family environments in adoptive or foster care placement, provides assistance to tribes in the operation of child and family service programs, and sets a "beyond a reasonable doubt" standard of proof for terminating Indian parents' parental rights.

Adoption Assistance and Child Welfare Act of 1980. The Adoption Assistance and Child Welfare Act (AACWA) of 1980 (P.L. 96-272) increased the involvement of the court in child welfare cases to counteract the authority of the child welfare system, with the intent to hold the child welfare system accountable and to reduce the number of children removed from their homes, the amount of time children spend in out-of-home care, and the number of placements experienced by children. AACWA established adoption assistance payments, which are made to parents who adopt a child with special needs.

AACWA also established the practice of developing and implementing permanency plans, with an emphasis on reuniting children with their families. In addition, the AACWA introduced the concepts of "best interests of the child" and "reasonable efforts," which are examined when trying to determine if a child should be removed from his or her home, when to reunify a child with the family, and to achieve the goals of the permanency plan. States are required to place each child in the least restrictive setting, consistent with the needs of the child.

Family Preservation and Support Services Program. Passed as part of the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66), the family preservation and support services program provides funding to states to create a continuum of family-focused services for "at-risk" children and families and encourages states to use the funds to integrate preventive services into a treatment-oriented child welfare system, to improve service coordination within and across state agencies, and to engage broad segments of the community in program planning at state and local levels. It also

defined the services states must provide, to include: (a) preservation, which are activities designed to assist families in crisis (including extended and adoptive families), often when the child is at risk of being placed in out-of-home care because of abuse or neglect; and (b) support, which are preventive activities, typically provided by community-based organizations, to improve nurturing of children and strengthen and enhance the stability of families.

This program is incorporated under Title IV-B of the Social Security Act. In 1997, the program was renamed Promoting Safe and Stable Families and includes two additional purposes: (a) time-limited reunification services to facilitate the safe and appropriate reunification of children in out-of-home care with their families; and (b) adoption promotion and support services to encourage more adoptions of children from the out-of-home care system, including pre- and post- adoptive services designed to expedite adoptions and support families.

Multi-Ethnic Placement Act of 1994. The Multi-Ethnic Placement Act of 1994 (P.L. 103-382) was enacted to reduce the length of time that children wait to be adopted, facilitate the recruitment and retention of foster and adoptive parents that can meet the needs of children waiting for placement, and eliminate discrimination on the basis of the race, color, or national origin of the child or the prospective parent. The only categorical exception to this requirement are Native American children, who are covered under the Indian Child Welfare Act, which supercedes the Multi-Ethnic Placement Act.

The Act prohibits states and other entities that are involved in foster care or adoption placements, and that receive any federal funding, from delaying or denying the placement of a child solely on the basis of race, color, or national origin of the adoptive or foster parent, or the child, involved.

The Act also prohibits states and other entities from denying any individual the opportunity to

become a foster or adoptive parent on the basis of the prospective parent's or the child's race, color, or national origin. Finally, the Act requires child welfare service programs to diligently recruit potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

Adoption and Safe Families Act of 1997. The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) established a variety of new standards for children and juveniles placed in, or at risk of being placed in, out-of-home care. ASFA is focused on the safety, permanence, and well-being of children who are removed from their homes, with safety being the primary consideration. The final federal rules became effective in March, 2000, and the federal requirements and regulations are incorporated into state statute.

ASFA establishes requirements for states to pursue the termination of parental rights (TPR) and adoption of children who have been in out-of-home care for 15 of the last 22 months. In addition, ASFA specifies that a TPR petition must be filed if a court has determined that: (a) a child was abandoned when he or she was under one year of age; (b) a parent has committed, has aided or abetted the commission of, or has solicited, conspired, or attempted to commit first- or second-degree intentional homicide, first-degree reckless homicide or felony murder and that the victim of the homicide is a child of the parent; or (c) the parent has committed substantial battery, first- or second-degree sexual assault, first- or second-degree sexual assault of a child, repeated acts of sexual assault of the same child, or intentionally or recklessly caused great bodily harm to a child if the violation resulted in great or substantial bodily harm to the child or another child of the parent.

Exceptions to the TPR requirements are provided in cases where: (a) a child is being cared for by a fit and willing relative; (b) a child's permanency plan indicates and provides documentation that TPR is not in the best interests of the child; (c)

the agency primarily responsible for providing services to a child and family under a court order has not, if so required, provided the family of the child, consistent with the time period in the permanency plan, the services necessary for the safe return of the child to his or her home; or (d) grounds for involuntary TPR do not exist. Once an exception is made, there is no defined time at which TPR must be considered again; however, the TPR decision or exception must be made each time a child has been in out-of-home care for 15 of the last 22 months. This applies primarily when a child entered and exited out-of-home care on multiple occasions.

ASFA introduced the concept of concurrent planning, which permits states to make reasonable efforts to place a child for adoption or with a legal guardian while, at the same time, it makes reasonable efforts to reunify the child and family. This change supports the goal of permanency for children, which states that out-of-home care is a temporary setting and not a place for children to grow up. ASFA also requires that a permanency plan hearing be held every 12 months, instead of every 18 months, as was previously required, and that permanency planning begin immediately after the child is removed from the home. In addition, the permanency plan incorporates the idea that permanency can be expedited through the provision of services to families.

Finally, ASFA authorizes the Secretary of the U.S. Department of Health and Human Services (DHHS) to make incentive payments to states to increase the number of adoptions of children in foster care as compared to the greatest number of adoptions in any fiscal year, from 1997 through the current year. A state receives \$4,000 per adoption plus \$2,000 for each special needs adoption and, since 2003, an additional \$4,000 for each adoption of a child nine years of age or older, with a maximum incentive payment per adoption of \$8,000. States are required to reinvest these incentive funds into child welfare programs. This provision supports one of ASFA's ideals of results

and accountability of the child welfare and juvenile justice systems.

The Foster Care Independence Act of 1999.

The Foster Care Independence Act of 1999 (P.L. 106-169) established the John H. Chaffee Independence Program, which revised the funding mechanism to states for independent living programs. The Act also expanded opportunities for independent living programs providing education, training, and employment services, and financial support for foster youth to prepare for living on their own. The Act allows states to provide medical assistance (MA) coverage to individuals between the ages of 18 and 21 who were in out-of-home care on their 18th birthday, requires states to ensure that foster parents are adequately prepared, both initially and on a continuing basis, to care for the children placed with them, and authorizes additional funding for adoption incentive payments to states to assist in finding permanent homes for children in out-of-home care.

Child Abuse and Neglect

A child and family usually enter the child welfare system through a report of child abuse or neglect. County social workers, and in Milwaukee County, state social workers conduct an assessment to determine if a child is in need of protection or services. The requirements of the assessment vary, depending on whether the alleged maltreatment or threat of harm to the child is by a household member, a person exercising temporary control or care over a child, or a person with no caregiver responsibilities. DHFS standards and policies establish parameters for determining whether or not to substantiate that abuse or neglect occurred, but the determination or substantiation of a case can vary from county to county within those parameters.

This section defines child abuse and neglect,

discusses mandatory reporters of abuse or neglect, and presents data on child abuse and neglect in Wisconsin.

State Definition of Child Abuse and Neglect.

Under s. 48.02 of the statutes, child abuse means any of the following:

- Physical injury inflicted on a child by other than accidental means;
- Serious physical harm inflicted on an unborn child, and the risk of serious physical harm to the child when born, caused by the habitual lack of self-control of the expectant mother on the unborn child in the use of alcohol beverages, controlled substances, or controlled substance analogs, exhibited to a severe degree;
- Sexual intercourse or sexual contact as prohibited under the crimes of sexual assault, sexual assault of a child, or repeated acts of sexual assault against the same child;
- Sexual exploitation of a child;
- Permitting, allowing, or encouraging a child to engage in prostitution;
- Forcing a child to view or listen to sexual activity;
- For purposes of sexual arousal or gratification, either causing a child to expose genitals or pubic area or exposing genitals or pubic area to a child; and
- Emotional damage, for which the child's parent, guardian, or legal custodian has neglected, refused, or been unable for reasons other than poverty to obtain the necessary treatment or to take steps to ameliorate the symptoms.

Neglect is defined under s. 48.981 of the statutes, as failure, refusal, or inability on the part of a parent, guardian, legal custodian, or other person

exercising temporary control over a child, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child.

Mandatory Reporters. State law requires some professionals to report if they have reasonable cause to suspect that a child seen in the course of their professional duties has been abused or neglected or if they have reason to believe that a child seen in the course of their professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur. These mandatory reporters include:

- A physician, coroner, medical examiner, nurse, dentist, chiropractor, optometrist, acupuncturist, or other medical or mental health professional;
- A social worker, marriage and family therapist, or professional counselor;
- A public assistance worker, including a financial and employment planner W-2;
- A school teacher, administrator, or counselor;
- A family court mediator;
- A child care worker in a day care center or residential care center or a day care provider;
- A substance abuse counselor working under contract with a county department;
- A physical therapist, occupational therapist, dietician, speech-language pathologist, or audiologist;
- An emergency medical technician, first responder, or police or law enforcement officer;
- A court-appointed special advocate

(CASA); and

- In cases of suspected sexual abuse, clergy members.

In addition to mandatory reporters, any other person may make a report of suspected abuse or neglect.

Incidence of Child Abuse and Neglect in Wisconsin. In 2002, there were 42,700 reports of child maltreatment in Wisconsin. Approximately 40% of these reports were allegations of neglect, 28% of physical abuse, 20% of sexual abuse, 1% of emotional abuse, and 11% were allegations that abuse was likely to occur. Figure 1 shows the number of reports of child maltreatment from 1992 through 2002 and Figure 2 shows the number of reports by type of allegation from 1998 through 2002. The totals in Figure 2 may exceed the number of annual reports shown in Figure 1 because one report can include one or more type of allegation.

Not all reports of abuse or neglect are substantiated. Overall, 28% of the reports in 2002 had a finding of abuse or neglect: 22% were substantiated and 6% found that abuse or neglect was likely to occur. According to the 2002 child abuse and neglect report, substantiated cases refer to cases where child welfare staff have determined that, based upon a preponderance of the evidence,

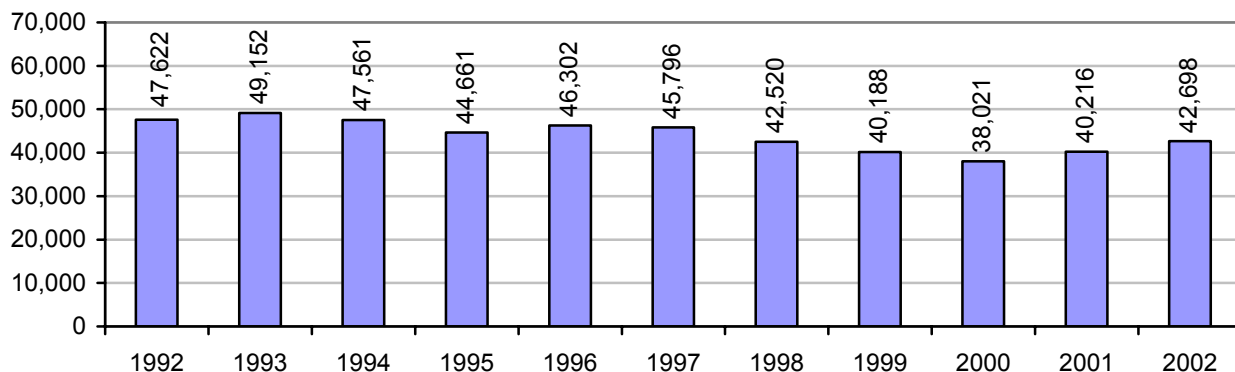
abuse or neglect occurred. A preponderance of evidence is a lower standard of evidence than that needed for proof in juvenile or criminal court procedures. Therefore, while there may be sufficient information to substantiate an alleged child abuse or neglect case, there may not be sufficient evidence for a child in need of protection or services (CHIPS) finding under the need for protection or criminal court prosecution. (CHIPS is discussed more fully in the next section of the paper.)

The child welfare agency may determine that maltreatment has occurred or is likely to occur without identifying a particular person that has maltreated or will maltreat a child. In these situations, the case would be unsubstantiated but the agencies may file a CHIPS petition based on the service needs of the child and family.

Unsubstantiated cases may involve situations where the parents are having difficulty caring for their child, but abuse or neglect have not yet occurred. Cases may also be unsubstantiated because the child welfare worker may not be able to gather the information needed to make a full determination or because the subjects of the report cannot be found.

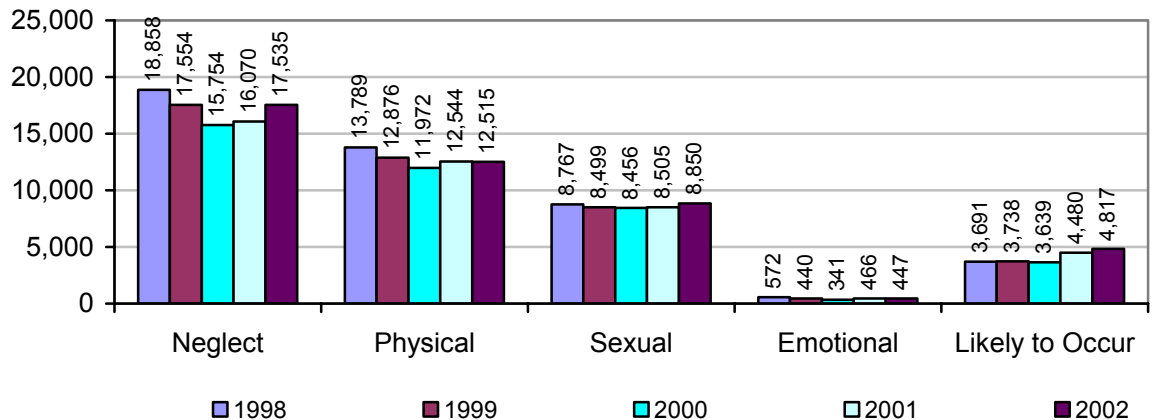
A case does not need to be substantiated to obtain a CHIPS petition and provide services to the

Figure 1: Number of Reports of Child Maltreatment, 1992-2002



Source: 2002 Annual Report to the Governor and Legislature on Wisconsin Child Abuse and Neglect, DHFS, 2004

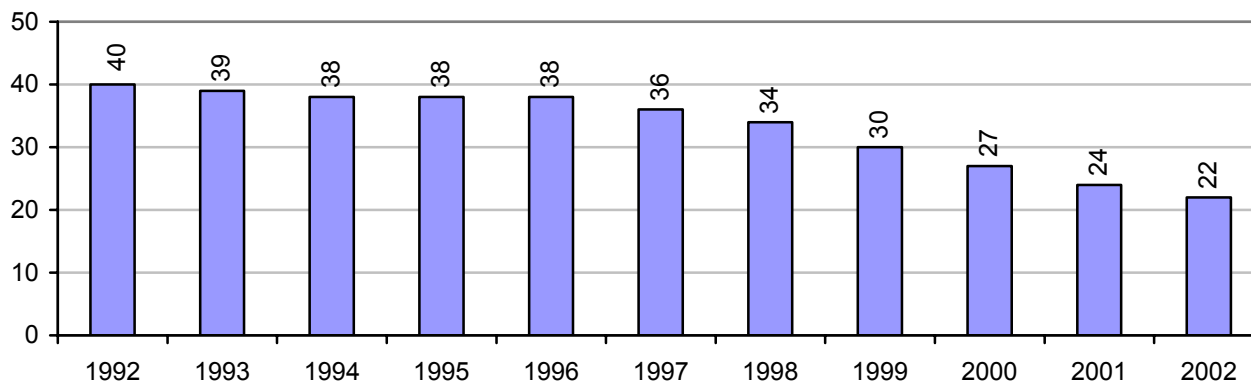
Figure 2: Reports by Type of Allegation, 1998 - 2002*



*Totals for sexual abuse for 1998 through 2002 exclude reports of mutual sexual activity between peers.

Source: 2002 Annual Report to the Governor and Legislature on Wisconsin Child Abuse and Neglect, DHFS, 2004.

Figure 3: Percent of Reported Cases that are Substantiated, 1992-2002*



*Substantiation rates are rounded.

Source: 2002 Annual Report to the Governor and Legislature on Wisconsin Child Abuse and Neglect, DHFS, 2004.

child and family, but substantiating a case has legal ramifications for the alleged maltreater that do not occur when a case is unsubstantiated.

Statewide substantiation rates have fallen since 1996, as shown in Figure 3. DHFS indicates that this decrease may be due to several factors, includ-

ing federal requirements associated with appeal rights for substantiated maltreaters, which results in a more rigorous application of substantiation decision making, and the state caregiver background law that prohibits a person substantiated of child abuse or neglect from certain types of employment, including working in child care centers

and nursing homes.

Out-Of-Home Care

If, after investigating an allegation of abuse or neglect, child welfare staff determine that a child is not safe and at risk of further abuse and neglect, a case is opened and staff determine whether the child can remain at home if the family receives appropriate services, or if the child needs to be removed and placed in out-of-home care. Otherwise, the case is closed. If staff determine that a child can remain safely at home, the child and family may receive in-home services to address the safety needs of the family and child. If staff determine that a child cannot remain safely at home, the child is removed from the home and placed in out-of-home care. This section of the paper discusses out-of-home care.

Entry into Out-of-Home Care. Children may be placed in out-of-home care as a result of one of four types of orders: (a) a child in need of protection or services (CHIPS) court order, generally when the removal of a child from his or her home and placement into out-of-home care is necessary to assure the child's safety; (b) a juvenile in need of protection or services (JIPS) court order, as a result of certain behaviors, including being uncontrollable, running away, or truancy; (c) a delinquency court order, as a result of a criminal act; or (d) a voluntary placement agreement (VPA) between a caregiver and the child welfare agency. Under state law, VPAs are limited to 180 days.

Based on the most recent data available, of the children in out-of-home care in non-Milwaukee counties in December, 1999, approximately 50% were in placement as a result of a JIPS or delinquency petition. About 60% of children in out-of-home care in Milwaukee County in December, 1999, were under 12 years of age, compared to 45% of children in non-Milwaukee Counties. These age differences are influenced by the more extensive

use of out-of-home care for the juvenile delinquent population in the rest of the state.

The Children's Code (Chapter 48 of the statutes) governs the CHIPS process and the Juvenile Justice Code (Chapter 938 of the statutes) governs the JIPS and juvenile delinquency processes. Child welfare agency staff place children in out-of-home care under CHIPS orders, whereas child welfare or juvenile justice agency staff place children in out-of-home care under JIPS or juvenile delinquent orders, depending on the administrative structure of the county. Information on programs available for juveniles that are adjudicated delinquent because they were found to have committed a criminal offense can be found in the Legislative Fiscal Bureau's information paper entitled "Juvenile Justice and Youth Aids Program."

Except under a voluntary placement agreement, a child is placed in out-of-home care under a court order. Before that order is made, however, a number of steps occur. This paper details the steps in the CHIPS process, but the JIPS process is similar.

Removal from Home. A child can be removed from his or her home under s. 48.19 of the statutes for a variety of reasons, including the child's safety. Under s. 48.205 of the statutes, a child can be held in custody as a result of a finding of probable cause of the following: (a) if the child is not held, he or she will cause injury to himself or herself or be subject to injury by others; (b) if the child is not held, he or she will be subject to injury by others, based on a determination under (a) or a finding that if another child in the home is not held, that child will be subject to injury by others; (c) the parent, guardian, or legal custodian of the child or other responsible adult is neglecting, refusing, unable, or unavailable to provide adequate supervision and care and that services to ensure the child's safety and well-being are not available or would be inadequate or that another child in the home meets these criteria; (d) that the child will run away or be taken away so as to be unavailable for proceedings of the court; or (e) that the child is an expectant

mother, and if she is not held, there is a substantial risk that the physical health of the unborn child, and of the child when born, will be seriously affected or endangered by the expectant mother's habitual lack of self-control in the use of alcohol beverages or controlled substance, and that she is refusing or has refused to accept any substance abuse treatment services offered to her or is not making or has not made a good faith effort to participate in any of these services offered to her.

Court Process. A court must hold a hearing within 48 hours of a child's removal from his or her home to determine if the child should remain in the custody of the county or state, based on a finding of probable cause of any of the criteria identified above. At this hearing, the county or state will file a CHIPS petition. If a court does not hold a hearing within 48 hours, the court may order that the child be held for up to an additional 72 hours if certain conditions exist.

A CHIPS petition must state that the court has exclusive original jurisdiction over a child alleged to be in need of protection or services that can be ordered by the court, and that:

- That child has no parent or guardian;
- The child has been abandoned,
- The child's parents have relinquished custody of the child under the safe harbor for newborns provisions under s. 48.195 of the statutes;
- The child has been the victim of abuse, including injury that is self-inflicted or inflicted by another;
- The child is at substantial risk of becoming the victim of abuse, including injury that is self-inflicted or inflicted by another, based on reliable and credible information that another child in the home has been the victim of such abuse;
- The child's parent or guardian signs the

petition requesting the court's jurisdiction and is unable or needs assistance to care for or provide necessary special treatment or care for the child;

- The child been placed for care or adoption in violation of law;
- The child is receiving inadequate care while a parent is missing, incarcerated, hospitalized, or institutionalized;
- The child is at least age 12, signs the petition requesting the court's jurisdiction, and is in need of special treatment or care which the parent, guardian, or legal custodian is unwilling, neglecting, unable, or needs assistance to provide;
- The child's parent, guardian, or legal custodian neglects, refuses, or is unable for reasons other than poverty to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child; or based on reliable and credible information that this has occurred to another child in the home;
- The child is suffering from an alcohol or other drug abuse impairment, exhibited to a severe degree, for which the parent, guardian, or legal custodian is neglecting, refusing, or unable to provide treatment; or
- The child has not been immunized and has not been exempted from such immunizations.

Within 30 days after filing the CHIPS petition, the court meets again at the plea hearing to determine if grounds exist for the petition to be granted. If no one wishes to contest the CHIPS petition, the court sets a date for a dispositional hearing within 30 days, or immediately goes forward with that hearing if all parties consent. If any party wishes to contest the CHIPS petition, a date is set for a fact finding hearing within 30 days, where the court will determine if the allegations in the CHIPS petition are proven by clear and convincing evidence. If the court finds that they are not, the case is dis-

missed and the child returns home. If the court finds that there is clear and convincing evidence, the court will hold a dispositional hearing within 30 days or immediately if all parties consent.

Once a juvenile or children's court adjudicates a child as a CHIPS case, the court orders a disposition of the case, which outlines the needs of the child and a plan for ensuring appropriate services for the child. The dispositional process includes, among other options, determining whether legal custody of the child should be transferred to the county, or in Milwaukee County, DHFS, and whether the child should be placed in out-of-home care. If the child is removed from his or her home, the dispositional order placing a child in out-of-home care must include a finding that: (a) continued placement of the child in his or her home would be contrary to the welfare of the child; and (b) the child welfare agency has made reasonable efforts to prevent the removal of the child from the home, while assuring that the child's health and safety are the paramount concerns, and to make it possible for the child to return safely home. This finding is not required if one of the exceptions is met. These exceptions include: (a) the parent has subjected the child to aggravated circumstances (such as abandonment, chronic abuse, torture, or sexual abuse); (b) the parent has committed one of several serious criminal offenses; (c) the parental rights of the parent to another child have been involuntarily terminated; and (d) the parent has been found to have relinquished custody of the child when the child was 72 hours old or younger.

A dispositional order, and any extension or revision to a dispositional order, made before the child reaches 18 years of age that places, or continues the placement of a child in his or her home terminates at the end of one year after the order is entered, unless the judge specifies a shorter period of time or terminates the order sooner. If the order places or continues placement of the child in an out-of-home placement, the order terminates when the child reaches 18 years of age, at the end of one year after entry of the order or, if the child is a full-time student at a secondary school or its vocational

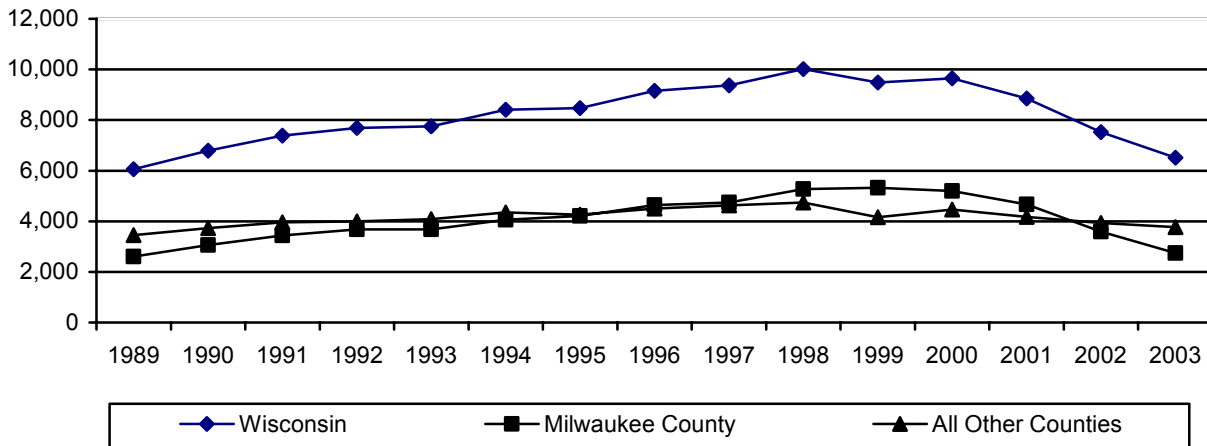
or technical equivalent and is reasonably expected to complete the program before reaching age 19, when the child reaches age 19, whichever is later, unless the judge specifies a shorter period of time or terminates the order sooner.

Permanency Plans. When the court dispositional order includes out-of-home placements, the child welfare agency is responsible for developing a permanency plan based on the court's disposition and the strengths and needs of the child and his or her family. This permanency plan must be approved and filed with the court ordering the placement within 60 days after the date of the child's removal from his or her home. The permanency plan identifies the goal for a permanent placement for the child and the services to be provided to the child, his or her family, and the foster parent or other caregiver in order to achieve the permanence goal. The permanence goal can include: (a) reunification with the child's family; (b) placement with a fit and willing relative; (c) placement of the child for adoption; (d) placement of the child with a guardian; or (e) another alternate permanent placement, including long-term foster care. Permanency plans are also required for children placed in the home of a relative under a court order.

Permanency plans must be reviewed no later than six months after the date on which the child was first removed from his or her home and every six months after a previous review for as long as the child is placed outside of the home. The court is required to hold a permanency plan hearing within 12 months of the child's removal from the home and at least every 12 months after the previous hearing. This hearing may be held either in place of, or in addition to, a review.

Information on Children in Out-of-Home Care. Table 1 shows the foster care caseloads (number of children placed in foster homes, treatment foster homes, group homes, and residential care centers for children and youth) in Wisconsin from 1989 through 2003. As the accompanying graph (Figure 4) shows, the number of children in

Figure 4: Foster Care Caseloads on December 31, 1989 through 2003*



*These numbers do not include court-ordered kinship care.

Table 1: Foster Care Caseloads on December 31, 1989 through 2003

Year	Number of Children in Foster Care*		
	Wisconsin	Milwaukee County	All Other Counties
1989	6,060	2,606	3,454
1990	6,792	3,065	3,727
1991	7,390	3,437	3,953
1992	7,683	3,681	4,002
1993	7,755	3,676	4,079
1994	8,405	4,058	4,347
1995	8,473	4,215	4,258
1996	9,150	4,646	4,504
1997	9,370	4,748	4,622
1998	10,014	5,268	4,746
1999	9,479	5,319	4,160
2000	9,654	5,191	4,463
2001	8,851	4,672	4,179
2002	7,530	3,594	3,936
2003	6,511	2,741	3,770

*These numbers do not include children in court-ordered kinship care.

foster care statewide peaked in 1998 and has steadily decreased since that year.

Out-of-home care includes children in foster care and children living with a relative under a

court order (court-ordered kinship care). As of December 31, 2003, there were 7,874 children in out-of-home care in Wisconsin: 3,489 in Milwaukee County, 4,112 in the rest of the state, and 173 children in state foster care. These numbers include 1,415 children in court-ordered kinship care (748 children in Milwaukee County and 667 children in the rest of the state). About 44% of the state's children in out-of-home care are in Milwaukee County.

Types of Out-of-Home Placements. A child placed in out-of-home care could be placed with a relative, who may or may not be a licensed foster parent. If the placement with a relative is court-ordered and the relative is not a licensed foster parent, the relative receives a payment of \$215 per child per month to provide for the needs of the child. This payment is made through the kinship care program, which is described later in this paper. Approximately 18% of children in out-of-home care in August, 2004, were living with a relative under court-ordered kinship care.

If a relative is not available or care with the relative is not a viable option, a child can be placed in foster care. The types of placement can range from a home setting to a more restrictive,

institutional setting. The four types of non-relative placements are described below.

Foster Care and Treatment Foster Care. The least restrictive placement is foster care. Under foster care, a family provides care and maintenance for four or fewer children or, if necessary to enable a sibling group to remain together, six or fewer children in the family's home.

In treatment foster care, a family or, if DHFS grants an exception, private agency staff provide care, maintenance, and structured, professional treatment for four or fewer children. Treatment foster parents or staff receive additional training to care for the higher needs of the children placed in treatment foster homes. These needs may be medical, physical, developmental, or emotional. Counties, tribes, and private child placing agencies license both foster homes and treatment foster homes.

As of August, 2004, most children (68%) in out-of-home care statewide were in foster homes or treatment foster homes.

Foster care basic maintenance payments, which vary depending on the child's age, reimburse a foster parent for the cost of a foster child's food, clothing, housing, basic transportation, and personal items. This payment structure is applicable for children in foster homes or treatment foster homes. The payments are made by counties for children in out-of-home care or by DHFS for children in Milwaukee County or in the state foster care system.

All foster care payments include the basic maintenance rate, which is established by statute. The current basic payment rates are shown in Table 2. Counties, tribes, and DHFS also consider the needs of the child and may provide a supplemental payment or an exceptional payment, in addition to the basic payment. A supplemental payment may be made, in an amount determined by a child welfare agency, for a foster child who requires more than the usual amount of care and supervision for the child's age because of special

emotional, behavioral, or physical needs. These special needs are further defined in administrative rule. An exceptional payment may be provided to: (a) enable the child to be placed in a foster home or treatment foster home instead of a more restrictive setting; or (b) replace a child's basic wardrobe that has been lost or destroyed through other than normal wear. The maximum monthly foster care payment for a child is \$2,000.

In addition to the monthly foster care payments, the county or DHFS may provide a clothing allowance when the child is initially placed in out-of-home care. The maximum clothing allowance amounts are shown in Table 2. Counties may reimburse a foster parents for the actual costs of the clothing purchases up to the maximum allowance.

Table 2: Basic Maintenance Payments and Clothing Allowance

Age	Monthly Amount	Maximum Clothing Allowance
Under 5	\$302	\$150
5 thru 11	329	175
12 thru 14	375	200
15 and over	391	200

Group Homes and RCCs. The last two types of placement are group homes and residential care centers for children and youth (RCCs). As of August, 2004, 6% of the children in out-of-home care statewide were in group homes, and 5% were in RCCs. Both of these placements are more restrictive than foster homes or treatment foster homes, and are operated by agencies and staffed with employees. Group homes are administered by child welfare agencies and provide care and maintenance for five to eight children, not including children of minors. RCCs are also administered by child service agencies and provide treatment and custodial services for children, youth, and young adults up to 21 years of age.

Each group home and RCC establishes its payment rate and is required to charge every user the same rate. The exception to this is when a county uses 75% of the beds in the facility, then the county may negotiate a rate with the group home or RCC provider. The rates are published by DHFS annually to ensure that each county is aware of the agencies' rates and that each county is charged the same rate. In 2004, the average group home daily rate was \$144.39, ranging from \$75.85 per day to \$335.21 per day. The average RCC daily rate in 2004 was \$238.63, ranging from \$84.17 per day to \$391.00 per day.

Licensing. Counties, tribes, DHFS, and child welfare agencies license foster homes and treatment foster homes. DHFS licenses child placing agencies (organizations that operate a number of foster homes), group homes, and RCCs. The requirements for licensure and the procedures and policies are specified in state administrative code and include who may apply for a license, how to apply, the required qualifications of the licensee, the requirements for the physical environment of the licensed home or agency, safety requirements, principles for the care of children, payment levels, and training for care providers. For group homes and RCCs, the administrative rules also specify requirements relating to staff and the maintenance of child records. Each license includes the number of children that a home or agency may receive, the age of the children, and the type of children that may be placed there. A foster home or treatment foster home license may be issued for up to two years. A group home or RCC license is reviewed every two years but does not expire unless it is revoked or suspended.

Funding to Support County Costs of Providing Child Welfare Services

With the exception of the costs of providing child welfare services in Milwaukee County and serving children in state foster care, counties sup-

port the costs of providing child welfare and child protective services with a combination of state, federal, and local funding. In 2003, counties and the Bureau of Milwaukee Child Welfare (BMCW) reported spending \$265.8 million for services for children and families. This figure includes state, federal, and local funding.

The primary source of state and federal funding for child welfare services, other than services provided in Milwaukee County, is community aids. DHFS allocates funding to counties under the kinship care program for children placed in the care of a relative and for whom a foster care payment is not made. In addition, other federal funds support families and support youth as they age out of the out-of-home care system. These funding sources are described in further detail below. Funding for child welfare services (not including juvenile justice) in Milwaukee County is discussed in the BMCW section of this paper.

Community Aids. Community aids are state and federal funds that are distributed by DHFS to counties for the provision of human services in two broad, statutorily-defined functional areas: (1) social services for low-income persons and CHIPS cases; and (2) services for persons with needs relating to mental illness, substance abuse, or developmental disabilities. In 2004-05, total funding for community aids is estimated to be approximately \$158.0 million.

Counties provide funding to match a portion of the community aids allocation, as required under state law. However, most counties provide funding above the match requirement. This funding is called overmatch, and in 2003, counties reported spending \$279.3 million for human services beyond their community aids allocation.

Community aids includes a basic county allocation (BCA) and five categorical allocations. The BCA includes GPR and federal funding available under Titles IV-E and IV-B (Part I) of the Social Security Act. These two federal funding sources are described below. In calendar year 2004,

the BCA totaled \$186.5 million (all funds), or approximately 90% of the total community aids funding.

Title IV-E. Title IV-E of the federal Social Security Act provides entitlement matching funds to states for a portion of the cost of services for Title IV-E eligible children who are placed in out-of-home care and the associated administrative, child placement, and training costs. In FFY 2003-04, Wisconsin received \$112.2 million FED in Title IV-E funding.

Title IV-E funds are distributed to counties through the community aids BCA. In 2004-05, \$27.8 million in federal Title IV-E funds are budgeted in the community aids BCA. This amount is determined through the budget process and is not allocated to each county based on the number of children in out-of-home care in that county.

Counties may receive additional Title IV-E funds if the state, excluding Milwaukee County, collects more Title IV-E funds than the amounts budgeted for community aids. Of these excess funds, 50% are distributed to counties as incentive funds. The remaining 50% is retained by the state as income augmentation funds and are distributed according to the process specified under s. 46.46 of the statutes. Of the excess Title IV-E funds distributed to counties, at least 50% must be used to provide intervention services for children who are at risk of abuse or neglect. Counties cannot use these funds to supplant any other funds expended by the county for services and projects to assist children and families. In calendar year 2004, DHFS distributed \$6.8 million in Title IV-E incentive funds to counties and will distribute \$9.8 million in calendar year 2005. The allocations to counties for 2004 and 2005 are shown in Appendix II.

For costs incurred on behalf of children in Milwaukee County, Title IV-E funds are budgeted directly in the DHFS appropriation for the Bureau of Milwaukee Child Welfare. This amount is based on the Bureau's IV-E eligible activities, including

administrative costs and maintenance costs based on the number of children in out-of-home care. Also, the state receives Title IV-E funds on behalf of children with special needs awaiting adoption or who have been adopted. These Title IV-E funds are budgeted directly for the state foster care and adoption assistance program and the federal amount for both of these programs is based on projected caseloads. In addition, a smaller amount of Title IV-E revenue is distributed to counties through the youth aids allocation from the Department of Corrections on behalf of children in the juvenile justice system that meet the Title IV-E eligibility criteria (\$1.3 million annually), to the University of Wisconsin through the training partnerships program, and to counties for local WISACWIS operational costs, legal services, and 10.5 child welfare assistant district attorneys statewide. [WISACWIS is the Wisconsin statewide automated child welfare information system.]

The level of federal funding that DHFS can claim is based on a number of factors, including the number of IV-E eligible children and the level of reimbursement.

IV-E Eligibility. Title IV-E eligibility is determined when the child leaves the home of his or her parents or caretaker and is usually determined only once. The state eligibility unit (SEU), which is operated by MAXIMUS, Inc., under contract with DHFS, recommends each child's eligibility under Title IV-E, based on information available from counties and in court documents, which is then reviewed and approved by DHFS staff. Once eligibility is established, the child generally remains IV-E eligible as long as the child remains under the care and responsibility of the child welfare agency.

IV-E eligibility requirements include meeting certain financial eligibility criteria based on the former aid to families with dependent children (AFDC) program that were in effect in June, 1996, a voluntary placement agreement signed by the child's parents or guardians and the foster parent

or a judicial determination that: (a) remaining in the home would be contrary to the child's welfare, within certain time frames as specified under federal law; (b) reasonable efforts were made to prevent the removal of the child from the home or to return the child to his or her home; and (c) the care and placement of the child are the responsibility of specified public agencies.

The IV-E eligibility rate is the number of IV-E eligible children in Wisconsin as a percent of the total number of children in out-of-home care or adoptive placements statewide. Federal regulations define who is included in each of these categories. Currently, approximately 84% of children in out-of-home care in Milwaukee County and 74% of children statewide are IV-E eligible.

IV-E Reimbursability. IV-E reimbursement is provided to fund 50% of the costs of administration and placement services and up to 75% of training costs. Maintenance payments intended to cover the costs of food, shelter, clothing, daily supervision, child care, school supplies, general incidentals, liability insurance for the child, and reasonable travel to the child's home for visits are reimbursed at the same rate as most services provided under the state's MA program, which is currently approximately 58%.

States receive reimbursement for children who are IV-E eligible and reimbursable. Reimbursability is determined monthly and is contingent upon the state agency maintaining responsibility for placement, complying with IV-E case requirements, and the placement being in a licensed foster home, treatment foster home, group home, or RCC.

DHFS claims costs for reimbursement under Title IV-E is based on information reported by counties and BMCW. Placement costs are reported through WISACWIS and administrative activities are determined through a random moment time study. The random moment time study involves DHFS or a contracted staff worker calling county child welfare workers to determine if the worker's

current activity is eligible for reimbursement under Title IV-E. From this quarterly time study, DHFS can determine the percentage of time workers spend on IV-E eligible activities, which is the basis for the state's claim for federal reimbursement.

Title IV-B, Part I. Federal funding available under Title IV-B, subpart I, of the Social Security Act, is allocated to states as a sum-certain allocation to fund services that protect the welfare of children, including services that: (a) address problems that may result in neglect, abuse, or exploitation or delinquency of children; (b) prevent the unnecessary separation of children from their families and restore children to their families, when possible; (c) place children in adoptive families when appropriate; and (d) assure adequate foster care when children cannot return home or be placed for adoption. States are required to provide a 25% funding match to the federal grant. Federal law limits the amount of the grant and matching funds that can be used for foster care maintenance payments and adoption assistance payments.

In FFY 2003-04, Wisconsin received approximately \$5.4 million FED under Title IV-B, part I. Of this amount, DHFS distributed approximately \$3.6 million to counties as part of the community aids BCA in 2004-05, the Department of Corrections distributed approximately \$1.1 million to counties under the youth aids program, and DHFS retained approximately \$0.7 million to support other child welfare programs and state administrative costs.

Kinship Care. Counties, other than Milwaukee County, are reimbursed for the costs of kinship care payments separately from community aids. In Milwaukee County, DHFS makes kinship care payments to eligible relatives. Kinship care payments are funded with federal temporary assistance for needy families (TANF) block grant funds transferred from the Department of Workforce Development (DWD) to DHFS.

Kinship care relatives who provide care and maintenance for one or more children may receive

a kinship care payment of \$215 per month for each child if:

- The county, tribe, or DHFS determines that there is a need for the child to be placed with the kinship care relative and that the placement with the relative is in the best interests of the child;
- The county, tribe, or DHFS determines that the child meets, or would be at risk of meeting, one or more of the CHIPS or JIPS criteria;
- The county, tribe, or DHFS conducts a background investigation of the kinship care relative, any employee and prospective employee of the kinship care relative who has or would have regular contact with the child for whom kinship care payments would be made, and any other adult resident in the kinship care relative's home to determine if the kinship care relative, employee, prospective employee, or adult resident has any arrests or convictions that could adversely affect the child or the kinship care relative's ability to care for the child;
- The kinship care relative cooperates with the county, tribe, or DHFS in the application process, including applying for other forms of assistance for which the kinship care relative may be eligible; and
- The child for whom the kinship care relative is providing care and maintenance is not receiving supplemental security income (SSI) benefits.

Under the program, a "child" is defined as either any person under the age of 18 or a person between the ages of 18 and 19 who is a full-time student in good academic standing at a secondary school or its vocational or technical equivalent and who is reasonably expected to complete his or her program of study and be granted a high school or high school equivalency diploma.

At least every 12 months, the county or DHFS

reviews the case of a relative receiving kinship care to determine if the conditions under which the case was initially determined eligible still exist. If those conditions no longer exist, the county or DHFS discontinues making the kinship care payments.

A relative does not categorically assume guardianship of the child under kinship care. Kinship care is a living arrangement for the child in the relative's household. The state recognizes this relationship as being in the best interests of the child by funding kinship care payments.

To the extent TANF funds are not sufficient to fund kinship care costs, counties can either support these costs from other state aids or local property tax or place cases on waiting lists. For Milwaukee County, if TANF funds are insufficient to fund kinship care costs, DHFS must place cases on a waiting list. However, it is DHFS' policy that cases in any county under a court order for placement with a relative cannot be placed on waiting lists. Therefore, counties may only place cases without a court order for placement with the relative on waiting lists.

Kinship care was created under provisions of 1995 Wisconsin Act 289, which created the Wisconsin Works program to replace the former AFDC program. Under AFDC, non-legally responsible relatives who provided care for children were eligible for an AFDC payment based on the income of the child.

Title IV-B, Part II - Promoting Safe and Stable Families. Funding available under Title IV-B, part II, is intended to promote safe and stable families through family preservation, family support services, family reunification, and adoption promotion and support services. DHHS allocated funding to states based on each state's relative share of children whose families receive food stamps (Food-Share in Wisconsin). Each state must meet a 25% match requirement.

In FFY 2003-04, Wisconsin received \$4,955,900

in Title IV-B, part II, funding. States are required to allocate at least 20% of its Title IV-B, part II, allocation to each of the four categories of activities: family preservation, family support, family reunification, and adoption promotion and support. These categories are defined in the federal law section of this paper.

DHFS allocates Title IV-B, part II, funds to counties for family preservation, family support, and family reunification activities. Appendix III to this paper identifies the Title IV-B, part II, allocations to counties in 2005. In addition, a portion of the federal allocation is budgeted for the state special needs adoption program, state administrative costs, BMCW network services, and to tribes.

Chafee Foster Care Independence Funds. Federal funding is also provided to states to prepare youth to live independently after leaving out-of-home care and to provide transitional services to youth aging out of care. The independent living program is described later in this paper.

The federal funding is a capped entitlement. Each state receives funding based on its share of the nation's out-of-home care population, as reported in the most recent year for which information is available. Each state is required to provide matching funds equal to 20% of the federal allocation. In FFY 2002-03, Wisconsin received \$2,541,500 FED in independent living funds. This amount was reduced to \$1,954,800 in FFY 2003-04 to reflect a decrease in the number of children in out-of-home care in Wisconsin.

Adoption Incentive Funds. States may receive adoption incentive payments if the number of children adopted from child welfare increases from the previous year. For each additional adoption, the state receives a payment of \$4,000. If the child meets the criteria for special needs, the state receives an additional \$2,000 payment; if the child is over nine years old, the state receives an additional \$4,000 payment. However, the maximum incentive payment made for one child is \$8,000.

In FFY 2001-02, Wisconsin received \$1,158,000 in federal adoption incentive payments. Of this amount, \$1.0 million was allocated to the Bureau of Milwaukee Child Welfare to fund adoption services and the remaining \$158,000 FED was used to support the special needs adoption program. Wisconsin received \$1,232,000 in federal adoptive incentive payments for adoptions in FFY 2002-03, but these funds have not yet been budgeted.

Social Services Block Grant. The social services block grant (SSBG) is distributed to states on the basis of population to provide services directed toward at least one of five goals: (a) to prevent, reduce, or eliminate economic dependency; (b) to achieve or maintain self-sufficiency; (c) to prevent neglect, abuse, or exploitation of children and adults; (d) to prevent or reduce inappropriate institutional care; and (e) to secure admission or referral for institutional care when other forms of care are not appropriate. States may transfer up to 10% of their allotment for any fiscal year to preventive health and health services, alcohol and drug abuse services, mental health services, maternal and child health services, and low-income home energy assistance block grants. States can also use funds for staff training, administration, planning, implementing, or administering the state's social service plan.

States may not use SSBG funds for: (a) medical care except family planning, rehabilitation, and certain detoxification services; (b) land purchases, construction, or major capital improvement; (c) most room and board expenses, except emergency short-term services; (d) educational services generally provided by public schools; (e) most social services provided in and by employees of hospitals, nursing homes, and prisons; (f) cash payments for subsistence; (g) child day care services that do not meet state and local standards; and (h) wages to individuals as a social service, except wages of welfare recipients employed in child day care.

In 2004-05, \$32,064,800 in federal SSBG funds are budgeted in DHFS, of which \$27,135,600 is

budgeted to support the community aids BCA, \$3,988,900 is budgeted for state operations, and \$940,300 is budgeted for other state programs.

Other Funding Sources. In addition to the funding sources already identified in this section, children in the child welfare system may receive services funded through other programs or sources. For example, children in out-of-home care are eligible for medical assistance (MA), which pays for the child's health services. In addition, some case management activities conducted by child welfare caseworkers are not eligible for reimbursement under Title IV-E, but are eligible under MA. MA payments for these services are referred to as "targeted case management" funds. In 2004-05, \$4,162,900 is budgeted in DHFS from this source

Many children in the child welfare system have developmental, physical, emotional, or mental disabilities. Some of the costs of care for these children are supported by programs that serve people with these disabilities, including CIP IB and SSI. Additional information on these programs can be found in other information papers prepared by the Legislative Fiscal Bureau.

Exiting Out-Of-Home Care

Each CHIPS dispositional order and permanency plan identifies the permanency goal for a child in out-of-home care. Permanency plan goals can include: (a) reunification with the birth family; (b) transfer of legal guardianship to a relative; (c) adoption; or (d) long-term foster care for children whom adoption is not an option.

Reunification. Family reunification was first emphasized in the Adoption Assistance and Child Welfare Act of 1980. In 1997, ASFA changed the emphasis in federal child welfare legislation from reunification towards permanence for children in a timely manner with the concept of concurrent

planning: considering both reunification and adoption simultaneously for a child as permanence goals.

In FFY 2003-04, approximately one-fourth of the statewide out-of-home care population, or 3,027 children, were reunified with their parents. Family reunification occurs when the child returns to his or her home from out-of-home care, although the court order may continue and services are continued in the home. This takes place when the court finds that the goals of the permanency plan were achieved, that the safety and well-being of the child can be met in the care of the parent, and that the reasons for the removal of the child from the home and the CHIPS order are no longer valid.

Guardianship. Under s. 48.023 of the statutes, a guardian is defined as a person appointed by the court who has the authority to make important decisions in matters having a permanent effect on the life and development of the child and the duty to be concerned about the child's general welfare, including but not limited to: (a) the authority to consent to marriage, enlistment in the U.S. armed forces, major medical, psychiatric and surgical treatments, and obtaining a driver's license; (b) the authority to represent the child in legal actions and make other decisions of substantial legal significance concerning the child but not the authority to deny the child the assistance of counsel as required under the Children's Code; (c) the right and duty of reasonable visitation of the child; and (d) the rights and responsibilities of legal custody, except under certain situations when legal custody has been vested in another person or when the child is jailed or incarcerated.

An adult can be granted guardianship without the termination of the child's parents' rights. Without the TPR, the child is still legally the child of his or her parents, but the guardian, in general, is responsible for the care and well-being of that child.

When the court appoints a guardian under s. 48.977 of the statutes, the court may or may not close the CHIPS case. If the case remains open and

the guardian is a foster parent, the guardian continues to receive the monthly foster care payment for the care of the child. If the guardian is a relative and not a foster parent, the relative remains eligible for a monthly kinship care payment, even if the case is closed. If the case is closed and the guardian is not a relative, the guardian, under current law, is not eligible for a monthly support payment for the care of the child.

In FFY 2003-04, 318 children were placed in guardianships. In addition, 254 children were discharged from care to relatives. These numbers include re-entry and exit rates so one child could have been discharged more than once during the year.

Adoption. When a child is removed from his or her home and enters the child welfare system, the child is in the physical custody of the county. If the court terminates a child's parents' rights, the child is legally available for adoption, and the state assumes legal custody of that child and provides adoption services through the special needs adoption program.

Special Needs Adoption Program. DHFS administers the special needs adoption program, under which state and contracted staff provide case management and adoptive placement for children with special needs who are available for adoption. In 2004-05, \$3,613,400 (\$1,229,900 GPR and \$2,383,500 FED) is budgeted for the special needs adoption program. Of this funding, \$2,558,300 (\$1,229,900 GPR and \$1,328,400 FED) is budgeted to support contracted and quality assurance staff and \$1,055,100 FED supports state staff positions. DHFS is authorized 16.5 positions for the program and contracts with five private vendors for approximately 40 caseworkers. The special needs adoption program provides adoptive services for children with special needs from counties other than Milwaukee County. BMCW contracts with Children's Service Society of Wisconsin to provide similar services for children with special needs from Milwaukee County.

The special needs adoption program is organized by regions throughout the state. Table 3 shows the region, the location of the regional offices, and the contracted agency assigned to each region. Each contracted agency may subcontract with other agencies and all of the lead agencies subcontract with at least one other vendor to handle some of the workload.

Table 3: Special Needs Adoption Program

Region	Regional Office Location	Lead Contracted Agency
North	Rhineland	Catholic Charities of La Crosse
Northeast	Green Bay	Lutheran Social Services of Appleton
South	Madison	Children's Services Society of Wisconsin
West	Eau Claire	Lutheran Social Services of Eau Claire
Southeast	Waukesha	Children's Services Society of Wisconsin

The state staff includes 3.0 regional supervisors and 13.5 social worker positions. State staff consult with counties to identify children for whom adoption is an appropriate permanency option, to assist in the permanency planning for each child before TPR, and to search for adoptive homes for these children. The contracted staff provide case management services for children who are in the state's custody, provide services to the court, identify potential adoptive parents, and conduct home studies of these parents.

Federal and state law emphasize providing permanency for children under specified timelines. Concurrent planning supports this goal by allowing case managers to plan and prepare for permanency through reunification with the birth parents and adoption simultaneously. State adoption workers develop and maintain supportive and informative working relationships with local child welfare agency staff, court representatives, service providers, and families so that they can identify children who may be in need of an adoptive placement and potential resources to address this need. These consultation activities are intended to decrease the time between the TPR and the finalized adoption. Currently, the average time between

the TPR and the finalized adoption in the special needs adoption program is 11 months, and 7.4 months statewide (including Milwaukee County). Federal law requires each state to demonstrate that 33% of children in out-of-home care are adopted within 24 months after they are removed from the home.

In addition to the caseworker and supervisor positions, there are 4.0 positions that review cases to determine that children and adoptive families are receiving appropriate services to help ensure permanent and solid adoptive homes, and ensure conformity with the adoption standards and contract requirements.

Table 4 shows the number of special needs adoptions finalized over the period from 1998 to 2003. The table shows that, in 2003, 565 adoptions were finalized in counties other than Milwaukee County and 1,156 adoptions were finalized statewide -- the most public adoptions finalized in the state in any year. The current special needs adoption program was instituted in 2000. Previously, only state staff provided adoptive services through the Bureau of Programs and Policies in the DHFS Division of Children and Family Services.

Table 4: Number of Finalized Adoptions Statewide 1998-2003

Year	Non-Milwaukee Counties	Milwaukee County	Statewide Number	% Change
1998	415	307	722	---
1999	350	304	654	-9.4%
2000	421	288	709	8.4
2001	464	263	727	2.5
2002	544	500	1,044	43.6
2003	565	591	1,156	10.7

If, after being in the state's custody for two years in the special needs adoption program, a child has not been adopted, custody of the child is transferred back to the county. The state maintains guardianship and adoption case workers continue to search for an adoptive placement for the child,

but the county administers the daily case management and has financial responsibility for the case.

State Foster Care Payments. When the state gains legal custody of a child and the child is in a foster care placement, the state assumes responsibility for the monthly foster care payments to the foster parent or, if the child is in a group home or RCC, the cost of care to the care provider. In 2004-05, \$7,185,900 (\$5,198,900 GPR and \$1,987,000 FED) is budgeted for DHFS to make these payments. In September, 2004, DHFS made payments on behalf of 329 children in the state foster care program.

Adoption Assistance Payments. DHFS makes monthly adoption assistance maintenance payments to the adoptive or proposed adoptive parents of a child after an adoption agreement has been signed and the child is placed in the home of the adoptive or proposed adoptive parents. These payments are intended to assist in the cost of care for that child. Adoption assistance can only be provided for a child with special needs and when DHFS has determined that such assistance is necessary to assure the child's adoption.

In 2004-05, \$67,774,200 (\$34,318,900 GPR and \$33,455,300 FED) is budgeted for adoption assistance payments. The federal funding is available under Title IV-E as reimbursement for a portion of the costs of the payments. This partial reimbursement is available for payments made on behalf of children that meet certain eligibility criteria, including financial eligibility criteria based on the former aid to families with dependent children (AFDC) program, as determined by DHFS.

To be eligible for adoption assistance, a child must have, or be at high risk of developing, at least one of the following special needs at the time of the adoption: (a) the child is ten years of age or older; (b) the child is a member of a sibling group of three or more children that must be placed together; (c) the child exhibits moderate or intensive physical, emotional, and behavioral needs; or (d) the child belongs to a minority race in which children of that race cannot be readily placed due to lack of appro-

priate placements. Most children available for adoption through the state adoption system meet one or more of these criteria.

In September, 2004, DHFS made adoption assistance payments on behalf of 7,406 children in Wisconsin. The circumstances of the adoptive parents and the needs of the child are considered together in determining the level of adoptive assistance a family receives. The amount of the maintenance payment is based on the foster care payments made on behalf of the child immediately before the adoption, or if the child was not in foster care before the adoption, on the applicable uniform foster care rate in effect at the time the adoption agreement was made, and on the care needs of the child. Monthly adoption assistance payments range from \$0 to \$2,000. Currently, adoption assistance may be continued after the child reaches 18 years of age if the child is a full-time high school student.

Under federal law, states cannot use a means test to determine parents' eligibility for the adoption assistance program, but may consider the adoptive parents' income in determining the amount of the adoption assistance payment. In addition, states cannot reduce the adoption assistance payment adoptive parents receive because of a change in the adoptive parents' income without the adoptive parents' agreement. Under administrative rule [HFS 50.05(4)], DHFS must consider family circumstances, such as the following, in determining the amount of the monthly adoption assistance payment: (a) the burden on the family's financial resources is significant because of a need to provide for the adoptee; (b) although the family's financial resources are substantial, unusual circumstances have placed demands on the family income to the extent that providing for an adoptee would result in a significant financial burden; (c) the family lacks health insurance or sufficient insurance to cover the expected medical needs of the adoptee; and (d) resources needed by the adoptee are not available in the family's community and the expense of gaining access to the necessary resources would place a significant financial burden on the family.

In addition to monthly adoption assistance payments, families may be eligible for reimbursement for one-time adoption expenses, such as legal or agency fees, up to \$2,000 per child. Also, most children for whom DHFS makes adoption assistance payments remain eligible for MA, which pays for eligible medical expenses not covered by the family's health insurance.

Other Adoption Resources. DHFS contracts with Adoption Resources of Wisconsin (ARW) to administer the state adoption information center and adoption exchange center. These centers provide information to prospective adoptive families on all types of adoption, to birth parents on the adoption process, to adoptive families after adoption, and to professionals and the general public through printed materials, phone calls, and two websites. ARW publishes *Adopt!*, a quarterly publication that showcases children available for adoption in Wisconsin, and promotes the adoption of children through newspaper columns, television feature stories, and posters. The adoption resources website provides child-specific information on children available for adoption, information on the special needs adoption process, information on post-adoptive services, and identifies available resources on adoption that can be loaned out. In 2004-05, DHFS allocated \$346,500 to ARW to provide these services.

Post-Adoption Resource Centers. There are six post-adoptive resource centers (PARCs) statewide that provide information, support, training, and resources to adoptive families and promote adoption awareness in the community. DHFS allocates a \$70,000 FED annual grant to each center. The federal funding is available under Title IV-B, part II, and adoption incentive funding. The Wisconsin regions served by each administering agency are shown in Table 5.

Each PARC has a toll-free number available 24 hours a day, seven days a week, to respond to questions or concerns from families who have adopted, including special needs adoption, international adoption, and private adoption. The PARCs

Table 5: PARC Regions and Administering Agencies

Region	Agency
Southeastern	Adoption Resources of Wisconsin
Milwaukee	Adoption Resources of Wisconsin
Southern	Catholic Charities, Diocese of Madison
Western	Catholic Charities, Diocese of La Crosse
Northern	Catholic Charities, Diocese of La Crosse
Northeastern	Family Services of Northeastern Wisconsin

provide services in their region, but each service is available to families statewide. PARCS provide: (a) training on a variety of issues that affect families with adopted children; (b) access to community resources; (c) referrals to adoption-related support groups, recreational and educational opportunities and resources; and (d) opportunities to meet with other adoptive families.

Youth Aging Out of Out-Of-Home Care.

Under state law, a child can remain in an out-of-home care placement until he or she is 18 years of age, or, if the youth is expected to graduate from high school, 19 years of age. After this time, the youth "ages out" of out-of-home care and is expected to begin to live independently and, unless the youth pursues higher education, to enter the job force. Over 600 youth "age out" of out-of-home care each year in Wisconsin.

The Wisconsin Study of Youth Aging Out of Out-of-Home Care. Dr. Mark Courtney and Dr. Irving Piliavin at the University of Wisconsin - Madison conducted a multi-year study of the needs of youths before and after they leave out-of-home care. The study was based on interviews of youth who were in out-of-home care for at least 18 months, who were 17 or 18 years old, and who were not developmentally disabled. The initial interviews were conducted while the youths were in out-of-home care and the follow-up interviews were conducted 12 to 18 months after the youths exited care.

The first interviews were conducted in 1995 with 141 youths from 42 counties who were still in out-of-home care. The study found that in the

initial interviews, most of these youths presented positive attitudes and experiences with the child welfare system, and 75% of the youths agreed with the statement that they were "lucky" to have been placed in out-of-home care. Approximately 76% of the youths reported that they had received training in certain independent living skills, primarily from foster parents and specialized independent living training programs.

The follow-up interviews were conducted in 1996 and 1997 with 113 of the youths initially interviewed in 1995. These follow-up interviews found that, since leaving out-of-home care: (a) many of the youths had not achieved the educational goals they had expressed in their first interviews; (b) about one-quarter to one-third of these youths indicated that they lacked preparedness in several skill areas, such as parenting, securing a job, obtaining housing, and managing money; (c) 44% of respondents indicated that they had problems obtaining medical care "most" or "all of the time" since they were discharged; (d) approximately 12% of youths experienced homelessness at least once since their discharge; (e) approximately 46% reported that they had at least \$250 when they left care; (f) approximately 61% were employed; (g) approximately 32% received some kind of public assistance; (h) 21% received mental health services, a decrease from 47% that received these services while they were in out-of-home care; (i) 18% had been incarcerated following their discharge; and (j) 25% of males and 15% of females reported experiencing serious physical victimization and 13% of females reported being sexually assaulted and/or raped.

Based on these interviews, the authors concluded that a significant percentage of youths that had been in out-of-home care had a difficult time making the transition to self-sufficiency.

Chafee Foster Care Independence Program. Prior to 2001, states could participate in the Title IV-E independent living program, under which the state could provide independent living services to all youth in out-of-home care between the ages of 16

and 18 and could provide follow-up services to youth until they reached 21 years of age. Funding was allocated to states according to each state's share of Title IV-E eligible children in 1984. The Courtney and Piliavin studies referenced in the last section were conducted while the Title IV-E independent living program was in place.

The Foster Care Independence Act of 1999 replaced the Title IV-E independent living program with the Chafee foster care independence program. Under this program, states are required to provide independent living services to youth aging out of out-of-home care, as well as youths between the ages of 18 and 21 who were formerly in out-of-home care.

Funding for the program was first allocated to states in 2001. States can use the federal funds in any way that allows them to achieve the general purpose of the program, which is to help eligible children make the transition to self-sufficiency through services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities.

DHFS allocates federal Chafee foster care independence funds to counties and several tribes on an annual basis. The 2004 and 2005 allocations are shown in Appendix IV. Counties and tribes that would be serving fewer than 15 eligible children under the age of 18 may enter into consortia with surrounding counties to ensure that a comprehensive program is available to all eligible and participating youth. Counties and tribes are required to provide a 20% match, either in cash or in-kind services, for the federal funds. The cash match may include funding from community aids, local tax levy, Title IV-E incentive funds, or other local or state funds that are not used as match for other federal dollars.

Counties and tribes must use these funds for

independent living services for youths in out-of-home care who are 15 years of age or older and for youths up to 21 years old who were in out-of-home care for at least six months and left care after the age of 17. Youths do not need to be Title IV-E eligible to receive services. Their participation in the program is voluntary.

If a youth has been in out-of-home care for at least six months after the age of 15, he or she is referred to the independent living program. Each county or tribe's program is organized differently. In some counties and tribes, each ongoing case manager may administer the program for the children in their caseload; in others, the program is administered by a independent living coordinator, who may be different from the ongoing case manager; or a county or tribe can contract with an outside agency to provide the services to eligible youths. Each youth referred to the program receives an assessment of his or her independent living skills. Using the results of the assessment, the independent living worker, with the youth's input, develops the independent living transition plan (ILTP). The ILTP identifies the skills that the youth should improve, services the youth should receive to develop these skills, and how the youth will access those services.

Independent living is required to be part of a youth's permanency plan, but the ILTP provides greater detail than the information courts require. The ILTP can be updated at any time. A youth may leave care even if the goals of the plan are not fully met. However, before a youth ages out of care, the youth should have a plan to move into the community and to become self-sufficient. After the youth ages out of care and until their 21st birthday, the youth is still assigned to the independent living worker. The amount of contact between the youth and the worker is determined by the youth.

Counties and tribes may use independent living funds for a wide range of services. DHFS has identified some of these services, but a county or tribe may use its independent living allocation for any

services that assist youths in achieving self-sufficiency. Counties and tribes use most of the funds to support independent living coordinators and direct services to youth. The funds may also be used for room and board expenses for youth between 18 and 21 years old who were in out-of-home care until their 18th birthday, although no more than 25% of the total allocation may be used for this purpose. Appendix V provides information on the independent living program for 2003, including the number of eligible youths, the number of youths receiving services, and the amount of funding counties and tribes used for room and board expenses.

Education and Training Vouchers Program. The federal education and training voucher (ETV) program helps youths transition to self-sufficiency and receive the education, training, and services necessary to obtain employment. ETV is federally funded under the Chafee Foster Care Independence Act and the funding is used to support vouchers for post-secondary education and training available to youths who have aged out of foster care. The funds were first available in FFY 2003-04. Wisconsin received \$773,600 FED in 2003-04 in ETV funds and distributed \$623,600 to counties, tribes, and BMCW in January, 2004, for use through September, 2004. Each grant recipient is required to provide matching funds equal to 20% of their annual allocation. ETV allocations to counties, tribes, and BMCW and the match requirements are shown in Appendix IV. The second contract period for the ETV grant funds is from October, 2004, through September, 2005. The remaining funds from the ETV federal award support the DCFS scholarship program (described below) and state administrative costs (\$25,000 FED).

Youths may receive services funded under ETV if they have been in out-of-home care for at least six months after the age of 15 or if they were adopted after the age of 15 and are eligible for independent living services. If a youth is participating in the ETV program on his or her 21st birthday, is enrolled in a post-secondary education or training program, and is making satisfactory progress

toward completion of that program, he or she can remain eligible for ETV-funded services until he or she reaches the age of 23. The ETV funds must be used to help establish, expand, or strengthen post-secondary educational assistance for youths eligible for independent living services. An ILTP is developed for each youth in the program, which includes a plan for successful completion of secondary education, communication with secondary education educational counselors, officials, and support personnel, a plan for completion of required applications, tests, and financial aid forms, and a plan for providing support during post-secondary educational or training attendance. Youth participation is required in designing their program activities. In addition, certain requirements can be placed on the youths to remain in the program. These requirements, such as a minimum grade point average, are established by each program.

Each youth is eligible to receive an annual voucher equal to the lesser of \$5,000 or the total cost of attendance at an institution of higher education. Expenditures for "cost of attendance" may include, but are not limited to: (a) tuition, fees, and books; (b) room and board; (c) rental or purchase of required equipment, materials, or supplies; (d) allowance for books, supplies, and transportation; (e) required residential training; (f) special study projects; (g) tutors; (h) child care; or (i) testing required for entry to the program. A higher education institution is defined as one that: (a) admits as regular students only persons with a high school diploma or equivalent or admits as regular students persons who are beyond the age of compulsory school attendance; (b) awards a bachelor's degree or not less than a two-year program that provides credit towards a degree; (c) public or nonprofit; (d) accredited or preaccredited; and (e) provides at least one year of training towards gainful employment or is a vocational program that provides training for gainful employment and has been in existence for at least two years.

DCFS Scholarship Program. The Division of Children and Family Services (DCFS) awards

scholarships up to \$5,000 for youth who have been in out-of-home care and are entering a degree, license, or certificate program. The scholarship awards may be used for tuition, fees, and books for youth that have been approved to attend an accredited post-secondary education or training institution. A youth is eligible if he or she: (a) has been in out-of-home care in Wisconsin (includes foster home, treatment foster home, group home, RCC, or court-ordered kinship care) for at least six months after the age of 15; (b) has been in out-of-home care in Wisconsin for at least six months and adopted after the age of 15; or (c) has been in an out-of-home care placement in another state but becomes a Wisconsin resident before attending a Wisconsin post-secondary institution. In addition, the individual must be accepted into an institution of higher education at the time the application is submitted and be no more than 20 years of age, unless he or she is enrolled in a post-secondary program on his or her 21st birthday, in which case the individual remains eligible until he or she is 23 years old. Youths may apply and receive funding more than one time over the course of their education or training.

In 2004, DHFS awarded \$203,000 FED in scholarships to 69 youths. The federal funds are available under the ETV federal grant award. Initially, \$125,000 FED was budgeted in 2004 for the scholarship program. Funds that were not used in the ETV program were reallocated to the scholarship program. Therefore, an additional \$78,000 was available for scholarships. DCFS received a total of 100 scholarship applications, of which 69 were approved, eight were denied, and 23 were incomplete and not yet resubmitted when the scholarships were awarded.

Bureau of Milwaukee Child Welfare (BMCW)

Beginning January 1, 1998, DHFS became responsible for administering child welfare services in Milwaukee County. Previously, the Milwaukee

County Human Services Department (MCHSD) had this responsibility. DHFS took over this role as required by legislation enacted in the 1995 and 1997 legislative sessions in response to a lawsuit filed against the state and Milwaukee County. The suit alleged that the state and the county were in violation of federal law and that the administration of child welfare services in Milwaukee County was so poor that it failed to keep children safe.

This section of the paper provides information on the lawsuit and subsequent settlement, a description of the child welfare system in Milwaukee County as administered by DHFS, and how these services are funded.

ACLU Lawsuit. In 1993, the American Civil Liberties Union (ACLU) Children's Rights Project (now Children's Rights, Inc.) filed an action on June 1, in the Federal District Court for the Eastern District of Wisconsin on behalf of an estimated class of approximately 5,000 children who were receiving, or should have been receiving, child welfare services in Milwaukee County. The Milwaukee County Executive, the Director of MCHSD, the Governor, and the Secretary of the Department of Health and Social Services (now DHFS) were named as defendants.

The complaint was a broad-based challenge to the administration of the Milwaukee County child welfare system, alleging that the county, among other things, failed to investigate complaints of abuse and neglect, failed to provide services to avoid unnecessary out-of-home placements, failed to provide appropriate out-of-home placements, and failed to terminate parental rights and secure permanent placements for children who could not be returned to their birth families. The complaint alleged that the state failed to adequately supervise and fund the Milwaukee County system.

In response to the lawsuit, during the 1995 legislative session, Wisconsin Acts 27 and 303 initiated the state's assumption of responsibility for providing child welfare services in Milwaukee County. 1995 Wisconsin Act 27 directed DHFS to submit a

proposal to the Legislature by April 1, 1996, which would outline a plan for the Department to assume responsibility for operation of the Milwaukee County child welfare system. Subsequently, 1995 Wisconsin Act 303 provided initial funding, positions, and statutory authority for DHFS to plan for providing child welfare services in five neighborhood districts in Milwaukee County, beginning January 1, 1998.

After the enactment of 1995 Wisconsin Act 27, the parties to the lawsuit entered into settlement negotiations based on the possibility that the state would be assuming responsibility for child welfare services in Milwaukee County. Negotiations broke down in February, 1996, and the parties were prepared to go to trial.

However, the Court dismissed much of the lawsuit in January, 1998. This dismissal was partially based on grounds that the state's assumption of child welfare services in Milwaukee County made much of the case moot but also that, for many of the plaintiffs' allegations, federal law does not create privately enforceable rights. Privately enforceable rights are rights that give an individual the right to sue in order to have the government comply with provisions in law. Therefore, the Court found that the plaintiffs had no standing.

The portion of the case that remained outstanding related to alleged violations of the federal Adoption Assistance and Child Welfare Act, (AACWA), which requires states to provide a written permanency plan for every child in foster care and for a periodic review of those permanency plans. The Court found that this federal requirement does create a privately enforceable right for the creation and periodic review of a permanency plan, but not for actual implementation of the plan. The Court said that on this basis, the plaintiffs were entitled to further hearings and a possible trial to enforce this right.

Settlement Agreement. The federal court approved a settlement agreement on September 2,

2002, effectively closing the case, although the state will be subject to arbitration or court intervention if non-compliance issues arise. The settlement requires DHFS to attain specified outcomes on or before January 1, 2006, for permanency, safety, and child well-being for children in out-of-home care in Milwaukee County. These areas are described in more detail below.

Permanence. The settlement requires BMCW to negotiate in good faith as soon as practical with the Milwaukee County District Attorney to ensure adequate legal representation for the prosecution of termination of parental rights (TPR) petitions, consistent with federal Adoption and Safe Families Act (ASFA) requirements. By January 1, 2004, 65% of children in out-of-home care in Milwaukee County who have been in care for 15 of the last 22 months must have had a TPR petition filed on their behalf, or an exception documented in their case, by the end of the 15th month of care. The percentages increase to 75% by January 1, 2005, and to 90% by January 1, 2006. BMCW met the goal for the first year with 76.8% of children in out-of-home care who have been in care for 15 of the last 22 months having had a TPR petition filed or have a documented exception.

For children who have been in out-of-home care for more than 15 of the last 22 months, and for whom a TPR petition has not been filed or an exception has not been documented in their case, a TPR petition must be filed on their behalf or an exception documented in their case according to the following percentages: (a) 75% by January 1, 2004; (b) 85% by January 1, 2005; and (c) 90% by January 1, 2006. BMCW met the first year goal -- 88.1% of children who met these criteria by January 1, 2004 had a TPR filed or exception documented.

Under the settlement agreement, if the state obtained a federal Title IV-E waiver allowing subsidized guardianship before January 1, 2003, no more than the following percentages of children in BMCW out-of-home care may be in care for more than 24 months: (a) 40% by January 1, 2004; (b) 30%

by January 1, 2005; and (c) 20% by January 1, 2006. Since the state obtained a Title IV-E waiver after January 1, 2003, the percentages are 40%, 35%, and 25% respectively. The actual percentage for the first year was 44.2%.

The settlement agreement also requires that, in 2004, 65% of children who are reunified with their parents be reunified within 12 months of entering out-of-home care. This percentage increases to 71% in 2005. BMCW monitored this item for the first year and found that 45% of children who are reunified were reunified within 12 months of entering out-of-home care.

Finally, at least 20% of children for whom an adoption is finalized must exit BMCW out-of-home care within 24 months of their entering care. This percentage applies to the period ending January 1, 2004, and increases to 25% by January 1, 2005, and 30% by January 1, 2006. By January 1, 2004, 14.2% of finalized adoptions were finalized within 24 months of the child entering out-of-home care.

Safety. The settlement agreement requires that no more than 0.7% of children in out-of-home care may be victims of substantiated abuse or neglect allegations within the first year, ending January 1, 2004, by a foster parent or staff of a licensed facility. The percentages fall to 0.65% in 2004 and 0.6% in 2005. In 2003, 0.5% of children in out-of-home care had a substantiated allegation of abuse or neglect since entering care.

By January 1, 2004, at least 80% of the allegations of abuse or neglect of a child in BMCW custody by foster parents or staff of a licensed facility must be: (a) referred for an independent investigation within three business days; and (b) assigned to an independent investigator within three business days of the receipt of the referral. In addition, a substantiation determination must be made within 60 days of the referral to the independent investigation agency for 80% of these cases. The percentages increase to 85% by January 1, 2005, and 90% by January 1, 2006. In 2003, 99.8% of independent

investigation referrals were referred within three business days, 99.6% were assigned to an investigator within three business days of receipt of referral, and a substantiation determination was made for 97.6% of the referrals within 60 days. Therefore, BMCW was in compliance in the first year for this item.

Child Well-Being. The settlement also places requirements on the contract provisions, case manager-to-case ratios, and the use of shelters as placements.

Under the settlement, the caseloads of ongoing case managers may not exceed an average of 11 family cases per case-carrying manager per site. This was phased in incrementally and became fully effective on January 1, 2004, and enforceable on April 1, 2004. BMCW is required to include a holdback provision in the case management contracts if the case managers do not meet 90% compliance with monthly face-to-face visits with the children in BMCW's custody. In 2003, the average caseload was 9.6 families. In addition, 90% of the children in out-of-home care had a monthly face-to-face visit from their case manager.

Under the settlement, no children may be placed in a shelter after December 31, 2003. By December 31, 2003, the settlement requires BMCW to develop diagnostic/assessment centers for children over 12 years of age who need additional assessment to determine the appropriate placement. A placement in these centers may not exceed 30 days, but may be extended for another 30 days as long as the total duration of the placement does not exceed 60 days. BMCW reports that shelter placements were not used after December 31, 2003, and diagnostic/assessment centers were developed.

By January 1, 2004, at least 80% of children are required to have three or fewer placements after January 1, 1999, during their current episode in BMCW custody. By January 1, 2005, the percentage of children increases to 82% and by January 1, 2006, 90%. BMCW did not meet this goal because 75.9%

of children in 2003 had three or fewer placements after January 1, 1999.

Reports. The settlement requires BMCW to provide a number of reports on the items mentioned previously and a variety of additional statistics, as well as a comprehensive case review at least once annually. These reporting requirements are effective through December 31, 2005.

Oversight and Administration of BMCW. Child welfare services are provided by BMCW in the DHFS Division of Children and Family Services. Services are provided from a central administrative site located in the City of Milwaukee and five neighborhood service-delivery sites located throughout the county: sites one and two cover the central city; site three covers eastern and far northern parts of the county; site four covers the near south side of the city; and site five covers the south and west sides of the county. Appendix VI is a map of Milwaukee County identifying the regions served by each of the neighborhood service-delivery sites. These regions are defined by zip codes. Appendix VII illustrates the organizational structure of BMCW.

Milwaukee Child Welfare Partnership Council. 1995 Wisconsin Act 303 established the Milwaukee Child Welfare Partnership Council as a body to make recommendations and formulate suggestions to DHFS and the Legislature regarding child welfare services under DHFS administration. The Council consists of: (a) three members of the Milwaukee County Board nominated by the Milwaukee County Executive; (b) two state representatives, one appointed by the Speaker of the Assembly and one appointed by the Assembly minority leader; (c) two state senators, one appointed by the Senate President and one appointed by the Senate minority leader; (d) ten state residents, not less than six of whom are residents of Milwaukee County; and (e) two members nominated by a children's services network established in Milwaukee County as required under the Wisconsin Works (W-2) program. The Governor appoints the

chairperson of the Council from the 10 public members. Members from the Milwaukee County Board, public members, and members appointed by the W-2 children's services network are appointed for three-year terms.

The Council is required to formulate suggestions and make recommendations to DHFS and the Legislature on the following:

- Policies and plans for the improvement of the child welfare system;
- Measures for evaluating the effectiveness of the child welfare system, including outcomes measures;
- Funding priorities for the child welfare system; and
- Innovative public and private funding opportunities for the child welfare system.

In addition to the executive committee, the Council has seven subcommittees that address issues relating to: (a) intake, initial assessment, and safety services; (b) out-of-home care and ongoing case management; (c) adoption; (d) cross systems; (e) health care; (f) public policy; and (g) recreational services. These committees meet monthly to discuss systemic issues in their areas in a community forum. The full Council meets quarterly.

Management and Administration. BMCW is authorized 175 positions to administer child welfare services in Milwaukee County. DHFS also contracts with private vendors for over 450 staff that provide services to families in the child welfare system.

Management staff in BMCW consists of a director, a deputy director, and a manager at each of the five neighborhood service delivery sites. The director is responsible for developing, implementing, and overseeing major child welfare reform activities in Milwaukee County and building community

support for the system, as well as developing and maintaining strong working relationships with the juvenile court, health, corrections, juvenile justice, and school systems, private providers, and community organizations. This position has overall responsibility for the Bureau and serves as the primary contact for contract negotiations with vendors.

Organization of Child Welfare Services in Milwaukee County. The child welfare system in Milwaukee County runs parallel with the systems in the other counties in the state. Table 6 compares the two systems.

Appendix VIII to this paper illustrates the decision-making process for child welfare cases in Milwaukee County. The system and processes in BMCW are described in the next sections of this paper.

Intake Unit. The intake unit receives all incoming reports of possible child abuse or neglect. The unit of nine social workers, two supervisors, and 1.5 support staff, located at the central administrative site, receives intake referrals and gathers information from the referral source to determine the urgency of the referral. Referrals screened into the system by the intake unit are either referred to the initial assessment unit for further investigation, or are referred to Community Impact, the agency that performs independent investigations under contract with the state. Independent investigations are

conducted if there is a possibility of a conflict of interest in cases where BMCW conducts the assessment. For example, a report alleging abuse or neglect in a foster home would be referred for independent investigation.

Between January and August, 2004, the intake unit received an average of 1,372 referrals per month for child abuse and/or neglect. Of these referrals, on average, the intake unit screened 900 into the system for further investigation. The remaining referrals were screened out for various reasons, including because the referral was not an appropriate referral, or the referral was for a family or child for which a referral had already been received.

Staff are available from 8:00 am until 12:30 am, with the first shift available from 8:00 am until 4:30 pm and the crisis response team available from 5:00 pm until 12:30 am. If all of the intake lines are busy during these times, the calls are forwarded to an outside vendor (Signius Communications) that, after taking down basic information, sends the information to the intake office. The intake supervisor then assigns the call to a worker who returns the call and collects the information.

Between 12:30 am and 8:00 am Monday through Friday and on Saturday, Sunday, and holidays, BMCW contracts with Signius Communications to receive calls. The vendor shares the information gathered from the referral source with

Table 6: Comparison of the Child Welfare System in Wisconsin Between Milwaukee County and Non-Milwaukee Counties

	Counties other than Milwaukee County	Milwaukee County
Child Welfare	County Human or Social Services Department	DHFS, Bureau of Milwaukee Child Agency
Funding Sources	Community aids, Title IV-E incentive funds, Independent Living funds, Title IV-B (2) funds, county funds	GPR and federal funds (including Independent Living, Title IV-B(2) funds) Milwaukee County's contribution, TANF, targeted case management funds
Adoption Unit	Special Needs Adoption Partnership (state)	Adoption unit in BMCW

an on-call supervisor, who then determines whether the referral is an emergency and requires an immediate response or can be addressed the following business day. During the week, there is one supervisor and two intake social workers on-call to respond to urgent calls. On the weekends and holidays, one supervisor and four intake social workers are on-call. The supervisors and intake social workers are on-call on a rotating basis.

Family Intervention and Support Services Unit. In addition to providing intake services for CHIPS cases, BMCW currently provides intake services when a parent seeks a petition for court authority for a child under the JIPS criteria. These cases are referred to as *pro se* cases, meaning the parent, rather than the state or county, is seeking the court authority. These cases involve children who are considered uncontrollable by their parents, are truants, or runaways. The legislation enacting the transfer of child welfare services to DHFS did not specify that BMCW would provide intake services for these cases. However, in February, 1998, the children's court in Milwaukee County found the statutory language unclear regarding responsibility for these cases and ordered BMCW to provide intake services.

BMCW contracts with Perez Pena, Ltd., to operate the family intervention and support services (FISS) program to provide intake services and to conduct the assessments of *pro se* cases. The FISS program is intended to strengthen the parents' ability to carry out their responsibilities to care for, supervise, and support their children at home, school, and/or in the community. Before a *pro se* case goes to court, the FISS unit must assesses a family's functioning, adolescent school attendance and participation, mental health, abstinence from use of alcohol and drugs, and social relationships and activities. Based on the assessment, and the family's identified level of need, the family and adolescent may receive services in their community or through the BMCW safety services program. Between January and August, 2004, the FISS unit, on average, received 16 referrals per month, had 20 families complete services each month, and had 65

cases open at the end of each month.

Assessment Unit. Each of the five neighborhood service-delivery sites has a unit of state staff that conduct assessments on families that are the subject of a child abuse or neglect referral. Each site has 16 social workers, three supervisors, and three support staff to make these determinations.

These units, which receive referrals from the intake unit, are responsible for determining: (a) if child abuse or neglect has already occurred and the extent and the severity of the abuse or neglect if it has occurred; (b) the level of risk to the child or children in the family of future abuse or neglect; and (c) the types of services to be included in a safety plan for the child or children in order to prevent abuse or neglect from occurring in the future. These determinations are based on interviews with family members, home visits, and other contacts in order to determine the level and nature of child, caregiver, and family functioning, and identification of any factors within the family that place a child at risk.

If staff determine that the child or children are not safe and are at risk of further abuse or neglect, the case is opened and staff determine whether the child can remain at home if the family receives appropriate services, or if the child needs to be removed and placed in out-of-home care. Otherwise, the case is closed. If staff determine that a child or children can remain safely at home, they refer the family case for safety services. Cases with children removed and placed in out-of-home care are referred to the lead agency for ongoing case management. Between January and August, 2004, the five assessment units closed 6,185 cases.

Safety Services. Safety services are available to families where threats to child safety have been identified, but the assessment unit has determined that the child or children can remain at home safely if appropriate services are provided to the family. Families receive safety services until they are deemed safe. Each vendor is paid for four months of service for each case received, regardless of the

amount of time the case remains open.

DHFS contracts for safety services coordinators at each of the five neighborhood service-delivery sites. These vendors are responsible for developing a network of providers that provide the services identified in each family's safety plan. The vendor assigns each referral from the assessment unit to a safety service manager, who is then responsible for coordinating the provision of services among the vendor's network of providers, according to the family's safety plan. The safety services manager is also responsible for conducting weekly safety assessments and reassessments of threats to child safety of the families using a specific safety evaluation tool. As of January 1, 2005, the five safety services vendors are: (a) Wisconsin Community Service Network for sites 1, 2, and 3; (b) La Causa for site 4; and (c) SafeNow Safety Services, Milwaukee County Mental Health Division, for site 5.

Safety services can include: (a) supervision, observation, basic parenting assistance, social and emotional support, and basic home management; (b) child care; (c) routine and emergency drug and alcohol services and screening; (d) family crisis counseling; (e) routine and emergency mental health services; (f) respite care; (g) housing assistance; and (h) transportation. Families receive services that are appropriate to their specific situation based on the safety plan.

Between January and August, 2004, the five safety services units received 560 referrals from the assessment unit, and on average, 209 cases were open each month. In 2003, 1,508 families received safety services. The average cost of safety services and the average length of stay for families receiving safety services vary, depending on which vendor was responsible for coordinating the safety services. In 2003, the average cost for safety services purchased by a vendor was \$3,596 per family, not including any services billed to MA. The average period during which the family received safety services in 2003 was 3.2 months. In 2004, through August, 921 families received safety services and the average cost per family was

\$3,263.

Out-of-Home Care. DHFS has contracted with vendors to serve as lead agencies in each of five neighborhood sites to provide services to ongoing cases in out-of-home-care. The contract includes funds for case management and ongoing services and administrative costs. The ongoing case management vendors, as of January 1, 2005, are Wisconsin Community Service Network for sites 1, 2, 3, and 5, and La Causa for site 4.

Each vendor serves as a lead agency for cases in out-of-home care within each neighborhood service-delivery site. The lead agency is responsible for these ongoing cases until the case is closed. A case closes when the child is successfully reunified with the family, a termination of parental rights and subsequent adoption occurs, or a transfer of guardianship is made and the CHIPS case is dismissed by the court. Lead agencies are responsible for providing case management services and the provision of ongoing services necessary to achieve the objectives of the permanency plan. In addition, lead agencies are responsible for ensuring a child's safety while in out-of-home care.

Case Management Services. Case management services are provided for ongoing cases of children in out-of-home care and their families. The lead agency is required to provide 50 ongoing case managers, eight supervisors, eight support staff, and one court liaison at each site. Ongoing case management services include the following:

- Continually re-assessing threats to child safety;
- Conducting a family assessment and developing a case plan to assemble services necessary to ameliorate any results of abuse or neglect;
- Changing core conditions that create safety and risk concerns with the family;
- Developing and implementing a plan to work toward reunification with the natural family or another permanent home environment; and

- Preparing all necessary documentation for permanency plan reviews, extensions of out-of-home placement, court orders, and prosecution of termination of parental rights cases.

Ongoing Services. Ongoing services are provided to children and their families as required by the permanency plan developed for children in out-of-home care. These services are intended to assist the child and the family to achieve the goals identified in the permanency plan. Continuing services include: (a) parenting education, non-professional support and counseling, basic home management, and life skills education; (b) mental health, substance abuse, family, individual, group, and marital counseling; (c) substance abuse treatment; (d) child care; (e) respite care; and (f) transportation.

The average monthly cost for services per family in 2003 varied from approximately \$1,555 per family to \$1,807 per family, not including costs separately billed to MA. Between January and August, 2004, an average of 2,084 families received ongoing services each month. In 2003, 3,134 families received ongoing services and, for the period beginning January 1, through August, 2004, 2,462 families had received these services.

Contract Provisions. The lead agency contracts include several provisions which are intended to provide incentives to the lead agency. Under the terms of the 2004 contract, DHFS reimburses the lead agencies for 95% of their expenses in each month. Lead agencies can collect 2.5% of the remaining 5% of monthly expenditures if at least 90% of family assessments, treatment plans, and case evaluations are completed in the time frame required under DHFS standards. The lead agency can collect the remaining 2.5% if all permanency and review plans are completed within their specified time limit. Additionally, if DHFS determines that the lead agency's cumulative performance through the reporting month meets or exceeds the specified targets, DHFS will reimburse the agency for each month in that period that DHFS has not paid the 2.5% amount.

Out-of-Home Care Placement Costs. Between January and August, 2004, an average of 3,337 children were in out-of-home care each month. Children removed from their homes can be placed in foster homes, treatment foster homes, group homes, RCCs, or with relatives. The out-of-home care budget for 2004-05 is approximately \$44.0 million for the wraparound program (Wraparound Milwaukee, which provides services for families and children with serious mental health needs), temporary care, foster care, treatment foster care, group homes, and RCCs. In 2004-05, kinship care benefits in Milwaukee County are budgeted at approximately \$13.5 million. Some of this funding, however, will fund payments for children who are eligible for kinship care but are not placed with the relative under a court-order (referred to as non-court-ordered kinship care).

Out-of-Home Care Placement Unit. BMCW contracts with Lutheran Social Services for 70 licensing specialists, nine supervisors, and seven support staff to provide out-of-home care placement services. These services includes the recruitment and licensing of foster families, identification and selection of appropriate foster homes for children to be placed in out-of-home care, and ongoing educational services and support to foster families. Three of the staff are dedicated solely to the recruitment of foster families.

Between January and August, 2004, there were an average of 1,450 active foster homes in Milwaukee County. During the same period, 153 homes were newly licensed and 376 foster homes were closed.

Adoption Placement Unit. BMCW contracts with Children's Service Society of Wisconsin for 40 adoption case managers, five supervisors, one program manager, and three support staff to provide adoption placement services. Adoption placement services include concurrent planning with case managers, recruitment of potential adoptive families, home study assessments of potential adoptive families, case management services for children available for adoption, identification and selection

of appropriate adoptive homes for children waiting for adoption, and supervision and support to an adoptive home during the adoption finalization period. In addition, this unit arranges for the payment of adoption assistance for eligible children.

In 2004, through August, there were 409 finalized TPR petitions and 295 finalized adoptions in Milwaukee County. In 2003, there were 704 finalized TPR petitions and 584 finalized adoptions.

Contract Monitoring and Performance Measurement. Quality assurance is provided by 12 program evaluation managers (PEMs) that report to the Director of BMCW.

The PEMs are responsible for: (a) monitoring the implementation of management policies; (b) reviewing work of child welfare staff; (c) evaluating staff performance and recommending corrective action when required; (d) monitoring child welfare services with local agencies and courts; (e) monitoring compliance with state and federal law, administrative rules, and policies; (f) evaluating program effectiveness; (g) recommending improvements as necessary; (h) planning and monitoring consultation services; and (i) maintaining and reporting program data.

The PEMs are located at the central administrative site and one program and one fiscal PEM are assigned to each service delivery site, as well as all of the programs administered by BMCW. PEMs work as a team with BMCW management to address issues and develop work products.

Funding for BMCW. Table 7 identifies funding provided in the 2003-05 biennium to DHFS to administer child welfare services in Milwaukee County. State general purpose revenues (GPR), federal revenues (FED), and program revenues (PR) are identified in the table. Federal funding reflects funding received under Title IV-E and \$1.0 million in adoption incentive funds. The program revenue funding reflects TANF funds, MA matching funds claimed under targeted case

management, and estimates of the amount of third-party revenue received for children in out-of-home care. In 2004-05, DHFS is budgeted approximately \$2.7 million PR from third-party collections. Third-party collections represent revenue received for the support of children in out-of-home care, such as child support and SSI payments.

Operations funding supports the costs of state staff, BMCW's portion of WISACWIS, rent, training, supplies and services and other expenditures. Aids funding supports placement costs and vendor contracts for case management and ongoing services, safety services, adoption and foster care placement services, independent investigations, safety evaluations, and prevention services.

County Contribution. Milwaukee County is required to provide \$58,893,500 annually to DHFS for the costs of providing child welfare services in Milwaukee County by DHFS. Before 2001-02, the county could decide how it would provide these funds through a variety of state aid payments, including shared revenue and community aids. 2001 Wisconsin Act 16 required Milwaukee County to make its \$58,893,500 annual contribution as follows: (a) through a reduction of \$37,209,200 from the amount DHFS distributes as the basic county allocation under community aids; (b) through a reduction of \$1,583,000 from the substance abuse prevention and treatment block grant that DHFS distributes as a categorical allocation under community aids; and (c) through a deduction of \$20,101,300 from shared revenue payments. As a result of this change, the funding that was budgeted in community aids and then transferred to BMCW is now directly budgeted in BMCW and not in community aids.

Milwaukee County's annual contribution, which is reflected in a reduction in community aids and shared revenue payments the county would otherwise receive, equals the amount of funding budgeted by the county in 1995 for child welfare services (\$69.3 million) less any revenues no longer available to Milwaukee County, such as funding

Table 7: Milwaukee Child Welfare Funding Summary, 2003-05 Biennium

	2003-04				2004-05			
	GPR*	FED	PR	Total	GPR*	FED	PR	Total
Placement Costs								
Foster Care	\$11,595,300	\$5,967,200	\$0	\$17,562,500	\$11,595,300	\$5,966,600	\$0	\$17,561,900
Treatment Foster Care	4,647,500	2,390,200	0	7,037,700	4,647,500	2,390,200	0	7,037,700
Wraparound Services	7,731,100	1,055,500	0	8,786,600	7,880,900	1,075,900	08,956,800	
RCCs	3,474,000	751,600	0	4,225,600	3,474,000	751,600	0	4,225,600
Group Homes	1,972,800	426,800	0	2,399,600	1,972,800	426,800	0	2,399,600
Receiving and Assessment Homes	<u>3,798,100</u>	<u>0</u>	<u>0</u>	<u>3,798,100</u>	<u>3,798,100</u>	<u>0</u>	<u>0</u>	<u>3,798,100</u>
	\$33,218,800	\$10,591,300	\$0	\$43,810,100	\$33,368,600	\$10,611,100	\$0	\$43,979,700
Service Costs								
Safety Services	\$0	\$0	\$7,323,600	\$7,323,600	\$0	\$0	\$7,323,600	\$7,323,600
Ongoing Services	<u>7,795,000</u>	<u>2,583,000</u>	<u>0</u>	<u>10,378,000</u>	<u>8,795,000</u>	<u>1,583,000</u>	<u>0</u>	<u>10,378,000</u>
	\$7,795,000	\$2,583,000	\$7,323,600	\$17,701,600	\$8,795,000	\$1,583,000	\$7,323,600	\$17,701,600
Vendor Costs								
Case Management Contract	\$13,083,000	\$2,871,900	\$0	\$15,954,900	\$13,083,000	\$2,871,900	\$0	\$15,954,900
Out-of-Home Placement Unit	4,346,000	954,000	0	5,300,000	4,346,000	954,000	0	5,300,000
Adoption Contracts	1,895,000	1,459,000	0	3,354,000	1,895,000	1,459,000	0	3,354,000
FISS Unit	206,000	0	0	206,000	206,000	0	0	206,000
Independent Investigations	295,000	0	0	295,000	295,000	0	0	295,000
Prevention Services Contract	0	0	1,489,600	1,489,600	0	0	1,489,600	1,489,600
Mentors	307,500	67,500	0	375,000	307,500	67,500	0	375,000
Kinship Care Payment Unit	329,700	0	0	329,700	339,600	0	0	339,600
Trust Fund Accounting Unit	108,400	23,800	0	132,200	111,700	24,500	0	136,200
EDS Child Hospital	30,000	0	0	30,000	30,000	0	0	30,000
Adoption Search	50,000	0	0	50,000	50,000	0	0	50,000
Other	<u>1,493,100</u>	<u>311,600</u>	<u>0</u>	<u>1,804,700</u>	<u>1,493,100</u>	<u>311,600</u>	<u>0</u>	<u>1,804,700</u>
	\$22,143,700	\$5,687,800	\$1,489,600	\$29,321,100	\$22,156,900	\$5,688,500	\$1,489,600	\$29,335,000
Total (Aids)	\$63,157,500	\$18,862,100	\$8,813,200	\$90,832,800	\$64,320,500	\$17,882,600	\$8,813,200	\$91,016,300
Total Operations	<u>\$12,412,500</u>	<u>\$6,079,100</u>	<u>\$2,001,800</u>	<u>\$20,493,400</u>	<u>\$12,560,900</u>	<u>\$6,295,500</u>	<u>\$2,315,700</u>	<u>\$21,122,000</u>
Grand Total	\$75,570,000	\$35,941,200	\$10,815,000	\$111,326,200	\$76,881,400	\$24,128,100	\$11,128,900	\$112,138,300

*Includes GPR funding, collections, MA targeted case management revenues, and Milwaukee County's contribution.

provided under programs that have since been repealed (approximately \$10.4 million).

WISACWIS

The Wisconsin statewide automated child welfare information system (WISACWIS) is the automated child welfare system that assists case workers and administrators in managing child welfare services. The system maintains information on intake, assessment, eligibility determination, case management, court processing, financial reporting, and administration.

States are required to collect reliable and consis-

tent information on children served by child welfare systems. Using enhanced federal matching funds available from the U.S. Department of Health and Human Services (DHHS), WISACWIS was designed and developed initially to manage services in Milwaukee County. As a condition of receiving federal matching funds, states must ensure that their systems: (a) comply with DHHS regulations; (b) interface with state child abuse and neglect data collection systems and child support data collection systems, to the extent practicable; and (c) provide efficient, economical, and effective administration of state child welfare programs, as determined by DHHS. In addition, the system must be a statewide system. Under state law, WISACWIS must be implemented statewide by June 30, 2005.

Federal regulation require states that receive enhanced federal funds to develop a comprehensive child welfare data collection system that includes information on child welfare services, out-of-home care and adoption assistance, promoting safe and stable families services, and independent living. In addition, state systems must:

- Meet data collection and reporting requirements of the adoption and foster care analysis and reporting system (AFCARS);
- Provide for intrastate electronic data exchange with data collection systems operated under MA, child support enforcement, and the national child abuse and neglect data system;
- Provide for automated data collection on all children in out-of-home care under the responsibility of the state;
- Collect and manage information necessary to facilitate delivery of child welfare services, family preservation and family support services, family reunification services, and permanent placement;
- Collect and manage information necessary to determine eligibility for the foster care, adoption assistance, and independent living programs and to meet case management requirements for these programs; and
- Ensure confidentiality and security of information.

In addition to the enhanced federal funds provided for development of the system, DHHS reimburses states for the ongoing data collection activities at a 50% matching rate, regardless of whether the systems are used for children in out-of-home care and adopted children who are not eligible for Title IV-E.

DHFS contracted with American Management System in February, 1999, to design WISACWIS and implement it first in Milwaukee County and

later statewide. WISACWIS was completely implemented in Milwaukee County by January, 2001, and in all other counties by July, 2004.

The implementation costs are supported with federal, state, and county funds. Counties pay one-third of the non-federal share, using MA targeted case management funds. The remaining two-thirds of the non-federal share of these costs are supported with state funds.

Ongoing costs are also supported with federal, state, and county funds. In 2004-05, \$8.4 million was budgeted for ongoing WISACWIS costs. Of this total funding, 6% is supported with federal TANF funds, 42% is from federal Title IV-E funds, 17% is supported with payments from counties, and the remaining funding (35%) is state funds.

Federal Reviews

During the last few years, the U.S. Department of Health and Human Services (DHHS) has reviewed each state's Title IV-E claiming practices and child welfare system. States are required to pass both reviews, and there are financial penalties if a state does not pass a review. The first round of both reviews have occurred in Wisconsin.

Title IV-E Review. In March, 2002, DHHS conducted a state Title IV-E program review in Wisconsin to determine if the state was properly claiming federal funding under Title IV-E. The review examined the accuracy of IV-E eligibility and reimbursement for children in out-of-home care statewide, and included a review of the initial IV-E eligibility determination for children, the reimbursability of those children for specific periods of out-of-home care, and the eligibility of care providers for IV-E reimbursement.

DHHS reviewed 80 cases, selected at random from the statewide, out-of-home care caseload and included both CHIPS and juvenile justice cases.

The review focused on the reimbursement of care during a six-month period (April through September, 2001), but IV-E eligibility was reviewed from the point of initial entry into the system to the date of review. A case was found to be in compliance if it included accurate and complete documentation of IV-E eligibility, compliance with IV-E procedural requirements, and current licenses for all placement providers.

The number of errors found in these 80 cases determined the state's penalties. Cases that were non-compliant with IV-E eligibility and claiming regulations were subject to disallowances.

The state was assessed \$206,800 as a result of the errors identified in the review. Of the 80 cases reviewed, DHHS determined that 23 cases had a total of 29 errors relating to Title IV-E eligibility and reimbursability requirements. These errors related to: (a) initial IV-E eligibility; (b) ongoing reimbursability; and (c) licensing errors relating to gaps in licensing or expired licenses. Since the error rate exceeded the maximum allowable rate of 10% or eight cases, the state was required to implement a program improvement plan to correct the problems identified in the review. The plan included: (a) statutory changes, enacted in 2001 Wisconsin Act 109, that incorporate federal requirements into state law; (b) expanding the state eligibility unit (SEU) to include all counties (except Milwaukee County); (c) improving Wisconsin's handbook on Title IV-E eligibility and reimbursability requirements and to emphasize the format and timing of events that are required under state and federal law; and (d) upgrading WISACWIS to more easily identify requirements and deadlines for Title IV-E eligibility and reimbursement.

DHHS will perform a second review in May, 2005, on a sample of 150 cases for which the state received IV-E reimbursement between April 1, 2004, and September 30, 2004. A case will be found to be in compliance if it includes accurate and complete documentation of IV-E eligibility, compliance with IV-E procedural requirements, and current licenses for all placement providers.

If errors in the IV-E eligibility determination are found in 10% or more of the reviewed cases, the disallowance rate from those cases will be extrapolated against all Title IV-E maintenance payment funds received by the state. Whereas in the first review, penalties were assessed only on the individual cases, under the second review, any penalties could be significant, since the disallowance will be extrapolated statewide. In addition, there are long-term effects of failing any review because if a case is found to be in error in its IV-E eligibility determination, that case would not be eligible for IV-E reimbursement for as long as that child is in out-of-home care. If enough children are found to be no longer IV-E eligible, the state's IV-E eligibility ratio could decrease, which influences the IV-E claiming rate and affects the level of federal matching funds available to the state.

Regardless of the state's performance in this second review, DHHS expects to perform a Title IV-E eligibility review every three years, and the "error tolerance rate" will drop to 5% for these subsequent reviews.

Child and Family Services Review. In August, 2003, DHHS conducted a comprehensive review of Wisconsin's child welfare program. This federal child and family services review was conducted in all 50 states over a three-year period. All 50 states were found to be in nonconformance with some portion of the review.

The child and family service review (CFSR) examines each state's conformance with federal requirements under Titles IV-B and IV-E of the federal Social Security Act. The review examined 14 aspects of the state program, including seven outcome measures relating to safety, permanency, and well-being, and seven systemic factors relating to the overall capacity of the state program to serve children and families. These areas are shown in Table 8.

The CFSR consisted of: (a) an on-site review of 50 cases in three counties, which were intended to represent performance across the state; (b) focus

Table 8: CFSR Measures and Factors

Outcome Measures:	
Safety Outcome 1	Protecting children from abuse and neglect
Safety Outcome 2	Maintaining children safely in their homes whenever appropriate
Permanency Outcome 1	Providing permanency and stability of living situations
Permanency Outcome 2	Preserving continuity of family relationships
Well-Being Outcome 1	Enhancing capacity of families to provide for children
Well-Being Outcome 2	Supporting educational services for children
Well-Being Outcome 3	Supporting physical and mental health services
Systematic Factors:	
Information System Capacity	Ability to meet federal reporting requirements and use of data
Case Review System	Written case plans and regular permanency reviews, notification, and hearings
Quality Assurance	State program standards and quality assurance activities
Staff and Provider Training	Training for county agency staff and foster parents
Service Array	Needs assessment and services for children and families statewide
Responsiveness to Community	Sharing information and involving stakeholders
Foster and Adoptive Parent Licensing, Recruitment, and Retention	Standards for licensing (including criminal background checks) and recruitment and retention activities

groups with key stakeholders; (c) analysis of program outcome data; and (d) a state self-assessment.

The on-site portion of the review occurred in August, 2003, and included an examination of individual cases and discussions with stakeholders in Milwaukee, Kenosha, and Outagamie Counties.

This on-site review was conducted by a team of federal and state reviewers at each of the three locations. The federal members of the review team included peer reviewers from other states and state members chosen by DHFS. A random sample of 50 cases was chosen among the three counties, including both in-home services and out-of-home care placement cases. The individual case reviews involved analyzing case files and interviewing family, social workers, service providers, out-of-home care providers, and legal advocates.

Overall, DHHS determined that Wisconsin was not in substantial conformance with six of the seven outcome factors and with four of the seven systemic factors. The results of the review are described in more detail in Appendices IX and X to this paper. The state received its CFSR findings from DHHS in January, 2004, and was given 90 days to produce a statewide program enhancement plan (PEP) in response.

The PEP establishes measurable goals for improving child welfare program outcomes and systemic aspects of program capacity to deliver services statewide. The state must implement the action steps in the PEP over a two-year period and show progress toward the improvement goals during the period.

Wisconsin's PEP was submitted to DHHS on April 14, 2004. After some modifications, DHHS approved Wisconsin's PEP on November 1, 2004. DHFS's summary of Wisconsin's PEP is shown in Appendix XI.

DHHS' approval of Wisconsin's PEP began the two-year time frame in which the changes identified in the PEP must occur. At the end of this two-year period, DHHS will conduct another CFSR to assess the extent of the system improvements, as agreed upon in the PEP. If, during that CFSR, a state is found to be in nonconformance, DHHS can assess financial penalties against the funds received by the state under Titles IV-B and IV-E.

Penalties would be assessed against a pool of

federal funds that includes a state's Title IV-B award and 10% of a state's Title IV-E claims for administrative costs in the years subject to penalties. For each item that a state is found to be in noncompliance, a 1% penalty, or approximately \$150,000, could be assessed against the pool of federal funds and continue until the state comes into conformance. The penalty increases to 2% and then 3% per item if nonconformance continues following subsequent federal reviews.

Emerging Trends In Child Welfare In Wisconsin

This section of the paper highlights two emerging issues that county child welfare agencies are addressing -- methamphetamine use and production, and an increasing number of children with high needs in out-of-home care. Both issues have required child welfare agencies and other community and government organizations to develop new methods to respond to the needs of children that are entering the child welfare system.

Methamphetamine and Children. Methamphetamine, commonly referred to as "meth," is an addictive stimulant that affects the central nervous system. It is easy to make with inexpensive, over-the-counter ingredients and is often produced in rural areas. Users experience increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. In addition, users often show signs of irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Parents that use meth often lose their capacity to care for their children.

Children who live in, or visit, meth sites or are present during the production of meth face health and safety risks, including physical, emotional, and sexual abuse and medical neglect. The chemicals used to make meth and the byproducts of making meth are toxic and can result in fumes, vapors, and spills. A child living in a meth lab may inhale or

swallow toxic substances or inhale the second-hand smoke of others who are using meth; receive an injection or an accidental skin prick from discarded needles or other drug paraphernalia; absorb meth and other substances through the skin after coming into contact with contaminated surfaces, food, or clothing; or become ill after ingesting chemicals or byproducts. In addition, meth production can result in fires and explosions.

In 2002, there were 15,353 reported meth lab-related incidents nationwide; 2,077 children were present at these labs, 3,167 children were affected by the labs, and 1,026 children were reported to have been taken into protective custody. In Wisconsin, child welfare workers and administrators have noticed an increase in the number of cases of children who have been exposed to meth, children who have been removed from a home that was being used as a meth lab, and children whose parents are addicted to meth. The number of meth cases in Wisconsin's state crime labs has increased by 86% from 1996 to 2003, which indicates an increase in the number of meth labs and users in the state.

The discovery of a meth lab with children present affects many local response teams, including child welfare workers. The physical dangers of a meth lab affect not only those living in the house or lab, but those who respond to a call about a possible meth lab.

Children with High Needs in Out-of-Home Care. In July, 2003, the U.S. General Accountability Office (GAO) released a report indicating that, in FFY 2000-01, parents placed over 12,700 children in the child welfare or juvenile justice systems so that their children could receive mental health services. The GAO report indicated that the actual numbers are probably higher than these reported cases.

The placement of children in out-of-home care so that children can receive specialized medical services, mental health and substance abuse treatment services, or services for developmental disabilities, affects child welfare agencies. While the number of children with these high needs is not

large, the cost of providing services to each of these children can have a significant impact on a county or tribe's child welfare and human services budget, especially in a small county or tribe. Agencies may use several sources of funding to support the care for children with high needs, but since some of these children may not ever return to their home due to their high needs, the agencies may be supporting the cost of care for the child for many years.

Children that require these types of specialized services are usually placed in out-of-home care under a CHIPS order, not because of an abuse or neglect investigation, but because the parents feel that they can no longer meet the needs of these children. A child may have been involved in other programs administered by the county or tribal department of human or social services, but entered the child welfare system after the family determined that, even with support services, the child could no longer remain at home. These children tend to require intensive care and treatment, which can include round-the-clock care. In some cases, regular family interaction occurs, especially if the child's placement is near the family's home.

The GAO report found that placing children in out-of-home care because of their mental health needs may occur as a result of limitations of both public and private health insurance, unavailability of some mental health services, difficulties accessing services through mental health agencies and schools, and difficulties meeting eligibility rules for services. The report suggests that out-of-home care is usually a last resort, after other options and systems have been tried that have not met the needs of the child and family.

Child Abuse and Neglect Prevention Programs

Most state-funded activities to prevent child abuse and neglect in Wisconsin are administered

through the Child Abuse and Neglect Prevention (CANP) Board. In addition, DHFS administers two child abuse and neglect prevention programs -- a statewide grant program and a program that provides services to families in Milwaukee County. This section describes these programs.

Child Abuse and Neglect Prevention Board.

The mission of the CANP Board is to advocate, support, and sustain a statewide culture that encourages family and community life in which children will develop and flourish in a safe environment, free from all forms of abuse and neglect.

The Board was created in 1983 and consists of 16 members, including eight members from state government (the Governor, the Attorney General, the DHFS Secretary, the State Superintendent of Public Instruction, and one member of the majority and minority party from each house of the Legislature, or their designees) and eight public members, of which six are appointed on the basis of expertise, experience, and interest in the prevention of child abuse and neglect or on the basis of expertise or experience in intervention in cases of child abuse and neglect, one adult who was the victim of abuse or neglect as a child, and one parent who formerly abused or neglected his or her child and who has received treatment or advice from an organization that provides child abuse and neglect prevention and intervention services. The Governor appoints the eight public members for staggered, three-year terms.

The Board meets every other month and is responsible for developing a plan for awarding grants to organizations for child abuse and neglect prevention programs and submitting this plan to the Governor and both houses of the Legislature biennially. These programs must be distributed throughout all geographic areas of the state and in both urban and rural communities. In addition, the Board, in collaboration with DHFS and the Department of Public Instruction, must: (a) recommend to the Governor, the Legislature, and the state agencies changes needed in state programs,

statutes, policies, budgets, and rules to reduce the problems of child abuse and neglect, improve coordination among state agencies that provide prevention services and improve the condition and persons responsible for children who are in need of prevention program services; (b) promote statewide educational and public information seminars for the purpose of developing public awareness of the problems of child abuse and neglect; (c) encourage professionals to recognize and deal with problems of child abuse and neglect; (d) disseminate information about the problems of child abuse and neglect to the public and to organizations concerned with those problems; and (e) encourage the development of community child abuse and neglect prevention programs.

The Board is budgeted \$2,726,000 (\$390,000 FED, \$2,312,900 PR, and \$23,100 SEG) in 2004-05 to support three grant programs and the Board's operations costs. The federal funding is available under Title II of CAPTA, which supports networks of community-based, prevention focused family resource and support programs. The PR funding is available from three sources: (a) \$1,822,900 in revenue from the sale of duplicate birth certificates (under state law, the Board receives \$7 of the \$12 fee for a duplicate birth certificate); (b) \$340,000 from temporary assistance for needy families (TANF) funds transferred to the Board from the Department of Workforce Development; and (c) \$150,000 in federal access and visitation funds that are transferred to the Board from DHFS.

In 2004-05, \$432,900 (\$90,000 FED and \$342,900 PR) is budgeted to support the Board's operations costs. This includes providing technical assistance to programs throughout the state, increasing public awareness on child abuse and neglect prevention, and supporting four full-time staff, including an executive director, a programs director, a communications director, and a fiscal manager.

The Board's public education awareness activities include: (a) leading and organizing the

state's "Call to Action" campaign in 2004 to develop a statewide plan to prevent child abuse and neglect; (b) participating in the statewide Blue Ribbon Campaign against child maltreatment; (c) providing brochures to hospitals on shaken baby syndrome; (d) preparing and distributing "Positive Parenting" kits for use in the community; (e) providing technical assistance and training for family support workers; (f) developing a peer review, self-assessment tool for family resource centers; and (g) supporting the children's trust fund web site.

The Board's three grant programs are: (a) community-based family resource center grants; (b) family resource and support program grants; and (c) statewide exchange and visitation grant program. Each of these grant programs is described in greater detail below.

Family Resource Centers. Family resource centers are based on the concept that an effective way to prevent child abuse and neglect is to enhance parent-child interaction, reduce family stress, improve family functioning, and provide community support. Family resource centers provide comprehensive services to families, including education and support. The centers primarily provide services for parents with children through age three, offer opportunities for parents and caregivers to learn new skills, interact with other parents, and learn to access community resources. Although each center provides different programs and activities, each is charged to be responsive to the needs of the community and universally accessible by all in the community. The centers provide an array of programming from the following four service areas: (a) outreach and family visiting services; (b) group-based parent education and support services; (c) individual center-based parent education and support services; and (d) community resource referral and follow-up services. Currently, there are approximately 80 family resource centers in Wisconsin.

In the 2003-05 biennium, the Board is budgeted \$1,700,000 [\$80,000 FED and \$1,620,000 PR (\$1,280,000 PR from duplicate birth certificate fee revenue and \$340,000 PR in TANF funds)] annually to support grants to family resource centers. In 2004-05, the Board allocated funds to 16 family resource centers, which are listed in Table 9, and a decision on the grant for the 17th family resource center in southeastern Wisconsin is pending. Each family resource center receives a grant of \$100,000 annually on a state fiscal year basis. The initial grants were awarded under a competitive request for proposal (RFP) process. The Board intends for the grants to be a continual source of base funding for the centers. However, to continue to receive funding, the grantees must reapply every year and meet certain requirements, including collecting data and reporting these data to the Board quarterly, participating in required activities (such as peer reviews and director meetings), demonstrating past performance and compliance with program requirements (as specified in the grant contract), and demonstrating growth over time and integration into the community. New grants are awarded only when a grant to a current recipient is discontinued or new funds become available. Grantees are required to provide a 20% match to their grant, which may be in cash, in-kind services, or both. If a program has received funding from

the Board for three or more years, the program must have at least a 5% match in cash.

In 2001-02, family resource centers that received grants served 5,728 adults and 8,857 children, including 4,138 children who were younger than four years old. In 2002-03, these resource centers served 5,866 adults and 9,285 children, including 4,380 children who were younger than four years old.

Table 10 illustrates the types of services provided by the centers and the number of individuals who have used the services for 2001-02 and 2002-03.

In 2002-03, the 17 family resource centers costs totaled \$2,829,400 (\$1,525,200 from state grants and \$1,304,200 in local match). Based on the total number of adults these centers served (5,866), the average cost of providing these services was \$482 per adult.

The Board has collected data from the family resource centers to evaluate if the services provided by the centers are effective in meeting the desired outcomes for families. Families are surveyed when they first contact the family resource center and again after they have received services.

Table 9: Family Resource Centers

Program	Lead Agency	Location
Exchange Family Resource Center	Children's Service Society of Wisconsin	Janesville
Family Center of Washington County		West Bend
Family Center	Grant Regional Health Center	Platteville
Family Center of Florence County	Florence County Health Department	Florence
Lakeshore Family Resources	Lakeshore CAP	Manitowoc
Family Resource Center	Renewal Unlimited	Portage
Family Resource Center	Prairie du Chien Memorial Hospital	Prairie du Chien
Family Resources	Family Resource Center of La Crosse	La Crosse
The Family Resource Center	Children's Service Society of Wisconsin	Wausau
Ft. Howard/Jefferson Neighborhood Family Resource Center		Green Bay
La Causa Family Resource Center	La Causa, Inc.	Milwaukee
Northern Lights Family Resource Center	Superior School District	Superior
River Source Family Center	Family Support Center	Chippewa Falls
The Vincent Family Resource Center	St. Vincent De Paul Society of Milwaukee	Milwaukee
Northwest Connection Family Resources		Hayward
Family Resource Center of Sherman Park	Children's Service Society of Wisconsin	Milwaukee

Table 10: Services Provided by Family Resource Centers in 2001-02 and 2002-03

	2001-02 (sessions)	2002-03 (sessions)
Group-based parent education and support services		
Parent education courses	894	964
Family education workshops	486	537
Support groups	958	945
Parent and child activities	2,307	2,184
Special family events	238	257
Individual parent education and support services		
Family visits or home visits	4,311	3,837
Family coaching	4,834	7,258
Family support services		
Respite care and child care services	840	473
Life-skills classes	778	818
Educational and vocational skills classes	1,903	610
Public awareness and outreach services		
Newsletter or program flyers	235,951	202,790
Outreach visits with families to share program information	4,105	3,106

Source: 2001-03 Biennial Report, Child Abuse and Neglect Prevention Board.

In 2001-02, the Board found that 73% of the survey respondents indicated an improvement in their families because of the family resource center programs.

Community-Based Family Resource and Support Program Grants. The Board distributes \$30,000 grants to 13 programs and \$15,000 grants to two programs to support primary prevention, community-based family resource and support programs aimed at preventing child abuse and neglect. These programs are to fill identified gaps within a communities' family support network. Some of the program goals are to: (a) reduce family isolation, violence, and poverty; (b) increase parent knowledge and use of developmentally appropriate childrearing practices; (c) provide respite programs de-

signed to decrease parental stress; (d) support programs within school districts designed to prevent child sexual abuse or bullying; and (e) promote father involvement with their children.

The Board awards grants for a three-year period, with annual renewals, contingent upon satisfactory performance. The grant funds cannot be used to supplant existing funds and grantees are required to provide a 25% match annually during the first three-year grant period and 50% during the second and subsequent grant periods (if applicable). The match can be made through cash, in-kind services, or both, and must be used only to enhance the services provided with the grant from the Board.

In 2004-05, the Board is budgeted \$420,000 (\$210,000 FED and \$210,000 FED) for these grants. The grants are awarded on a state fiscal year basis. 2002-03 was the first year of the current three-year grant cycle. The current grantees for family resource and support programs are shown in Table 11.

In 2001-02, the Board awarded grants to 21 programs, which provided services to 5,958 adults and

Table 11: Family Resource and Support Community-Based Program Grantees (2004-05)

Program	Location
Catholic Charities, Inc.	Madison
Children's Service Society of Wisconsin Marquette County	Montello
CSSW -- Milwaukee Respite Care Program	West Allis
Exchange Center for Prevention of Child Abuse	Madison
Family Resource Center of Fond du Lac County, Inc.	Fond du Lac
Family Resource Center of Iowa County	Dodgeville
Family Resource Center of Sheboygan County	Plymouth
Community Action-Family Building Blocks	Janesville
Family Resources of La Crosse*	La Crosse
Kenosha Achievement Center, Inc.	Kenosha
Lakeland Family Resource Center	Spooner
Prairie du Chien Memorial Hospital*	Prairie du Chien
Sacred Heart/St. Mary's Hospital, Inc.	Rhinelander
The Parenting Network	Milwaukee
Wausau Area Hmong Mutual Association	Wausau

*These agencies received \$15,000 grants; all other agencies received \$30,000 grants.

Source: 2001-03 Biennial Report, Child Abuse and Neglect Prevention Board.

6,905 children. In 2002-03, the 15 community-based program grantees served 5,829 adults and 7,409 children. In 2002-03, the 15 community-based program's costs totaled \$790,300 (\$420,000 from state grants and \$370,300 in local match). Based on the total number of adults these programs served (5,829), the average cost of providing these services was \$136 per adult.

Table 12 shows the number of hours of service provided by the grantees in 2001-02 and 2002-03.

Table 12: Number of Hours of Service Provided by Community-Based Programs in 2001-02 and 2002-03

	2001-02 (hours)	2002-03 (hours)
Parent education courses	9,647	10,807
Family education workshops	4,821	3,311
Support groups	1,934	768
Family visits or home visits	5,103	11,565
Special events	15,500	6,772
Developmental screenings	63	331
Respite care and crisis nursery services	2,317	125
Programs for families with children with a disability	828	1,415
Transportation assistance	774	315

Source: 2001-03 Biennial Report, Child Abuse and Neglect Prevention Board.

Access and Visitation Grants. The Board allocates \$150,000 annually, on a state fiscal year basis, in federal access and visitation grant funds to five safe exchange programs throughout the state. The Board awards these one-year grants under a statewide, competitive process. The grantees must demonstrate collaboration and connection with other community agencies and either be an existing access and visitation program or receive another grant from the Board. Grantees are required to provide a 10% match of cash, in-kind services, or both. The grants support programs that establish, expand, or enhance support of and facilitate non-custodial parents' access to and visitation with their children. The program goals are to: (a) improve access of non-custodial parents to their children; (b) encourage non-custodial parents to take advantage of opportunities to spend time with their children, and connect them to such opportu-

nities; (c) provide safe, non-threatening sites for access and visitation when necessary; and (d) enhance the ability of the non-custodial and custodial parents to co-parent, and to provide a supportive, non-confrontational environment for their children.

Grantees may use these funds to support voluntary and mandatory mediation, counseling, education, the development of parenting plans, and visitation enforcement, including monitoring, supervision, and neutral drop-off and pickup. The 2004-05 access and visitation grantees and their grant amounts are listed in Table 13.

Children's Trust Fund and "Celebrate Children" License Plates. Provisions in 1997 Wisconsin Act 27 created a special license plate to provide a new revenue source for the Board's programs. On January 1, 1999, the Department of Transportation (DOT) began issuing a special license plate with the words "Celebrate Children" on it, which can be purchased by individuals who wish to support the Board's child abuse and neglect prevention programs. Currently, a "Celebrate Children" license plate costs the buyer \$90 in the first year and \$75 each year thereafter, of which \$70 in the first year and \$55 in each year following is retained by DOT and the balance (\$20) is deposited in the children's trust fund.

The revenue from the sale of "Celebrate Children" license plates is deposited into the children's trust fund, where it accumulates indefinitely. The CANP Board cannot spend the revenue from the

Table 13: 2004-05 Access and Visitation Grantees

Agency	Location
Family Resources	La Crosse
Children's Service Society of Wisconsin	Madison
Lakeshore CAP	Manitowoc
Children's Service Society of Wisconsin	Wausau
Family Support Center	Chippewa Falls

sale of these license plates that is deposited into the children's trust fund. The Board may only expend the interest that accrues to this revenue. In 2002, \$94,000 was deposited into the children's trust fund from issuing "Celebrate Children" license plates and in 2003, \$95,800 in revenue was collected and deposited in the children's trust fund.

The Board is also required to solicit and accept contributions, grants, gift, and bequests for the children's trust fund. These funds are available for expenditure by the Board.

Prevention of Child Abuse and Neglect Program -- POCAN. DHFS is budgeted \$995,700 GPR in 2004-05 to distribute as grants for the prevention of child abuse and neglect, under s. 46.515 of the statutes, which is commonly referred to as POCAN. DHFS is required by statute to distribute this funding to six rural counties, three urban counties, and two tribes for specified child abuse and neglect prevention activities. DHFS awarded the initial grants on a competitive basis.

There are currently six rural counties, three urban counties, and one tribe participating in the program. Table 14 lists current grant recipients and the grant amounts they are budgeted to receive in 2004-05. Eight of the ten recipients have integrated the grant funding into existing programs operating in those counties. The other two created new programs with the grant funding. A number of programs have used the state grant funding to secure additional local and private funding to expand the level of service provided and the number of families served.

The amount of funding that each county (other than Milwaukee County) or tribe receives from DHFS is based on the number of births funded by MA in that county or tribe in proportion to the number of MA-funded births in all of the counties and reservations of tribes selected to participate in

Table 14: POCAN Grant Recipients

	2004-05 Funding
Brown County Human Services Department	\$265,130
Marathon County Health Department	157,935
Waukesha County Department of Health and Human Services	140,021
Door County Department of Social Services	35,715
Fond du Lac County Department of Social Services	111,994
Manitowoc County Health Department	81,367
Portage County Department of Health and Human Services	78,189
Vernon County Health Department	37,160
Waupaca County Department of Health and Human Services	62,586
LacCourte Oreilles Tribal Government	<u>25,603</u>
TOTAL	\$995,700

the program. If Milwaukee County were selected to participate, its grant award would be based on 60% of the MA-funded births in that county in proportion to the number of MA-funded births in the other counties and tribes selected to participate.

Program Components. There are two distinct components to the program: (a) home visitation; and (b) intervention for families determined to be at risk of child abuse and neglect. These components are designed to serve potentially different populations, as indicated below.

Home Visitation. This component is a primary intervention, home visitation program for first-time parents who are eligible for MA. A family may receive services under the program until a child is three years of age. If risk factors for abuse or neglect continue to be present when the child reaches three years of age, the family may continue to receive services until the child reaches five years of age. Participation in the program is voluntary.

Grant funding can be used to support the cost of case management services and flexible funds provided to participating families. Flexible funds are payments totaling no more than \$1,000 per family per year for appropriate expenses for participating families. Of the amount paid on behalf of a family, 50% may be paid from the state grant; the grant recipients must pay the remaining 50%. Because state law does not define the allowable uses of these flexible funds, the granting

agency determines the appropriate uses of these funds. For example, grantees have used these funds to purchase equipment and supplies for infants, such as cribs, car seats, and diapers. Additionally, in the first year, grantees may use these funds to support start-up costs, capacity-building activities, and up to \$1,500 to fund training activities.

To be eligible for a grant, applicants, except Milwaukee County, must indicate in their application that they will claim reimbursement under MA for case management services provided to program participants.

If Milwaukee County were selected to participate, the county could not use its grant funding to support case management services for families participating in the home visiting program, since some Milwaukee County MA recipients are already eligible for case management services under the MA prenatal care coordination benefit. This benefit is not available in counties other than Milwaukee County.

In calendar year 2002, grantees expended \$930,400 GPR to fund the home visitation component of the program, serving 377 families. In addition, grantees expended \$84,200 (\$42,100 GPR and \$42,100 in local matching funds) to serve 233 families under the flexible funds.

Intervention. This program component serves families with children who are at risk of abuse or neglect, based on a variety of criteria, including a filed child abuse or neglect report, indications of substantial risk of future abuse or neglect of a child in the family if assistance is not provided, and a petition alleging that the child is in need of protection or services will not be filed. This component is a secondary intervention program and participation is voluntary and is not restricted to MA-eligible families. Under the program, grant recipients may use the grant funding as flexible funds, which are intended to be used to pay appropriate expenses, as determined by the agency, for the families in the program to reduce the risk of child

abuse or neglect. However, the total payment to a family may not exceed \$500 per year and the program must encourage the participant to contribute towards the cost of the service funded. Examples of flexible fund expenditures for this program include car repairs, security deposits, and one-month rental payments. Additionally, the grant recipient must indicate that it is willing to fund case management services to MA-eligible families participating in the intervention program. The county may use a portion of its excess Title IV-E funds that it receives from the state to support the case management costs for the participants in the intervention service component of the program.

In calendar year 2002, counties and tribes expended \$46,400 (\$23,200 GPR and \$23,200 in local funds) to fund intervention services for 196 families.

Technical Assistance. DHFS is budgeted \$160,000 FED (Title IV-B, part II) in 2004-05 to fund technical assistance and training to counties and tribes that are selected to participate in the POCAN program. DHFS has contracted with the University of Wisconsin-Extension to provide these services.

Program Evaluation. In September, 2003, DHFS released an evaluation of POCAN, which measured the effectiveness of the home visitation aspect of the program. The evaluation followed 236 families from the time they enrolled in the program to when they exited the program.

The evaluation found that the substantiated abuse or neglect rate for families in the program was 4%, compared to the estimated 16% if the family had not participated in the program. Additionally, 3% of the study population were in a formal out-of-home care placement at some point during the family's participation in POCAN. DHFS estimated that without services, the percentage might have been 13%.

The evaluation found that the rate of emergency room use for both illnesses and injuries was 0.36 visits per year among children in the program,

compared to the rate of emergency room use among MA children up to age five of 0.76 visits per year. Approximately 83% of the children in the program received all scheduled HealthCheck exams. Finally, 87% of children in the program reported being up-to-date on their immunizations, compared to 54% of MA eligible 2-year-olds who received all of their immunizations in 2001.

Overall, the evaluation found statistically significant improvements in family functioning and positive parenting practices among families in the program. The report contained recommendations to improve the program. These include suggestions that agencies: (a) enroll families closer to the time of birth to improve program retention rates; (b) assess family functioning and positive parenting practices immediately after families enroll and throughout their participation in POCAN; and (c) provide more intensive assessment and case management to identify treatment and service needs and provide additional follow-up referrals.

Prevention Services in Milwaukee County. DHFS provides funding to reduce the incidence of child abuse and neglect in Milwaukee County for two different services: (a) home visiting for first-time parents in Milwaukee County; and (b) community-based grants for prevention services. Both of these initiatives are supported with a \$1,489,600 TANF grant DHFS awards to Community Advocates, which allocates the funding to local organizations that administer and implement the prevention programs.

Home Visitation Services In a November, 2004, review conducted by DHFS on the prevention grant to Community Advocates, DHFS estimates that \$912,100 of the TANF grant is used to support home visitation services. In addition to the TANF grant, in calendar year 2003, the home visitation providers were reimbursed \$796,800 in federal MA funds through the child care coordination benefit to fund case management activities. These activities included the assessment of 1,619 recipients, the development of 654 client care plans, and the ongoing

monitoring of 2,738 clients. In 2002-03, 1,916 parents and children received services through the home visitation program.

There are two home visitation programs in Milwaukee County: (a) Target on Prevention (TOP), which serves the BMCW Site 1 services region; and (b) Supporting Today's Parents (STP), which serves the rest of the county. Both of these programs receive funding from Community Advocates and provide services to first-time medium- and high-risk mothers. The programs have common characteristics, but are administered by different agencies. Community Advocates is the lead agency for TOP and Rosalie Manor administers the STP program Table 15 shows how the TANF grant funds are allocated for home visitation services.

Under both the TOP and STP programs, first-time mothers, while in the hospital, are voluntarily assessed for risk characteristics. Mothers who are found to be at medium to high-risk are referred for

Table 15: Grant Funds Allocated for Home Visitation Services

Activity or Program and Agency	Contract Amount
Administration	
Community Advocates	\$40,678
Rosalie Manor	<u>32,950</u>
Subtotal -- Administration	\$73,628
Target on Prevention (TOP)	
Rosalie Manor	\$22,491
Lutheran Social Services	23,872
New Concept Self Development Center	80,000
V.E. Carter Child Development	21,218
Aurora Family Services	119,345
Career Youth Development	24,670
La Causa	104,469
Supporting Today's Parents (STP) Program	
Council for Spanish-Speaking	\$98,561
Catholic Charities	11,061
Silver Spring Neighborhood	21,218
Rosalie Manor	<u>311,552</u>
Subtotal -- Direct Services	\$838,457
Total -- Home Visitation	\$912,085

Source: DHFS, OSF, November, 2004

Table 16: Grant Funds Allocated for Community-Based Programs

Type of Service and Agency	Contract Amount	Description
Support of the Prevention Network		
Community Advocates	\$25,789	Facilitate and staff prevention network meetings
Information and Referral Services		
IMPACT	27,583	Support 2-1-1 telephone hotline (provides 3% of the estimated \$850,000 annual hotline costs)
Parenting Network	72,639	Provide information and referral to help parents deal with stress, plus phone counseling
Parent Education and Support		
Rosalie Manor	11,061	Help support costs of Family Resource Center
IMPACT	14,853	Parent training
Milwaukee Urban League	11,061	Promote health child rearing practices
Walker's Point Youth/Family	21,218	Parent education, family nurturing program
Abuse Prevention, Intervention, and Treatment		
La Causa	200,000	Crisis nursery
Counseling Center of Milwaukee	54,452	Services for adolescents who have been sexually abused
Tax Force on Family Violence	15,450	Domestic abuse intervention activities
Miscellaneous Services		
New Concept -- Fathers Resource Center	113,109	Provide support, counseling, and employment services to teen fathers
WI Council on Families and Children (Smart Start)	10,300	Publishes child abuse prevention reports to inform community leaders and policy makers

Source: Department of Health and Family Services, Office of Strategic Finance, November, 2004

home visitation services if the mother agrees.

In its review, DHFS found that the median case length in 2002 was 6.9 months, 63% of cases closed within six months, and the median number of monthly contacts per family was three with a median of 0.8 visits per month. Additionally, 81% of women who were assessed were found to be at high-risk, 6% at medium risk, and 11% at low-risk; 91% of those assessed were assessed with two days of delivery; 79% of births were referred to the TOP program; 43% of referrals resulted in a case opening; and 57% of the cases that were referred but not opened was because of no contact was made and 26% refused services.

Community-Based Grants. In 2004, Community Advocates allocated \$577,500 of the TANF grant from DHFS to 11 providers in Milwaukee County to support prevention-related services. Table 16 shows the agencies, the contract amounts, and provides a brief description of what the funding supports. These programs are part of a county-

wide continuum of services available to all families in Milwaukee to prevent child abuse and neglect.

Conclusion

In Wisconsin, counties, tribes, and the state administer a wide range of programs that are intended to keep children safe, prevent child abuse and neglect, support families, and serve children who are in need of protection and services. Child welfare services are provided by state, local, tribal, or contracted employees. Federal law, state law, and the courts all have a significant impact on the child welfare system.

Funding for child welfare services is provided from a combination of state, federal and local funds through numerous state and federal programs, many of which are targeted to provide specific services to targeted populations. This funding mix

reflects the shared responsibility of federal, state, and local governments to keep children safe and protect them from harm.

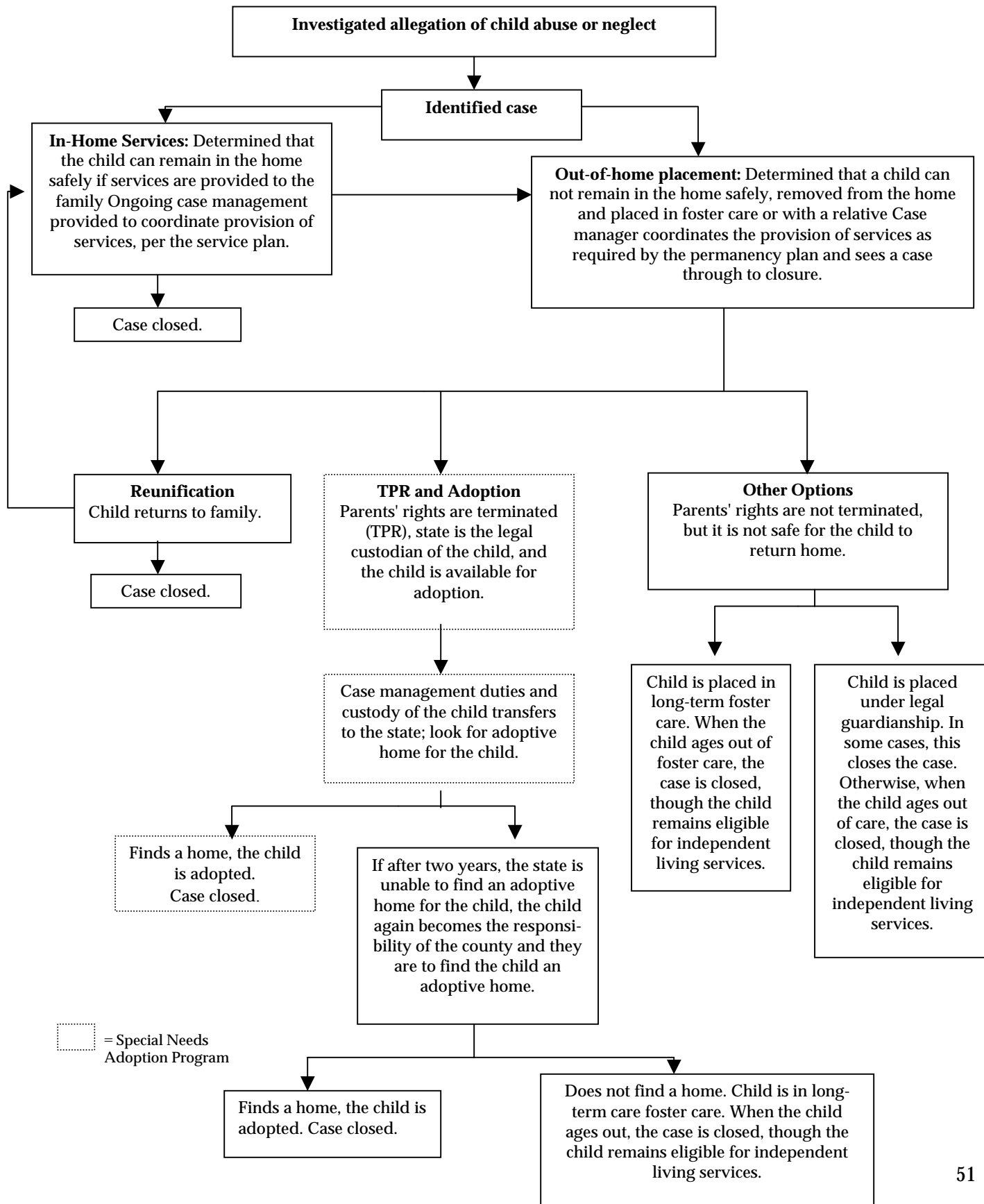
Appendix I to this paper presents an overview of the child welfare system in Wisconsin. Appendix II lists the county Title IV-E incentive payments for 2004 and 2005 and Appendix III includes the county allocations of Title IV-B, part II, funding. Appendix IV provides allocation amounts to counties under the independent living program and Appendix V summarizes independent living services provided in 2003.

Appendix VI, VII, and VIII provide information on the Bureau of Milwaukee Child Welfare, specifically the service delivery regions, the administrative structure of the Bureau, and the case decision making process in the Bureau.

Finally, Appendices IX and X summarize and describe the outcome measures and results under the children and family services review, while Appendix XI includes a summary of the state's PEP plan for the CFSR.

APPENDIX I

Overview of the Child Welfare System in Wisconsin



APPENDIX II

**Title IV-E Incentive Payments
Calendar Years 2004 and 2005**

County	2004	2005	County	2004	2005
Adams	\$65,360	\$93,083	Manitowoc	\$109,862	\$157,039
Ashland	68,044	93,891	Marathon	150,461	218,126
Barron	90,219	125,801	Marinette	85,511	118,939
Bayfield	65,718	93,961	Marquette	61,498	84,469
Brown	216,620	321,284	Menominee	62,739	91,799
Buffalo	62,549	84,612	Milwaukee	0	0
Burnett	63,301	88,029	Monroe	91,368	145,762
Calumet	75,271	109,252	Oconto	78,207	110,870
Chippewa	100,319	143,507	Oneida	76,006	105,441
Clark	84,813	139,154	Outagamie	156,105	231,423
Columbia	85,058	119,200	Ozaukee	89,189	132,611
Crawford	66,597	94,274	Pepin	56,432	80,858
Dane	302,151	461,360	Pierce	73,954	102,193
Dodge	103,637	151,611	Polk	85,060	116,488
Door	70,293	98,310	Portage	102,575	140,118
Douglas	95,121	127,086	Price	62,943	89,859
Dunn	82,095	118,779	Racine	219,253	332,119
Eau Claire	130,447	169,981	Richland	66,950	95,463
Florence	54,415	76,226	Rock	185,452	252,865
Fond du Lac	115,548	163,601	Rusk	67,483	92,954
Forest	60,910	87,502	St. Croix	90,508	129,053
Grant	89,656	133,599	Sauk	91,950	134,506
Green	74,191	100,784	Sawyer	68,765	95,070
Green Lake	64,601	90,611	Shawano	83,364	120,233
Iowa	68,215	95,898	Sheboygan	123,973	183,438
Iron	54,675	78,094	Taylor	68,587	98,545
Jackson	67,503	92,241	Trempealeau	73,099	101,507
Jefferson	94,960	143,931	Vernon	78,880	131,914
Juneau	71,990	104,021	Vilas	67,875	92,502
Kenosha	181,564	258,680	Walworth	105,410	168,497
Kewaunee	63,494	89,013	Washburn	65,234	90,111
La Crosse	134,214	186,065	Washington	113,346	173,350
Lafayette	63,990	93,396	Waukesha	237,507	347,557
Langlade	70,223	97,744	Waupaca	87,582	125,443
Lincoln	72,372	100,934	Waushara	72,087	97,292
			Winnebago	149,992	216,491
			Wood	<u>110,659</u>	<u>149,580</u>
			Total	\$6,800,000	\$9,780,000

Note: Milwaukee County is not eligible to receive additional federal foster care funds since DHFS is responsible for providing child welfare services in Milwaukee County.

APPENDIX III

**Title IV-B, Part II Allocations (Promoting Safe and Stable Families)
Calendar Year 2005**

County	Amount	County	Amount
Adams	\$36,050	Manitowoc	\$56,650
Ashland	36,050	Marathon	61,800
Barron	46,350	Marinette	46,350
Bayfield	36,050	Marquette	36,050
Brown	72,100	Menominee	0
Buffalo	36,050	Milwaukee	0
Burnett	36,050	Monroe	46,350
Calumet	46,350	Oconto	46,350
Chippewa	46,350	Oneida	46,350
Clark	46,350	Outagamie	72,100
Columbia	46,350	Ozaukee	56,650
Crawford	36,050	Pepin	36,050
Dane	103,000	Pierce	46,350
Dodge	56,650	Polk	46,350
Door	41,200	Portage	56,650
Douglas	46,350	Price	36,050
Dunn	46,350	Racine	72,100
Eau Claire	56,650	Richland	36,050
Florence	36,050	Rock	61,800
Fond Du Lac	56,650	Rusk	36,050
Forest	36,050	St. Croix	51,500
Grant	46,350	Sauk	46,350
Green	46,350	Sawyer	36,050
Green Lake	36,050	Shawano	46,350
Iowa	41,200	Sheboygan	61,800
Iron	36,050	Taylor	41,200
Jackson	36,050	Trempealeau	41,200
Jefferson	51,500	Vernon	46,350
Juneau	41,200	Vilas	36,050
Kenosha	61,800	Walworth	56,650
Kewaunee	41,200	Washburn	36,050
La Crosse	61,800	Washington	61,800
Lafayette	36,050	Waukesha	103,000
Langlade	41,200	Waupaca	46,350
Lincoln	46,350	Waushara	41,200
		Winnebago	61,800
		Wood	<u>51,500</u>
		Total	\$3,383,550

APPENDIX IV

Independent Living and Education and Training Vouchers Allocations 2004 and 2005

	2004				2005			
	Independent Living Allocation	Living Match	Ed/Training Vouchers Allocation	Ed/Training Vouchers Match	Independent Living Allocation	Living Match	Ed/Training Vouchers Allocation	Ed/Training Vouchers Match
Adams	\$18,607	\$4,652	\$3,291	\$823	\$14,208	\$3,552	\$2,046	\$512
Ashland	19,060	4,765	3,464	866	14,080	3,520	1,984	496
Barron	45,787	11,447	13,684	3,421	31,803	7,951	10,602	2,651
Bayfield	10,000	2,500	1,559	390	10,000	2,500	744	186
Brown	87,690	21,923	29,793	7,448	36,775	9,194	13,020	3,255
Buffalo	10,000	2,500	693	173	10,000	2,500	496	124
Burnett	19,966	4,992	3,811	953	14,335	3,584	2,108	527
Calumet	15,889	3,972	2,252	563	13,825	3,456	1,860	465
Chippewa	32,197	8,049	8,488	2,122	19,945	4,986	4,836	1,209
Clark	22,458	5,615	4,850	1,213	15,483	3,871	2,666	667
Columbia	14,983	3,746	1,905	476	16,120	4,030	2,976	744
Crawford	10,000	2,500	1,559	390	10,000	2,500	868	217
Dane	97,882	24,471	33,604	8,401	71,328	17,832	29,822	7,456
Dodge	33,783	8,446	9,180	2,295	26,320	6,580	7,936	1,984
Door	17,928	4,482	3,118	780	14,080	3,520	1,984	496
Douglas	19,513	4,878	3,638	910	13,953	3,488	1,922	481
Dunn	21,778	5,445	4,504	1,126	12,550	3,138	1,240	310
Eau Claire	23,590	5,898	5,196	1,299	14,080	3,520	1,984	496
Florence	10,000	2,500	520	130	10,000	2,500	372	93
Fond du Lac	45,334	11,334	13,511	3,378	27,723	6,931	8,618	2,155
Forest	10,000	2,500	0	0	10,000	2,500	124	31
Grant	10,000	2,500	866	217	12,423	3,106	1,178	295
Green	17,701	4,425	2,945	736	16,248	4,062	3,038	760
Green Lake	14,983	3,746	1,905	476	10,000	2,500	930	233
Ho Chunk	15,000	3,750	2,598	650	16,375	4,094	3,100	775
Iowa	15,889	3,972	2,252	563	13,315	3,329	1,612	403
Iron	10,000	2,500	346	87	10,000	2,500	248	62
Jackson	10,000	2,500	1,559	390	10,000	2,500	1,116	279
Jefferson	22,231	5,558	4,677	1,169	15,355	3,839	2,604	651
Juneau	10,000	2,500	1,213	303	10,000	2,500	248	62
Kenosha	97,429	24,357	33,431	8,358	85,863	21,466	36,890	9,223
Kewaunee	10,000	2,500	693	173	10,000	2,500	992	248
Lac Courte Oreilles	0	0	0	0	12,805	3,201	1,364	341
Lac du Flambeau	10,125	2,531	1,559	390	10,000	2,500	1,116	279
LaCrosse	28,573	7,143	7,102	1,776	19,180	4,795	4,464	1,116
LaFayette	10,000	2,500	1,386	347	13,315	3,329	1,612	403
Langlade	10,000	2,500	1,213	303	10,000	2,500	620	155
Lincoln	10,000	2,500	1,039	260	10,000	2,500	868	217
Manitowoc	41,937	10,484	12,298	3,075	25,300	6,325	7,440	1,860
Marathon	67,758	16,940	22,172	5,543	18,415	4,604	4,092	1,023

APPENDIX IV (continued)

**Independent Living and Education and Training Vouchers Allocations
2004 and 2005**

	2004				2005			
	Independent Living Allocation	Match	Ed/Training Vouchers Allocation	Match	Independent Living Allocation	Match	Ed/Training Vouchers Allocation	Match
Marinette	\$19,740	\$4,935	\$3,811	\$953	\$17,268	\$4,317	\$3,534	\$884
Marquette	16,342	4,086	2,425	606	10,000	2,500	372	93
Menominee	10,000	2,500	520	130	12,423	3,106	1,178	295
Monroe	22,684	5,671	4,850	1,213	10,000	2,500	744	186
Oconto	23,817	5,954	5,370	1,343	14,845	3,711	2,356	589
Oneida	16,795	4,199	2,598	650	18,160	4,540	3,968	992
Outagamie	55,573	13,893	17,495	4,374	26,193	6,548	7,874	1,969
Ozaukee	10,000	2,500	866	217	10,000	2,500	372	93
Pepin	10,000	2,500	1,386	347	10,000	2,500	1,054	264
Pierce	27,667	6,917	6,755	1,689	16,120	4,030	2,976	744
Polk	17,022	4,256	2,771	693	13,570	3,393	1,736	434
Portage	21,325	5,331	4,330	1,083	14,590	3,648	2,232	558
Price	10,000	2,500	1,559	390	15,100	3,775	2,480	620
Racine	33,556	8,389	9,007	2,252	23,770	5,943	6,696	1,674
Richland	10,000	2,500	0	0	12,805	3,201	1,364	341
Rock	43,069	10,767	12,645	3,161	30,018	7,505	9,734	2,434
Rusk	10,000	2,500	866	217	10,000	2,500	496	124
St Croix	19,060	4,765	3,464	866	14,335	3,584	2,108	527
Sauk	24,496	6,124	5,543	1,386	10,000	2,500	124	31
Sawyer	20,872	5,218	4,157	1,039	10,000	2,500	868	217
Shawano	10,000	2,500	173	43	10,000	2,500	186	47
Sheboygan	40,804	10,201	11,779	2,945	27,340	6,835	8,432	2,108
Taylor	10,000	2,500	173	43	10,000	2,500	372	93
Trempealeau	10,000	2,500	1,213	303	10,000	2,500	992	248
Vernon	16,342	4,086	2,425	606	13,953	3,488	1,922	481
Vilas	19,287	4,822	3,638	910	14,080	3,520	1,984	496
Walworth	28,800	7,200	7,275	1,819	23,515	5,879	6,572	1,643
Washburn	15,889	3,972	2,252	563	13,060	3,265	1,488	372
Washington	27,441	6,860	6,755	1,689	18,033	4,508	3,906	977
Waukesha	33,556	8,389	9,007	2,252	27,085	6,771	8,308	2,077
Waupaca	14,983	3,746	1,905	476	12,933	3,233	1,426	357
Waushara	10,000	2,500	1,386	347	10,000	2,500	496	124
Winnebago	42,843	10,711	12,645	3,161	29,508	7,377	9,486	2,372
Wood	20,419	5,105	3,984	996	16,248	4,062	3,038	760
BMCW	<u>586,896</u>	<u>146,724</u>	<u>220,678</u>	<u>55,170</u>	<u>380,260</u>	<u>95,065</u>	<u>180,048</u>	<u>45,012</u>
Total	\$2,307,349	\$576,837	\$623,580	\$155,895	\$1,650,414	\$412,604	\$452,662	\$113,166

APPENDIX V

2003 Independent Living Annual Report Summary

<u>County/ Tribe</u>	<u>Number of Youth Eligible in 2003</u>	<u>Youth Ages 15-19 in OHC Receiving Services</u>	<u>Number of Youth Discharged 15-17 Years</u>	<u>Discharged 18-21 Receiving Services</u>	<u>Total Number of Youth Receiving Services</u>	<u>Number of Tribal Youths Receiving Services</u>	<u>2003 Room & Board Funds Utilized</u>
Adams	18	5	7	3	15	0	\$1,700
Ashland	16	13	0	3	16	8	2,280
Barron	109	32	12	18	62	3	0
Bayfield	8	2	1	1	4	2	0
Brown	143	67	0	0	67	15	0
Buffalo	5	0	0	3	3	0	135
Burnett	18	8	3	5	16	7	200
Calumet	16	6	1	7	14	0	0
Chippewa	39	10	15	14	39	0	0
Clark	23	14	4	2	20	1	4,500
Columbia	24	13	7	4	24	0	400
Crawford	7	4	1	2	7	0	490
Dane	290	175	0	16	191	0	1,740
Dodge	88	22	1	17	40	0	1,400
Door	16	10	1	5	16	0	500
Douglas	28	1	0	2	3	0	2,565
Dunn	10	9	0	1	10	0	0
Eau Claire	16	8	2	6	16	0	0
Florence	3	0	2	1	3	0	0
Fond du Lac	70	43	12	14	69	0	6,735
Forest					0		
Grant	10	8	0	1	9	0	950
Green	29	14	4	2	20	0	1,460
Green Lake	8	4	1	2	7	0	900
Iowa	13	10	0	3	13	0	0
Iron	2	1	1	0	2	0	0
Jackson	10	4	2	2	8	2	400
Jefferson	21	7	6	8	21	1	0
Juneau	2	2	0	0	2	0	0
Kenosha	410	129	0	56	185	0	800
Kewaunee	8	8	0	0	8	4	0
La Crosse	36	22	3	11	36	0	1,140
LaFayette	13	11	0	2	13	0	0
Langlade	6	2	1	1	4	1	0
Lincoln	7	2	5	0	7	0	0
Manitowoc	60	24	11	25	60	0	1,680
Marathon	33	26	5	2	33	0	0
Marinette	31	4	18	4	26	0	1,000
Marquette	3	0	2	1	3	0	0
Menominee	10	7	0	2	9	9	0

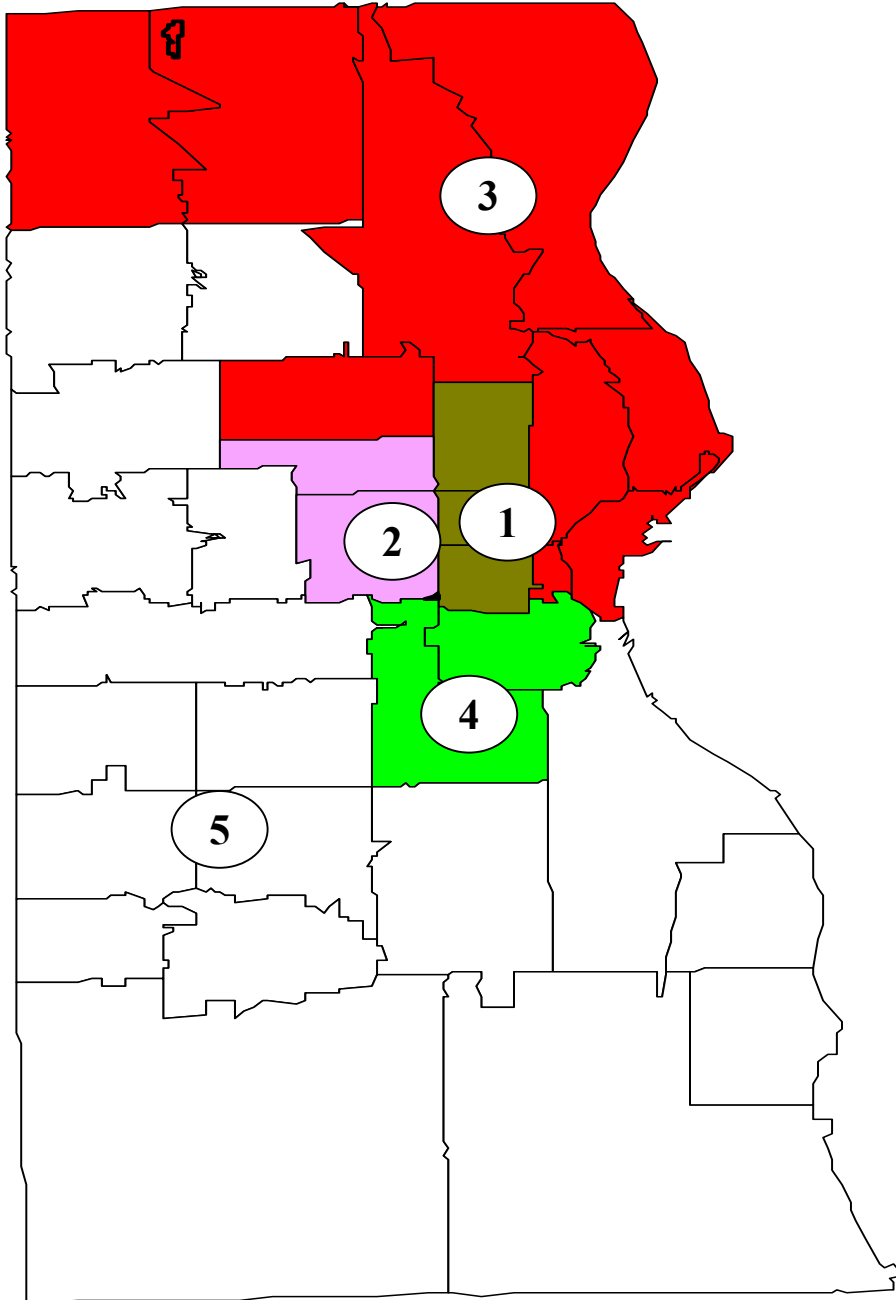
APPENDIX V (continued)

2003 Independent Living Annual Report Summary

<u>County/ Tribe</u>	<u>Number of Youth Eligible in 2003</u>	<u>Youth Ages 15-19 in OHC Receiving Services</u>	<u>Number of Youth Discharged 15-17 Years</u>	<u>Discharged 18-21 Receiving Services</u>	<u>Total Number of Youth Receiving Services</u>	<u>Number of Tribal Youths Receiving Services</u>	<u>2003 Room & Board Funds Utilized</u>
Monroe	6	5	0	1	6	0	\$0
Oconto	24	12	1	1	14	1	1,250
Oneida	32	18	10	4	32	0	0
Outagamie	72	11	8	36	55	10	3,600
Ozaukee	3	2	0	1	3	0	0
Pepin	9	5	0	3	8	0	0
Pierce	24	6	2	16	24	0	0
Polk	14	12	0	2	14	0	0
Portage	18	12	6	0	18	0	0
Price	28	8	4	0	12	0	0
Racine	54	17	12	25	54	0	0
Richland	11	3	8	0	11	0	0
Rock	81	67	2	7	76	0	0
Rusk	5	0	1	2	3	0	0
St. Croix	17	7	5	5	17	0	0
Sauk				0			
Sawyer	18	3	1	4	8	3	0
Shawano	2	0	0	1	1	0	2,500
Sheboygan	73	31	13	19	63	2	0
Taylor	3	2	0	1	3	0	0
Trempealeau	8	5	1	2	8	0	0
Vernon	16	6	5	4	15	1	726
Vilas	16	11	2	3	16	13	0
Walworth	86	9	5	6	20	0	700
Washburn	13	4	5	2	11	0	0
Washington	38	17	0	8	25	0	178
Waukesha	77	42	13	2	57	0	0
Waupaca	15	7	0	1	8	0	2,500
Waushara	4	2	2	0	4	0	0
Winnebago	102	44	0	7	51	1	7,287
Wood	27	21	1	0	22	0	0
BMCW	1,643	787	259	215	1,261	8	23,598
Department of Corrections	81	0	31	50	81	3	14,500
Ho Chunk	38	6	5	1	12	12	0
La du Flambeau	9	3	3	3	9	9	0
Total	4,326	1,912	533	678	3,123	116	\$87,815

APPENDIX VI

**Bureau of Milwaukee Child Welfare
Milwaukee County Service-Delivery Regions**



APPENDIX VII

**Department of Health and Family Services
Bureau of Milwaukee Child Welfare**

Central Administrative Site
1555 N. Rivercenter Dr., Suite 220
 Bureau Director
 Deputy Director
 Management and Administrative Services
 Intake Unit
 Program Evaluation Managers

Foster Care Placement Unit
647 W. Virginia Street
 Lutheran Social Services, First Choice for Children

Adoption Placement Unit
6682 W. Greenfield
 Children's Service Society of Wisconsin

Site One
1730 W. North Avenue
 Site Manager
 Assessment Unit
 Safety Services --
 Wisconsin Community Ser-
 vice Network
 Lead Agency for Ongoing
 Cases -- Wisconsin
 Community Service
 Network

Site Two
1730 W. North Avenue
 Site Manager
 Assessment Unit
 Safety Services -- Wisconsin
 Community Service Net-
 work
 Lead Agency for Ongoing
 Cases -- Wisconsin
 Community Service
 Network

Site Three
6111 N. Teutonia Ave.
 Site Manager
 Assessment Unit
 Safety Services -- Wisconsin
 Community Service
 Network
 Lead Agency for Ongoing
 Cases -- Wisconsin
 Community Service
 Network

Site Four
2745 S. 13th Street
 Site Manager
 Assessment Unit
 Safety Services --
 La Causa
 Lead Agency for Ongoing
 Cases -- La Causa

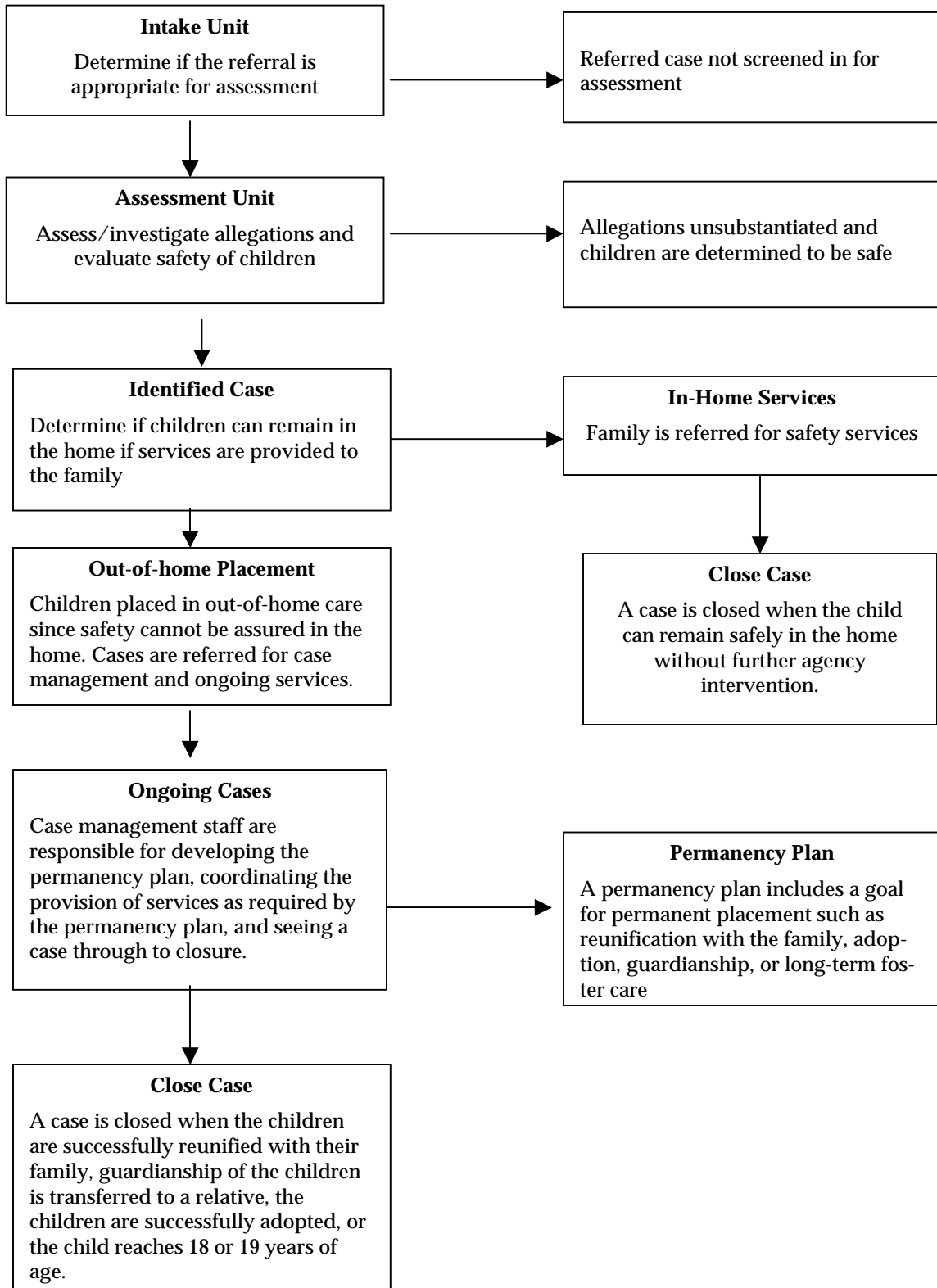
Site Five
1205 S. 70th Street
 Site Manager
 Assessment Unit
 Safety Services -- Milwaukee
 County
 SafeNow
 Lead Agency for Ongoing
 Services -- Wisconsin Com-
 munity Service Network

Note: Safety Services staff are not physically located at each site but are contracted to serve a particular site.

APPENDIX VIII

Department of Health and Family Services

Bureau of Milwaukee Child Welfare Case Decision-Making Process



APPENDIX IX

Summary of Outcome Measures and Results Under the Child and Family Services Review

Outcome Measures:

Strength	Needs Improvement		Percent Achieved	Substantial Conformance
		Safety Outcome 1		
		<i>Children are first and foremost protected from abuse and neglect</i>	79.1	No
	X	Timeliness of CPS investigations		
	X	Repeat maltreatment		
		Safety Outcome 2		
		<i>Children are safely maintained in their homes when possible</i>	83.3	No
X	X	Services to prevent removal		
		Risk of harm		
		Permanency Outcome 1		
		<i>Children have permanency and stability in their living situations</i>	48.0	No
	X	Out-of-home care re-entry		
	X	Stability of out-of-home care placements		
	X	Permanency goal for child		
	X	Reunification, guardianship, and placement with relatives		
	X	Adoption		
	X	Other planned living arrangement		
		Permanency Outcome 2		
		<i>The continuity of family relationships and connections is preserved</i>	44.0	No
X		Proximity of placement		
	X	Placement with siblings		
	X	Visiting with parents and siblings in out-of-home care		
	X	Preserving connections		
	X	Relative placement		
	X	Relationship of child in care with parents		
		Well-Being Outcome 1		
		<i>Families have enhanced capacity to provide for children's needs</i>	54.0	No
	X	Needs/services of child, parents, and foster parents		
X	X	Child/family involvement in case planning		
	X	Worker visits with child		
	X	Worker visits with parents		
		Well-Being Outcome 2		
		<i>Children receive services to meet their educational needs</i>	90.9	Yes
X		Educational needs of child		
		Well-Being Outcome 3		
		<i>Children receive services to meet their physical and mental health needs</i>	68.8	No
	X	Physical health of child		
	X	Mental health of child		

APPENDIX IX (continued)

Systemic Factors:

Strength	Needs Improvement		Rating*	Substantial Conformance
		Statewide Information System		
		<i>Ability to collect data</i>	3	Yes
X		System can identify the status, demographic characteristics, location, and goals of children in out-of-home care		
		Case Review System		
		<i>Court processes</i>	2	No
	X	Process for developing a case plan and for joint case planning with parents		
X		Process for 6-month case reviews		
X		Process for 12-month case reviews		
	X	Process for seeking TPR in accordance with ASFA		
	X	Process for notifying caregivers of reviews and hearings and for opportunity for them to be heard		
		Quality Assurance System		
		<i>Quality Assurance Program in DCFS for Counties; PEM in BMCW</i>	2	No
X		Standards to ensure quality services and ensure children safety and health		
	X	Identifiable quality assurance system that evaluates the quality of services and improvements		
		Staff and Provider Training		
		<i>Child Welfare staff and foster and adoptive parents</i>	2	No
	X	Provision of initial staff training		
	X	Provision of ongoing staff training that addresses the necessary skills and knowledge		
	X	Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge		
		Service Array		
		<i>Services available to serve families</i>	2	No
	X	Availability of array of critical services		
	X	Accessibility of services across all jurisdictions		
X		Ability to individualize services to meet unique needs		
		Agency Responsiveness to Community		
		<i>Community investment in state plans</i>	3	Yes
X		Engages in ongoing consultation with critical stakeholders in developing the Child and Family Services State Plan		
X		Develops annual progress reports in consultation with stakeholders		
X		Coordinates services with other federal programs		
		Foster and Adoptive Parent Licensing, Recruitment, and Retention		
		<i>Standards and efforts to recruit foster and adoptive parents</i>	3	Yes
X		Standards for foster family and child care institutions		
X		Standards are applied equally to all foster family and child care institutions		
X		Conducts necessary criminal background checks		
X		Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity		
	X	Uses cross-jurisdictional resources to find placements		

*On a scale of 1 to 4, with 4 being the highest rating. A rating of 1 or 2 means the factor is not in conformance; a rating of 3 or 4 means the factor is in conformance.

APPENDIX X

Description of Outcome Measures and Findings Under the Child and Family Services Review

Outcome Measures

Safety Outcome 1: Children are first and foremost protected from abuse and neglect.

This outcome incorporates two indicators: (a) repeat maltreatment, as determined by the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a six-month period; and (b) maltreatment of children in out-of-home care, as determined by the percentage of children maltreated by foster parents or facility staff. The state's rate of occurrence has to meet or be less than the national standard. Table A shows Wisconsin's results.

CFSR Findings. DHHS reported that a key finding of the CFSR case reviews was that local child welfare agencies are not consistent in responding to maltreatment reports and establishing face-to-face contact in accordance with the required timeframes established by agency policy. It was found that there were delays in responding to all maltreatment reports, regardless of classification (that is, urgent or moderate to low risk).

Table A: State Conformity to National Standards -- Safety Outcome 1

Standard	National Standard (Percentage)	Wisconsin's Percentage - 2003	Meets Standard
Repeat maltreatment	6.1 or less	7.13	No
Maltreatment of children in foster care	0.57 or less	0.30	Yes

Also, stakeholders and case reviewers reported that maltreatment allegations received on open cases are not routinely reported for a formal investigation. Consequently, the actual rate of maltreatment recurrence within six months may be higher than the rate reported in the state data.

Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate.

This outcome also incorporates two indicators: (a) services provided to the family to protect children in the home and prevent removal, as shown by the child welfare agency's efforts to prevent children's removal from their homes by providing services to the families that ensure children's safety while they remain in their homes; and (b) risk of harm to child and the child welfare agency's efforts to reduce the child's risk of harm. Wisconsin was found to need improvement in (a) but (b) was listed as a strength.

CFSR Findings. The CFSR found that local agencies are not consistently effective in their efforts to maintain children safely in their homes. Of primary concern was that the services offered were not sufficient to ensure children's safety while they remained in the home. Agencies were found to be consistent and effective in addressing risk of harm issues by removing children and placing them in out-of-home care, but agencies do not always remove children when there are clear risks of harm in the home that are not being addressed.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Compliance with this outcome was determined using six indicators: (a) foster care re-entries; (b) stability of foster care placement; (c) establishing appropriate permanency goals for children in foster care in a timely manner; (d) reunification, guardianship, or permanent placement with relatives; (e) adoption; and (f) permanency goal of other planned permanent living arrangement.

Four of these indicators compared Wisconsin's data to the national standards. Re-entry into care was defined as the percentage of children who were re-entering out-of-home care in 2003 within 12 months of a prior out-of-home care episode. Timely reunification is the percentage of all children who were reunified from out-of-home care in 2003 who were reunified within 12 months of entry into out-of-home care. The timely adoption standard is, of all children adopted from out-of-home care in 2003, the percentage that were adopted within 24 months of their entry into out-of-home care. Finally, placement stability is defined as those children who were in out-of-home care during 2003 for less than 12 months and experienced no more than two placement settings.

CFSR Findings. Table B shows Wisconsin's results. The review found that Wisconsin is not consistently effective with regard to: (a) establishing appropriate permanency goals in a timely manner; (b) reunifying children in a timely manner; and (c) achieving finalized adoptions in a

timely manner. In addition, the review identified barriers to achieving timely permanency, including a child welfare agency and court practice of maintaining the goal of reunification when the prognosis of achieving that goal is poor, a reluctance on the part of local agencies to seek TPR until an adoptive resource is found for the child, and delays in the TPR process due to parents' requests for a jury trial and other factors.

Permanency Outcome 2: The continuity of family relationships and connections preserved for children.

This outcome incorporated six indicators to assess the child welfare agency's performance with regard to: (a) placing children in out-of-home care in close proximity to their parents and close relatives; (b) placing siblings together; (c) ensuring frequent visitation between children and their parents and siblings in out-of-home care; (d) preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools; (e) seeking relatives as potential placement resources; and (f) promoting the relationship between children and their parents while the children are in out-of-home care.

CFSR Findings. The review found that while local agencies make concerted efforts to place children in close proximity to their parents or close relatives, the agencies are less consistent in their efforts to place siblings together, ensure frequent visitation between children, parents, and siblings in foster care, maintain children's connections, seek relatives as placement resources, and promote the bond between parents and children while the children are in foster care.

Well Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

This outcome measure was

Table B: State Conformity to National Standards -- Permanency Outcome 1

Standard	National Standard (Percentage)	Wisconsin's Percentage -- 2003	Meets Standard
Re-entry into care	8.6 or less	21.5	No
Timely reunification	76.2 or more	65.2	No
Timely adoption	32.0 or more	17.8	No
Placement stability	86.7 or more	92.6	Yes

evaluated by looking at four areas: (a) the child welfare agency's efforts to ensure that the service needs of children, parents, and foster parents are assessed and that the necessary services are provided to meet the identified needs; (b) the active involvement of family and children in the case planning process; and (c) the frequency and quality of a caseworker's contact with the children in their caseloads and with the children's parents.

CFSR Findings. The review found that local agencies are not consistent with regard to their efforts to: (a) assess needs and provide services to children, parents, and foster parents, (b) involve children and parents in case planning; or (c) establish face-to-face contact with parents that is of sufficient frequency and quality to ensure children's safety and/or promote attainment of case goals. However, the review did find that the frequency and quality of caseworker contacts with children was sufficient to monitor their safety and promote their well being.

Well Being Outcome 2: Children receive appropriate services to meet their educational needs.

Under this outcome, child welfare agencies' efforts to assess and provide services that meet the educational needs of children in both out-of-home care and in-home services was examined.

CFSR Findings. Wisconsin was found to be in substantial conformity with this outcome measure. However, the review did indicate some concern with the number of school changes experienced by children in out-of-home care.

Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

The review looked at the child welfare agency's efforts to meet children's physical health and mental health needs to measure the state's performance for the outcome measure.

CFSR Findings. The review found that agencies are not consistent in addressing these needs of children, specifically that children are not receiving mental health assessment even when the nature of the maltreatment, the dynamics of the family, and the family's and child's history indicate that a mental health assessment is warranted.

Systemic Factors

Systemic Factor 1: Statewide Information System

Under this factor, the review looks at whether the state is operating a statewide information system that can identify the status, demographic characteristics, location, and goals for children in foster care.

CFSR Findings. Wisconsin was found to be in substantial conformance with this factor through WISACWIS and the human services reporting system (HSRS).

Systemic Factor 2: Case Review System

Five areas were examined as part of this factor: (a) the development of case plans and parent involvement in that process; (b) the consistency and timeliness of six-month case reviews; (c) the consistency and timeliness of twelve-month permanency hearings; (d) the implementation of procedures to seek TPR in accordance with the time frames established in ASFA; and (e) the notification and inclusion of foster and pre-adoptive parents and relative caregivers in the case reviews and hearings.

CFSR Findings. The review found that local agencies do not routinely involve both parents in the case planning process and the development of the case plan -- mothers are almost always

involved but fathers are almost always excluded even when their whereabouts are known. The review also found that the TPR process is not being consistently implemented in accordance with ASFA and that there are court and agency related delays with regard to both filing for TPR and attaining TPR. Finally, the review found that the process for notifying foster parents, pre-adoptive parents, and relative caregivers about reviews and hearings is not being implemented in a consistent manner throughout the state. However, the review found that the six-month case reviews and the 12-month permanency hearings are being held in a timely manner.

Systemic Factor 3: Quality Assurance System

Conformance with this standard is determined by whether or not the state has developed standards to ensure the safety and health of children in out-of-home care and whether the state is operating a statewide quality assurance system that evaluates the quality and effectiveness of services and measures program strengths and areas needing improvement.

CFSR Findings. The state did not meet substantial conformance for this factor, primarily because there is not a statewide quality assurance program. The review did conclude, however, that the state has developed and implemented both initial investigative standards and on-going guidelines to ensure the safety of children in out-of-home care.

Systemic Factor 4: Training

This factor incorporates an assessment of the state's new caseworker training program, ongoing training for child welfare agency staff, and training for foster and adoptive parents.

CFSR Findings. In Wisconsin, training is provided by the state, counties, training partnerships, tribes, and universities. The review found that this network did not ensure that newly

hired caseworkers in all child welfare agencies receive the initial training necessary to provide services to support state program goals and federal policy requirements. In addition, the review found that many newly hired caseworkers are assigned caseloads before completing a training program, and that there are not statewide requirements for staff to participate in ongoing training. Finally, there is not state mandated training for foster parents, either before placement or ongoing. The review found that, as a result, there are some counties in which foster parents receive minimal training prior to having a child placed in their homes.

Systemic Factor 5: Service Array

This factor looks at whether the state has in place an array of services to meet the needs of children and families served by the child welfare agency, whether these services are accessible to families and children throughout the state, and whether the services can be individualized to meet the unique needs of the children and family served by the agency.

CFSR Findings. The review found that the state was not in conformance with this standard, on all three points. Specifically, the review indicated that the state does not provide the counties with the level of funds necessary to provide an adequate array of child welfare services. The counties that do provide a broader array of services have access to local funds. The review did indicate that there is a network of service providers in the state who work with the child welfare agencies.

Systemic Factor 6: Agency Responsiveness to the Community

This factor looks at the extent to which the community was involved in developing state child and family program goals and the coordination of child welfare services with other services or benefits serving the same population.

CFSR Findings. Wisconsin was found to be in substantial conformity with this factor. However, the review did indicate that more input from the tribes is needed as part of the community.

Systemic Factor 7: Foster and Adoptive Parent Licensing, Recruitment, and Retention

This factor focuses on the state's standards for foster homes and RCCs, compliance with federal requirements for criminal background checks for

foster and adoptive parents, and efforts to recruit foster and adoptive parents that reflect the ethnic and racial diversity of foster children.

CFSR Findings. Wisconsin was found to be in substantial conformance with this factor. However, the review did indicate that further efforts were needed to develop a process for the effective use of cross-jurisdictional resources to facilitate timely adoptions and permanent placements for waiting children.

APPENDIX XI

Summary of Wisconsin's Child and Family Services Review Program Enhancement Plan

As stated in the summary of Wisconsin's program enhancement plan (PEP), DHFS expects, by implementing the PEP, to accomplish the following:

- Increase its ability to help children remain safely at home by updating policy and training and increasing technical assistance for child welfare workers on safety assessment and safety planning.
- Ensure that the impact of underlying issues (e.g., domestic violence and/or mental health and substance abuse problems of parents) on child safety is elevated in the initial or family assessment process and related staff training.
- Ensure that CPS Ongoing Services Standards and Practice Guidelines effectively and appropriately guide case workers in assessing and responding to the needs of children, their parents, and foster parents.
- Improve the safety of children and the efficiency of and consistency among child welfare programs system-wide by more clearly defining the scope of CPS cases and the intake and assessment standards that guide workers.
- Place greater emphasis on involving families in their own case planning, on the identification and safe involvement of non-custodial parents and their relatives, and on ensuring siblings placed in out-of-home care are placed together.
- Work with children's mental health experts and county and tribal child welfare agencies to develop a statewide policy on the screening and assessment of the mental health needs of children who have been abused or

neglected. Provide support to workers through training and technical assistance to identify mental health issues of children and parents and address them in the ongoing services case plan.

- Reduce the time for and increase the efficiency of placing children in adoptive or otherwise permanent homes when they can no longer live safely with their parents through policy revision, staff training, and elimination of redundant or unnecessarily bureaucratic practices.
- Stabilize placements of children in out-of-home care and reduce the actual and statistical re-entry of children in the out-of-home care system by: (a) analyzing and addressing the causes of placement instability; (b) requiring an emergency response plan for children entering out-of-home care; and (c) defining trial home visits.
- Improve the process for determining when TPR is appropriate and expediting the TPR process when it is pursued.
- Increase the effectiveness of support services for foster and adoptive parents by improving the visibility of and access to information, training, and resources. Establish a foster and adoptive parent resource center that can provide access to basic information and referral to agencies and services.
- Create a model foster parent handbook and require all licensing agencies to adapt it to reflect local agency practice and procedures.
- Implement statewide, pre-service training and ongoing training for foster and adoptive parents.

- Implement an ongoing, statewide media campaign to encourage the recruitment and retention of quality foster families for children.

- Maintain and support family connections for children in out-of-home care by re-examining and clarifying policies on family participation in case planning, visitation, establishing paternity, and relative searches for possible child placements.

- Assure that all agencies involved in the child welfare service system are aware of and comply with the requirements of the Indian Child Welfare Act.

- Clarify the authority, responsibility, and role of foster parents and other physical custodians in participating in reviews and court hearings.

- Design and implement a comprehensive, statewide quality assurance system that focuses on

quality improvement and building on strengths. Support the efforts of local child welfare agencies to maintain an environment that encourages learning and program improvement.

- Support the efforts of local child welfare agencies to maintain an environment that encourages learning and program improvement.

- Expand training for child welfare staff by establishing initial and ongoing training requirements and make training more accessible to local agencies and more applicable to working with families.

- Survey and document the workload requirements and corresponding staffing needs of local child welfare agencies, and evaluate the availability and accessibility of services for families that support child protection and well-being.