

Child Welfare Services in Wisconsin



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Child Welfare Services in Wisconsin

Introduction

Child welfare services include a broad range of services and activities aimed at assuring safety and permanence for children and the well-being of children and their families. These include efforts to educate the public on the prevention and reporting of child abuse and neglect; methods to receive, screen, and respond to child abuse and neglect reports; the provision of, or referral to, parenting education classes, counseling, material supports, respite care, mental health or substance abuse treatment, or any other activity designed to strengthen, preserve, or reunite families; assessment, case planning, and review to determine services for children in foster care; and transitional services to children who age out of foster care.

Child protective services (CPS) are child welfare services that are intended to: (a) protect the health, safety, and welfare of children by encouraging the reporting of suspected child abuse and neglect; (b) assure that appropriate protective services are provided to abused and neglected children and their families and to protect children from further harm; (c) provide support, counseling, and other services to children and their families to ameliorate the effects of child abuse and neglect; and (d) promote the well-being of the child in his or her home setting, wherever possible, or in another safe and stable placement.

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, except for Milwaukee County, which is administered by the state through the Department of Children and Families (DCF). 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 DCF. At the local level, the CPS unit in the county department is responsible for providing services to abused and neglected children. In addition to DCF and counties, child welfare services are also provided to Native American children by tribal social services departments.

DCF 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 Permanence and Out-of-Home Care in the DCF Division of Safety and Permanence provides adoption services for children with special needs from counties other than Milwaukee.

Title IV-E and Title IV-B of the federal Social Security Act provide much of the federal funding and federal law regarding child welfare. Eligibility for Title IV-E funding depends on certain financial criteria (eligibility criteria that were in effect in July of 1996 under the former aid to families with dependent children [AFDC] program) and out-of-home care placement criteria. Funding for child welfare services, including Title IV-E and Title IV-B funding, is discussed in further detail below. Appendix A provides the history of federal law regarding child welfare.

In addition to federal law and funding, this paper describes the child welfare system in Wis-

consin. Attachment 1 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, DCF's Bureau of Milwaukee Child Welfare (BMCW), the courts, and other resources within the community. While all county and state child welfare systems operate under the same federal and state laws, regulations, standards, and policies, the organization, funding, and size of the systems differ.

Child Protective Services

A child and family usually enter the child welfare system through a report of child abuse or neglect, which initiates the CPS process. The CPS process consists of three stages: (a) CPS access; (b) CPS initial assessment; and (c) CPS ongoing services.

In the CPS access stage, a CPS agency receives information about suspected child abuse or neglect. Based on this information, county caseworkers and, in Milwaukee County, state caseworkers determine if the report constitutes an allegation of child abuse or neglect defined under state law. If the allegation meets the criteria for child abuse or neglect, then the report is screened-in for further assessment. In the CPS initial assessment stage, the screened-in reports are assessed to determine whether one or more types of abuse or neglect have occurred. The requirements of the assessment vary, depending on whether the alleged maltreatment or threat of harm to the child is by: (a) a parent, caregiver, household member, or an unknown maltreater

(primary assessment); (b) an individual who has provided care to the child in or outside the child's home or exercised temporary control over the child (secondary assessment); or (c) an individual outside of the family (non-caregiver assessment). If the assessment determines that abuse or neglect has occurred, then the report is substantiated. Once substantiated, the child and family are provided services in the CPS ongoing services stage.

Mandatory Reporters. Although any person may make a report of suspected abuse or neglect of a child or an unborn child to initiate the CPS process, state law requires certain 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 W-2 financial and employment planner;
- A school teacher, administrator, or counselor, or other school employee;
- A family court mediator;
- A child care worker in a child care center, group home, or residential care center, or a child care provider;
- An alcohol or other drug abuse counselor;

- A member of treatment staff employed by or working under contract with a county department or residential care center for children and youth;

- A physical therapist or physical therapist assistant, 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 or threatened sexual abuse, clergy members.

No one may be fired, disciplined, or otherwise discriminated against in regard to employment, or threatened with any such treatment, for reporting abuse or neglect.

Allegations of Child Abuse and Neglect.

The assessment done during the CPS initial assessment stage must determine whether one or more types of abuse or neglect have occurred. 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 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, repeated acts of sexual assault against the same child, or sexual assault of a child placed in substitute care;

- Sexual exploitation of a child;

- Permitting, allowing, or encouraging a child to engage in prostitution;

- Intentionally causing 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;

- Manufacturing methamphetamine under specific circumstances that put a child at risk; 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. 48.02 of the statutes as failure, refusal, or inability on the part of a parent or other relative, guardian, legal custodian, or other person exercising temporary or permanent 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.

Substantiation of Allegations. Once an allegation of child abuse or neglect is referred to a CPS agency, the agency must determine whether to substantiate the allegation. Substantiated cases refer to cases where child welfare staff has determined that there is a preponderance of the evidence, based on credible information, that every element of the specific maltreatment alleged has been met. A preponderance of evidence is a lower standard of evidence than that needed for proof in juvenile court (clear and convincing evidence) or criminal court (evidence beyond a reasonable doubt) procedures. Therefore, while there may be sufficient information to substantiate an alleged child abuse or neglect case, there may not be suf-

ficient evidence to obtain a child in need of protection or services (CHIPS) court order or to support criminal court prosecution. (CHIPS is discussed more fully in the next section of the paper.)

Regardless of whether the specific allegation is substantiated, the CPS unit may open a case if it is determined during the investigation that the children are not safe in the home. Also, a case does not need to be substantiated to obtain a CHIPS petition and/or require the child welfare agency to provide services to the child and family. However, substantiating a case does have legal ramifications for the alleged maltreater that do not occur when a case is unsubstantiated. Substantiated maltreaters have the right to appeal the finding.

In addition, the child welfare agency may determine that maltreatment has occurred without identifying a particular person as the actual or likely maltreater. In these situations, the agency may make a substantiated finding without naming the maltreater.

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

In 2011, more than 64,100 reports of abuse or neglect were referred to child protective services. Of these reports, approximately 40% were screened-in for further assessment. A report could involve more than one child or more than one incident of abuse or neglect, which resulted in 38,100 reports of child maltreatment involving 42,400 specific allegations of maltreatment affecting 32,100 children. Approximately 54% of

these reports were allegations of neglect, 30% of physical abuse, 14% of sexual abuse, and 2% of emotional abuse. Table 1 shows the number of reports of child maltreatment from 1995 through 2011.

Table 1: Number of Reports of Child Maltreatment, 1995-2011

1995	44,700
1996	46,300
1997	45,800
1998	42,500
1999	40,200
2000	38,000
2001	40,200
2002	42,700
2003	40,500
2004	42,400
2005	40,900
2006	41,300
2007	40,600
2008	39,500
2009	38,100
2010	39,700
2011	38,100

Of the 38,100 reports of maltreatment in 2011, 5,200 were substantiated, resulting in a substantiation rate of 14% in 2011. Statewide substantiation rates have fallen significantly since 1996, when approximately 38% of cases were substantiated. DCF indicates that this decrease may be due to several factors, including state and 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, which prohibits a person substantiated of child abuse or neglect from certain types of employment, including working in child care centers and nursing homes. In addition, 2005 Wisconsin Act 232 eliminated the requirement that CPS agencies complete an initial assessment in situations where the alleged maltreater is not a caregiver for the child (these cases are referred to law enforcement). Finally, a clarification in policy related to mutual sexual

contact between teenage peers made these allegations a request for services, rather than a CPS report. Table 2 shows the substantiation rates of maltreatment reports from 2000 through 2011.

Table 2: Substantiation Rates of Reports of Child Maltreatment, 2000-2011

2000	27%
2001	24
2002	22
2003	20
2004	20
2005	20
2006	18
2007	16
2008	15
2009	14
2010	13
2011	14

It should also be noted that DCF 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.

Alternative Response Program. Provisions of 2009 Wisconsin Act 28 provided an alternative to the CPS process described above. Act 28 established a pilot program that authorized participating county departments to use alternative responses to reports of suspected or threatened child abuse or neglect. The pilot program was intended to focus on responses to lower-risk families by providing services in a less adversarial environment in order to prevent future abuse or neglect.

The counties participating in the pilot program evaluated a report of abuse or neglect, or threat of abuse or neglect, immediately after receiving the report to determine the most appropriate alternative response from the following: (a) refer the family to a service provider in the community for the provision of appropriate ser-

vices on a voluntary basis if there is no reason to suspect that abuse or neglect has occurred or is likely to occur; (b) conduct a comprehensive assessment of the safety of the child and his or her family, the risk of subsequent abuse or neglect, and the strengths and needs of the child's family to determine whether services are needed to address those issues, as well as provide those services on a voluntary basis, if there is reason to suspect that abuse or neglect has occurred or is likely to occur, but there is no immediate threat to the safety of the child (no referral to the sheriff or police department is required); or (c) investigate the report under current practices if there is reason to suspect that substantial abuse or neglect has occurred or is likely to occur. If it was determined that the investigation is not necessary for the safety of the child, the investigation may be terminated and an assessment under (b) may be conducted.

On July 1, 2010, DCF implemented the pilot project in the following counties: Eau Claire, La Crosse, Milwaukee, Marathon, and Pierce. DCF collected data related to the impact and effectiveness of the pilot project. The results were reported to the Legislature in July, 2012.

According to the report, a majority of workers in the CPS system indicated that the alternative response approach was more likely to lead to the following outcomes: (a) families are approached in a friendly, non-accusing manner; (b) families participate in decisions and case plans; (c) workers spend more time on cases; (d) caregivers and family members cooperate; and (e) family members are present at the initial assessment. A majority of workers believed there was no difference between the alternative response approach versus the traditional CPS approach with the following outcomes: (a) job-related stress; (b) safety of children; (c) referral of families to other resources or agencies in the community; (d) receipt of services by family; (e) increase in paperwork; and (f) timely receipt of services. Finally, a majority of workers indicate that the following are

more likely with the traditional CPS approach: (a) substantiation of abuse; and (b) interview of caregiver and children separately.

Families reported similar satisfaction rates with social workers in both the alternative response and the traditional CPS approaches. However, families indicated that under the alternative response approach, they were more likely to report an improvement in parenting skills, better able to deal with family conflict, and know who to contact when assistance was needed. Furthermore, families were more likely to indicate they were better off after their experience with the alternative response approach and expressed more satisfaction with overall child welfare services under the alternative response approach.

The report also indicates that based on the extent to which job satisfaction affects worker turnover, DCF expects the alternative response approach to reduce turnover compared to the traditional CPS approach. In addition, based on an analysis of other states, DCF indicates that the alternative response approach may reduce out-of-home care rates long-term. Finally, although the alternative response approach may have increased up-front costs, long-term costs may be significantly lower.

Provisions of 2011 Act 32 removed the cap on the number of counties that could be included in the alternative response program. As a result, DCF is planning to implement the alternative response program state-wide. Beginning January 1, 2012, eight additional counties have been added to the alternative response program: Barron, Chippewa, Dodge, Douglas, Langelo, Sauk, Waushara, and Winnebago. Additional counties will be added over time based on their readiness and the availability of resources to expand the program.

Out-Of-Home Care

If, after investigating an allegation of abuse or neglect, child welfare staff determines that a child is safe, the case is closed. However, if a child is not safe and/or at risk of further abuse and neglect, the case moves into the CPS ongoing services stage and staff determines 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. If staff determines 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 determines that a child cannot remain safely at home, the child is removed from the home and placed in 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 actions: (a) a 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 parent and a caregiver and involving the child welfare agency. Under state law, VPAs require placement in a licensed foster home or group home. VPAs are limited to 180 days for foster home placements and to 15 days for group home placements.

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. In addition, tribal courts place children in out-of-home care pursuant to the procedures included in each tribe's children's code. 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 VPA, 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, if the judge is determining whether to continue custody, 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, if the judge is determining whether to continue custody, 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 its officers; or (e) that if an expectant mother 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 substances, 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 ef-

fort to participate in any of these services offered to her. Tribal courts also place children, but under the provision of each tribe's children's code.

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 parent will be requested, if present, to provide the names and other identifying information of three relatives of the child or other individuals 18 years of age or over whose homes the parent wants the court to consider as placements for the child. A diligent search must be made to locate them. These individuals, along with adult relatives of the child, must be notified within 30 days after the child is removed from the custody of the child's parent: (a) that the child has been removed; (b) of the options to participate in the care and placement of the child; (c) of the requirements to obtain a foster home license, receive kinship care or long-term kinship care, and of the additional services and supports available for children placed in one of these placements; (d) that they may incur additional expenses if the child is placed with them and that some of those expenses may be reimbursed; and (e) of the name and contact information of the agency that removed the child.

Also at this hearing, the county or state will file a CHIPS petition. If a court does not hold a hearing within 48 hours or a CHIPS petition is not filed at the hearing, 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 any of the following apply:

- The child has no parent or guardian;
- The child has been abandoned;
- The child's parents have relinquished custody of the child 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's guardian is unwilling or unable to sign 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 has 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, or is at substantial risk of doing these things, 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 emotional damage for which the parent, guardian, or legal custodian has neglected, refused, or been unable, and is neglecting, refusing, or unable, for reasons other than poverty, to obtain necessary treatment or to take necessary steps to ameliorate the symptoms;
- 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 conducts a plea hearing to determine whether any party wishes to contest the allegations made in the petition. 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 proved by clear and convincing evidence. If the court finds that the allegations are not proved, the case is dismissed 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.

In preparation for the dispositional hearing, the court designates a child welfare agency to submit a report that describes the social history of the child, outlines the needs of the child, and de-

tails a plan for ensuring appropriate services for the child. Dispositions of a CHIPS case may range from counseling the child or parent to placing the child in out-of-home care. Dispositions may also include placing the child in the home under the supervision of a child welfare agency; transferring legal custody to a relative, DCF, a county department, or other licensed child welfare agency; supervised independent living if the child is at least 17 years of age; and educational programming. Additional appropriate services may be ordered depending on the specific child's needs. The dispositional order must be in writing and must contain the specific services to be provided to the child and the child's family.

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; (b) the child welfare agency has made reasonable, or, in the case of an Indian child, active 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 (c) if a permanency plan has been previously prepared, the child welfare agency has made reasonable efforts to achieve the permanency goals of the permanency plan.

The finding that reasonable efforts have been made is not required if one of the exceptions is met. These exceptions, which do not apply in the case of a Native American child, 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, aided, or abetted 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 (that is, infant relinquishment under s. 48.195 of the statutes).

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. For each child placed in out-of-home care, the agency responsible for the placement or assigned responsibility for providing services to the child must prepare a written permanency plan. This permanency plan must be 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) permanent placement with a fit and willing relative; (c) placement of the child for adoption; (d) placement of the child with a guardian; or (e) some other planned permanent living arrangement that includes an appropriate, enduring relationship with an adult, including sustaining care or long-term foster care, but not including independent living. The permanency plan may contain concurrent permanency goals if there are efforts to work simultaneously towards achieving more than one of the permanency goals. If the stated permanency goal is (e), another concurrent goal under (a) through (d) must be pursued as well.

If the child's age and developmental level are sufficient, courts must consult with the child in an age-appropriate and developmentally appropriate manner regarding the child's permanency plan and any other matters the court finds appropriate. Courts must also consider an out-of-state placement, if appropriate. 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 hearing within 12 months after 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.

Types of Out-of-Home Care Placements.

Out-of-home care includes children in foster homes (including licensed relatives), group homes, residential care centers, children living with an unlicensed relative (kinship care), and other placements, such as short-term placements in secure detention facilities or hospitals.

A child placed in out-of-home care can be placed with a relative, who may or may not be a licensed foster parent, or, if a relative is not available or a viable option, in foster care, group homes, or residential care centers. These types of placements can range from a home setting to a more restrictive, institutional setting. Reasonable efforts must be made to place siblings together.

Kinship Care. If a placement is with a relative, other than a parent, and the relative is not a licensed foster parent, then the relative may qualify for the kinship care program. The kinship care program is designed to help support a child who resides outside of the home with a relative, rather than placing the child in foster care or other out-of-home placement. However, this program is not

designed to be used when another placement is in the child's best interests.

Kinship care relatives who provide care and maintenance for one or more children may receive a kinship care payment of \$220 per month if:

- The kinship care relative applies to the county, tribe, or DCF for kinship care payments and, if the placement is court-ordered, applies for a foster home license as well;

- The county, tribe, or DCF 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 DCF 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 DCF 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 states that he or she and any employee, prospective employee, or other adult in the residence who would have regular contact with the child have no arrests or convictions that could adversely affect the child or the ability to care for the child;

- The kinship care relative cooperates with the county, tribe, or DCF in the application

process, including applying for other forms of assistance for which the child may be eligible;

- The kinship care relative is not receiving any other kinship care, foster care, subsidized guardianship, or interim caretaker payment with respect to the same child; 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 who has attained the age of 18 but who is not yet 19 and 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.

For court-ordered kinship care, payments may be made for up to 60 days from the time a completed application for a foster home license is received while the application for a foster home license is pending. This time frame may be extended to up to four months from the time the completed application is received if there is a delay in the licensing determination not due to an act or omission from the kinship care provider. If the foster home license is not approved, then the court may order that the child remain in the kinship care provider's home if all other requirements of the kinship care program are met and the following information is provided to the court: (a) the background investigation; (b) an assessment of the safety of the kinship care provider's home and the ability of the provider to care for the child; and (c) a recommendation that the child remain in the kinship care provider's home.

At least every 12 months, the county, tribe, or DCF reviews the case of a relative receiving kin-

ship care to determine if the conditions under which the case was initially determined eligible still exist. If those conditions no longer exist, the county, tribe, or DCF 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.

Foster Care. The least restrictive out-of-home licensed 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, seven or fewer children in the family's home. Exceptions may be granted to place eight or more children in a foster home if necessary to keep siblings together or a minor parent and minor children together.

Provisions of 2009 Wisconsin Acts 28 and 71 established a new process to create a "levels of care" system for foster care licensing. Previously, applicants would be licensed as either foster parents or treatment foster parents (which provided a higher level of care at an increased payment rate). Under the new licensing system, a foster home is certified in one of five levels commensurate with the foster parent's knowledge, skills, training, experience, and relationship to the child. This new system took full effect on September 1, 2011.

Level one certification applies to a foster home with a child-specific license. A "child-specific license" is a license that is issued to a relative of a child or an individual who has a previous existing relationship with the child or the child's family. Level two certification applies to basic foster homes. Level three certification applies to moderate treatment foster homes. Level four certification applies to specialized treatment foster homes. Level five certification applies to exceptional treatment foster home. Each level

requires additional training hours and topics, experience, and letters of reference.

Act 28 also created a requirement that foster parents receive training in the care and support needs of children who are placed in foster care. 2009 Wisconsin Act 336 further required ongoing training. The purposes of foster parent training are to: (a) improve the quality of care provided to children who live in foster or adoptive homes; (b) prepare foster and adoptive families to care for and provide stability for foster children in their homes; (c) promote communication, respect, and understanding among all involved parties, with a focus on working for the best interests of the foster child; (d) provide opportunities to foster parents to mutually explore their values, strengths, limitations, and needs as they relate to compatibility with foster and adoptive children; (e) develop an understanding of the child welfare system and the importance of permanency for children; and (f) encourage foster and adoptive parent networking and the use of resources. Each foster parent must complete pre-placement, initial licensing, and ongoing training required for the foster home's level of care certification.

When placing a child in foster care, a placing agency uses a standardized assessment tool to assess the needs and strengths of the child and the needs of the child's foster parent. The results of the assessment are used to determine into which certified level of foster care the child will be placed, what services will be provided to the child in the placement, and what payment the foster parent will receive in addition to the basic maintenance payment, if any.

As of July, 2012, most children (about 61%) in out-of-home care statewide were in licensed foster care.

Foster care basic maintenance payments, which vary depending on whether certification is at level one or above level one and, for certification above level one, the child's age, are designed

to 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. The payments are made by counties and tribes for children in out-of-home care or by DCF for children in Milwaukee County or in the state special needs adoption program's foster care program.

All foster care payments include the basic maintenance rate, which is established by statute. The current basic payment rates are shown in Table 3. Counties, tribes, and DCF also consider the needs of the child and may provide a supplemental payment or an exceptional payment, in addition to the basic payment, for foster homes certified at level two or higher. A supplemental payment may be made for a foster child who has special needs as determined by the standardized assessment. The amount of the payment depends on the needs of the child as determined by the assessment. A supplemental payment must also be made if a foster home's level of care certification is higher than the level of need of a child placed in the foster home and the foster home has a level three or four certification. An exceptional payment, determined by the placing agency, may be provided to: (a) enable the child to be placed or remain in a foster home instead of a more restrictive setting; (b) enable the placement of siblings or minor parent and minor children together; (c) assist with transportation costs to the school the child was attending prior to placement in out-of-home care; (d) replace a child's basic

Table 3: Basic Maintenance Payments and Clothing Allowance -- Calendar Year 2013

	Monthly Amount	Maximum Clothing Allowance
Level One	\$220	\$0
Levels Two and Above		
Under Age 5	\$366	\$225
Ages 5 through 11	400	263
Ages 12 through 14	455	300
Ages 15 and over	475	300

wardrobe that has been lost or destroyed through other than normal wear; or (e) for a child placed in a foster home before February 21, 2011, and who remains placed in that foster home, equalize the total payment amount lost by the child's foster parent due to implementation of the method to determine supplemental payments based on the standardized assessment. The current maximum monthly foster care payment for a child is \$2,000. About three-fourths of children in foster homes have supplemental rates and about two-thirds have exceptional rates.

In addition to the monthly foster care payments, the county or DCF may provide a clothing allowance when the child is initially placed in out-of-home care (for a level two placement or higher). The maximum clothing allowance amounts are shown in Table 3. Counties may reimburse a foster parent one time for the actual costs of the clothing purchases up to the maximum allowance.

Group Homes and Residential Care Centers. Two other types of placements are group homes and residential care centers (RCCs) for children and youth. Group homes may be: (a) family-operated group homes, where the licensee is one or more individuals who operate only one group home; (b) agency-operated group homes, where the licensee is a public agency other than DCF; or (c) corporation-operated group homes, where the licensee is a non-profit or proprietary corporation that operates one or more group homes. RCCs are typically licensed private child welfare agencies.

As of July of 2012, 6% of the children in out-of-home care statewide were in group homes, and 6% were in RCCs. Both of these placements are more restrictive than foster homes. Group homes provide care and maintenance for five to eight children, not including children of minors. RCCs provide treatment and custodial services for children, youth, and young adults up to 21 years of age. Placement into an RCC must be made before the child reaches age 18, unless under

juvenile court jurisdiction, and the RCC is prohibited from having five or more young adults age 18 or older at its facilities at one time unless it is also licensed as a community-based residential facility.

Provisions of 2009 Wisconsin Act 28 directed DCF to phase-in the regulation of rates charged by group homes and RCCs, as well as certain administrative rates charged by child welfare agencies. In addition, 2009 Wisconsin Act 335 required these rates to be set using a performance-based contracting system and established an advisory committee to assist DCF in developing the rules, implementing the regulation of rates, and identifying the performance-based measurements for the new contracting system. Prior to Act 28, group homes and RCCs established their own rates and reported them to DCF. DCF published these rates annually.

DCF sets new maximum rates annually based on the following process: (a) by September 1, DCF publishes the maximum daily rates for each provider type; (b) by October 1, group homes and RCCs submit their proposed rates for the following calendar year; (c) DCF reviews the proposed rates based on a variety of factors, such as how it compares to other group homes and RCCs for similar services and changes in the consumer price index; and (d) by November 1, DCF either approves or denies the proposed rate and, if denied, negotiates a rate with the group home or RCC.

In addition to the rate established by DCF, group homes and RCCs may request extraordinary payments for a specific child in care if all the following conditions are met: (a) the child has service needs that are not accounted for in the maximum per client rate; (b) the child's service needs are not paid for by another source; and (c) the extraordinary payment will be used to cover allowable costs.

The first set of maximum rates established by

DCF was in effect from July 1, 2011, through December 31, 2011. The maximum administrative daily rate for private child-placing agencies was \$73.15. A private child-placing agency is a child welfare agency licensed to place children in licensed family foster homes and licensed group homes. DCF establishes a maximum administrative rate for child-placing agencies for the administrative portion of its services for foster homes with a level three or four certification.

The maximum administrative daily rate for group homes was \$206.97. The maximum administrative rate for RCCs was \$351.04. Prior to DCF setting rates, in 2010, the average incorporated group home daily rate was \$202.03, ranging from \$106.73 per day to \$335.01 per day. The

average RCC daily rate in 2010 was \$312.58, ranging from \$204.07 per day to \$688.00 per day.

In 2012, the average incorporated group home daily rate was \$185.80, ranging from \$116.95 per day to \$192.10 per day. This does not include pregnant or parenting group homes. These group homes had an average daily rate of \$217.87, ranging from \$155.00 per day to \$228.46 per day. The average RCC daily rate was \$314.66, with a range from \$232.71 per day to \$467.25 per day.

In 2013, the maximum administrative daily rate for a private child-placing agency has been set at \$63.50. The maximum daily rate has been set at: (a) \$194.90 for a group home; (b) \$232.45 for a pregnant or parenting group home; and (c)

Table 4: Out-of-Home Care Caseloads on December 31, 2005, through 2011

Year		Court-Ordered Kinship Care	Foster Homes	Group Homes	Residential Care Centers	Other Placements	Total
2005	Milwaukee County	784	1,755	132	70	116	2,857
	All Other Counties	710	3,109	331	372	277	4,799
	Wisconsin Total	1,494	4,864	463	442	393	7,656
2006	Milwaukee County	771	1,583	110	57	143	2,664
	All Other Counties	708	3,011	272	383	287	4,661
	Wisconsin Total	1,479	4,594	382	440	430	7,325
2007	Milwaukee County	841	1,574	142	77	140	2,774
	All Other Counties	776	2,975	258	359	277	4,645
	Wisconsin Total	1,617	4,549	400	436	417	7,419
2008	Milwaukee County	724	1,588	174	75	148	2,709
	All Other Counties	795	2,898	239	384	299	4,615
	Wisconsin Total	1,519	4,486	413	459	447	7,324
2009	Milwaukee County	509	1,425	185	94	109	2,322
	All Other Counties	755	2,743	226	316	206	4,246
	Wisconsin Total	1,264	4,168	411	410	315	6,568
2010	Milwaukee County	416	1,323	164	83	216	2,202
	All Other Counties	552	2,677	214	317	547	4,307
	Wisconsin Total	968	4,000	378	400	763	6,509
2011	Milwaukee County	359	1,254	163	93	219	2,088
	All Other Counties	452	2,740	217	302	651	4,362
	Wisconsin Total	811	3,994	380	395	870	6,450

\$306.80 for an RCC.

Out-of-Home Care Caseloads. Table 4 shows the out-of-home care caseloads from 2005 through 2011 for each type of placement (court-ordered kinship care, foster homes, group homes, RCCs, and other placements). Since the new levels of care foster care licensing system was not fully in effect until September 1, 2011, the foster home caseloads under Table 4 only partially include levels one through five foster care homes in the 2011 data. Prior years included only foster homes and treatment foster homes.

As of December 31, 2011, there were 6,450 children in out-of-home care in Wisconsin: 2,088 in Milwaukee County and 4,362 in the rest of the state. About 32% of the state's children in out-of-home care are in Milwaukee County. Not included in these numbers are Native American children placed in out-of-home care by a tribal court and whose payments are being paid for by the tribe.

Since 2005, the overall number of children in out-of-home care has dropped from approximately 7,700 to 6,500. There had been a shift, however, from children placed in foster homes to children placed in treatment foster homes, which required higher foster care payments. Implementation of the new levels of care system provides more foster care options and is intended to reduce these costs. DCF began implementation of the levels of care system in January, 2010. Expenditures in July, 2011, were 7.5% lower than July, 2010. Expenditures in July, 2012, were 1.8% higher than July, 2011.

Licensing Requirements. Counties, tribes, DCF, and child welfare agencies license foster homes. DCF licenses child-placing agencies (child welfare agencies that place children in foster homes and group 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, rate determination, 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 specifies the maximum number of children that a home or agency may receive, the age of the children, and the gender of children that may be placed there. A 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.

Interstate Compact for the Placement of Children. The purpose of the Interstate Compact for the Placement of Children is to: (a) provide a process through which children are placed in safe and suitable homes in a timely manner; (b) facilitate ongoing supervision of a placement, the delivery of services, and communication between states; (c) provide operating procedures that ensure that children are placed in safe and suitable homes in a timely manner; (d) provide for the promulgation and enforcement of administrative rules implementing the provisions of the compact and regulating the covered activities of the member states; (e) provide for uniform data collection and information sharing between member states; (f) promote coordination between this compact, the Interstate Compact on Adoption and Medical Assistance, and other compacts that affect the placement of, and provide services to, children who are otherwise subject to this compact; (g) provide for a state to retain the continuing legal jurisdiction and responsibility for placement and care of a child that the state would have had if the placement were intrastate; and (h) provide for the promulgation of guidelines, in collaboration with tribes, for interstate cases involving Indian children as is or may be permitted by federal law.

Under 2009 Wisconsin Act 339, the state en-

acted the enabling legislation to become a member state of the Interstate Compact for the Placement of Children.

Exiting Out-Of-Home Care

Each CHIPS, JIPS, and delinquency dispositional order and permanency plan identifies the permanence goal for a child in out-of-home care. As noted above, some of the permanency plan goals can include: (a) reunification with the birth family, either on a trial basis or permanently; (b) transfer of legal guardianship, which may include subsidized monthly payments; or (c) adoption. For children ages 15 and over, the permanency plan must also include an independent living plan.

Reunification. Family reunification was first emphasized in the federal Adoption Assistance and Child Welfare Act of 1980. In 1997, the federal Adoption and Safe Families Act 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 two potential permanence goals simultaneously for a child.

In calendar year 2010, 2,900 children, were reunified with their primary caretaker. 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 may be 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, JIPS, or delinquency order are no longer valid.

Trial Reunification. Provisions of 2011 Act 181 provide a procedure for a trial reunification

for the purpose of determining the appropriateness of changing the placement of a child to his or her home. Children in out-of-home care placements may return home for a period of seven consecutive days up to 150 days. At the end of the trial reunification period, the child welfare agency must: (a) return the child to the previous out-of-home placement with notice to the court and participants; (b) request a change of placement to place the child in a new out-of-home placement; or (c) request a change of placement to reunify the child.

Through October 31, 2012, there were 123 placements in trial reunifications. Of these trial reunification placements, 63 resulted in reunification with the family, 15 resulted in a return to the same out-of-home care placement prior to the trial reunification, seven resulted in a new out-of-home care placement, 37 are ongoing placements, and one was discharged due to aging out of the placement.

Post-Reunification Services Waiver. On September 28, 2012, the federal Department of Health and Human Services approved Wisconsin's request for a Title IV-E waiver demonstration project. The waiver allows DCF to use federal Title IV-E funds to expand a program statewide that provides services to families following reunification for a period of one year. DCF anticipates that with additional services in place for reunified families, the reentry rate of children into out-of-home care placements would decline and, therefore, save both state and federal funds for out-of-home care placements. To the extent that savings are realized under the program already in progress in Milwaukee County, the federal waiver would allow those savings to be used to expand the program statewide.

Under the program, case managers develop an individualized 12-month post-reunification plan that takes into consideration the unique needs of each child and family. Services include: case management services, trauma-informed services,

crisis stabilization, in-home therapy, alcohol and drug assessment and treatment for parents, mental health services for parents, respite care, transportation, and connecting to community services.

Guardianship. Under s. 48.023 of the statutes, a guardian is defined as a person appointed by the court who has the duty and 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 of a child without the termination of the child's parents' rights. Without the termination of parental rights (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 closes the CHIPS case.

Delegation of Power by Parent. In lieu of petitioning the court for the appointment of a guardian for his or her child, 2011 Act 87 created a procedure for a parent to delegate certain parental powers to an agent, for up to one year, without court involvement. With a properly executed power of attorney, any of the parent's powers regarding the care and custody of the child may be delegated to an agent, except the agent cannot

provide consent for: (a) the child to marry or adopt; (b) the performance or inducement of an abortion on or for the child; (c) the termination of parental rights to the child; or (d) enlistment of the child in the U.S. armed forces. This delegation of power also cannot supersede actions that require a court order, such as placement into out-of-home care, or investigations of child abuse or neglect. A power of attorney may be revoked by the parent at any time by executing a written revocation and notifying the agent in writing of the revocation.

Subsidized Guardianship. If the guardian is a relative and not a foster parent, the relative remains eligible for a monthly kinship care payment. Prior to 2011 Act 32, if the guardian were not a relative, the guardian was not eligible for a monthly support payment for the care of the child. The only exception was the subsidized guardianship waiver program, which operated in Milwaukee County.

Provisions of 2011 Act 32 created a statewide subsidized guardianship program. If the child and guardian are eligible for the program, subsidized guardianship payments may be made to a guardian if a subsidized guardianship agreement is entered into before the guardianship order is granted and the court either terminates a CHIPS order or dismisses any CHIPS proceeding. The amount of the monthly payment is the same as the monthly foster care payment received in the month immediately preceding the month in which the guardianship order was granted, or a lesser amount if agreed to by the guardian and specified in the agreement. Subsidized guardianship payments must also be provided for a sibling of the child if it is determined that it is appropriate to also place the sibling in the home of the guardian, regardless of whether the sibling meets the eligibility requirements described below.

To be eligible for the subsidized guardianship program, a child must meet all of the following conditions: (a) has been removed from his or her

home under a voluntary agreement or under a court order containing a finding that continued placement of the child in his or her home would be contrary to the welfare of the child; (b) has been residing in the home of the guardian for not less than six consecutive months; (c) neither return to his or her home nor adoption is in the child's best interest; (d) demonstrates a strong attachment to the guardian; and (e) if over age 14, has been consulted with regarding the guardianship arrangement.

The guardian must meet all of the following conditions: (a) is a relative of the child or is a person who has a significant emotional relationship with the child or the child's family and who, prior to the child's placement in out-of-home care, had an existing relationship with the child or the child's family that is similar to a familial relationship; (b) has a strong commitment to caring permanently for the child; (c) has been licensed as the child's foster parent for not less than six consecutive months immediately before being named guardian and meets, along with all adults residing in the home, background check requirements; and (d) has entered into a subsidized guardianship agreement. On the death or incapacity of a guardian or the termination of guardianship, the monthly subsidized guardianship payments may be made to an eligible interim caretaker for up to 12 months to allow for the interim caretaker to become a licensed foster parent.

The subsidized guardianship agreement must specify: (a) the amount of the monthly payment and the manner in which this payment may be adjusted based on the circumstances of the guardian and the needs of the child; (b) any additional services and assistance for which the child or guardian are eligible under the agreement, including medical assistance, a description of these additional services and assistance, and the procedures to apply for these additional services and assistance; (c) nonrecurring costs up to \$2,000 will be paid by the county department or, in Mil-

waukee County, DCF; (d) the agreement remains in effect without regard to the state of residence of the guardian; (e) the guardian's responsibility to monitor the child's relationship with his or her parents; (f) the county department's or DCF's responsibility to release medical, educational, and other historical information to the guardian; (g) the guardian's responsibility to notify the county department or DCF of a change in circumstances within 10 calendar days; (h) the guardian's responsibility to complete and return an annual review questionnaire to determine whether the child and guardian remain eligible for subsidized guardianship payments; (i) a description of the terms upon which the agreement may terminate; (j) the ability of the county department or DCF to recover any overpayment; and (k) the monthly payments will be considered never to have been made when determining eligibility for adoption assistance.

The statewide subsidized guardianship program also applies to tribal children under substantially similar tribal law.

In 2012, 417 children were discharged to guardianships, of which 54 were paid placements under the subsidized guardianship program. In addition, 371 of these 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 or tribe. If the court terminates a child's parents' rights, the child is legally available for adoption. The court may transfer guardianship and custody of the child pending adoptive placement to: (a) a county department authorized to accept guardianship; (b) a child welfare agency licensed to accept guardianship; (c) DCF; (d) a relative with whom the child resides, if the relative has filed a petition to adopt the child, is a kinship care relative, or is receiving foster care payments; (e) an

individual who has been appointed guardian of the child by a court of a foreign jurisdiction; or (f) the guardian if the court appoints a guardian. Another option for the court is to transfer guardianship to (a) through (c) above, but transfer custody to an individual in whose home the child has resided for at least 12 consecutive months immediately prior to the termination of parental rights or to a relative. Finally, if the child is unlikely to be adopted, the court may enter an order placing the child in sustaining care.

Adoptions may be: (a) by relatives or step-parents; (b) for infants through licensed private adoption agencies; (c) international adoptions through licensed private adoption agencies; and (d) from out-of-home care. For children legally available for adoption, but for whom it is difficult to find an adoptive home and who meet specific criteria, the state provides adoption services through the special needs adoption program. In 2011, approximately 800 children discharged from out-of-home care were adopted.

Special Needs Adoption Program. DCF 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. DCF is authorized 30.3 FTE positions in the Division of Safety and Permanence for the program. DCF also contracts with private vendors in three regions for 37.8 caseworkers and 6.0 supervisors. The amount budgeted for the contracts in 2012-13 totals \$3,765,800.

The special needs adoption program provides adoptive services for children with special needs from counties, other than Milwaukee County, and tribes. BMCW contracts to provide similar services for children with special needs in Milwaukee County through its ongoing services case management contracts with Integrated Family Services and with Children's Services Society of

Table 5: Special Needs Adoption Program

Region	Regional Office Location	Lead Contracted Agency
Eastern	Green Bay	Lutheran Social Services
Southern	Madison	Children's Services Society of Wisconsin
Western	Eau Claire	Lutheran Social Services
Milwaukee	West Allis Milwaukee	Children's Services Society of Wisconsin Integrated Family Services

Wisconsin.

The special needs adoption program is organized by regions throughout the state. Table 5 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. Currently, the contracted agencies in the eastern and southern regions subcontract with at least one other vendor to handle some of the workload.

The state staff includes 3.0 FTE regional supervisors and 13.0 FTE social worker positions. State staff consults 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 families for these children. The contracted staff provide case management services for children who are in the state's custody and guardianship, provide services to the court, identify potential adoptive parents, and conduct home studies of these parents. In addition, they provide the adoption readiness and training services for pre-adoptive families and children.

Federal and state laws emphasize providing permanence for children under specified timelines. Timely permanence for children is supported with concurrent permanency goals that allow caseworkers to plan and prepare for permanence through, for example, reunification with the birth parents and adoption simultaneously. State adoption social workers develop and maintain supportive and informative working relationships with local and tribal child welfare agency staff,

court representatives, service providers, and families so that they can identify children who may be in need of permanent placement and potential resources to address this need. These consultation activities include reunification, guardianship, and adoption. Consultation activities are intended to decrease the time between the TPR and the finalized adoption. In 2011, the average time between the TPR and the finalized adoption in the special needs adoption program was 9.5 months statewide (including Milwaukee County). The current federal child and family services review performance measures (discussed in further detail below) require each state to demonstrate that children in out-of-home care are adopted in a timely manner (within 24 months) after they are removed from their homes.

In addition to the caseworker and supervisor positions, there are 2.0 FTE central office state adoption program managers who ensure that appropriate services are provided to cases while adoptions are being finalized.

Table 6 shows the number of special needs adoptions finalized over the period from 1998 to 2011. The table shows that 780 adoptions were

Table 6: Number of Finalized Adoptions Statewide 1998-2009

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	562	591	1,153	10.4
2004	563	461	1,024	-11.2
2005	480	422	902	-11.9
2006	455	271	726	-19.5
2007	476	248	724	-0.3
2008	481	218	699	-3.5
2009	463	248	711	1.7
2010	460	281	741	4.2
2011	503	277	780	5.3

finalized in 2011, including 277 in Milwaukee and 503 in other counties.

DCF indicates that in Milwaukee County, finalized adoptions typically total between 200 and 300 per year, and, in all other counties, finalized adoptions total between 450 and 500 per year. However, these numbers increased from 2002 through 2005 after the adoption contract in Milwaukee County switched from the Milwaukee County Department of Health and Human Services to Children's Service Society of Wisconsin. A backlog of children awaiting adoptions under the former contract, along with additional funds for the Milwaukee County District Attorney's Office to prosecute TPR cases, increased the number of adoptions for several years until the backlog worked through the child welfare system. In 2011, the number of finalized adoptions was similar to what is considered typical for the state.

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 state social 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 for Children with Special Needs. When the state gains legal custody of a child and the child is in an out-of-home care placement, DCF assumes responsibility for the monthly payments to the out-of-home care provider. In 2012-13, \$5,038,600 (\$3,822,100 GPR and \$1,216,500 FED) is budgeted for DCF to make these payments. In August, 2012, DCF made payments on behalf of 334 children in the state foster care program.

Adoption Assistance Payments for Children with Special Needs. DCF 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 DCF has determined that such assistance is necessary to assure the child's adoption.

In 2012-13, \$96,785,700 (\$48,060,800 GPR and \$48,724,900 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 who meet certain eligibility criteria as determined by DCF.

To be eligible for adoption assistance, a child must have at least one of the following special needs at the time of the adoption: (a) the child is 10 years of age or older, if age is the only factor in determining eligibility; (b) the child is a member of a sibling group of three or more children that must be placed together; (c) for an adoption assistance agreement entered into before July 1, 2011, the child exhibited, or was at high risk of developing, moderate or intensive physical, emotional, and behavioral needs; (d) for an adoption assistance agreement entered into on or after July 1, 2011, the child has, or is at high risk of developing, a total of five or more moderate or intensive needs due to adjustment to trauma, life functioning (including physical, mental, and dental health; relationships with family members; and social skills), functioning in a child care or school setting, behavioral and emotional needs, or risk behaviors; or (e) the child belongs to a minority race in which children of that race cannot be readily placed due to lack of appropriate placements. Most children available for adoption through the state adoption system meet one or more of these criteria.

In August, 2012, DCF made adoption assistance payments on behalf of 7,635 children in

Wisconsin. The circumstances of the adoptive parents and the needs of the child are considered together in determining the level of adoption assistance a family receives. The amount of the maintenance payment is based 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 adoptive parents' eligibility for the adoption assistance program, but may consider the adoptive parents' circumstances in determining the amount of the adoption assistance payment. In addition, states cannot reduce the adoption assistance payment because of a change in the adoptive parents' income without the adoptive parents' agreement. Under administrative rule [DCF 50.05(4)], DCF 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 DCF makes adoption assistance payments remain eligible for med-

ical assistance, which pays for eligible medical expenses not covered by the family's health insurance.

Other Adoption Resources. DCF 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. ARW publishes *Adopt!*, a semiannual paper 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, and information on post-adoptive services, and identifies available resources on adoption that can be loaned out. In 2012-13, DCF allocated \$338,000 to ARW to provide these services.

Post-Adoption Resource Centers. The post-adoption resource centers (PARCs) are agencies that: (a) provide education, support activities, and services to adoptive families; (b) improve community awareness of and promote a positive image of adoption; (c) create a better understanding of unique issues facing adoptive families among public and private human service providers, schools, and medical care providers; (d) increase availability of services for adoptive families; and (e) establish collaborative efforts among public and private organizations and the general public to address the needs of adoptive families. DCF allocates an annual federal grant to each center that ranges from \$75,000 to \$83,000. The federal funding is available under Title IV-B, Subpart 2. The six Wisconsin regions served by each administering agency are shown in Table 7.

Each PARC has a toll-free telephone number

Table 7: PARC Regions and Administering Agencies

Region	Agency
Milwaukee	Adoption Resources of Wisconsin
Southeastern	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 Green Bay

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 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.

Adoption Record Search Program. The primary purpose of the adoption record search program is to assist persons who have been adopted or whose birth parents have terminated their parental rights in obtaining information about themselves and their birth relatives. This information includes:

- Nonidentifying social history information (age of birth parents, nationality, race, education, general physical appearance, talents, hobbies, special interests, reason for the adoption or termination of parental rights, religion, family history, and personality traits).
- Medical and genetic information about birth parents and other family members, including routine health information and any known genetically transferable disease.
- Most recent names and addresses of birth parents on file when the birth parents have filed

affidavits allowing the release of that information.

- A copy of the impounded birth certificate, if the birth parent authorizes release of the original birth certificate at the time of adoption.

When a licensed physician has determined that the life or health of an adopted person or their offspring is in imminent danger or that treatment without medical and genetic information would be injurious to his or her health, DCF will attempt to obtain needed pertinent medical and genetic information from the birth parents. Similarly, if a physician submits a report stating that a birth parent or another offspring of the birth parent has acquired or may have a genetically transferable disease, the adopted person (or, if under 18 years of age, the adopted person's guardian, custodian or adoptive parent) must be notified of the existence of the disease.

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 350 youth "age out" of out-of-home care each year in Wisconsin.

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 Foster Care Independence Act of 1999 replaced the Title IV-E independent living pro-

gram 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. Under the federal Patient Protection and Affordable Care Act states are now also required to educate youth aging out of out-of-home care about the importance of a health care power of attorney.

DCF allocates federal Chafee foster care independence funds to counties and several tribes on an annual basis. The 2012 and 2013 allocations are shown in Attachment 2. 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, children and family 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 who were placed in out-of-home care for at least six months between the ages of 15 and 18, for as long as they remain in care, and until age 21 for youth that age out of care at age 18. If a youth leaves out-of-

home care for any reason other than aging out of care (such as incarceration or reunification prior to age 18) he or she is no longer eligible for independent living services.

As a result, a youth is eligible for independent living services if he or she: (a) is currently in an out-of-home care placement and has been in the placement for at least six months after age 15; (b) is currently in subsidized guardianship or long-term kinship care if the youth had been in out-of-home care for at least six months after age 15; (c) was adopted after age 16 from an out-of-home care placement, subsidized guardianship, or long-term kinship care; or (d) left an out-of-home care placement, subsidized guardianship, or long-term kinship care at age 18.

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. Counties and tribes can assign ongoing caseworkers, independent living coordinators, or outside agencies to administer the program 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 caseworker, with the youth's input, develops the independent living (IL) plan. IL plans become part of the permanency plan and are reviewed at minimum every six months. The IL plan in the permanency plan must include: (a) the anticipated age at which the child will be discharged from out-of-home care; (b) the anticipated amount of time available in which to prepare the child for the transition from out-of-home care to independent living; (c) the anticipated location and living situation of the child on discharge from out-of-home care; (d) a description of the assessment processes, tools, and methods that have been or will be used to deter-

mine the programs and services that are or will be provided to assist the child in preparing for the transition from out-of-home care to independent living; and (e) the rationale for each program or service that is or will be provided to assist the child in preparing for the transition from out-of-home care to independent living, the time frames for delivering those programs or services, and the intended outcome of those programs or services. Independent living is required to be part of a youth's permanency plan, but the IL plan provides greater detail than the information courts require. The IL plan can be updated at any time.

2009 Wisconsin Act 79 provides an additional requirement for youth who are about to age out of an out-of-home care, subsidized guardianship, or long term kinship care placement. During the 90 days immediately before the child ages out of out-of-home care, the child must receive assistance and support in developing a plan for making the transition from out-of-home care to independent living. The plan must: (a) be personalized at the direction of the child; (b) be as detailed as the child directs; and (c) include specific options for obtaining housing, health care, education, mentoring and continuing support services, and workforce support and employment services. DCF indicates that its policy is to have the planning phase begin when the youth is age 17 years and six months and to have this independent living transition to discharge (ILTD) plan approved and signed by the youth 90 days prior to the youth's 18th birthday or 90 days prior to the date that the 18 year-old leaves care. A youth may leave care even if the goals of the plan are not fully met.

After the youth ages out of care and until their 21st birthday, the youth may continue to receive services through the county or tribal independent living program. The level of service is determined by the needs of the youth.

DCF is also developing a pilot program for youth leaving the independent living program as

part of a community partnerships plan that was approved by the Joint Committee on Finance on February 15, 2012. The pilot program would: (a) identify and develop training for a mentor program; (b) identify potential nongovernmental agency partners; and (c) develop a timeline and schedule for full implementation of the program. The program is intended to provide additional stability and support in the community for youth as independent living services terminate.

Counties and tribes may use independent living funds for a wide range of services to assist youth in becoming self-sufficient. DCF has identified skill areas that must be addressed through these services. 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. Attachment 3 provides information on the independent living program for 2011, including the number of eligible youths, the number of assessments and plans completed, the number of youths receiving services, and the amount of funding counties 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 out-of-home care. The funds were first available in federal fiscal year (FFY) 2003-04. Wisconsin received \$225,800 FED in FFY 2011-12 in ETV funds for distribution to counties, tribes, and BMCW. Each grant recipient is required to provide matching funds equal to 20% of its annual allocation. ETV allocations to counties,

tribes, and BMCW and the match requirements are shown in Attachment 2. The remaining funds from the ETV federal award support the DCF scholarship program (\$478,000 FED--described in further detail below) and state administrative costs (\$13,000 FED).

Youths may receive services funded under ETV if they meet state eligibility criteria for the independent living program and federal ETV eligibility requirements. A youth is eligible for the ETV program if he or she exited an out-of-home care or court-ordered kinship care placement at age 18 or went into court-ordered guardianship or was adopted after the age of 16.

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. A youth may participate in the ETV program prior to high school graduation if he or she has senior standing and is enrolled in a certificate program that is directly connected to employment that can be obtained without a high school diploma, such as a certified nursing assistance.

The ETV funds must be used to help establish, expand, or strengthen post-secondary educational assistance for youths eligible for independent living services. The IL plan developed for each youth eligible for the independent living program must include an education plan. Therefore, the IL plan for a youth eligible for the ETV program should address: a plan for successful completion of secondary education; communication with secondary or postsecondary educational counselors, officials, and support personnel; a plan for completion of required applications, tests, and financial aid forms; a plan for providing support during post-secondary educational or training attendance; and a plan for applying for other financial aid. Youth participation is re-

quired in designing their program activities. In addition, certain requirements, such as maintaining satisfactory progress and other procedural requirements, can be placed on the youths to remain in the program. .

The total amount of ETV and DCF scholarship (described below) expenditures for which a youth is eligible is the lesser of \$4,000 or the total cost of attendance at an institution of higher education.

DCF Scholarship Program. The Department of Children and Families awards scholarships of up to \$4,000 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 a 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 and left the placement at age 18; (b) has been in out-of-home care in Wisconsin for at least six months after the age of 15 and adopted after the age of 16; 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 2011, DCF awarded \$450,500 FED in scholarships to 209 youths. The federal funds are available under the ETV federal grant award. The DCF scholarship program received a total of 357 scholarship applications, of which 302 were ap-

proved, 21 did not meet requirements, 28 were returned as incomplete, and six were denied due to lack of funding. It should be noted that some youths may not have actually attended college, the school may not have submitted an invoice to DCF, or the youth may be receiving other financial aid sufficient to cover expenses. As a result, the number of scholarships provided and those approved differ.

Funding to Support 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 support the costs of providing child welfare and child protective services with a combination of state, federal, and local funding. In 2011, counties and the Bureau of Milwaukee Child Welfare reported spending \$297.9 million for services for children and families. This figure includes local, state, and federal funding.

Children and family aids, formerly part of community aids, is the primary source of state and federal funding to counties for child welfare services, other than services provided in Milwaukee County. DCF also allocates funding to counties and tribes under the kinship care program for children placed in the care of a relative and for whom no foster care payment is 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.

Children and Family Aids. The children and family aids program is comprised of state and federal funds that are distributed by DCF to

counties for the provision of services related to child abuse and neglect and to unborn child abuse, including prevention, investigation, and treatment services. In 2012-13, the total amount of funding budgeted for children and family aids is approximately \$67.1 million.

Counties provide funding to match a portion of the children and family aids allocation, as required under state law. However, most counties provide funding above the match requirement. Counties reported spending \$394.3 million in county tax levy for human services in calendar year 2011. Of this amount, \$87.5 million was reported for abused and neglected children and for children and families.

Children and family aids include a basic allocation, referred to as the children and families allocation (CFA), and one categorical allocation (tribal child care). The CFA includes general purpose revenues (GPR) and federal funding available under Titles IV-E and IV-B (Subpart 1) of the Social Security Act, the social services block grant (SSBG), and the temporary assistance for needy families (TANF) block grant. These federal funding sources are described below. In calendar year 2013, the CFA is budgeted \$66.5 million (all funds), or approximately 99.1% of the total children and family aids funding.

Children and family aids was formerly part the community aids program, which provided federal and state funds that were distributed by the Department of Health and Family Services (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. When the child welfare program was transferred from DHFS to DCF on July 1, 2008, the former community aids funding was divided into two parts: (a) funding distributed to counties by the Department of Health Services (DHS), also

known as community aids; and (b) funding distributed to counties by DCF, now known as children and family aids.

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 2011, Wisconsin received \$111.0 million FED in Title IV-E funding.

Title IV-E funds are distributed to counties through the children and family aids CFA. In 2012-13, \$17.3 million in federal Title IV-E funds are budgeted in the children and family aids CFA. This amount is determined through the state budget process based on the total funding need for community aids and children and family aids and is not allocated to each county based on the number of children in out-of-home care in that county.

Counties, excluding Milwaukee County, may receive additional Title IV-E funds if the state collects more Title IV-E funds than the amounts budgeted for children and family aids and other budgeted commitments. 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 is distributed according to the process specified under s. 48.567 of the statutes. Beginning with calendar year 2008, the state has not received any excess Title IV-E funds.

Of the excess Title IV-E funds distributed to counties, at least 50% must be used to provide prevention 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.

DCF previously indicated that the amount of

Title IV-E matching funds earned by the state had decreased due to: (a) federal policy changes under the federal Deficit Reduction Act (DRA) of 2005; (b) audit practices implemented through the IV-E eligibility review process; and (c) ongoing federal review of state IV-E claiming practices. Although Title IV-E matching funds have increased again during the 2011-13 biennium, with a surplus of Title IV-E funds in calendar year 2011, the state is awaiting the results of issues raised during the federal auditing process. As a result, no additional incentive funds have been distributed to counties since calendar year 2009.

For costs incurred on behalf of children in Milwaukee County, Title IV-E funds are budgeted directly in the DCF 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. The state also 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 programs and the federal amount for both of these programs is based on projected caseloads. In addition, some Title IV-E revenue is distributed to counties through the youth aids program allocation from the Department of Corrections on behalf of children in the juvenile justice system; to the University of Wisconsin through the training partnerships program; and to counties for local operational costs related to the electronic Wisconsin statewide automated child welfare information system (eWiSACWIS), foster parent training, and legal services including support for 8.4 child welfare state-employed assistant district attorneys located throughout the state.

The level of federal funding that DCF 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. The state eligibility unit (SEU) and the Milwaukee eligibility unit (MEU), which are operated by MAXIMUS, Inc., under contracts with DCF, recommend each child's eligibility under Title IV-E, based on information available from counties and tribes and in court documents, which is then reviewed and approved by DCF staff. The current contracts with MAXIMUS began January 1, 2011, and are for a period of six years.

Once a child is determined initially eligible, Title IV-E eligibility, except for the AFDC eligibility standard described below, must be redetermined annually for the child over the duration of the out-of-home care episode from removal to discharge from out-of-home care. If a child is determined not eligible, then the child is not IV-E eligible for the duration of the out-of-home care episode. A new IV-E eligibility determination must be conducted if the child reenters out-of-home care after being discharged from another out-of-home care placement.

Except for special needs adoptions, Title IV-E eligibility criteria include meeting certain financial requirements that were in effect in July of 1996 under the former AFDC program. The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 eliminates the AFDC requirement for special needs adoptions over an eight-year period, beginning October 1, 2010, with older children and those who have spent at least 60 consecutive months in care, and their siblings, being eligible first. Once fully phased in, IV-E eligibility for adoption assistance will be based solely on children meeting special needs criteria and having the required court findings made.

Title IV-E eligibility also requires that the child welfare agency: (a) has placement based on a voluntary placement agreement signed by the child's parents or legal guardians and the child

welfare agency or based on a judicial determination that remaining in the home would be contrary to the child's welfare; and (b) has obtained a judicial finding within 60 days of the child's removal, if the child entered out-of-home care through a court order, that reasonable efforts were made to prevent the removal of the child from the home or to return the child to his or her home. Finally, to be IV-E eligible, the child must have been removed from the home.

The IV-E penetration 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 statewide. Federal regulations define who is included in each of these categories. As of September of 2012, approximately 51.7% of children in out-of-home care were IV-E eligible.

IV-E Reimbursability. Title IV-E reimbursement is provided to fund 50% of the costs of administration and placement services and up to 75% of certain training costs. Maintenance payments intended to cover the costs of food, shelter, clothing, daily supervision, school supplies, personal 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 60%. Title IV-E reimbursement is not provided for children who receive SSI benefits.

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 and care, complying with Title IV-E case requirements, and the placement being in a licensed foster home, group home, RCC, or with a subsidized guardian. Trial reunifications are also eligible for IV-E reimbursement for a period of six months.

The claim for reimbursement under Title IV-E is based on information reported by counties,

tribes, and BMCW. Placement costs are reported through eWiSACWIS and administrative activities are determined through a random moment time study. The random moment time study involves DCF or a contracted staff worker calling county child welfare caseworkers to determine if the caseworker's current activity is eligible for reimbursement under Title IV-E. From this quarterly time study, DCF can determine the percentage of time caseworkers spend on IV-E eligible activities, which is the basis for the state's claim for federal reimbursement of administrative costs.

Title IV-B, Subpart 1. Federal funding available under Title IV-B, Subpart 1 of the Social Security Act is allocated to states as a sum-certain allocation to promote flexibility in the development and expansion of a coordinated child and family services program that uses community-based agencies and attempts to ensure that all children are raised in safe, loving families. Funding may be used to: (a) protect and promote the welfare of all children; (b) prevent the neglect, abuse, or exploitation of children; (c) support at-risk families through services that allow children, where appropriate, to remain safely with their families or return to their families in a timely manner; (d) promote the safety, permanence, and well-being of children in foster care and adoptive families; and (e) provide training, professional development, and support to ensure a well-qualified child welfare workforce. 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. The FFY 2011-12 child and family services state plan notes that Wisconsin does not use Title IV-B, Subpart 1 funding for foster care maintenance payments.

In FFY 2011-12, Wisconsin received approximately \$5.1 million FED under Title IV-B, Subpart 1. Of this amount, DCF distributed approximately \$3.1 million to counties as part of the

children and family aids basic county allocation and \$0.2 million to tribes in calendar year 2012. The Department of Corrections distributed approximately \$0.9 million to counties under the youth aids program and DCF allocated \$0.4 million to the runaway program and retained approximately \$0.5 million to support other child welfare programs and state administrative costs.

TANF. Counties, other than Milwaukee County, and most tribes are reimbursed for the costs of kinship care payments separately from children and family aids. In Milwaukee County, DCF makes kinship care payments to eligible relatives. Kinship care payments are funded with federal temporary assistance for needy families (TANF) block grant funds.

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

The kinship care program 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.

With the transition to the levels of care foster care licensing system, court-ordered kinship care parents are required to apply to become licensed foster care parents. As kinship care parents convert to licensed foster care parents, children and family aids will fund the licensed foster care providers, rather than TANF. TANF continues to fund these placements until the placement converts to a licensed foster care placement and to

fund those that do not convert to a licensed foster care placement.

Title IV-B, Subpart 2 - Promoting Safe and Stable Families. Funding available under Title IV-B, Subpart 2 is intended to promote safe and stable families through family preservation, family support services, family reunification, and adoption promotion and support services. The federal Department of Health and Human Services (DHHS) allocates funding to states based on each state's relative share of children whose families receive supplemental nutrition assistance. Each state must meet a 25% match requirement.

In FFY 2011-12, Wisconsin received \$5,196,700 in Title IV-B, Subpart 2 funding. States are required to allocate at least 20% of their Title IV-B, Subpart 2 funding to each of the four categories of activities: family preservation, family support, family reunification, and adoption promotion and support. These categories are defined in Appendix A under the "Family Preservation and Support Services Program." In addition, Wisconsin received \$328,300 in Title IV-B, Subpart 2 monthly caseworker funds, which were used to provide training activities for county workers.

DCF allocates Title IV-B, Subpart 2 funds to counties for family preservation, family support, and family reunification activities. Attachment 4 to this paper identifies the Title IV-B, Subpart 2 allocations to counties in 2013. In addition, a portion of the federal allocation is budgeted for the state special needs adoption program, state administrative costs, BMCW network services, and training and technical assistance.

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 out-of-home care. The independent living program is described above.

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 2011-12, Wisconsin received \$2,149,600 in independent living funds.

In addition to independent living funds, federal funding is also provided to help youths transition to self-sufficiency through the education and training voucher program. Wisconsin received \$716,800 FED in 2011-12 in ETV funds for distribution to counties, tribes, and BMCW and for the DCF scholarship program.

Adoption Incentive Funds. States may receive adoption incentive payments if the number of children adopted from the child welfare system increases from FFY 2007. For each additional adoption, the state receives a payment of \$4,000. If the child meets the criteria for special needs and is under age nine, the state receives an additional \$4,000 payment; if the child is age nine or older, the state receives an additional \$8,000 payment. In addition, if a state has its highest ever foster child adoption rate, the state receives \$1,000 for each child above the number of children calculated using the former highest child adoption rate.

Wisconsin received \$135,000 in FFY 2012 in adoption incentive payments based on the increase in the number of adoptions in FFY 2011 that exceeded those in FFY 2007. Wisconsin is not eligible for these funds based on the number of adoptions in FFY 2012.

Social Services Block Grant (SSBG). The federal social services block grant is distributed to states on the basis of population to provide services directed toward at least one of five goals: (a) to achieve or maintain economic self-support to prevent, reduce, or eliminate dependency; (b) to achieve or maintain self-sufficiency,

including reduction or prevention of dependency; (c) to prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests or to preserve, rehabilitate, or reunite families; (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 or to provide services to individuals in institutions. States may transfer up to 10% of their allotment for any fiscal year to the preventive health and health services, the alcohol, drug abuse, and mental health services, the maternal and child health services, and the low-income home energy assistance block grants. States can also use funds for staff training, administration, planning, evaluation, and purchasing technical assistance in developing, 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; or (h) wages to individuals as a social service, except wages of welfare recipients employed in child day care.

In 2011-12, \$31,024,600 in federal SSBG funds was budgeted in DHS, of which \$4,337,100 was transferred to DCF to support the children and family aids CFA and \$2,321,500 was budgeted for state operations in DCF.

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, 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. Medical assistance payments for these services are referred to as "targeted case management" (TCM) funds. Under the federal Deficit Reduction Act of 2005 (DRA), TCM funds are no longer available for child welfare activities, beginning in 2009. However, Congress imposed a moratorium on implementation of this regulation regarding TCM funds. DHS will continue to claim TCM funds until the moratorium is lifted. TCM funds in the amount of \$16.3 million were claimed and received by DCF in 2011-12.

Of this amount, \$9.3 million was budgeted under 2011 Act 32 for the child welfare program to: (a) pay the SEU contract expenses (\$0.9 million); (b) support DCF staff for child welfare provider rate regulation (\$0.3 million); (c) support the program improvement plan (\$1.9 million); and (d) provide additional funds to counties through the children and family aids allocation (\$6.2 million). In addition, DHS was allocated \$0.5 million for its administrative costs and for the Office of Blind and Visually Impaired. Finally, \$3.4 million was obligated and lapsed to the general fund as part of the 2010-11 income augmentation plan. DCF has requested the remaining funds be lapsed to the general fund as well to meet its lapse obligations under Act 32. This request has been submitted to, but not approved by, the Joint Committee on Finance.

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 the community integration program, the Family Care program, and SSI. Additional information on these programs can be found in two other information papers prepared by the Legislative Fiscal Bureau -- "Medical Assistance, BadgerCare Plus,

SeniorCare, and Related Programs," and "Supplemental Security Income."

Bureau of Milwaukee Child Welfare

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 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 DCF, and how these services are funded.

ACLU Lawsuit. On June 1, 1993, the American Civil Liberties Union (ACLU) and Children's Rights Project (now Children's Rights, Inc.) filed an action in Federal District Court for the Eastern District of Wisconsin on behalf 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 former Department of Health and Social Services 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 (as the Department of Health and Social Services was renamed the Department of Health and Family Services) to submit a proposal to the Legislature by April 1, 1996, that 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 sites in Milwaukee County, beginning January 1, 1998. These sites were combined to three regions in 2006, and as of September, 2012, have been combined to two regions. By the end of 2013, there will be only one location.

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 of 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 and also that, for many of the plaintiffs' allegations, the federal law under which the lawsuit was filed does not create privately enforceable rights. Pri-

vately 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 out-of-home 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 three-year settlement agreement on September 2, 2002, effectively closing the case, although the state is subject to arbitration or court intervention if non-compliance issues arise. The settlement required DHFS to attain specified outcomes on or before January 1, 2006, for permanence, 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 required BMCW to negotiate in good faith as soon as practicable with the Milwaukee County District Attorney to ensure adequate legal representation for the prosecution of 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 had 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 in care. The percentages increased to 75% by January 1, 2005, and to 90% by January 1, 2006.

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 have been 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.

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 were allowed to 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 were 40%, 35%, and 25% respectively.

The settlement agreement also required that, in 2004, 65% of children who were reunified with their parents be reunified within 12 months of entering out-of-home care. This percentage increased to 71% in 2005.

In addition, the settlement agreement required that by January 1, 2004, at least 20% of children for whom an adoption is finalized must have exited BMCW out-of-home care within 24 months after their removal from their homes. This percentage increased to 25% by January 1, 2005, and 30% by January 1, 2006.

Safety. The settlement agreement required that by January 1, 2004, no more than 0.70% of children in out-of-home care would be victims of substantiated abuse or neglect allegations by a foster parent or staff of a licensed facility. The percentages fell to 0.65% by January 1, 2005, and 0.60% by January 1, 2006.

Independent Investigations. By January 1, 2004, at least 80% of the allegations of abuse or

neglect by foster parents or staff of a licensed facility must have been: (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 had to have been made within 60 days of the receipt of the referral to the independent investigation agency for 80% of these cases. The percentages increased to 85% by January 1, 2005, and 90% by January 1, 2006.

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

Under the settlement, the caseloads of ongoing caseworkers may not exceed an average of 11 family cases per case-carrying caseworker 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 caseworker contracts if the caseworkers do not meet 90% compliance with monthly face-to-face visits with the children in BMCW's custody.

Under the settlement, no children may be placed in a shelter care facility after December 31, 2003. By December 31, 2003, the settlement required 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 care placements were not used after December 31, 2003, and diagnostic/assessment centers were implemented.

By January 1, 2004, at least 80% of children were required to have three or fewer placements after January 1, 1999, during their current episode in BMCW custody. By January 1, 2005, the

required percentage increased to 82% and by January 1, 2006, to 90%.

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.

Performance of BMCW. Attachment 5 provides a complete overview of the performance of BMCW on each of the settlement agreement factors during each of the three one-year periods.

The measurement methodology for the first permanency standard (that children in out-of-home care for 15 of the past 22 months have a termination of parental rights filed on their behalf) was changed in 2005 in response to a report by the Legislative Audit Bureau. Although it appears as though BMCW performed dramatically worse on this measure in comparing Period 3 to Period 2 (29% of children in Period 3 versus 88.2% of children in Period 2), the way in which this performance standard was measured changed, thus explaining the difference. The reports document that BMCW was in compliance with this standard through Period 2; however, under the new methodology, it is likely that BMCW would not have been in compliance during any of the periods.

Ongoing Monitoring. Based on the settlement agreement, BMCW is no longer subject to enforcement for the standards that were met at the end of the three-year period and were in compliance for the most recent two consecutive six-month intervals. As shown in Attachment 5 from Period 3, four of the standards that were not met in 2005 were: (a) at least 90% of children who were in out-of-home care for 15 of the past 22 months have a termination of parental rights petition filed on their behalf; (b) at least 30% of children who had adoptions finalized be adopted within 24 months; (c) no more than 0.60% of children have abuse or neglect allegations by a

foster parent or staff member in a facility requiring licensing; and (d) at least 90% of children in out-of-home care have three or fewer placements. In addition, BMCW did not meet the standard for two consecutive six-month intervals that 71% of children who were reunified with their parents be reunified within 12 months of entering out-of-home care. BMCW continued to report on the progress of these five standards that had not been met.

Of these five remaining standards, BMCW has met and has been released from enforcement of the following four standards: (a) at least 30% of children who had adoptions finalized be adopted within 24 months (met the standard in 2007); (b) at least 90% of children who were in out-of-home care for 15 of the past 22 months have a termination of parental rights petition filed on their behalf (met the standard in 2008); (c) no more than 0.60% of children have abuse or neglect allegations by a foster parent or staff member in a facility requiring licensing (met the standard in 2008); and (d) at least 71% of children who enter into out-of-home care be reunified with their families within 12 months (met the standard in 2011).

For the remaining standard, a progress report for the first six months of 2012 indicates that it has not yet been met. The settlement required that at least 90% of children in out-of-home care have three or fewer placements, and 82% did. This standard will continue to be monitored.

Oversight and Administration of BMCW. Child welfare services are provided by BMCW in the DCF Division of Safety and Permanence. Services are provided from a central administrative site located in the City of Milwaukee and from two service-delivery offices.

Management and Administration. BMCW is authorized 175.7 positions to administer child welfare services in Milwaukee County. In addition, DCF has 4.0 positions (1.0 section chief and

3.0 child protective service managers) in the Office of Performance and Quality Assurance's Bureau of Performance Management, Performance Review and Evaluation Section that maintain and report program data regarding the settlement agreement and corrective action plan, as well as conduct a secondary level review of any critical incidents due to maltreatment and neglect. DCF also contracts with private vendors for over 520 staff who provide services to families in the child welfare system.

Management staff in BMCW consists of a director, a deputy director, three section chiefs (administrative section chief; access and initial assessment section chief; and training and quality improvement section chief), and four managers, each managing four or five supervisory teams. The Bureau 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.

Milwaukee Child Welfare Partnership Council. 1995 Wisconsin Act 303 established the Milwaukee Child Welfare Partnership Council as a body to make recommendations to DHFS (now DCF) and the Legislature regarding child welfare services in Milwaukee County. 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) 10 state residents, no fewer 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 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.

With regard to child welfare services in Milwaukee County, the Council is required to make and submit recommendations to DCF annually 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.

The Council must hold at least one public hearing each year at which it must encourage public participation and solicit public input regarding the child welfare system in Milwaukee County. The Council must also advise DCF in planning, and provide technical assistance and capacity-building to support, a neighborhood-based system for the delivery of child welfare services in Milwaukee County.

DCF must prepare a response to the recommendations submitted by the Council within 60 days of receiving the Council's report. DCF must transmit the Council's report and DCF's response to the Governor and to the appropriate standing committees of the Legislature.

In addition to the executive committee, the Council has the following three subcommittees: (a) out-of-home care; (b) critical incident review;

and (c) health and education. Further, ad hoc committees may be formed for specific purposes. The subcommittees meet as necessary. The full Council meets every other month.

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 8 compares the two systems.

Attachment 6 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.

Access Unit. The access unit receives all incoming reports of possible child abuse or neglect. The unit of 15 state-employed social workers, three state-employed supervisors, and one state-employed manager located at the central administrative site, receives intake referrals and gathers information from the referral source to determine if there is a reasonable belief to suspect possible child maltreatment and to decide the urgency of the referral. Referrals screened into the system by the access unit are either referred to the initial assessment unit for further assessment, or are referred to Community Impact Programs, the agency that performs independent assessments 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.

From January through June of 2012, the access unit received an average of 3,815 calls per month, with an average of 1,342 calls per month specific to a child abuse and neglect referral. Of these referrals, on average, the access unit screened 697 per month into the system for further assessment. The remaining referrals were screened out for various reasons, including referrals that did not meet the statutory criteria for child abuse and neglect.

Staff is employed at the access unit from 7:00 am until 1:00 am, with the first shift available to receive calls from 8:00 am until 4:30 pm and the crisis response team available to receive calls from 4:30 pm until 12:30 am. If all of the access lines are in use during these times, the calls are forwarded to an outside vendor (New Orleans Teleport) that, after documenting basic information, sends the information to the access unit. The access supervisor then assigns the call to an access worker who returns the call and collects additional information.

Between 12:30 am and 8:00 am Monday through Friday and on Saturday, Sunday, and holidays, BMCW contracts with New Orleans Teleport to receive calls. The vendor shares the

Table 8: 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	DCF, Bureau of Milwaukee Child Welfare
Funding Sources	Community Aids, Independent Living funds, Title IV-B (2) funds, county funds	GPR and federal funds (including Title IV-E, Independent Living, Title IV-B (2) funds), Milwaukee County's contribution, TANF, targeted case management funds
Adoption Unit	Special Needs Adoption Program (state)	Adoption unit in BMCW

information gathered from the referral source with an on-call state-employed social worker, who then consults with the on-call state-employed manager or supervisor. Together, they determine whether the referral is an emergency and requires an immediate response or can be addressed the following business day. During Monday through Thursday, there is one supervisor and two access/initial assessment social workers, to respond to urgent calls. On the weekends and holidays a rotation is used so that one supervisor and four access/initial assessment social workers are on-call for each weekend/holiday shift. Each shift is 12 hours. The supervisors and intake/initial assessment social workers are on call on a rotating basis.

Family Intervention Support and Services (FISS). BMCW provides services when a parent, rather than the state or county, seeks a petition for the court to assume authority for an adolescent under CHIPS criteria. These are referred to as *pro se* petitions. These situations involve adolescents who are considered uncontrollable by their parents, including adolescents who are habitual truants, are habitual runaways, or engage in similar noncompliant behavior. The legislation enacting the transfer of child welfare services to DHFS did not specify that BMCW would provide access services for these cases. However, the Milwaukee County Children's Court found the statutory language unclear regarding responsibility for these adolescents and ordered BMCW to provide intake services.

The FISS program is designed to assess and provide services to these families who are experiencing difficulties with their adolescent children. As of July 1, 2012, the FISS program is administered by the Milwaukee County Behavioral Division, which provides the access and assessment portion of the program. The access and assessment portion is designed to assess adolescents who are experiencing behavioral problems, truancy issues, school or academic related problems, runaway behavior, and parent/child conflicts. Di-

rect services are not provided in the access and assessment portion of the FISS program.

Based on the assessment, and the family's identified level of need, the family and adolescent may: (a) receive services from general community resources; (b) return to Milwaukee County Children's Court for additional pre-CHIPS or pre-delinquent services; (c) be referred to BMCW for additional services; or (d) be referred to the on-going FISS services unit administered by the Milwaukee County Behavioral Health Division. Between January and June of 2012, the FISS services unit, on average, received 17 referrals per month, had 15 families complete services each month, and had 41 cases open at the end of each month.

Initial Assessment Unit. Each of the service-delivery regions has a unit of state-employed staff who conduct initial assessments on families that are the subject of a child abuse or neglect referral. Each service-delivery area has from 25 to 36 state-employed social workers and up to five state-employed supervisors to make these determinations. Two supervisors are responsible for up to 10 new staff in training, as these staff members complete the required three-month regimen of course and field work in preparation for assuming an initial assessment case load.

These units, which receive referrals from the access unit, are responsible for determining: (a) if child abuse or neglect has already occurred, who did it, and the extent and the severity of the abuse or neglect if it has occurred; (b) the level of impending danger to a child in the family of future abuse or neglect; and (c) the types of services to be included in a safety plan for a child 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 determines that a child is not safe and is at risk of further abuse or neglect, the case is opened and staff determines whether the child can remain at home if the family receives intensive in-home services, or if the child needs to be removed and placed in out-of-home care. Otherwise, if staff determines the child is safe, the case is closed. Referrals may be made for community services. Cases with children removed and placed in out-of-home care are referred to one of two agencies for ongoing case management. Between January and June of 2012, the initial assessment unit closed 3,233 cases and referred 210 cases for ongoing services.

Intensive In-Home Services. Intensive in-home services (formerly known as safety services) are available to families where threats to child safety have been identified, but the initial assessment unit has determined that the child can remain at home safely if appropriate services are provided to the family. Families receive intensive in-home services until parents can demonstrate sufficient protective behaviors and threats to child safety are significantly reduced or eliminated.

DCF contracts with private agencies for intensive in-home service delivery. These agencies are responsible for developing a network of providers that provide the services identified in each family's safety and change plan. The agencies assign each referral from the initial assessment unit to an intensive in-home case 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 intensive in-home case 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, 2012, the two intensive in-home vendors are: (a) Children's Hospital of Wisconsin-Community Services; and (b) Integrated Family Services. These vendors will continue to provide intensive in-home services in 2013.

Intensive in-home services may 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 screening and treatment services; (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 situations based on the safety plan and needs.

Between January and June of 2012, the intensive in-home services program received 278 referrals from the initial assessment unit, and, on average, 46 new cases were opened each month. In 2011, 551 families received intensive in-home services. In 2011, the average cost for intensive in-home services purchased by a vendor was \$210 per family, not including any services billed to MA. This amount does not include the cost for in-house, agency-provided services. The average period during which the family received intensive in-home services in 2011 was 124 days. From January through June of 2012, 449 families received intensive in-home services.

Ongoing Services. DCF contracts with vendors to serve as lead agencies in a county-wide approach to providing ongoing services. The contract includes funds for case management, ongoing services, and administration. The ongoing case management vendors, as of January 1, 2012, are Children's Hospital of Wisconsin-Community Services and Integrated Family Services. Ongoing case management is defined as family-centered assessment, case planning, service procurement, coordination and monitoring, court appearances, adoptions, and other necessary services for children in out-of-home care, children at home under court supervision, and their families. Successful ongoing case management ensures the identification and implementation of services and evaluation of family outcomes that bring a child to a safe and supportive permanent home through timely reunification, adoption, or

guardianship.

Each contracted agency is responsible for ongoing services cases until the case is closed. A case closes when the child is successfully reunified with the family, a transfer of guardianship is made and the CHIPS case is dismissed by the court, or when there has been a termination of parental rights and subsequent adoption is expected to occur. Contracted agencies are responsible for providing case management services, including the provision of ongoing services necessary to achieve the objectives of the permanency plan. In addition, contracted agencies are responsible for ensuring a child's safety while in out-of-home care, as well as assuming responsibility for providing 12 months of post-reunification services to all reunified families.

Case Management Services. Case management services are provided for ongoing cases of children in out-of-home care and their families. The contract agencies are required to provide enough case managers such that there is one staff member for every 15 children. In addition, the agencies must ensure that there is one supervisor for every six staff members. Ongoing case management services include the following:

- Continually re-assessing threats to child safety and when a child is found unsafe, determining the level of intervention required to control and manage those threats, including the need for an in-home safety plan, out-of-home safety plan, or a safety plan that combines in-home and out-of-home options;
- Conducting a family assessment and developing a case plan to reduce the threats to child safety and enhance the protective capacities of the parents and caregivers so that the family can assure child safety without CPS intervention;
- Assisting the family by engaging parents and caregivers in a process to reduce safety and risk concerns with the family, including, at a

minimum, monthly face-to-face contact with all children in out-of-home care;

- Developing and implementing a plan to work toward reunification with the family or placement in another home environment; and
- Preparing all necessary documentation for safety assessment, permanency plan reviews, extensions of out-of-home care placement, court reports for transfer of guardianship, or termination of parental rights cases.

Ongoing Services. Ongoing services are provided to children and their families when a child is found to be unsafe and the threats to child safety cannot be fully managed by family members or informal supports. The primary role of ongoing services is to support families in achieving safety and permanence for their children, which includes: (a) evaluating the existing safety plan developed during the initial assessment; (b) managing and assuring child safety through continuous assessment, oversight, and adjustment of safety plans that are effective in assuring child safety and are the least intrusive to the family; (c) engaging families in a case planning process that will identify services and both formal and informal supports to address threats to child safety by enhancing parent and caregiver protective capacities; and (d) measuring progress related to enhancing parent and caregiver protective capacities and eliminating safety-related issues.

Services that may be used to support families during ongoing 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; (f) transportation; and (g) youth-related activities and mentoring programs.

Between January and June of 2012, an average of 1,343 families received ongoing services

each month. In 2011, 2,548 families received ongoing services and, for the period beginning January 1 through June 30, 2012, 1,706 separate families had received these services.

Contract Provisions. Under the terms of the 2012 contract, DCF reimburses the lead agencies on a per-case rate based on the number of open cases at the end of the month. DCF may change the referral ratio of a contractor that fails to meet determined performance expectations. Terms of the 2012 contract state that if the contractor creates out-of-home care overpayments greater than the established baseline, the difference must be returned to the state.

Out-of-Home Care Placement Costs. Between January and June of 2012, an average of 2,190 children were in out-of-home care each month. Children removed from their homes can be placed in foster homes, group homes, RCCs, or with relatives. The out-of-home care budget for 2012-13 is approximately \$47.7 million for the wraparound program (Wraparound Milwaukee, which provides services for families and children with serious mental health needs), temporary care, foster care, group homes, and RCCs. In 2012-13, kinship care benefits in Milwaukee County are budgeted at approximately \$9.6 million and kinship care assessments are budgeted at \$0.6 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).

Placement Referral Unit. BMCW contracts with Professional Services Group, Inc. to provide out-of-home care placement referral services. These services include: (a) referring children and families to an appropriate child placing agency (CPA) for out-of-home care placement; (b) referring families to an appropriate CPA for intensive in-home services; (c) identification and placement authorization for assessment center placement; (d) identification of appropriate placement

resources in RCCs, group homes, and level three to five foster homes; (e) completing background checks on relatives being considered as a placement resource; (f) providing placement referral services 24 hours per day, seven days per week, and 365 days per year; and (g) implementing family finding software searches to provide names and addresses of potential relatives.

Staff includes one administrator, one program manager, two supervisors, and 11 placement specialists.

Between January and June of 2012, there were an average of 601 active foster homes in Milwaukee County. During the same period, 99 homes were newly licensed and 111 foster homes were closed.

Adoption Placement Unit. BMCW contracts with Integrated Family Services and Children's Hospital of Wisconsin-Community Services to provide special needs adoption placement and case management services as part of the ongoing case management contract. Child cases continue to be maintained by the ongoing case manager through the adoption finalization process. Special needs adoption case management services include concurrent planning, recruitment of potential adoptive families, home studies and assessments of potential adoptive families, background checks, licensure of potential foster care providers with approval to adopt; provision and management of 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 family during the adoption finalization period. In addition, the agency submits a completed adoption assistance packet, for review and approval, for the payment of adoption assistance for eligible children. This contract is combined with the contract under the out-of-home care placement unit described above, and the employees for adoption placement are included in the totals above.

From January through June of 2012, there were 159 TPR petitions filed, 129 TPRs granted, and 115 adoptions finalized in Milwaukee County. In 2011, there were 310 TPR petitions filed, 247 TPRs granted, and 273 adoptions finalized.

Contract Monitoring and Performance Measurement. Quality assurance is provided by seven program evaluation managers (PEMs), one program manager, and two fiscal PEMs who report to their section chiefs, who, in turn, report to the Director and Deputy Director of BMCW.

The PEMs are responsible for: (a) monitoring the implementation of management policies for all BMCW programs; (b) reviewing work of child welfare staff, including private agency and state-employed access and initial assessment social workers; (c) evaluating program performance and recommending remedial action when required; (d) monitoring child welfare services with local agencies and courts; (e) monitoring compliance with state and federal laws, 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. One program and one fiscal PEM are assigned to each contract and program area. PEMs work as a team with BMCW management to address issues and develop work products.

DCF's Bureau of Performance Management, Performance Review and Evaluation Section assists in the responsibilities of the PEMs and also maintains and reports data related to the settlement agreement and the corrective action plan. In addition, they conduct secondary reviews of any critical incidents due to maltreatment or neglect.

Funding for BMCW. Table 9 identifies funding budgeted in 2011 Wisconsin Act 32 to DCF to administer child welfare services in Milwaukee County in the 2011-13 biennium. State revenues,

federal revenues (FED), and TANF are identified in the table. State revenues consist of general purpose revenue (GPR) and estimates of the amount of third-party revenue received for children in out-of-home care. Federal revenues reflect funding received under Title IV-E. In 2012-13, DCF is allocated approximately \$3.5 million program revenue (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 eWiSACWIS, rent, training, supplies and services, and other expenditures. Aids funding supports placement costs, service costs, and vendor contracts for case management and ongoing services, adoption and out-of-home care placement services, TPR-related services, independent investigations, prevention services, and other child welfare services.

County Contribution. Milwaukee County's annual contribution 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 provided under programs that have since been repealed (approximately \$10.4 million).

Milwaukee County is required to provide \$58,893,500 annually to DCF for the costs of providing child welfare services in Milwaukee County. 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 distributed as the basic county allocation under community aids (now distributed by both DCF and DHS as the CFA for children and family aids and the BCA for community aids); (b) through a reduction of \$1,583,000 from

Table 9: Milwaukee Child Welfare Funding Summary, 2011-13 Biennium

	2011-12				2012-13			
	State Revenue*	FED	TANF	Total	State Revenue*	FED	TANF	Total
Placement Costs								
Foster Care	\$4,694,000	\$1,152,000	\$0	\$5,846,000	\$4,696,100	\$1,149,900	\$0	\$5,846,000
Treatment Foster Care**	13,371,200	3,490,500	0	16,861,700	13,512,900	3,518,600	0	17,031,500
RCCs	8,027,400	137,300	0	8,164,700	8,108,000	138,400	0	8,246,400
Group Homes	8,221,900	2,168,800	0	10,390,700	8,308,700	2,186,200	0	10,494,900
Receiving and Assessment Homes	<u>1,429,200</u>	<u>440,500</u>	<u>0</u>	<u>1,869,700</u>	<u>1,430,100</u>	<u>439,600</u>	<u>0</u>	<u>1,869,700</u>
Subtotal	\$35,743,700	\$7,389,100	\$0	\$43,132,800	\$36,055,800	\$7,432,700	\$0	\$43,488,500
Service Costs								
Wraparound Services	9,682,300	\$662,300	\$0	\$10,344,600	\$9,683,600	\$661,000	\$0	\$10,344,600
Safety Services	<u>0</u>	<u>0</u>	<u>5,924,000</u>	<u>5,924,000</u>	<u>0</u>	<u>0</u>	<u>5,924,000</u>	<u>5,924,000</u>
Subtotal	\$9,682,300	\$662,300	\$5,924,000	\$16,268,600	\$9,683,600	\$661,000	\$5,924,000	\$16,268,600
Vendor Costs								
Case Management Contract	\$27,037,500	\$2,137,300	\$426,300	\$29,601,100	\$27,037,500	\$2,137,300	\$426,300	\$29,601,100
Out-of-Home Placement Unit	4,738,800	561,200	0	5,300,000	4,738,800	561,200	0	5,300,000
Foster Care Training and Recruitment	717,900	85,100	0	803,000	717,900	85,100	0	803,000
Adoption Unit and Recruitment	1,962,400	1,391,600	0	3,354,000	1,962,400	1,391,600	0	3,354,000
TPR Contracts	224,700	159,400	0	384,100	224,700	159,400	0	384,100
Permanency Planning Reviews	650,000	0	0	650,000	650,000	0	0	650,000
Psychological Evaluations	81,100	0	0	81,100	81,100	0	0	81,100
UW-Milwaukee Social Work	222,400	0	0	222,400	222,400	0	0	222,400
Milwaukee DA Supplement	233,600	0	0	233,600	233,600	0	0	233,600
Training Partnership Supplement	369,200	0	0	369,200	369,200	0	0	369,200
FISS Unit	220,400	0	0	220,400	220,400	0	0	220,400
Independent Investigations	300,000	0	0	300,000	300,000	0	0	300,000
Prevention Services Contract	0	0	1,489,600	1,489,600	0	0	1,489,600	1,489,600
Domestic Violence Education	365,000	0	0	365,000	365,000	0	0	365,000
Kinship Care Payment Unit	315,400	0	0	315,400	315,400	0	0	315,400
Trust Fund Accounting Unit	113,100	13,400	0	126,500	113,100	13,400	0	126,500
EDS Child Hospital	30,000	0	0	30,000	30,000	0	0	30,000
Ombudsman	287,600	0	0	287,600	287,600	0	0	287,600
Permanency Counselor	67,000	0	0	67,000	67,000	0	0	67,000
Foster Parent Crisis Intervention	692,000	0	0	692,000	692,000	0	0	692,000
CART Facilitator	<u>60,000</u>	<u>0</u>	<u>0</u>	<u>60,000</u>	<u>60,000</u>	<u>0</u>	<u>0</u>	<u>60,000</u>
Subtotal	\$38,688,100	\$4,348,000	\$1,915,900	\$44,952,000	\$38,688,100	\$4,348,000	\$1,915,900	\$44,952,000
Total Aids Funding	\$84,114,100	\$12,399,400	\$7,839,900	\$104,353,400	\$84,427,600	\$12,441,600	\$7,839,900	\$104,709,100
Total Operations Funding	\$15,258,000	\$2,426,700	\$0	\$17,684,700	\$15,258,000	\$2,426,700	\$0	\$17,684,700
Grand Total	\$99,372,100	\$14,826,100	\$7,839,900	\$122,038,100	\$99,685,600	\$14,868,300	\$7,839,900	\$122,393,800

*Includes GPR funding, third-party collections, MA targeted case management and other match revenues, and Milwaukee County's contribution.

**Treatment foster care is being phased-out with implementation of the levels of care foster care licensing system. However, expenditures budgeted under Act 32 are based on foster care and treatment foster care costs, rather than the five levels of foster care.

the substance abuse prevention and treatment block grant that DHFS (now DHS) 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 or children and family aids.

eWiSACWIS

The electronic Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS) is the state 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 consistent information on children served by child welfare systems. Using enhanced federal matching funds available from the federal Department of Health and Human Services, eWiSACWIS 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) collect and electronically report data required under DHHS regulations; (b) interface with state child abuse and neglect data collection systems and TANF 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. The eWiSACWIS system was fully implemented statewide in July, 2004.

Federal regulations require states that received 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, family preservation and support 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 TANF, MA, child support enforcement, and the national child abuse and neglect data system (NCANDS);
- Provide for automated data collection on all children in out-of-home care under the responsibility of the state or funded by the state (or counties);

- 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 out-of-home care, adoption assistance, and independent living programs and to meet case management requirements for these programs;

- Monitor case plan development, payment authorization and issuance, and review and management including eligibility determinations and redeterminations; 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, 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. The reimbursement for ongoing operating costs is determined based on cost allocation procedures. In 2012-13, the net Title IV-E share of eWiSACWIS operating costs amounted to 26.0%.

DCF contracted with American Management System in February of 1999 to design eWiSACWIS and implement it first in Milwaukee County and later statewide. eWiSACWIS was completely implemented in Milwaukee County by January of 2001, and in all other counties by July, of 2004.

The ongoing operations costs are supported with federal, state, and county funds. Counties are charged a fee for a portion of the non-federal share of ongoing operations costs (approximately 13% of the non-federal share). The remaining portion of the non-federal share of these costs is supported with state funds.

In 2012-13, \$7.5 million is budgeted for ongoing eWiSACWIS costs. Of this total funding, 16% is supported with federal TANF funds, 26% is from federal Title IV-E funds, 8% is supported with payments from counties, and the remaining funding (50%) is state funds.

Federal Reviews

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.

Title IV-E Review. In March of 2002, DHHS conducted a state Title IV-E program review in Wisconsin to determine if the state was properly claiming federal funding. 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.

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. 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 emphasizing the format and timing of events that are required under state and federal laws; and

(d) upgrading eWiSACWIS to more easily identify requirements and deadlines for Title IV-E eligibility and reimbursement.

DHHS performed a second review in May, 2005. After reviewing 150 cases, DHHS found one case to be in error for part of the review period, resulting in a case error rate of 0.67%. Wisconsin was found to be in substantial compliance with Title IV-E, as neither the case error rate nor the dollar error rate exceeded 10%.

DHHS performed a third review in August, 2008. After reviewing 80 cases, DHHS found no error cases. Wisconsin was found to be in substantial compliance with Title IV-E.

A fourth review was conducted in August, 2011. After reviewing 80 cases, DHHS determined that all 80 cases met Title IV-E eligibility requirements. Wisconsin was again found to be in substantial compliance. The next review should occur in 2014.

Child and Family Services Review. In August of 2003, DHHS conducted a comprehensive review of Wisconsin's child welfare program. This federal child and family services review (CFSR) 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 federal requirements.

The 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 10.

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)

Table 10: 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

Systemic 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

focus 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 federal staff and peer reviewers from other states. 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 and caseworkers, 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 Attachment 7 to this paper. The state received its CFSR findings from DHHS in January of 2004, and was given 90 days to produce a statewide program enhancement plan (PEP) in response.

The PEP established measurable goals for improving child welfare program outcomes and systemic aspects of program capacity to deliver services statewide. The state was required to implement the action steps in the PEP over a two-year period and show progress toward meeting 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. Wisconsin's PEP was found to be successful.

However, DHHS conducted a second CFSR

in April, 2010, which included 65 cases in Milwaukee, La Crosse, Columbia, and Sauk Counties to assess the extent of the system improvements, as agreed upon in the PEP. The process was similar to the first CFSR.

Overall, DHHS determined that Wisconsin was not in substantial conformance with all seven outcome factors and with three of the seven systemic factors. The results of the review are also detailed in Attachment 7. The state received its CFSR findings from DHHS in June of 2010, and was given 90 days to produce a statewide program improvement plan (PIP). DCF submitted its draft plan on September 14, 2010. In December of 2010, the PIP was approved by the Administration for Children and Families. Appendix B summarizes the current PIP.

If 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. Under the CFSR process, penalties are withheld pending successful completion of the PIP, including achievement of federally-approved performance improvement targets. Following the end of the PIP period, DCF will then go through a close-out process with DHHS at which time it will be determined if DCF has met its obligations. The close-out period can take up to one year after the PIP period.

Penalties may 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 for which a state is found to be in noncompliance, a 1% penalty, or approximately \$130,000, 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.

Approximately \$2.6 million annually is budgeted for the PIP under 2011 Act 32 to allow DCF

to take the action steps described in Appendix B in order to bring the state into substantial conformance with the required outcome and systemic factors.

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, DCF administers two child abuse and neglect prevention programs -- a comprehensive home visiting 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 promote the development of a sustainable, comprehensive prevention infrastructure that reflects research and promising practices in child abuse and neglect prevention. Through strategic partnerships and investments, the Board supports Wisconsin communities in the provision of services to prevent child abuse and neglect.

The Board consists of 20 members, including 10 members from state government (the Governor, the Attorney General, the DHS Secretary, the State Superintendent of Public Instruction, the Department of Corrections Secretary, the DCF Secretary, and one member of the majority and minority party from each house of the Legislature, or their designees) and 10 public members, who are appointed on the basis of expertise, experience, leadership, or advocacy in the prevention of child abuse and neglect. The Governor appoints the 10 public members for staggered, three-year terms.

The Board administers the Children's Trust Fund (CTF) and is required to solicit and accept

contributions, grants, gifts, and bequests for CTF. These funds are available for expenditure by the Board.

The Board meets quarterly and is required biennially to develop a plan for awarding grants to and providing technical assistance to organizations for child abuse and neglect prevention programs and to submit this plan to the Governor and both Houses of the Legislature. 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 all state agencies, 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, promote individual, family, and community strengths, build parenting skills, and provide community support for children and families; (b) promote statewide educational and public awareness campaigns and materials related to 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 and methods of preventing 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.

2010-2015 Strategic Plan. In the summer of 2009, CTF initiated the 2010-2015 strategic planning process, surveyed policymakers, providers, researchers, parents, and other leaders in the child maltreatment prevention field, and held in-depth interviews with some of these leaders. The CANP Board made initial recommendations based on the information gathered by CTF regarding the needs of Wisconsin families, the future of prevention, and the most effective role for CTF. These initial recommendations were presented at the fall strategic planning retreat in

2009. CTF also held five regional listening sessions with family resource centers across the state in order to get a more complete understanding of direct services being provided to the state's children and families. CTF used information from these listening sessions to finalize the 2010-2015 strategic plan, which was approved by the CANP Board on April 12, 2010. The strategic plan includes five goals: (a) convene and unite key partners around a shared prevention agenda; (b) identify, develop, and promote best practices in child abuse prevention; (c) promote adult and community responsibility to protect children from abuse and neglect; (d) advocate for public policy that reflects the CTF vision and mission; and (e) ensure CTF is a high quality and high performing entity.

Funding for CANP Board. Under 2011 Wisconsin Act 32, the Board is budgeted \$2,998,200 (\$999,600 GPR, \$615,100 FED, \$1,360,400 PR, and \$23,100 SEG from CTF) annually to support grant programs and the Board's operations costs. The federal funding is available under Title II of the Child Abuse Prevention and Treatment Act (CAPTA), which supports networks of community-based, prevention-focused family resource and support programs. The program revenue funding is available from the sale of duplicate birth certificates (under state law, the Board receives \$7 of the \$20 fee for a duplicate birth certificate). The revenue from duplicate birth certificates has been declining. As a result, the actual amount expended in 2011-12 and allocated in 2012-13 is less than the amount budgeted under Act 32.

In 2011-12, the Board expended \$624,500 (\$64,200 GPR, \$395,200 PR, and \$165,100 FED) to support its operations costs. This includes providing technical assistance to programs throughout the state, increasing public awareness on child abuse and neglect prevention, and supporting six full-time staff. Staff includes an executive director, an associate director, a senior program officer, a strategy and fund development coordinator, a program coordinator, and a finan-

cial specialist. The Board contracts for additional services as needed.

Public Education and Awareness. In 2011-12, CTF provided \$90,000 to support Awareness to Action, a child sexual abuse prevention campaign, which provides group-based education to parents and other adults using a curriculum called "Stewards of Children." The Children's Hospital and Health Systems' Child Abuse Prevention (CAP) Fund provided an additional \$86,000 in matching funds for this campaign. In 2011-12, CTF, in partnership with the CAP Fund, provided funding to Montana State University/Most of Us to create a statewide social marketing campaign on child abuse and neglect prevention for Wisconsin. Currently, the Board is creating a message to be disseminated statewide and a survey to be used to assess the perceptions among Wisconsin citizens about child abuse and neglect. The Board also: (a) provides materials and training to hospitals, child care providers, and schools on shaken baby syndrome prevention; (b) provides technical assistance and training for family support workers; (c) disseminates professional development portfolios that allow family support professionals to keep track of their training and continuing education to achieve core competencies in the field of family support; (d) offers materials that provide advice for parents on a variety of subjects, such as discipline and prevention of sexual abuse; and (e) maintains the CTF website.

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

Family Resource Center Grants. In December of 2010, CTF issued a competitive RFP (request for proposals) to fund up to

nine family resource center networks at \$150,000 each. The RFP requested proposals to develop, coordinate, and implement family resource center networks to support and strengthen families across the state. The new grantees are required to: (a) provide a community response program; (b) coordinate access to economic supports; (c) implement evidence-based home visiting; (d) hold family team meetings; and (e) provide cross systems integration. The new family resource center grantees are listed in Table 11.

In 2011-12, the Board awarded a total of \$1,350,000 (\$600,000 GPR, \$450,000 FED, and \$300,000 PR) to the nine family resource centers listed in Table 11. In 2012-13, the Board is budgeted \$1,350,000 (\$800,000 GPR, \$250,000 FED, and \$300,000 PR) to support grants to family resource centers. Grantees are required to provide a 20% match to their grant, which may be in cash, in-kind services, or both.

In 2011-12, the nine family resource centers served 3,665 adults and 6,024 children, including 2,067 children who were younger than four years old. Based on the total number of adults these centers served, the average expenditure was \$327 per adult. These family resource centers also provided \$988,900 in matching funds. A total of 95,536 hours of service were provided.

Table 11: Family Resource Center Networks

Agency	Counties Served
Children's Service Society of Wisconsin	Rock
Children's Service Society of Wisconsin	Langlade/Oneida/Vilas
The Parenting Place	La Crosse
Green Lake County Department of Health and Human Services	Green Lake/Adams/Marquette/Waushara
Kenosha County Department of Human Services	Kenosha
Lakeshore Community Action Program	Manitowoc
Northwest Connection Family Resources	Sawyer/Washburn
United Way of Racine County	Racine
University of Wisconsin-Milwaukee	Milwaukee

Family resource centers submit quarterly and annual reports to the Board summarizing services provided, participant demographics, and participant outcome evaluation data. Families are asked to provide demographic information when they first contact the family resource center and again each state fiscal year that they continue to participate. Families are also asked to complete a survey about changes in their parenting knowledge, skills, and attitudes after they have participated in a parenting course or playgroup.

Community-Based Family Resource and Support Program Grants. The Board distributes grants to support community-based family resource and support programs aimed at preventing child abuse and neglect, namely community response programs and access and visitation programs.

In addition, CTF issued an RFP for Milwaukee County for \$300,000 PR to implement an economic intervention focused community response program. The Milwaukee Community Response Program (MCRP)/Project GAIN works with families on a voluntary basis whose cases have been closed after an initial assessment. MCRP ensures that families are receiving all eligible public benefits, financial literacy, and emergency funds for basic needs. Families are also referred to other community resources for additional services as appropriate. This project is being implemented in collaboration with DCF and the UW-Madison School of Social Work and Institute for Research on Poverty (IRP). IRP is conducting a randomized evaluation of the project. During 2011-12, 622 families received services with Project GAIN. Of those who received services, 42% resolved the financial goals they set during the short intervention.

Typically, 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 typically required to provide a 25% match annually during the first year of the grant and 50% during the second and subsequent grant years (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.

The Board allocates \$140,000 annually, on a state fiscal year basis, in federal access and visitation grant funds to safe exchange programs throughout the state. 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 opportunities; (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.

The Board awards these 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.

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 2011-12 access and visitation grantees are listed in Table 12.

Statewide Projects. The Board awarded promising practice grants totaling \$179,800 (\$119,800 FED, and \$60,000 PR) in 2011-12 and is budget-

Table 12: 2011-12 Access and Visitation Grantees

Agency	Location
Family Support Center Falls	Chippewa
Family Services of Northeast WI HELP of Door County	Oshkosh
Prevention and Protection of Abused Children	Sturgeon Bay
Children's Service Society of Wisconsin	Waukesha
	Wausau

ed \$106,900 (\$26,400 GPR, \$50,000 FED, and \$30,500 PR) in 2012-13 to support a number of special project grants, including respite care and training for parents and other care-givers in the areas of children's and parents' mental health. These grants target identified triggers of child abuse and neglect and attempt to improve programs across the state through capacity-building efforts, professional development opportunities, and direct service provision.

These grants are designed to: (a) improve outreach and effectiveness of services to parents with mental health and substance abuse issues; (b) increase availability and consistency of respite care for families with children with mental health or behavioral issues; and (c) improve understanding among early childhood and family support professionals of children's social and emotional development. Table 13 lists the statewide promising practice grantees for 2011-12.

"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 could be purchased by individuals who wished to support the Board's child abuse and neglect prevention programs. Of the total cost of each license plate, \$20 was deposited into the Children's Trust Fund.

Table 13: 2011-12 Statewide Promising Practices Grantees

Agency	Location
Respite Care Association	Madison
Supporting Families Together Association	Madison
Wisconsin Association of Family and Children's Agencies	Madison
Planning Council	Milwaukee

2005 Wisconsin Act 319 created a non-profit corporation, the Celebrate Children Foundation, to increase fundraising efforts for child abuse and neglect prevention. The Celebrate Children Foundation is directed by a nine-member board, including the chair, four members of the CANP Board, and four additional members recommended by the Foundation Board and approved by the CANP Board. The Foundation staff includes the president, executive vice president, and a resource development coordinator/public relations consultant.

The Celebrate Children Foundation helps communities obtain and invest resources in quality childhood and family development experiences in an effort to create an environment in which Wisconsin children may become healthy and productive citizens.

Act 319 also deposited the revenue raised from the "Celebrate Children" license plate to the Celebrate Children Foundation, rather than the Children's Trust Fund. The revenue stream from the "Celebrate Children" license plate forms the basis of the foundation's endowment fund.

Currently, a "Celebrate Children" license plate costs the buyer \$115 in the first year and \$100 each year thereafter (\$25 more than a standard license plate), of which \$90 in the first year and \$75 in each year following is retained by DOT and the balance (\$25) is deposited in the Celebrate Children Foundation endowment fund.

The foundation cannot spend the revenue from the sale of these license plates that is deposited into its endowment fund. The foundation may only expend the interest that accrues to the endowment fund. In calendar year 2011, \$117,900 was deposited into the endowment fund from issuing "Celebrate Children" license plates.

Family Foundations Comprehensive Home Visiting Program. DCF is budgeted \$985,700 GPR in 2012-13 to distribute as grants for the prevention of child abuse and neglect, under s. 48.983 of the statutes. DCF is required by statute to award the grants on a competitive basis to counties, private agencies, or tribes. The minimum amount of a grant is \$10,000, and the recipient must provide a 25% match in funds or in-kind contributions.

DCF has combined these funds with TANF funds (\$812,000), GPR in BMCW, federal MA matching funds, and other revenue (\$206,400), and federal Title V maternal, infant and early childhood home visiting dollars (\$5,937,700) received under the federal Patient Protection and Affordable Care Act (ACA) to fund the family foundations comprehensive home visiting program.

Pursuant to the Affordable Care Act, DCF applied for and received three grants for a comprehensive maternal, infant, and early childhood home visiting program. The initial grant of \$1,212,700 provided funds to: (a) conduct a comprehensive needs assessment to identify high-risk communities; (b) implement high-quality, evidence-based home visiting programs and/or strengthen existing programs to promote maternal, infant, and early childhood health, safety, and development in collaboration with other efforts of the maternal and child health program in the state; (c) embed early childhood home visiting programs within the state's early childhood system; and (d) monitor and evaluate home visiting programs to ensure fidelity to evidence-based

models. These funds were required to be expended by September 30, 2012. The second grant of \$1,600,300 was provided under a formula grant program. The third grant of \$3,124,700 was awarded on a competitive basis.

Funding supports local agency service delivery contracts and technical assistance and training contracts. Thus far, there have been two rounds of local service delivery contracts. Table 14 lists the Round I grant recipients, award amount, and fund source. The initial grants were for the period July 1, 2011, through June 30, 2012. These grants were extended for a second year from July 1, 2012, through June 30, 2013. Table 15 lists the Round II grant recipients, award amount, and fund source. Round II contracts expire at the end of CY 2012, but many of the agencies had delayed start-up and extensions of the contract will likely occur.

Table 16 shows the technical assistance and training contracts for CY 2012. It is anticipated that the same contracts and amounts will be issued in CY 2013, but the CY 2013 contracts have not yet been issued. The remaining funds will be used to fund additional amounts if contracts need to be adjusted.

Four of the 11 recipients listed in Tables 14 and 15 have integrated the grant funding into existing programs operating in those counties. The other seven created new programs with the grant funding. Under 2011 Act 32, DCF must allocate 10% of the GPR funds to counties, private agencies, or tribes that have not previously received a family foundation grant. All of the agencies have additional resources to help fund their home visiting programs in order to provide expanded services or reach additional families.

The home visiting programs must do the following: (a) emphasize depth over breadth in order to maximize the likelihood of achieving desired outcomes; (b) focus on promoting collabo-

Table 14: Comprehensive Home Visiting Program Round I Contracts (SFY 2012-13 Contract Amounts)

Agency	ACA Funds	TANF	GPR	Total
City of Milwaukee Health Department -- Empowering Families	\$88,000	\$812,000	\$0	\$900,000
Dane County Parent Council for Green County	116,400	0	154,000	270,400
Lac Courte Oreilles Indian Tribe*	356,100	0	60,800	416,900
Children's Service Society of Wisconsin for Lincoln, Oneida, and Forest Counties	78,700	0	193,900	272,600
Racine Department of Human Services	<u>0</u>	<u>0</u>	<u>440,000</u>	<u>440,000</u>
Total	\$639,200	\$812,000	\$848,700	\$2,299,900

Table 15: Comprehensive Home Visiting Program Round II Contracts 2012 Contract Amounts

Agency	ACA Funds	GPR	Total
Great Lakes Inter-tribal Council	\$763,000	\$137,000	\$900,000
Aurora Family Services (Milwaukee County)	368,200	0	368,200
Next Door Foundation (Milwaukee County)	536,700	0	536,700
Brown County Family Services	590,300	0	590,300
Rock County Human Services	321,600	0	321,600
Kenosha Public Health Department	<u>366,000</u>	<u>0</u>	<u>366,000</u>
Total	\$2,945,800	\$137,000	\$3,082,800

Table 16: Comprehensive Home Visiting Program Technical Assistance and Training Contracts CY 2012

Agency	ACA Funds	Other Funds	Total
Department of Health Services-- 1.0 FTE Home Visiting Nurse Consultant	\$108,200	\$0	\$108,200
Department of Health Services-- Data System	50,000	0	50,000
UW-Milwaukee Support Services and Program Evaluation	155,300	0	155,300
UW-Extension--Training and Tech Assistance	160,000	180,000	340,000
WI Alliance for Infant Mental Health	64,000	17,800	81,800
Prevent Child Abuse America	50,000	0	50,000
City of Milwaukee Health Department-- MCH Communities of Practice	15,000	0	15,000
UW Division of Continuing Studies-- Scholarships and Certificates	15,000	0	15,000
Dr. Bill Shafer--Reflective Practice Facilitation	<u>8,600</u>	<u>8,600</u>	<u>17,200</u>
Total	\$626,100	\$206,400	\$832,500

ration with existing services, including health care providers and economic support to build a comprehensive coordinated system; (c) promote sustainability through building community capac-

ity for programs to thrive after the initial grants from the state; (d) emphasize outcomes with evidence-based models through high levels of adherence to the models; and (e) prioritize service

delivery to at-risk populations. These programs must target outcomes that achieve a reduction in child maltreatment, improve school readiness and achievement, and improve maternal and child health.

Programs must also focus on improvements in family stability, economic self-sufficiency, parenting skills related to child development, and the coordination and referrals to other community resources, services, and supports. Finally, the programs must reduce family violence and hospital emergency department visits.

Funds may be used for case management and for flexible funds to families in order to achieve the outcomes and goals of the comprehensive home visiting program.

Milwaukee County Prevention Services. As indicated, DCF provides \$812,000 in TANF funds to the City of Milwaukee Health Department for home visiting services, known as the Empowering Families Milwaukee program, described above. DCF also provides \$577,500 in TANF funds to the Milwaukee Brighter Futures Initiative and \$100,000 to BMCW for supervised parental visitation with children who have been removed from their home. These services funded with TANF are known as prevention services in the TANF budget.

Brighter Futures Initiative. The Brighter Futures Initiative is a statewide program that seeks to: (a) prevent and reduce the incidence of youth violence and other delinquent behavior; (b) prevent and reduce the incidence of youth alcohol and other drug use and abuse; (c) prevent and reduce the incidence of child abuse and neglect; (d) prevent and reduce the incidence of non-marital pregnancy and increase the use of abstinence to prevent non-marital pregnancy; and (e) increase adolescent self-sufficiency by encouraging high school graduation, vocational preparedness, improved social and other interpersonal skills, and responsible decision-making.

The Brighter Futures Initiative is funded with \$864,900 GPR, \$2,966,600 FED, and \$865,000 PR. The federal funds consist of \$1,707,100 from the substance abuse block grant, \$577,500 in TANF funds, and \$682,000 in Title V abstinence education grant funds. The program revenue consists of GPR budgeted in DHS that is transferred to DCF for the Brighter Futures Initiative. Table 17 shows the recipients of these funds in 2011-12.

Table 17: Brighter Futures Initiative Grant Recipients 2011-12

Grant Recipient	Grant Amount
La Causa Crisis Nursery (Milwaukee)	\$189,700
Menominee Tribe	132,000
County Allocations	1,165,100
Diverse and Resilient, Inc. (Madison)	55,000
Community Advocates, Inc. (Milwaukee)*	<u>3,154,700</u>
Total	\$4,696,500

*Community Advocates, Inc. is the fiscal agent for the funds distributed to community-based agencies in the Milwaukee area.

Families Come First. BMCW received a grant from the U.S. Administration for Children and Families to implement a pilot program to provide an alternative response for children who are at risk of entering foster care due to substance abuse by the mother. BMCW collaborates with Meta House, Inc., which is a family treatment program for women with substance use disorders and their children located in the City of Milwaukee. The pilot targets infants who are positive for toxic substances at birth and their mothers, as well as pregnant women who are abusing alcohol and drugs. BMCW and Meta House respond jointly to allegations of child maltreatment that involve substance use to identify the impact on child safety, provide a faster and family-centered response, and actively involve mothers in the safety decisions for their children while keeping them together.

From February 1, 2010, through February 29, 2012, 445 women were referred to the pilot pro-

gram. Of these, 88% had substance affected infants and 12% were pregnant and using substances. Approximately 55% agreed to the voluntary collaborative assessment. The Planning Council for Health and Human Services, Inc. is currently conducting an evaluation of the pilot program.

Summary

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, tribal, 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, tribal, and local governments to keep children safe and protect them from harm.

Attachment 1 to this paper presents an overview of the child welfare system in Wisconsin. Attachment 2 lists 2012 and 2013 allocation amounts to counties and tribes under the independent living program, and Attachment 3 shows the number of individuals receiving independent living services by counties in 2011. Attachment 4 lists the 2013 county allocations of Title IV-B, Subpart 2 funding.

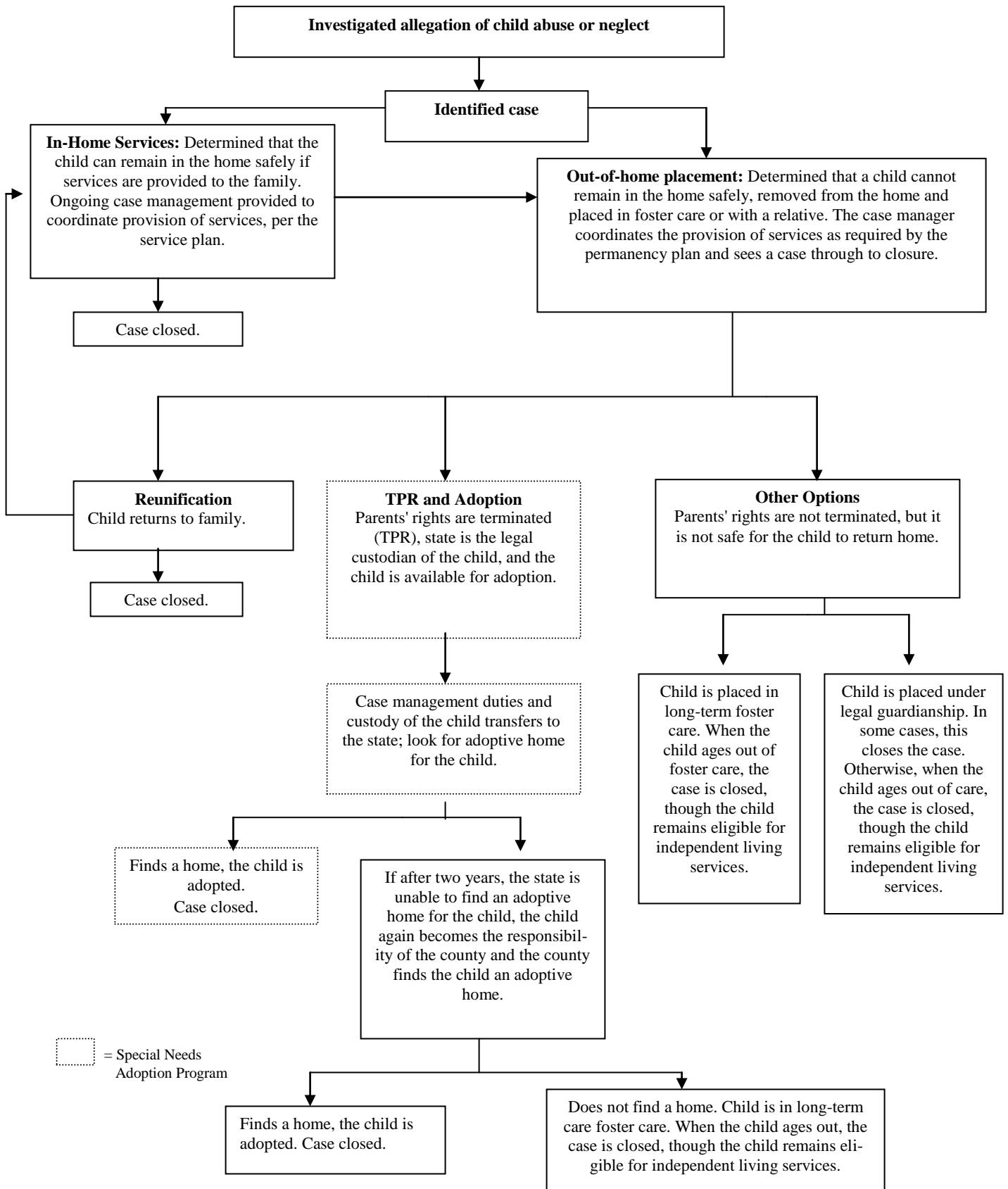
Attachments 5 and 6 provide information on the Bureau of Milwaukee Child Welfare, including the Bureau's performance on permanence, safety, and well-being measures and the case decision making process in the Bureau.

Attachment 7 summarizes the outcome measures and results under the children and family services reviews in 2003 and in 2010.

Appendix A describes the history of federal child welfare law, and Appendix B summarizes the provisions of the new program improvement plan.

ATTACHMENT 1

Overview of the Child Welfare System in Wisconsin



ATTACHMENT 2

Independent Living and Education and Training Vouchers County and Tribal Allocations 2012 and 2013

	2012				2013			
	<u>Independent Living</u>		<u>Ed/Training Vouchers</u>		<u>Independent Living</u>		<u>Ed/Training Vouchers</u>	
	Allocation	Match	Allocation	Match	Allocation	Match	Allocation	Match
Adams	\$ 15,997	\$3,994	\$1,094	\$274	\$16,599	\$4,150	\$1,244	\$311
Ashland	16,112	4,028	1,124	281	15,237	3,809	941	235
Barron	21,224	5,306	2,248	563	20,533	5,133	2,118	530
Bayfield	13,152	3,288	473	118	14,178	3,545	706	177
Brown	36,694	9,174	5,648	1,412	36,875	9,219	5,750	1,438
Buffalo	11,000	2,750	532	133	11,000	2,750	370	93
Burnett	15,170	3,793	917	229	11,000	2,750	572	143
Calumet	11,000	2,750	473	118	14,026	3,507	672	168
Chippewa	17,457	4,364	1,419	355	17,204	4,301	1,379	345
Clark	16,919	4,230	1,301	325	15,993	3,998	1,110	278
Columbia	17,457	4,364	1,420	356	17,053	4,263	1,345	336
Crawford	13,691	3,423	591	148	13,875	3,469	639	160
Dane	85,930	21,483	16,471	4,118	87,414	21,854	16,980	4,245
Dodge	24,318	6,079	2,928	732	25,678	6,420	3,262	816
Door	15,574	3,893	1,005	251	15,085	3,771	908	227
Douglas	11,000	2,750	384	96	11,000	2,750	504	126
Dunn	16,112	4,028	1,124	281	17,204	4,301	1,379	345
Eau Claire	31,448	7,862	4,495	1,124	32,335	8,084	4,741	1,185
Florence	13,691	3,423	591	148	11,000	2,750	403	101
Fond du Lac	32,928	8,232	4,820	1,205	31,881	7,970	4,640	1,160
Forest	11,000	2,750	355	89	11,000	2,750	269	67
Grant	16,381	4,095	1,183	296	17,053	4,263	1,345	336
Green	15,708	3,927	1,035	259	15,691	3,923	1,042	261
Green Lake	14,363	3,591	739	185	15,085	3,771	908	227
Iowa	13,691	3,423	591	148	11,000	2,750	437	109
Iron	11,000	2,750	207	52	11,000	2,750	403	101
Jackson	16,785	4,196	1,272	318	18,566	4,642	1,681	420
Jefferson	22,569	5,642	2,543	636	21,592	5,398	2,354	589
Juneau	13,825	3,456	621	155	11,000	2,750	471	118
Kenosha	55,124	13,781	9,700	2,426	53,822	13,456	9,516	2,379
Kewaunee	14,498	3,624	769	192	14,178	3,545	706	177
La Crosse	29,430	7,357	4,051	1,013	30,974	7,744	4,438	1,110
LaFayette	11,000	2,750	532	133	11,000	2,750	538	135
Langlade	15,439	3,860	976	244	15,388	3,847	975	244
Lincoln	13,691	3,423	591	148	11,000	2,750	336	84
Manitowoc	19,341	4,835	1,834	459	19,474	4,869	1,883	471
Marathon	47,456	11,864	8,014	2,003	42,473	10,618	6,994	1,749
Marinette	15,439	3,860	976	244	14,783	3,696	841	210
Marquette	11,000	2,750	414	104	11,000	2,750	538	135
Menominee	13,691	3,423	591	148	11,000	2,750	471	118

ATTACHMENT 2 (continued)

**Independent Living and Education and Training Vouchers County and Tribal Allocations
2012 and 2013**

	2012				2013			
	Independent Living		Ed/Training Vouchers		Independent Living		Ed/Training Vouchers	
	Allocation	Match	Allocation	Match	Allocation	Match	Allocation	Match
Monroe	\$17,188	\$4,297	\$1,360	\$340	\$18,263	\$4,566	\$1,614	\$404
Oconto	17,188	4,297	1,360	340	17,204	4,301	1,379	345
Oneida	16,785	4,196	1,272	318	16,447	4,112	1,210	303
Outagamie	28,085	7,021	3,756	939	25,829	6,457	3,295	824
Ozaukee	16,785	4,196	1,272	318	18,112	4,528	1,580	395
Pepin	11,000	2,750	266	67	11,000	2,750	202	51
Pierce	16,112	4,028	1,124	281	14,783	3,696	841	210
Polk	17,995	4,499	1,538	384	17,809	4,452	1,513	378
Portage	21,089	5,272	2,218	554	21,138	5,285	2,253	563
Price	16,785	4,196	1,272	318	16,750	4,188	1,278	320
Racine	45,438	11,360	7,570	1,893	42,776	10,694	7,061	1,765
Richland	14,767	3,692	828	207	14,783	3,696	841	210
Rock	32,120	8,030	4,643	1,161	32,487	8,122	4,775	1,194
Rusk	11,000	2,750	503	126	11,000	2,750	538	135
St Croix	16,516	4,129	1,212	303	16,296	4,074	1,177	294
Sauk	21,089	5,272	2,218	554	19,171	4,793	1,816	454
Sawyer	15,977	3,994	1,094	274	16,750	4,188	1,278	320
Shawano	11,000	2,750	296	74	11,000	2,750	235	59
Sheboygan	26,739	6,685	3,460	865	24,013	6,003	2,892	723
Taylor	11,000	2,750	532	133	13,875	3,469	639	160
Trempealeau	14,632	3,658	798	200	14,178	3,545	706	177
Vernon	15,036	3,759	887	222	11,000	2,750	605	151
Vilas	14,094	3,524	680	170	14,632	3,658	807	202
Walworth	20,820	5,205	2,159	540	22,803	5,701	2,623	656
Washburn	13,556	3,389	562	140	11,000	2,750	572	143
Washington	24,722	6,180	3,016	754	25,678	6,420	3,262	816
Waukesha	40,999	10,250	6,595	1,650	38,691	9,673	6,153	1,538
Waupaca	18,802	4,701	1,715	429	19,020	4,755	1,782	446
Waushara	14,363	3,591	739	185	15,085	3,771	908	227
Winnebago	39,385	9,846	6,240	1,560	39,750	9,938	6,389	1,597
Wood	32,389	8,097	4,702	1,175	32,487	8,122	4,775	1,194
BMCW	<u>329,959</u>	<u>82,490</u>	<u>70,114</u>	<u>17,529</u>	<u>342,681</u>	<u>85,670</u>	<u>73,703</u>	<u>18,426</u>
Subtotal	\$1,781,700	\$445,425	\$222,053	\$55,513	\$1,768,740	\$442,183	\$224,511	\$56,129
Ho Chunk	\$24,049	\$6,012	\$2,868	\$717	\$25,678	\$6,420	\$3,262	\$816
Lac Courte Oreilles	11,000	2,750	503	126	11,000	2,750	572	143
Lac du Flambeau	11,000	2,750	355	89	11,000	2,750	403	101
Division of Juvenile Corrections	<u>\$25,685</u>	<u>\$6,421</u>	<u>\$0</u>	<u>\$0</u>	<u>\$25,686</u>	<u>\$6,422</u>	<u>\$0</u>	<u>\$0</u>
Total	\$1,853,434	\$463,358	\$225,779	\$56,445	\$1,842,104	\$460,525	\$228,748	\$57,189

ATTACHMENT 3

2011 Independent Living Summary

County/ Tribe	Number of Youth Eligible in 2011	IL Assessments Completed	IL Service Plans Completed	Total Number of Youth Receiving Services	2011 Room & Board Funds Expended
Adams	21	19	19	9	\$1,151
Ashland	17	7	7	2	2,382
Barron	37	27	26	14	1,675
Bayfield	12	10	10	3	0
Brown	144	79	74	15	3,224
Buffalo	6	6	6	5	300
Burnett	10	8	8	5	1,035
Calumet	11	9	9	4	0
Chippewa	36	16	15	3	0
Clark	23	11	11	6	798
Columbia	25	15	15	2	450
Crawford	11	10	10	3	1,425
Dane	368	210	208	42	4,500
Dodge	62	52	51	21	1,452
Door	15	13	10	5	0
Douglas	9	7	7	1	498
Dunn	28	18	18	3	0
Eau Claire	114	59	52	9	0
Florence	7	5	5	4	0
Fond du Lac	80	66	66	32	1,016
Forest	6	2	2	0	960
Grant	29	19	19	9	0
Green	23	14	9	5	4,324
Green Lake	16	13	12	6	0
Iowa	7	6	6	5	500
Iron	6	6	4	3	0
Jackson	25	22	22	6	0
Jefferson	47	30	30	4	0
Juneau	8	4	4	3	0
Kenosha	188	127	125	54	0
Kewaunee	13	6	7	5	99
La Crosse	89	62	53	22	3,877
LaFayette	9	8	5	2	0
Langlade	21	10	9	6	0
Lincoln	7	4	4	1	0
Manitowoc	37	26	26	11	0
Marathon	142	91	88	26	1,000
Marinette	17	11	10	2	100
Marquette	10	8	8	4	0
Menominee	10	9	9	2	0

ATTACHMENT 3 (continued)

2011 Independent Living Summary

County/ Tribe	Number of Youth Eligible in 2011	IL Assessments Completed	IL Service Plans Completed	Total Number of Youth Receiving Services	2011 Room & Board Funds Expended
Monroe	30	23	23	8	\$500
Oconto	31	20	20	4	1,700
Oneida	26	16	16	8	0
Outagamie	57	42	42	22	1,874
Ozaukee	31	19	20	5	0
Pepin	3	3	3	2	250
Pierce	17	9	8	2	0
Polk	29	24	24	9	0
Portage	52	40	43	9	681
Price	24	21	22	9	0
Racine	157	90	103	27	0
Richland	15	10	9	4	0
Rock	99	68	75	19	0
Rusk	11	8	8	3	0
St. Croix	22	13	13	6	0
Sauk	33	26	25	13	0
Sawyer	29	15	14	6	100
Shawano	5	3	2	0	0
Sheboygan	53	36	36	21	1,900
Taylor	13	8	8	2	1,245
Trempealeau	16	10	10	4	0
Vernon	13	8	8	2	0
Vilas	20	11	11	2	0
Walworth	44	33	33	17	4,037
Washburn	11	7	7	4	0
Washington	64	43	43	15	0
Waukesha	101	92	92	56	1,995
Waupaca	37	24	24	9	375
Waushara	15	15	15	12	0
Winnebago	107	82	87	53	0
Wood	<u>97</u>	<u>67</u>	<u>67</u>	<u>25</u>	<u>900</u>
Subtotal	3,008	2,011	1,990	742	\$46,323
Milwaukee	1,308	1,009	1,000	530	\$32,034
DOC	*	*	*	*	1,400
Ho Chunk	56	*	*	41	0
La du Flambeau	6	*	*	6	501
Lac Courte Oreilles	<u>15</u>	<u>*</u>	<u>*</u>	<u>2</u>	<u>0</u>
Total	4,393	3,020	2,990	1,321	\$80,258

*Information unavailable for 2011.

ATTACHMENT 4

**Title IV-B, Subpart 2 County Allocations (Promoting Safe and Stable Families)
Calendar Year 2013**

County	Amount	County	Amount
Adams	\$33,310	Manitowoc	\$52,345
Ashland	33,310	Marathon	57,103
Barron	42,827	Marinette	42,827
Bayfield	33,310	Marquette	33,310
Brown	66,620	Menominee	0
Buffalo	33,310	Milwaukee	0
Burnett	33,310	Monroe	42,827
Calumet	42,827	Oconto	42,827
Chippewa	42,827	Oneida	42,827
Clark	42,827	Outagamie	66,620
Columbia	42,827	Ozaukee	52,345
Crawford	33,310	Pepin	33,310
Dane	95,172	Pierce	42,827
Dodge	52,345	Polk	42,827
Door	38,069	Portage	52,345
Douglas	42,827	Price	33,310
Dunn	42,827	Racine	66,620
Eau Claire	52,345	Richland	33,310
Florence	33,310	Rock	57,103
Fond du Lac	52,345	Rusk	33,310
Forest	33,310	St. Croix	47,586
Grant	42,827	Sauk	42,827
Green	42,827	Sawyer	33,310
Green Lake	33,310	Shawano	42,827
Iowa	38,069	Sheboygan	57,103
Iron	33,310	Taylor	38,069
Jackson	33,310	Trempealeau	38,069
Jefferson	47,586	Vernon	42,827
Juneau	38,069	Vilas	33,310
Kenosha	57,103	Walworth	52,345
Kewaunee	38,069	Washburn	33,310
La Crosse	57,103	Washington	57,103
Lafayette	33,310	Waukesha	95,172
Langlade	38,069	Waupaca	42,827
Lincoln	42,827	Waushara	38,069
		Winnebago	57,103
		Wood	<u>47,586</u>
		Total	\$3,126,400

ATTACHMENT 5

BMCW Performance Regarding Permanence, Safety, and Well-Being Standards

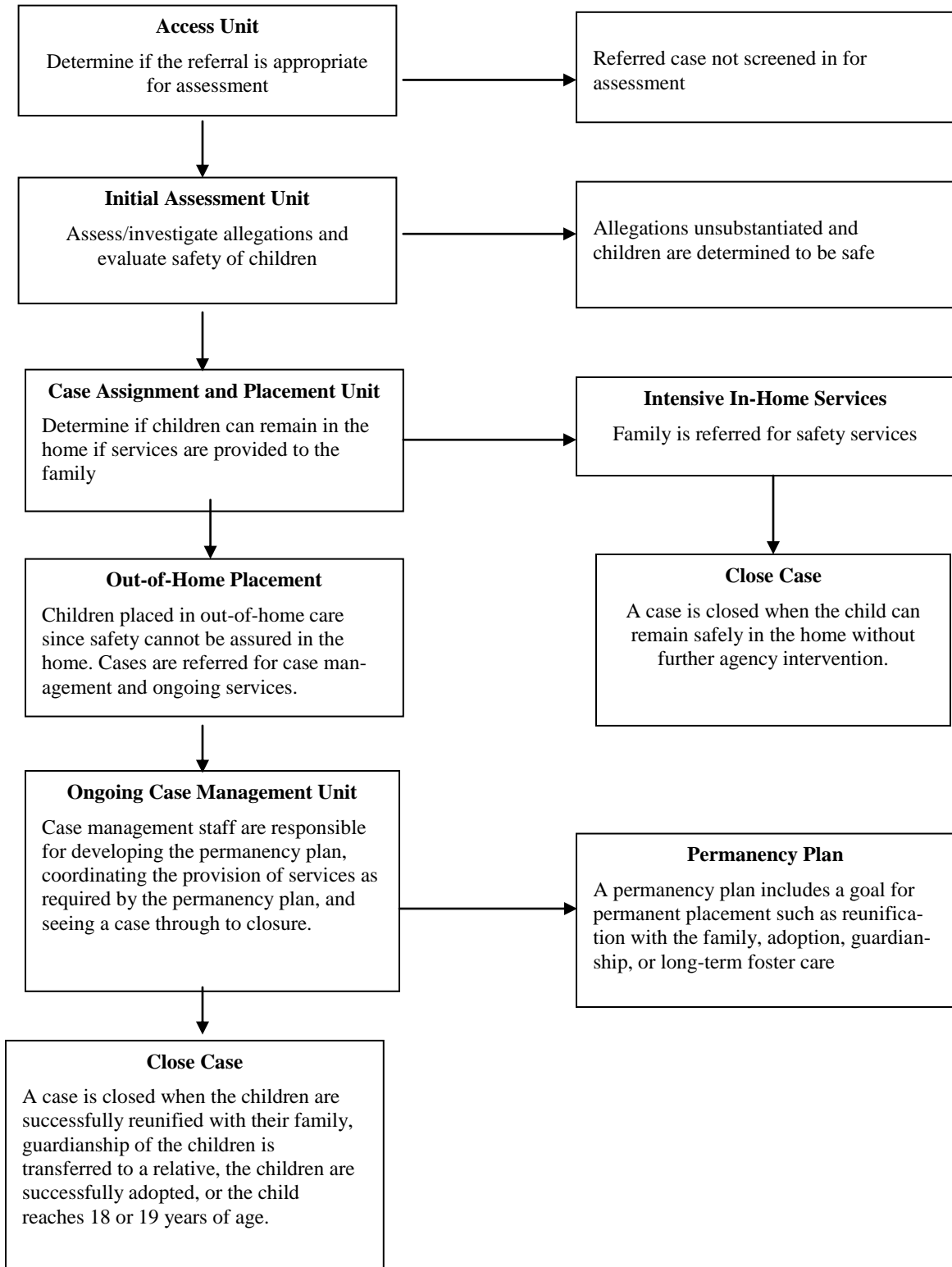
	Period 1 (2003)		Period 2 (2004)		Period 3 (2005)	
	Standard	Actual	Standard	Actual	Standard	Actual
Permanence						
TPR by 15th month for children in out-of-home care for 15 of last 22 months	≥ 65.0%	76.8%	≥ 75.0%	88.2%	≥ 90.0%	29.0% *
TPR by end of period, for children in out-of-home care 15 of last 22 months and didn't get TPR by 15th month	≥ 75.0%	88.5%	≥ 85.0%	92.9%	≥ 90.0%	92.0%
Children in out-of-home care for more than 24 months	≤ 40.0%	44.2% *	≤ 35.0%	30.2%	≤ 25.0%	23.0%
Reunification within 12 months of entry into out-of-home care	monitor	45.0%	≥ 65.0%	63.0% *	≥ 71.0%	72.0%
Exit out-of-home care within 24 months for children with finalized adoptions	≥ 20.0%	14.2% *	≥ 25.0%	15.5% *	≥ 30.0%	21.7% *
Safety						
% of children with substantiated abuse or neglect allegations by a foster parent or staff member	≤ 0.70%	0.57%	≤ 0.65%	0.85% *	≤ 0.60%	0.81% *
Alleged abuse and neglect reports referred to independent investigation agency within three days	≥ 80.0%	99.8%	≥ 85.0%	99.4%	≥ 90.0%	99.0%
Assign a staff person within three days of investigation agency's receipt of referral	≥ 80.0%	99.6%	≥ 85.0%	99.8%	≥ 90.0%	99.0%
Make determination within 60 days of investigation agency's receipt of referral	≥ 80.0%	97.6%	≥ 85.0%	98.1%	≥ 90.0%	99.0%
Well-Being						
Number of families per caseworker	≤ 13.0	9.8	≤ 11.0	10	≤ 11.0	10
Children in out-of-home care who have monthly face-to-face contact with their case manager	≥ 90.0%	90.0%	≥ 90.0%	97.0%	≥ 90.0%	97.0%
Children in out-of-home care shall have three or fewer placements	≥ 80.0%	75.9% *	≥ 82.0%	72.1% *	≥ 90.0%	72.0% *

*Indicates area in which BMCW did not meet the standard.

ATTACHMENT 6

Department of Children and Families

Bureau of Milwaukee Child Welfare Case Decision-Making Process



ATTACHMENT 7

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

Outcome Measures:					<u>Percent Achieved</u>		<u>Substantial Conformance</u>	
<u>2003</u>		<u>2010</u>			<u>2003</u>	<u>2010*</u>	<u>2003</u>	<u>2010</u>
Strength	Needs Improvement	Strength	Needs Improvement					
				Safety Outcome 1				
				<i>Children are first and foremost protected from abuse and neglect</i>	79.1%	65.5%	No	No
	X		X	Timeliness of CPS investigations				
	X	X		Repeat maltreatment				
				Safety Outcome 2				
				<i>Children are safely maintained in their homes when possible and appropriate</i>	83.3	63.1	No	No
	X		X	Services to prevent removal				
X			X	Risk of harm				
				Permanency Outcome 1				
				<i>Children have permanency and stability in their living situations</i>	48.0	32.5	No	No
	X	X		Out-of-home care re-entry				
	X		X	Stability of out-of-home care placements				
	X		X	Permanency goal for child				
	X		X	Reunification, guardianship, and placement with relatives				
	X		X	Adoption				
	X		X	Other planned living arrangement				
				Permanency Outcome 2				
				<i>Continuity of family relationships and connections is preserved</i>	44.0	55.0	No	No
		X		Proximity of placement				
	X		X	Placement with siblings				
	X		X	Visiting with parents and siblings in out-of-home care				
	X		X	Preserving connections				
	X		X	Relative placement				
	X		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	32.3	No	No
	X		X	Needs/services of child, parents, and foster parents				
	X		X	Child/family involvement in case planning				
X			X	Worker visits with child				
	X		X	Worker visits with parents				
				Well-Being Outcome 2				
				<i>Children receive services to meet their educational needs</i>	90.9	87.8	Yes	No
X			X	Educational needs of child				
				Well-Being Outcome 3				
				<i>Children receive services to meet their physical and mental health needs</i>	68.8	72.2	No	No
	X		X	Physical health of child				
	X		X	Mental health of child				

Systemic Factors:

2003		2010			Rating**		Substantial Conformance	
Strength	Needs Improvement	Strength	Needs Improvement		2003	2010	2003	2010
X		X			Statewide Information System <i>Ability to collect data</i> System can identify the status, demographic characteristics, location, and goals of children in out-of-home care	3	4	Yes
	X		X	Case Review System <i>Court processes</i> Process for developing a case plan and for joint case planning with parents	2	2	No	No
X		X		Process for 6-month case reviews				
X			X	Process for 12-month permanency hearings				
	X		X	Process for seeking TPR in accordance with ASFA				
	X		X	Process for notifying caregivers of reviews and hearings for opportunity for them to be heard				
				Quality Assurance System <i>Quality assurance program in DCF for counties; PEM in BMCW</i> Standards to ensure quality services, children safety, and health	2	4	No	Yes
X	X	X	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> Provision of initial staff training	2	1	No	No
	X		X	Provision of ongoing staff training that addresses the necessary skills and knowledge				
	X		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> Availability of array of critical services	2	2	No	No
	X	X		Accessibility of services across all jurisdictions				
X	X		X	Ability to individualize services to meet unique needs				
				Agency Responsiveness to Community <i>Community investment in state plans</i> Engages in ongoing consultation with critical stakeholders in developing the Child and Family Services State Plan	3	4	Yes	Yes
X	X	X		Develops annual progress reports in consultation with stakeholders				
X		X		Coordinated services with other federal programs				
				Foster and Adoptive Parent Licensing, Recruitment, and Retention <i>Standards and efforts to recruit foster and adoptive parents</i> Standards for foster family and child care institutions	3	3	Yes	Yes
X		X	X	Standards are applied equally to all foster family and child care institutions				
X		X		Conducts necessary criminal background checks				
X		X		Diligent recruitment of foster and adoptive families that reflect children's racial and ethnic diversity				
	X	X		Uses cross-jurisdictional resources to find placements				

*Does not include percentage that partially achieved measure.

**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 A

History of Federal Child Welfare Law

Introduction

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.

It should be noted that a significant portion of federal law regarding child welfare is found under Title IV-E and Title IV-B of the federal Social Security Act. As a result, much of the following legislation either created or modified federal law under Title IV-E or Title IV-B.

Child Abuse Prevention and Treatment Act of 1974

CAPTA (P.L. 93-247) provided 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 adoptive 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 established 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 reports and to provide services; and (f) the number of children reunited with their families. CAPTA also changed the expectations, roles, and responsibilities of CPS staff, and the requirements of the CPS program, including requiring an assessment of the family's risk of abuse, neglect, and safety.

In the 1996 re-authorization of CAPTA, a base national 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 caseworkers to advise the alleged maltreater of the allegations against him or her at the first contact that the CPS caseworker 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-3 program; and (d) establishing triage procedures for the appropriate referral of a child not at risk of imminent harm from abuse or neglect to community organizations or a voluntary preventive service. In addition, the Act im-

plements 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.

From 2008 through 2010, funding under CAPTA continued without CAPTA reauthorization.

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) reauthorized CAPTA through 2015 and revised requirements for: (a) the child abuse prevention and treatment advisory board; (b) the national clearinghouse for information relating to child abuse; (c) research and assistance activities; and (d) specific grants to states, tribes, and public or private organizations, including community-based grants. The Act intends to strengthen and support families with children; to protect children from abuse, neglect and maltreatment; to improve services for victims of domestic violence and children exposed to domestic violence; and to improve adoption assistance. The Act requires collection of additional data regarding training, education, and caseloads of CPS workers. The Act also enhances and improves flexibility, such as including the use of differential response systems in investigating abuse or neglect cases, training, and the collaboration, communication, and coordination among the various participants in the child welfare system.

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 welfare services custody proceedings 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 cer-

tain custody matters involving a Native American child. 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 Native American culture, grants preference to Native American family environments in adoptive or foster care placement, requires child welfare agencies to provide "active efforts" to prevent the breakup of Native American families and prevent termination of parental rights (rather than "reasonable efforts" required for non-Native American children), 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 Native American 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. Support services include mentoring programs for children.

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 included two additional services: (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-adoption services designed to expedite adoptions and support families.

In 2002, additional activities were permitted under this program, including: (a) infant safe haven programs; (b) mentoring children of incarcerated parents; (c) strengthening parental relationships; and (d) promoting healthy marriages.

In 2006, this program changed from a permanent authorization to a five-year authorization through 2011 and required minimum standards for caseworker visits.

The Child and Family Services Improvement and Innovation Act (P.L. 112-34) reauthorized this program through 2016. As part of the reauthorization, states are now required to describe how they identify which populations are at the greatest risk of maltreatment and how services are targeted toward them. The required minimum standards for caseworker visits were raised. Each child age 16 or older in foster care must receive a free copy of any consumer credit report each year until discharged and be offered assistance in interpreting the credit report and resolving any inconsistencies. This reauthorization extended the court improvement program grants, but eliminated the mentoring children of prisoners program and discontinued funding for the national random sample study of child welfare.

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 who 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 foster or adoptive parent. The only categorical exception to this requirement is Native American children, who are covered under the Indian Child Welfare Act, which supersedes 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 services systems to diligently recruit a pool of potential foster and adoptive families that reflects 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 of 2000, and the federal requirements and regulations are incorporated into state statute.

ASFA establishes requirements for states to pursue the 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. The Indian Child Welfare Act supersedes the Adoption and Safe Families Act.

ASFA introduced the concept of concurrent planning, which permits states to make reasonable or active efforts to place a child for adoption or with a legal guardian while, at the same time, states make reasonable or active efforts to reunify the child and family. This change supports the goal of permanency for children, based on the belief 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 permanence can be expedited through the provision of services to families.

Finally, ASFA authorizes the Secretary of the federal 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.

Formerly, a state received \$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. Under the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), the incentive amount for special needs adoptions is \$4,000, and for older child adoptions is \$8,000. Additional incentive payments are permitted if states exceed their highest recorded adoption rate since 2002.

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. Chafee 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.

In 2002, an educational voucher program was added to provide for education and training, including postsecondary training and education, to

youth who have aged out of foster care.

The Fostering Connections to Success and Increasing Adoptions Act of 2008.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) focuses on: (a) ensuring permanent placements with relatives; (b) increasing adoptive families for children; (c) maintaining sibling ties and other family connections; (d) improving outcomes for older youth in foster care; (e) improving the quality of staff working with children in the child welfare system; (f) increasing access by tribes to federal funding to promote better outcomes for Indian children; and (g) addressing children's health and education needs.

States now have the option to use Title IV-E funds for kinship guardianship payments for children raised by relative caregivers who care for them in foster care and are committed to caring for them permanently when they leave foster care. State agencies must exercise due diligence to identify and provide notice to all adult grandparents and other adult relatives of a child within 30 days after the child is removed from his or her home. States may waive non-safety licensing standards on a case-by-case basis in order to eliminate barriers to placing children safely with relatives in licensed homes. Reasonable efforts must also be made to place siblings together or, if not placed together, to establish frequent visitation among siblings.

Federal foster care maintenance payments have been extended to youth up to the age of 21 and include supervised independent living settings as a Title IV-E reimbursable child caring facility. Youth must be involved in productive activity such as education, training, or work, or incapable of doing these activities due to a medical condition. A personalized transition plan is required within 90 days from the anticipated date of discharge from out-of-home care. Adoption assistance and guardianship payments have also

been extended up to age 21 for children adopted or entering guardianship after age 16. In addition, all independent living services and education and training voucher benefits have been extended to children 16 and older who have been adopted or entered a guardianship program from foster care.

The requirement that the home a child was removed from must meet the income eligibility requirements under the former aid to families with dependent children (AFDC) program has been eliminated for Title IV-E adoption assistance. In addition, children who are eligible for supplemental security income (SSI), based solely on the medical and disability requirements, are automatically considered children with special needs and eligible for adoption assistance without regard to the SSI income requirements. Title IV-E reimbursements to states based on these new Title IV-E eligibility rules must be invested in child welfare services, including post-adoption services. The expansion of special needs adoption assistance payments will be phased in over nine years, with older children and those who have spent at least 60 consecutive months in care, and their siblings, being eligible first.

Other provisions: (a) allow Title IV-E reimbursement at an enhanced training rate for training costs associated with staff of private child welfare agencies, court-related staff such as judges and attorneys, and non-reimbursable placement providers such as court-ordered kinship care providers; (b) require state child welfare agencies to coordinate with local school districts to ensure educational stability of children in out-of-home care related to school enrollment, school transition, and record sharing; (c) allow school-related transportation costs to be included in Title IV-E maintenance claims for out-of-home care payments; and (d) require states to develop, in collaboration with the state Medicaid agency and other health professionals, a plan regarding the ongoing coordination and oversight of health services for children in out-of-home care.

The Patient Protection and Affordable Care Act

Several provisions related to child welfare were included in the federal Patient Protection and Affordable Care Act (P.L. 111-148). Under this Act: (a) Medicaid coverage was extended to

former foster care children younger than age 26; (b) grants for early childhood home visitation programs were provided; and (c) information about the importance of having a health-care power-of-attorney was required to be provided to children aging out of foster care.

APPENDIX B

Summary of Wisconsin's Child and Family Services Review Program Improvement Plan (PIP)

DCF's PIP consists of five primary strategies: (a) improving pathways to permanence; (b) improving family engagement and well-being; (c) improving safety, timeliness, and response; (d) building service capacity; and (e) professional development enhancements. These strategies are described in further detail below, along with the measures with which the state is not in substantial conformance that these strategies intend to address.

Improving Pathways to Permanence. This strategy would improve case planning and review, enhance utilization of permanency goals, and implement the next phase of the new levels of care foster care licensing system to address permanency outcome 1 (stability of out-of-home care placements; permanency goal for child; reunification, guardianship, and placement with relatives; adoption; and other planned living arrangement), permanency outcome 2 (placement with siblings; visiting with parents and siblings in out-of-home care; preserving connections; relative placement; and relationship of child in care with parents), the case review systemic factor (process for developing a case plan and for joint case planning with parents and process for notifying caregivers of reviews and hearings for opportunity for them to be heard), and the foster and adoptive parent licensing, recruitment, and retention systemic factor (standards are applied equally to all foster family and child care institutions). The following are the action steps DCF will take to improve pathways to permanence:

- Through revision of the child welfare ongoing services standards, improve the policy to support an integrated case planning approach to strengthen safety, permanency, and well-being

outcomes for children and their families;

- Make legislative changes necessary to improve case planning and review, including the improved use of concurrent planning, trial reunification, and other planned permanent living arrangements;

- Collaborate with the children's court improvement program to create a permanency workgroup as a subcommittee of the Wisconsin Commission on Children, Families and the Courts to provide recommendations for improving the case review system process;

- Continue implementing permanency consultations to expedite permanency for children and youth in out-of-home care in BMCW;

- Implement permanency roundtables statewide;

- Expand the subsidized guardianship program statewide;

- Revise policies and administrative rules to fully implement the levels of care initiative to standardize licensing and enforce certification requirements for relative caregivers and all foster homes to improve permanency outcomes for children; and

- Provide field, classroom, and on-line training to improve consistency in foster care licensing, and to utilize levels of care requirements to improve permanency outcomes.

Improving Family Engagement and Well-Being. This strategy is intended to increase fami-

ly engagement and implement the child and adolescent needs and strengths (CANS) standardized assessment tool to address well-being outcome 1 (needs/services of child, parents and foster parents; child/family involvement in case planning; worker visits with child; and worker visits with parents), well-being outcome 2 (educational needs of child), and well-being outcome 3 (physical health of child and mental health of child). The following are the action steps DCF will take to improve family engagement and well-being:

- Implement training, coaching, and mentoring efforts to improve practice to support increased family engagement and participation in the case planning and service provision process;
- Provide data and consultation to assist agencies in improving caseworker visits with children and families; and
- Analyze use of the CANS tool to better assess the well-being needs of all children in out-of-home care and their parents.

Improving Safety, Timeliness, and Response. This strategy is intended to improve the quality of assessments and planning to address child safety and to improve performance on the timeliness of initiating initial assessments to address safety outcome 1 (timeliness of CPS investigations and repeat maltreatment) and safety outcome 2 (services to prevent removal and risk of harm). The following are the action steps DCF will take to improve safety, timeliness, and response:

- Strengthen policy, practice, and training to support children remaining safely in their own home;
- Develop and mandate a safety training program that results in supervisors becoming certified or qualified safety experts; and

- Use eWiSACWIS reports and regional staff to track and monitor timeliness of initiating initial assessments.

Building Service Capacity. This strategy is intended to expand intensive in-home services, target implementation of the nursing initiative in Milwaukee, establish a practice model, and address the need for bilingual and culturally-competent services to address well-being outcome 3 (physical health of child) and the service array systemic factor (accessibility of services across all jurisdictions and ability to individualize services to meet unique needs). The following are the action steps DCF will take to build service capacity:

- Provide short-term, concentrated, in-home services to families so that they may remain safely together, thus preventing the need for out-of-home placement for children whenever possible;
- Initiate the BMCW nurse family engagement program;
- Collaborate with the Children's Hospital of Wisconsin Outcomes Center to monitor outcomes and evaluate the program;
- Develop a practice model to guide policy, practice, service provision, quality assurance, and training consistently statewide;
- Develop an implementation plan for advancing the recommendations of the Workgroup on Safety and Well-Being for Immigrant and Refugee Children and Families; and
- Produce a guidebook for service providers which will clarify eligibility for public assistance benefits.

Professional Development Enhancements. This strategy is intended to mandate foster parent training, implement a learning management sys-

tem, improve performance-based management capacity, and expand professional development offerings on executive leadership in child welfare to address the staff and provider training systemic factor (provision of initial staff training; provision of ongoing staff training that addresses the necessary skills and knowledge; and provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge). The following are the action steps DCF will take to enhance professional development:

- Implement mandated foster parent training to assure all licensed foster parents receive required training;
- Implement a learning management system that includes a central warehouse of compliance information, integration of testing, and a central repository for e-learning and informal learning events;
- Utilize the department-wide performance management approach "KidStat" to work with local agencies to monitor and improve identified critical areas needing improvement; and
- Expand delivery modalities of and opportunities for professional development on child welfare leadership.