



Child Welfare Services in Wisconsin

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TABLE OF CONTENTS

Introduction	1
Child Protective Services	1
Out-of-Home Care	5
Exiting Out-of-Home Care	15
Youths Aging Out of Out-of-Home Care.....	17
Adoptions	21
Funding Sources for Child Welfare Services.....	26
Division of Milwaukee Child Protective Services.....	33
Federal Reviews.....	38
Child Abuse and Neglect Prevention Programs.....	40

ATTACHMENTS

Attachment 1: Promoting Safe and Stable Families (Title IV-B, Subpart 2) County Allocations -- Calendar Year 2019	45
Attachment 2: Summary of Wisconsin 2018 Child and Family Services Review Performance	46
Attachment 3: Summary of Wisconsin's Child and Family Services Review Program Improvement Plan (PIP) Draft	48
Attachment 4: Child Abuse and Neglect Prevention Grants State Fiscal Year 2018-19.....	51
Attachment 5: Family Foundation Comprehensive Home Visiting Program -- Federal Fiscal Year 2019	52

Child Welfare Services in Wisconsin

Introduction

Child welfare services are intended to ensure the safety, well-being, and stability of children and their families. These services include child protective services (CPS), child abuse and neglect prevention programs, out-of-home care, family strengthening and reunification programs, adoptions, and other child placements.

In Wisconsin, the child welfare system is county-operated and state-supervised, except in Milwaukee County, where the system is administered by the Division of Milwaukee Child Protective Services (DMCPS) in the Department of Children and Families (DCF). All county and state child welfare systems operate under the same federal and state laws, regulations, and standards.

Each county has its own child welfare system that includes the county department of human or social services (except in Milwaukee County), the courts, and other agencies that provide services to children and their families. The CPS unit in each county department is responsible for providing services to abused and neglected children. The responsibility for the care of children in the system is shared between the juvenile court and the county department of human services or social services. Child welfare services are 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. DCF administers state and federal funds for child welfare services and assures compliance with state and federal law, regulations, and policy.

On the federal level, the U.S. Department of Health and Human Services (DHHS), Admin-

istration on Children and Families (ACF) ensures that states comply with federal child welfare law and policies. DHHS administers funding authorized under Title IV of the Social Security Act, which is major sources of funding for child welfare programs and services.

Child Protective Services

Under s. 48.02 of the statutes, "abuse" is defined as:

- Physical injury inflicted on a child, other than by 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 or drugs;
- Sexual assault, sexual exploitation of a child, sex trafficking, or allowing a child to engage in prostitution or solicitation;
- Manufacturing methamphetamine under specified 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 to obtain the necessary treatment or to take steps to ameliorate the symptoms, for reasons other than poverty.

"Neglect" is defined as failure, refusal, or inability, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child.

Mandatory and Voluntary Reporters. Any person may make a report of suspected abuse or neglect to the county department of social services (or DMCPS), a licensed child welfare agency under contract with DCF, the sheriff, or police department. Employers may not fire, discipline, or otherwise discriminate, or threaten such treatment, against an employee for reporting abuse or neglect.

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 has been threatened with abuse or neglect that will occur. These "mandatory reporters" include doctors, counselors, juvenile correctional officers, mental health professionals, and teachers. Clergy members are mandatory reporters in cases of suspected or threatened sexual abuse.

A report of child abuse or neglect initiates the CPS process. The process consists of three basic stages: (1) access; (2) initial assessment; and (3) ongoing services.

Access. Most cases reported to the sheriff or police department must be referred to the county CPS agency within 12 hours. In cases where the alleged maltreater is not a caregiver for the child, the sheriff or police department may, but is not required to, refer the report to the CPS agency. In cases of sex trafficking, the sheriff or police department must refer the case to the CPS agency, which must investigate the alleged non-caregiver maltreater.

Once an allegation of child abuse or neglect is referred to a CPS agency, the agency must immediately evaluate the allegation to determine whether there is reason to suspect that a caregiver has abused or neglected the child or threatened the child with abuse or neglect. The CPS agency assesses the information in the report based on the totality of circumstances (including information from any previous CPS reports), and evaluates it

based on a "reasonable person" standard. If an allegation does not rise to this level, the CPS agency screens out the report. In such cases, the CPS agency may still refer the family to community services or offer to provide voluntary agency services to address family concerns not related to child safety.

If the CPS agency determines that there is reason to suspect that substantial abuse or neglect has occurred (or is likely to occur), the report moves on to the next stage -- the initial assessment.

Initial Assessment of Allegations. For each screened-in report, the CPS agency must initiate an investigation within 24 hours to determine whether the child is in need of protection or services. The investigation must determine within 60 days, based upon a preponderance of the evidence, whether abuse or neglect has occurred or is likely to occur. The investigation must be conducted in accordance to standards established by DCF.

The requirements of the assessment vary, depending on who the alleged maltreater is. The CPS agency conducts primary assessments for parents, caregivers, household members and unknown maltreaters. Secondary assessments are conducted for individuals who have provided care to the child in or outside the child's home or exercised temporary control over the child. Non-caregiver assessments are conducted for individuals outside of the family.

The CPS agency will substantiate a report if, based on credible information, there is a preponderance of the evidence (that is, it is more likely than not) that every element of the definition of the alleged type of maltreatment has been met. The preponderance of evidence standard is lower than the standard needed for proof in juvenile court (clear and convincing evidence) and criminal court (evidence beyond a reasonable doubt). Therefore, while there may be sufficient information to substantiate an alleged case of child abuse or neglect, there may not necessarily be

sufficient evidence to obtain a child in need of protection or services (CHIPS) court order or to support criminal prosecution. CHIPS court orders are discussed later in this paper.

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 caseworker is unable to determine whether an incident happened.

Regardless of whether the specific allegation is substantiated, the CPS unit may open a case if it determines that a child is not safe in the home or the family needs services. A case need not be substantiated in order for the CPS unit to obtain a CHIPS petition, or for the child welfare agency to begin providing services to the child and family. However, substantiating a case has legal ramifications for the alleged maltreater that do not occur when a case is unsubstantiated, such as the denial of certain child care licenses and employment. A substantiated maltreater has the right to appeal the findings.

In January 1, 2015, CPS agencies began using a uniform, two-step process for substantiating reports of child abuse or neglect that identify a specific person as the maltreater. Under these procedures, if a person has been identified as a maltreater in an initial determination, before the final determination can be made, the accused person must be provided an opportunity for a review of that initial determination in accordance with rules promulgated by DCF.

Within five days of the final determination, the CPS agency must notify the person in writing of: (a) the final determination; (b) the person's right to a contested case hearing on the final determination; and (c) the procedures by which the person

may receive that hearing. Contested hearings must be conducted within 90 days by the Division of Hearings and Appeals in the Department of Administration. A final decision must be issued within 60 days from the hearing and is subject to judicial review.

A 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.

Ongoing Services. If the CPS agency determines that the child is not safe or is at risk of further abuse and neglect, staff will determine whether the child can remain at home if the family receives appropriate services, or if the child needs to be removed and placed in out-of-home care. If the CPS 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.

Child Abuse and Neglect Data. The statutes require DCF to prepare an annual report containing specified information on child abuse and neglect in Wisconsin and other child welfare information to the Governor and Legislature. The most recent report, dated December, 2018, contains calendar year 2017 data.

DCF reports that in 2017, CPS agencies received 79,193 referrals alleging maltreatment of children, of which 52,152 (65.8%) were screened out and 27,041 (34.2%) were screened in. In 2017, CPS units completed 42,502 maltreatment reports, based on 48,225 maltreatment allegations involving 35,752 children. After subtracting the number of allegations that were addressed through alternative response assessments, the remaining reports contained 41,374 maltreatment allegations, of which 5,632 (13.6%) were substantiated. Of these substantiated cases, 3,706 (65.8%) involved

neglect, 1,082 (19.2%) involved sexual abuse, 806 (14.3%) involved physical abuse, and 38 (0.7%) involved emotional damage or emotional abuse.

Statewide substantiation rates have fallen significantly since 1996, when approximately 38% of cases were substantiated. This decrease may be due to several factors, including: (a) state and federal requirements associated with appeal rights for substantiated maltreaters, which have resulted in a more rigorous application of substantiation decision-making; (b) enactment of the state's caregiver background requirements, which prohibit a person who was previously substantiated of child abuse or neglect from engaging in certain types of employment, including working in child care centers and nursing homes; (c) a recent clarification of DCF policy relating to mutual sexual contact between teenage peers, which resulted in more requests for child protective services, but fewer CPS reports; and (d) in 2005, the elimination of a requirement that CPS agencies complete an initial assessment in situations where the alleged maltreater is not a caregiver for the child.

DCF has issued guidelines for CPS agencies to use in determining whether or not to substantiate an allegation. However, the determination or substantiation of a case can vary from county to county within those parameters.

Recent Program Initiatives

Alternative Response Program. Provisions of 2009 Wisconsin 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 prevent future abuse or neglect in lower-risk families by providing services in a less adversarial environment.

Under the program, if there is reason to suspect that substantial abuse or neglect has occurred or is likely to occur, the CPS agency investigates the report. However, in cases where the CPS agency

determines that there is no immediate threat to the safety of the child, the agency may conduct a comprehensive assessment of the safety of the child and the child's family, the risk of subsequent abuse or neglect, and the strengths and needs of the child's family to determine what voluntary services may be provided to address those issues. These alternative response assessments do not result in a determination that the alleged abuse or neglect is substantiated or not. Rather, these assessments result in findings of either "services needed" or "services not needed."

A CPS agency may also conduct a needs assessment when an investigation is not necessary for the safety of the child. Further, if there is no reason to suspect that abuse or neglect has occurred or is likely to occur, the CPS agency may refer the family to a service provider in the community for the provision of appropriate services on a voluntary basis.

On July 1, 2010, DCF implemented the pilot project in Eau Claire, La Crosse, Milwaukee, Marathon, and Pierce Counties. Since July 2011, the following counties have implemented the program: Barron, Brown, Calumet, Chippewa, Dodge, Douglas, Eau Claire, Fond du Lac, Green Lake, Jefferson, La Crosse, Langelade, Manitowoc, Marathon, Menominee, Outagamie, Pierce, Racine, Sauk, Waupaca, Waushara, and Winnebago. DCF is currently planning to implement the alternative response program statewide.

Volunteer Host Families. Pursuant to provisions enacted in 2015 Act 55, nonprofit organizations may place children with temporary host families, if the child's parent or legal guardian has voluntarily agreed to participate as an alternative to out-of-home care through a written parental delegation of authority. Volunteer host family homes are not subject to foster home licensing requirements for children under their care through a parental delegation of authority. DCF does not provide oversight of these programs, services, and homes.

Volunteer host families may serve families who have CPS reports that are screened out, families whose cases are closed after initial assessment, or families seeking to do a parental delegation. Further, for families subject to certain court orders under Chapters 48 or 938 of the statutes (such as delinquency, guardianship, or children in need of protective services), nonprofit volunteer host families may only be used as approved by the juvenile court.

Out-Of-Home Care

In cases of maltreatment involving primary caregivers, the decision to provide services to the family is based on a safety assessment and resulting safety decision. If, after investigating an allegation of abuse or neglect, the CPS agency determines that a child is safe, the case is closed. The CPS agency is not required to offer or refer the family for services, but the agency may still inform the family about voluntary services and community resources available to address family needs.

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, in cases where a court determines that 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, in cases where a court determines that a child has demonstrated certain behaviors, including being uncontrollable, running away, or truancy; (c) a delinquency court order, in cases where a child has engaged in 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, group home, or shelter care facility. VPAs are limited to 180 days for foster home placements, 15 days for

group home placements, and 20 days for shelter care facilities.

Chapter 48 of the statutes (the Children's Code) governs the CHIPS process, while Chapter 938 of the statutes (the Juvenile Justice Code) 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.

Except under a VPA, a child is placed in out-of-home care under a court order. Before that order is made, a number of steps must occur. This section details the steps in the CHIPS process, but the JIPS process is similar.

CHIPS Process for Removal from Home. After a child is taken into custody, the matter comes before a juvenile court intake worker to determine whether legal grounds exist to continue to hold the child in custody. Under s. 48.205 of the statutes, a child can be held in custody if there is probable cause to believe that: (a) the child will self-inflict injury or will be subject to injury by others; or (b) the parent, guardian, or legal custodian 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. Probable cause may also be found for the child if another child in the home meets either criteria. Further, custody may be continued if there is probable cause to believe that the child will run away or be taken away so as to be unavailable for court proceedings. The intake worker must make every effort to release the child to the parent, guardian, or custodian where appropriate.

Local law enforcement and child protection agencies may also intervene to protect an unborn child of an expectant mother. Physical custody may be continued if there is probable cause to believe that: (a) 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 or drugs; and (b) the expectant mother refuses or has not made a good faith effort to participate in any substance abuse treatment services offered to her.

Court Process. If the child or expectant mother is not released from custody, a court hearing must be held within 48 hours from the time when the decision to hold the child in custody was made. The judge must determine whether 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 identify 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 certain 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 payments, 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.

The county or state must file a CHIPS petition at this hearing. 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.

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

that any of the following apply:

- The child has no parent or guardian or has been abandoned;
- The child's parents have relinquished custody of an infant younger than 72 hours old;
- The child has been the victim of abuse or is at substantial risk of becoming a victim of abuse, including injury that is self-inflicted;
- The child's parent or guardian is unable or needs assistance to 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 care, or shelter, or is at substantial risk of doing such things, so as to seriously endanger the physical health of the child;
- 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. The parties may request a jury trial for the fact finding hearing at any time before or during the plea hearing.

Pursuant to 2017 Act 253, the court may appoint counsel for birth parents and other certain parties. Further, through June 30, 2021, the Office of the State Public Defender will administer a pilot program in Brown, Outagamie, Racine, Kenosha, and Winnebago counties to provide counsel to any non-petitioning parent after a CHIPS petition has been filed.

If, after the conclusion of the hearing, the fact finder determines that the allegations are not proved, the case is dismissed and the child returns home. If the fact finder determines that there is clear and convincing evidence, the court will hold a dispositional hearing within 30 days or immediately if all parties consent.

At any time before the entry of the dispositional order, the parties may agree to the entry of a consent decree that places the child under supervision in the home. This decree may be later amended to change placement of the child.

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 details 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, educational programming, supervised independent living if the child is at least 17 years old, and transferring legal custody to a relative, DCF, a county department, or other licensed child welfare agency. Additional services may be ordered depending on the child's specific needs. The dispositional order must be in writing and must contain the specific services that will 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 several 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; (d) the parent has been found to have relinquished custody of the child when the child was 72 hours old or younger; and (e) the child's parent was convicted of the crime of child sex trafficking the child.

Generally, a dispositional order that places or continues placement of the child in an out-of-

home placement, unless the judge specifies a shorter period of time, terminates on the latest of the following dates: (a) the day the child reaches 18 years of age; (b) one year after the order is entered; or (c) the day the child is granted a high school or high school equivalency diploma or, if earlier, the day the child reaches 19 years of age.

Extended placement can be provided through a court order or a transition-to-independent-living agreement. A child who is in out-of-home care and who has an individualized education program (IEP) may continue in out-of-home care until the child is granted a high school diploma or its equivalent or until he or she reaches 21 years of age, whichever occurs first, if: (a) the child is a full-time student at a high school or its vocational or technical equivalent; and (b) the child is at least 17 years old when the order is entered and the child (or the child's guardian) agrees to the order. When executing a transition-to-independent-living agreement, the child welfare agency must petition the court for a hearing to determine whether placement in out-of-home care is in the best interest of the child.

The parties may request changes in a child's placement based on new information before or after the court's final disposition. The court may also propose a change on its own motion. For requests made by a child welfare agency, district attorney, or court intake worker, the court must order a change in placement without a hearing, unless the child's parent (or guardian, guardian ad litem, or other persons entitled to notice) objects within 10 days.

Permanency Plans. For each child placed in out-of-home care, the agency assigned responsibility for placing or providing services to the child must prepare a written permanency plan. Children age 14 and older may help develop their own permanency plans and select up to two members of the case planning team who are not foster parents or caseworkers of the child.

The permanency plan must be filed with the court within 60 days after removal from the child's home. Permanency plans are also required for children placed in the home of a relative under a court order and for those placed outside the home through a voluntary-transition-to-independent-living agreement.

The permanency plan identifies the goal for a permanent placement for the child and the services to be provided 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; and (e) if the child is at least 16 years old, some other planned permanent living arrangement that includes an appropriate, enduring relationship with an adult. 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 the goal described under (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 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 must be reviewed no later than six months after the child is removed from the home and every six months thereafter, for as long as the child is placed outside of the home. The court in the county where the most recent dispositional order was issued is required to hold a permanency hearing within 12 months after removal and at least every 12 months thereafter. This hearing may be held either in place of, or in addition to, a review of the permanency plan.

Types of Out-of-Home Care Placements. Out-of-home care placements can range from a

home setting to a more restrictive, institutional setting. Reasonable efforts must be made place siblings together. Table 1 shows the number of children in statewide out-of-home care, by placement type, as of September 30, 2018.

Table 1: Statewide Out-of-Home Care (OHC) Placements as of September 30, 2018

	Number	% of Total
Foster Home	4,729	60.1%
Kinship Care	1,286	16.3
Treatment Foster Home	820	10.4
Residential Care Center	359	4.6
Group Home	267	3.4
Trial Reunification	156	2.0
Detention	56	0.7
Shelter	55	0.7
Institutions	54	0.7
Missing From Out-of-Home Care	54	0.7
Supervised Independent Living	<u>31</u>	<u>0.4</u>
Total	7,867	100.0%

Foster Care. As of September, 2018, 60.1% of children who were in out-of-home care statewide were in licensed foster care. Licensed foster care is the least restrictive out-of-home placement. Under foster care, a family provides care and maintenance for four or fewer children who are unable to live with their families due to issues of abuse or neglect. Up to seven children may be placed in the family's home if necessary to enable: (a) a sibling group, or minor parent and minor child to remain together; (b) the return of a child from a trial reunification; and (c) a child to enter a voluntary transition to independent living. Exceptions may be granted to place eight or more children in a foster home if the placement is necessary to keep siblings together or a minor parent and minor children together.

Under the current 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. Each higher level of care requires additional

experience, letters of reference, and training.

Level One certification applies to a foster home with a child-specific license, which 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 homes.

Wisconsin law requires foster parents to receive training in the care and support needs of children who are placed in foster care. 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 the certified level of foster care into which the child will be placed, what services will be provided, and what payment the foster parent will receive.

Placing agencies disburse a basic maintenance payment to foster parents and may provide supplemental and exceptional payments. The current maximum monthly foster care payment for a child is \$2,000. Currently, 88% of children in foster homes have supplemental rates and 70% have exceptional rates.

The basic maintenance rate is a fixed monthly payment that is intended to reimburse a foster parent for the usual and customary costs of caring for a foster child, such as food, clothing, housing, basic transportation, and recreation. 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 public adoption program's foster care program. Table 2 shows the

Table 2: Basic Maintenance Payments and Clothing Allowance -- Calendar Year 2019

	Monthly Amount	Maximum Clothing Allowance
Level One	\$244	\$0
Levels Two and Above		
Up to Age Five	\$404	\$225
Ages Five through 11	442	263
Ages 12 through 14	502	300
Ages 15 and over	524	300

statutory basic maintenance rates for 2019.

Placing agencies may also provide a supplemental payment or an exceptional payment for foster homes certified at Level Two or higher. The supplemental rate provides an additional monthly payment intended to cover the costs of caring for a child whose needs exceed normal limits of care and supervision for that child's age. The amount of the payment depends on the needs of the child. 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.

The placing agency may also provide an exceptional payment 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 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 that would have been received under rules in effect prior to the current method determining supplemental payments based on the standardized assessment.

In addition to the monthly foster care payments, the county or DCF may provide a one-time clothing allowance when a 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 2. Counties may reimburse a foster parent once for the actual costs of the clothing purchases, up to the maximum allowance.

A placing agency may also provide a monthly retainer fee to a foster parent to maintain openings in a foster home for emergency placements.

Beginning in 2018-19, 2017 Act 260 provides \$400,000 in general purpose revenue (GPR) annually for DCF to provide grants of up to \$75,000 to counties, nonprofit organizations, and tribes to support foster parents and provide normalcy for children placed in out-of-home care. Grantees may use this funding to support a broad range of costs, including incentives to retain foster parents, enhancing foster parent education, and reimbursing foster parents for foster care-related expenses.

Kinship Care. As an alternative to foster care and other out-of-home placements, the kinship care program provides financial assistance to adults to support costs of caring for their relative children. The program is not used when another placement is in the child's best interests.

Under the program, a relative does not necessarily assume guardianship of the child. Rather, kinship care is a living arrangement for the child in the relative's household.

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. Kinship care relatives who provide care and maintenance for one or more children may receive a kinship care payment of \$232 per child 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;

- 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 to determine if the kinship care relative (and employees, prospective employees, and adult household residents who would have regular contact with the child) had 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 employees, prospective employees, or other adults in the residence) 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 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: (a) any person under the age of 18; (b) a youth between 18 and 19 years of age who is a full-time

student in good academic standing at a secondary school (or its vocational or technical equivalent) who is reasonably expected to be granted a high school diploma or its equivalent; or (c) a youth between 18 and 21 years of age, who is a full-time student in good academic standing at a secondary school (or its vocational or technical equivalent) if an IEP is in effect for the person and so long as the child is placed in the home of the kinship care relative under a court order or voluntary transition-to-independent-living agreement.

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 is pending. This period 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 that is 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 relative's home.

At least every 12 months, the county, tribe, or DCF reviews the case 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.

Group Homes and Residential Care Centers. As of September, 2018, 3.4% of children in out-of-home care statewide were in group homes, and 4.6% were in residential care centers (RCCs) for children and youths. These placements are more restrictive than foster homes and kinship care

placements.

Group homes provide care and maintenance for five to eight children, excluding children of minors. 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 nonprofit or proprietary corporation that operates one or more group homes.

RCCs provide treatment and custodial services for children, youths, and young adults. RCCs are typically licensed private child welfare agencies. Placement into an RCC must be made before the child reaches age 18, unless the placement is made under a juvenile court's jurisdiction. An RCC may not have 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.

Under previous state law, group homes and RCCs established their own rates and reported them to DCF for publishing. 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. 2009 Act 335 required these rates to be set using a performance-based contracting system.

For group homes and RCCs, the regulated rate is a per-client rate that each facility may charge for costs associated with room, board, administration, service provision, and oversight of youths. For child-placing agencies, the regulated rate is a per-client administrative rate that each agency may charge for the administrative portion of its services for foster homes with a Level 3 or 4 certification under the foster care levels of care system. A private child-placing agency is a child welfare agency licensed to place children in adoptive homes, licensed family foster homes, or licensed

group homes.

By November 1 of each year, DCF sets new maximum rates for the next calendar year, after reviewing proposed rates submitted by providers.

In addition to the rate established by DCF, group homes and RCCs may request extraordinary payments for a specific child to cover unreimbursed costs of service needs that are not accounted for in the maximum per-client rate.

Table 3 shows the maximum administrative daily rates as set by DCF for group homes, RCCs, and child placement agencies for 2019.

Table 3: Maximum Administrative Daily Rates for Group Homes, RCCs, and Child Placement Agencies, 2019

Child-Placing Agency	\$74.24
Group Home	240.12
Parenting Teen Group Home	270.12
Residential Care Center	409.90

Table 4 shows the average daily rates for group homes and RCCs and the range of rates for these facilities in 2018.

Table 4: Average and Range of Daily Rates for Group Home and RCCs, 2018

	Average	Range
Group Home	\$211.98	\$140.00 to \$253.35
Parenting Teen Group Home	246.08	242.04 to 251.67
Residential Care Center	392.63	266.53 to 516.84

Shelter Care Facilities. Shelter care facilities licensed by DCF offer temporary care and physical custody for children. A child may be held in a shelter care facility if he or she has been taken into custody under the Children's Code or the Juvenile Justice Code, has been ordered by the juvenile court to be held in temporary physical custody, or needs a transitional placement when emergency conditions necessitate an immediate

change in placement.

2013 Wisconsin Act 335 permits a child to be placed in a shelter care facility under a voluntary agreement for up to 20 days. The following persons and agencies may place a child in a shelter care facility under a voluntary agreement: (a) the child's parent, guardian, or Indian custodian; (b) DCF; (c) the Department of Corrections; (d) a county department of human or social services; and (e) a child welfare agency licensed to place children in shelter care facilities.

Out-of-Home Care Caseloads. Table 5 shows the out-of-home care caseloads as of December 31, from 2007 through 2017, by placement type. The table shows a marked increase in the number of children in out-of-home placements during the past several years. According to DCF, parental drug abuse has contributed significantly to the recent rise in child welfare cases, including out-of-home placements.

As of October 31, 2018, there were 7,903 children in out-of-home care in Wisconsin, including 2,162 in Milwaukee County and 5,741 in the rest of the state. About 30% of the state's children in out-of-home care are in Milwaukee County. These figures exclude Native American children placed in out-of-home care by a tribal court and whose payments are being paid for by the tribe.

Placements for Victims of Sex Trafficking. Victims of sex trafficking require specialized treatment for serious physical and mental health needs. DMCPS contracts with Lad Lake, a nonprofit organization serving at-risk youths, to provide out-of-home residential treatment to victims of sex trafficking in Milwaukee County.

As for the balance of the state, the 2017-19 biennial budget bill provided \$3.0 million GPR annually to DCF under a biennial appropriation to fund the costs of out-of-home placements, services, and treatment for children and youths who have been or are at risk of alleged sex trafficking.

In 2018, DCF established a temporary \$2.5 million funding pool to reimburse county and tribal costs for out-of-home care for youths who have experienced substantiated sexual abuse that involved sex trafficking. DCF intends to establish a specialized residential treatment program by issuing a competitive request for proposals.

Licensing Requirements. Counties, tribes, DCF, and child welfare agencies license foster homes. DCF licenses child-placing agencies, group homes, shelter care facilities, and RCCs.

The requirements for licensure are specified in the state's administrative code. The rules indicate who may apply for a license, the application process, 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 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, and the age and gender of the children who may be placed. A foster home license may be issued for up to two years. Licenses for child welfare agencies, group homes, and RCCs are reviewed every two years, but do not expire unless they are revoked or suspended. DCF, in conformance with Title IV-E, requires all licensed group homes, shelter care facilities, residential care centers and private child-placing agencies to conduct caregiver background checks on specified employees, contractors, and interns that have direct caregiving responsibilities.

Pursuant to 2015 Act 378, DCF adopted a standardized home study assessment process for all foster care licensing, known as the structure analysis family evaluation (SAFE). Effective October 1, 2016, all counties in Wisconsin use standardized SAFE questionnaires, interviews, reports,

Table 5: Out-of-Home Care Caseloads as of December 31 -- 2007 through 2017

Year		Court-Ordered Kinship Care	Foster Homes	Group Homes	Residential Care Centers	Other Placements*	Total
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
2012	Milwaukee County	289	1,282	133	89	148	1,941
	All Other Counties	481	3,011	193	294	332	4,311
	Wisconsin Total	770	4,293	326	383	480	6,252
2013	Milwaukee County	358	1,400	149	75	202	2,184
	All Other Counties	553	3,012	168	276	327	4,336
	Wisconsin Total	911	4,412	317	351	529	6,520
2014	Milwaukee County	434	1,429	154	100	159	2,276
	All Other Counties	565	3,316	174	263	275	4,593
	Wisconsin Total	999	4,745	328	363	434	6,869
2015	Milwaukee County	348	1,481	151	81	196	2,257
	All Other Counties	708	3,470	154	284	295	4,911
	Wisconsin Total	1,056	4,951	305	365	491	7,168
2016	Milwaukee County	333	1,461	149	64	152	2,159
	All Other Counties	846	3,704	146	298	329	5,323
	Wisconsin Total	1,179	5,165	295	362	481	7,482
2017	Milwaukee County	460	1,177	143	70	331	2,181
	All Other Counties	999	3,268	144	287	918	5,616
	Wisconsin Total	1,459	4,445	287	357	1,249	7,797

*Primarily includes children living with unlicensed relatives and non-relatives and children in secured facilities.

**Foster home caseloads in 2011 only partially include levels one through five foster care homes because the levels of care foster care licensing system was not fully in effect until September 1, 2011. Prior years include only foster homes and treatment foster homes.

and trainings.

Interstate Compact for the Placement of Children. The Interstate Compact for the Placement of Children is a uniform law enacted by all 50 states to provide for uniform administrative and legal procedures for interstate placement of children. The compact ensures that Wisconsin children placed in other states receive the same protections afforded to children placed within Wisconsin.

The compact also: (a) facilitates uniform data collection and information sharing among member states; (b) promotes coordination between this compact, the Interstate Compact on Adoption and Medical Assistance, and other compacts that affect the placement of and provision of services to children; and (c) provides guidelines, in collaboration with tribes, for interstate cases involving Indian children, as permitted by federal law.

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 previously noted, some of the permanency plan goals can include: (a) reunification; (b) transfer of legal guardianship, which may include subsidized monthly payments; (c) adoption; or (d) if over the age of 16, some other planned permanent living arrangement that includes an enduring relationship with an adult, such as long-term foster care. For children age 18 and over, the permanency plan must also include a transition to independent living.

Reunification. 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. Reunification occurs 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. In FFY 2017, 72.5% of children were reunified with their primary caretaker within 12 months of placement in out-of-home care.

Trial Reunification. A trial reunification is a continuation of out-of-home placement in the child's home to assist in determining the appropriateness of family reunification. Children in out-of-home care placements may return home for a periods of seven consecutive days, for up to 150 total 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. Terminating a trial reunification is not considered a re-entry into out-of-home care.

As of December 31, 2017, there were 118 placements in trial reunifications.

Post-Reunification Services Waiver. On September 28, 2012, DHHS approved Wisconsin's request for a five-year Title IV-E demonstration waiver. The waiver allowed DCF to use federal Title IV-E funds to expand a program statewide that provides post-reunification services to families for up to one year. These services were expected to reduce the rate of reentry of children into out-of-home care placements, thereby reducing cost of out-of-home care placements.

Under the program, case managers develop a 12-month post-reunification plan that takes into consideration the needs of each child and family. Counties receive a monthly case rate of \$1,100 per enrolled child to fund case management services, including 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 connection to community services.

The waiver program is operated statewide. As of September 30, 2018, there were 1,219 families that were receiving services under the waiver program and 691 children had completed the full 12 months of program participation. On average, a case is enrolled in the program for 279 days.

The waiver demonstration period has been extended to September, 2019. DCF is currently evaluating the program to determine whether the program should be continued after the waiver demonstration period ends.

Guardianship. A person appointed by the court to be the guardian of a child 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 (TPR). Without a TPR, the child is still legally the child of his or her parents, but the guardian, is generally responsible for the care and well-being of that child.

Delegation of Power by Parent. In lieu of petitioning the court for the appointment of a guardian for his or her child, a parent may 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 delegation of power by a parent may remain in effect for up to one year, unless it is made to a relative of the child or approved by a court. 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. Any person who delegates his or her powers regarding the care and custody of a child for longer than one year without first obtaining the approval of the juvenile court is subject to a fine of up to \$10,000 or imprisonment of up to nine months, or both.

Subsidized Guardianship. The subsidized guardianship program provides payments to guardians 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 subsidized guardianship program also applies to tribal children under substantially similar tribal law.

The initial amount of the monthly payment is based on the circumstances of the guardian and the needs of the child, but may not exceed the monthly foster care payment that was made on behalf of the child in the month immediately preceding the guardianship order. Subsidized guardianship

payments must also be provided for a sibling of the child if it is determined appropriate to also place the sibling in the home of the guardian, regardless of whether the sibling meets the eligibility requirements described below.

In order for a guardian to receive payment, the child must: (a) have been removed from the home under a voluntary agreement or court order containing a finding that continued placement in the home would be contrary to the welfare of the child; (b) have been residing in the home of the guardian for at least six consecutive months; (c) demonstrate a strong attachment to the guardian; and (e) have been consulted regarding the guardianship arrangement, if over the age of 14. In addition, the placing agency must have determined that neither the child's return to the home or adoption is in the child's best interest.

Further, the guardian must: (a) be a relative of the child or, prior to or during the child's placement in out-of-home care, have a significant emotional relationship with the child or the child's family that is similar to a familial relationship; (b) have a strong commitment to caring permanently for the child; (c) have been licensed as the child's foster parent for at least six consecutive months immediately before being named guardian and must meet, along with all adults residing in the home, background check requirements; and (d) have entered into a subsidized guardianship agreement.

The subsidized guardianship agreement must specify a number of terms and conditions, such as the amount of the monthly payment and the manner in which the amount may be adjusted, based on changed circumstances and any additional assistance for which the child or guardian are eligible (including medical assistance). The agreement may also provide for up to \$2,000 of nonrecurring costs. Such agreements remain in effect without regard to the state of residence of the guardian.

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. Eligibility for federal guardianship assistance funding is not affected by the replacement of a guardian with a successor guardian named in the guardianship agreement.

In 2017, 835 children were discharged to guardianships, of whom 271 entered the subsidized guardianship program. Of the total number of children that were discharged to guardianship, 781 children had a relative guardian and 54 children had a nonrelative guardian.

Youths Aging Out of Out-of-Home Care

Under state law, a youth 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 or its equivalent, 19 years of age (or 21 if an IEP is in effect). 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.

Changes enacted in 2013 Wisconsin Act 334 permit a full-time student with an IEP to continue in out-of-home care under a voluntary transition-to-independent-living agreement, or an extended dispositional order of the juvenile court, until a youth earns a high school or high school equivalency diploma or reaches 21 years of age, whichever occurs first.

Chafee Foster Care Independence Program (CFCIP). Research indicates that youths who age out of the child welfare system are at much higher risk of adverse economic and social outcomes, including homelessness, higher unemployment rates, lower educational enrollment, and higher

rates of criminal involvement than other youths. To avoid such outcomes, DHHS allocates funding to states to provide independent living services to youths who age out of out-of-home care and youths between the ages of 18 and 21 who were formerly in out-of-home care. Participation in the program is voluntary.

In Wisconsin, a youth is eligible under CFCIP 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 or had a guardian appointed after age 16 from an out-of-home care placement, subsidized guardianship, or long-term kinship care; or (d) aged out of an out-of-home care placement, subsidized guardianship, or long-term kinship 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. Title IV-E eligibility is not required in order to receive services.

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 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 an independent living (IL) plan. IL plans become part of the permanency plan and are reviewed at minimum every six months. The IL plan can be updated at any time.

During the 90 days immediately before the youth ages out of out-of-home care (including terminations of independent living agreements), the youth must also 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

youth; (b) be as detailed as the youth directs; and (c) include specific options for obtaining housing, health care, education, mentoring and continuing support services, and workforce support and employment services. DCF's policy is to have the planning phase begin when the youth is age 17 years and six months and to have the transition 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 his or her 21st birthday, the youth may continue to receive services through the regional, county, or tribal independent living program. The level of service is determined by the needs of the youth.

States may use CFCIP 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.

DCF previously allocated CFCIP funding to counties, DMCPs, and tribes as part of the child welfare contract with DCF. However, inefficient expenditure, inadequate youth engagement, and inconsistent application of program requirements lead to a policy review by DCF. For example, in May, 2014, DCF found that only 41% of eligible youths received independent living services.

In order to improve the delivery of independent living services, DCF created the Bureau of Youth Services to focus on older youths in the child welfare system. DCF restructured the delivery of independent living services by contracting with seven regional service agencies to provide in-person services for youths over 17 and a half years old. Table 6 lists the regional agencies.

Table 6: Youth Services Regions and Administering Agencies

Region	Agency
North	Wood County Human Services Department
Northeast	Bay Area Workforce Development Board
Milwaukee	SaintA, Inc.
Southeast	Kenosha Human Development Services
SW & Central	Workforce Development Board Southcentral
West	Family and Children's Center
Northwest	Workforce Resource, Inc.

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 do not provide matching funds once the youth services have transferred to the regional agency. In such cases, the match is provided by the regional agencies and other sources.

States may use CFCIP funds for room and board expenses for youths between 18 and 21 years old who were in out-of-home care until their 18th birthday. However, states may use no more than 25% of the total CFCIP allocation for this purpose. Regional agencies, counties, and tribes use most of the funds to support independent living coordinators and direct services to youths.

County agencies continue to be the primary point of contact for permanency planning and educational success for all children under the age of 18. However, the seven regional service agencies have the primary responsibility for specialized services unique to older youths, such as employment development and achieving the youth's independent living goals. DCF has established expected outcomes for participating 18- to 21- year olds for housing, education, health, well-being, and employment. The regional service agencies are the primary point of contact for achieving the

expected outcomes.

Wisconsin received \$2,188,800 in federal fiscal year (FFY) 2018 under the CFCIP, which DCF allocated to regional agencies, counties, and tribes.

Runaway and Homeless Youth Program. Eight programs provide residential, counseling, and other services on a regional basis to protect and reunite runaway and homeless youths with their families. These services are funded under Title IV-B, Subpart 1 of the Social Security Act. Approximately \$677,000 FED is budgeted annually from this source. 2017 Act 59 provided \$100,000 GPR annually, beginning in 2017-18, for DCF to award grants for agencies that provide services for homeless and runaway youths. In 2018, DCF used the state funding to supplement the federal funding to increase the contracts for runaway and homeless youth services.

Most of these programs are also supported through other grants and funding sources, such as federal Family and Youth Services Bureau runaway and homeless youth grants.

Education and Training Vouchers Program. The federal education and training voucher (ETV) program, funded under Title IV-E of the Social Security Act, helps youths transition to self-sufficiency and receive the education, training, and services they need to obtain employment. 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.

Wisconsin received \$710,100 from the ETV program for FFY 2018.

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, the youth 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 (IL) services. The IL plan developed for each youth eligible for the IL program must include an education plan. Therefore, the IL plan for a youth eligible for the ETV program should address: (a) a plan for successful completion of secondary education; (b) communication with secondary or postsecondary educational counselors, officials, and support personnel; (c) a plan for completion of required applications, tests, and financial aid forms; (d) a plan for providing support during post-secondary educational or training attendance; and (e) a plan for applying for other financial aid. Youths must participate in designing their program activities. In addition, certain requirements, such as maintaining satisfactory progress and other procedural requirements, can be placed on the youth as a condition of remaining in the program.

DCF Scholarship Program. DCF awards scholarships of up to \$5,000 for youths 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 youths who 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 youth 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 once over the course of their education or training.

In 2017, 127 youths were determined eligible for services under the scholarship program, which totaled \$470,000. Of this amount, \$406,000 was issued for services to 119 youths. Twenty-eight students were denied funds because they were not eligible, and four applications were returned because they were incomplete. The federal funds are available under the ETV federal grant award. Local ETV funds were used for scholarships for 107 youths totaling \$112,100.

The total cost of ETV and DCF scholarships for which a youth is eligible cannot exceed the total cost of attendance at an institution of higher education per year, and may not exceed \$5,000 per year.

Re-entry into Out-of-Home Care. Pursuant to 2013 Act 334, DCF promulgated administrative rules that provide conditions and procedures for youths to re-enter out-of-home care after they age out. A youth who was discharged from out-of-home care either by termination of, or failure to enter into, a voluntary transition-to-independent-living agreement may be eligible to re-enter out-of-home care if the youth has an IEP, is between

18 and 21 years old, and is a full-time student at high school or high-school equivalent. A child welfare agency must allow an eligible youth to re-enter out-of-home care at least two times, but may use discretion to deny re-entry thereafter. The agency may consider such factors as whether the youth is, or is at risk of becoming, homeless, is pregnant or parenting, or has significant mental health issues.

A child welfare agency must determine the youth's eligibility within five working days of a request to re-enter out-of-home care. If the youth is not in school, the agency must assist the youth with enrollment. If the youth is eligible, the agency will enter into a new voluntary transition-to-independent-living agreement with the youth as soon as practicable. The youth is placed into out-of-home care within 24 hours and into a long-term placement within 10 days. If ineligible, the agency must notify the youth of its decision in writing and provide information on the youth's right to appeal the decision to the agency's director within 10 days. Further appeals may be made to the DCF Division of Safety and Permanence.

Adoptions

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. In a CHIPs proceeding, the district attorney (or the corporation counsel or other appropriate person designated by the county board of supervisors) must file a petition for a TPR if certain circumstances apply. These circumstances include when a child has been placed in out-of-home care for 15 of the most recent 22 months, when a child has been abandoned, and when the child is the victim of certain violent felonies committed by the parent. In other circumstances the counsel or guardian ad litem for a parent, relative, guardian or child may file a petition.

There are several statutory grounds for a court to grant a petition for a TPR, including: (a) abandonment; (b) relinquishing custody of a newborn; (c) continuing need of protective services for a cumulative total period of six months or longer; (d) child abuse; (e) failure to assume parental responsibility; and (f) prior involuntary termination of parental rights to another child. 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 county, child welfare agency or DCF, 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.

Proper court venue and jurisdiction for a petition for adoption is in the county in which the TPR petition was filed or the county where the child or proposed adopted parent resides. Adoptions may be: (a) by relatives or stepparents; (b) 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, the state provides case management services through the public adoption program.

DCF and counties apply a uniform SAFE home study investigation of all potential adoptive parents (except for stepparents, for whom other screening standards apply). All proposed adoptive

parents who have not previously adopted a child must receive 25 hours of training before the adoption is finalized, including training on trauma, child abuse and neglect, and sexual abuse. Six hours of training must be in-person, and six hours must be appropriate to the specific needs of the child. Adoptive parents may also elect to receive six additional hours of post-adoptive training. However, persons who adopt children from relative parents and persons who adopt a child in a foreign jurisdiction and then register the adoption in Wisconsin are not required to complete this training.

In federal fiscal year (FFY) 2018, 723 children were adopted in Wisconsin. The average time between removal and TPR was 28.2 months. The average time from TPR to the finalized adoption was 8.4 months. Approximately 26.1% of children were adopted within 24 months after they were removed from their home.

After adoption, the child is given a new birth certificate and the legal relationship with the birth parents is severed. The adoptive family assumes all the rights, duties, and legal consequences of a parent-child relationship.

As for foreign adoption orders, an adopted child automatically acquires citizenship upon admission to the United States. Pursuant to 2015 Act 380, "readoption" under state law is not required for such children. Instead, the adoptive parent only needs to register the foreign adoption order with a Wisconsin court within 365 days to receive a certification of birth data, which has the full force and effect of a birth certificate.

Public Adoption Program. The public adoption program provides adoptive services for children under the guardianship of DCF, a county department, or a tribal child welfare department. DCF administers the program, under which state and contracted staff provide case management and adoptive placement services.

The public adoption program is administered on a regional basis. Table 7 lists the region, the location of the regional offices, and the current contracted agency assigned to each region. Currently, the contract agency in the eastern region subcontracts with one other vendor to meet some of its workload.

Table 7: 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	Children's Services Society of Wisconsin
	Milwaukee	SaintA

DCF Division of Safety and Permanence administers the program and also contracts with private vendors in three regions for caseworkers and supervisors. DMCPs contracts with SaintA and with Children's Hospital of Wisconsin-Community Services to provide similar services for children with special needs in Milwaukee County.

State staff includes regional supervisors and social workers who consult with counties to identify children for whom adoption is an appropriate permanency option, to assist in the permanency planning for each child before TPR, and to search for adoptive 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 adoption readiness and training services for pre-adoptive families and children.

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

Federal and state law emphasizes specified timelines for providing permanence for children. Timely permanence for children is supported with concurrent permanency goals. For example, a permanency plan may include reunification with the birth parents, but may also include planning for a potential adoption. State permanency consultants develop and maintain 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 FFY 2018, the average time between the removal from the home and the TPR was 28.2 months statewide. The current federal child and family services review performance measures require each state to demonstrate that children in out-of-home care are adopted within 24 months after they are removed from their homes.

Table 8 shows the number of public adoptions finalized in each year from 2007 to 2017.

If, after being in the state's custody for two years in the public adoption program, a child has not been adopted and there is no agreement for

subsidized guardianship, DCF may petition the court to transfer legal custody of the child back to the county. The state maintains guardianship, and state adoption social workers continue to search for an adoptive placement for the child, but the county administers all 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 2018-19 \$2,842,700 (\$1,942,800 GPR and \$899,900 FED) is budgeted for DCF to make these payments. In September, 2018, DCF made payments on behalf of 314 children in the state foster care program.

Adoption Assistance Payments. 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 their home. 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 the assistance is necessary to assure the child's adoption.

Monthly adoption assistance payments range from \$0 to \$2,000. The circumstances of the adoptive parents and the needs of the child are considered in determining the amount of assistance. 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 the care needs of the child.

Under administrative rule, DCF must consider various family circumstances in determining the amount of the monthly adoption assistance payment. 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

Table 8: Number of Finalized Public Adoptions

Year	Non-Milwaukee Counties	Milwaukee County	Statewide Total
2007	476	248	724
2008	481	218	699
2009	463	248	711
2010	460	281	741
2011	503	277	780
2012	525	234	759
2013	517	242	759
2014	457	230	687
2015	396	217	613
2016	432	240	672
2017	463	254	717

the amount of the assistance payment. In addition, states cannot reduce the assistance payment because of a change in the adoptive parents' income without the adoptive parents' agreement.

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 who must be placed together; (c) the child has, or is at high risk of developing, 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; (d) the child belongs to a minority race in which children of that race cannot be readily placed due to lack of appropriate placements; or (e) the child is an Indian child. Most children available for adoption through the state adoption system meet one or more of these criteria.

Adoptive parents may continue to receive adoption assistance payments until the child reaches age 18, or until age 19 if the child is enrolled as a full-time student in high school. Further, these payments may continue until the child reaches age 21 if the child is in high school (or its equivalent) and that child either has an IEP or a mental or physical handicap. Payments are discontinued when the adoptive parent or parents no longer support the child, such as when the child marries or joins the armed forces.

In 2018-19, \$91,081,000 (\$48,930,300 GPR and \$42,150,700 FED) is budgeted to fund adoption assistance payments. The federal funding is available under Title IV-E as reimbursement for a portion of the costs of the payments. In August, 2018, DCF made adoption assistance payments on behalf of 7,723 children in Wisconsin.

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. Further, most children for whom DCF makes adoption assistance payments receive health care coverage under the state's medical assistance program, which pays for eligible medical expenses not covered by the family's health insurance.

Other Adoption Resources. DCF contracts with the Coalition for Children, Youth & Families (CCYF) 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. The CCYF website 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 information on children available for adoption, information on the public adoption process, and information on post-adoptive services, and identifies available resources on adoption that are available for loan.

Post-Adoption Resource Centers. The post-adoption resource centers (PARCs) are agencies that are charged with: (a) providing education, support activities, and services to adoptive families; (b) improving community awareness of and promote a positive image of adoption; (c) creating a better understanding of unique issues facing adoptive families among public and private human service providers, schools, and medical care providers; (d) increasing availability of services for adoptive families; and (e) establishing 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 \$96,500 to \$130,000. The federal funding is available under Title IV-B,

Subpart 2 of the Social Security Act. Additionally, \$225,000 GPR annually (\$37,500 per PARC) is budgeted to supplement the federal grants. The six Wisconsin regions served by each administering agency are shown in Table 9.

Table 9: PARC Regions and Administering Agencies

Region	Agency
Milwaukee	Coalition for Children, Youth and Families, Inc.
Southeastern	Coalition for Children, Youth and Families, Inc.
Southern	Catholic Charities, Diocese of Madison
Northern	Catholic Charities, Diocese of La Crosse
Northeastern	Family Services of Northeast WI, Inc.
Western	Catholic Charities, Diocese of La Crosse

Each PARC has a toll-free telephone number to respond to questions or concerns from families who have adopted a child. 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. In general, all records pertaining to adoption proceedings are closed after an adoption. The adoption record search program assists adopted persons and birth parents whose rights have been terminated obtain certain information about themselves and their birth relatives. This information includes:

- Nonidentifying social history information (such as age of birth parents, nationality, race, education, and general physical appearance).
- Medical and genetic information about birth parents and other family members.

- The most recent names and addresses of birth parents on file when the birth parents have filed affidavits allowing the release of that information.

- The most recent names and addresses of adopted persons on file when the adopted person has filed an affidavit 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.

If DCF does not have medical or genetic information on file, upon request of an adopted person or the adoptive parent, DCF will attempt to obtain needed medical and genetic information from the birth parents.

If one or both birth parents are deceased, an adopted person may request medical and identifying information from DCF. DCF may release such information only of the deceased birth parent unless the other birth parent consents. If both birth parents are deceased, in addition to such information DCF must also release a copy of the original birth certificate.

Adoption Dissolution. A finalized adoption may be dissolved through a termination of parental rights pursuant to a court order. Parental rights may be terminated voluntarily or involuntarily. A court will not terminate parental rights unless the termination is in the best interest of the child.

2013 Act 314 made several changes to Wisconsin law to prevent custodial caregivers from avoiding the court process by "re-homing" their adopted child through unauthorized delegations of parental rights. First, any person who delegates their parental powers for longer than one year without court approval is now subject to a fine of up to \$10,000 or imprisonment of up to nine months, or both. Further, unauthorized interstate placement of a child is now a Class A misdemeanor. Act 314 also expanded existing prohibitions against advertising

adoptive placement to include other forms of permanent physical placement. Such prohibitions now include communications by any computerized communication system, such as by email or Internet forums.

Funding Sources for Child Welfare Services

Counties support the costs of providing child welfare and child protective services with a combination of state, federal, and local funds.

Children and Family Aids. Under the children and family aids (CFA) program, DCF distributes state and federal funds to counties to support services related to child abuse and neglect (including prevention, investigation, and treatment services), child welfare services to families, and community-based juvenile justice services.

In 2018-19, DCF is budgeted \$74,308,000 to fund CFA, including: (a) \$26,396,400 GPR; (b) \$37,738,200 in federal funds from state foster care reimbursement claims under Title IV-E of the Social Security Act; (c) \$2,900,000 in federal funds the state receives under Title IV-B, subpart 1 of the Social Security Act; (d) \$3,983,600 in federal funds from the Social Services Block Grant (SSBG); and (e) \$3,289,800 in federal funds from temporary assistance for needy families block grant. State law requires counties to match a portion of the CFA. In practice, most counties provide funding above the match requirement.

Additional information about the CFA and related programs can be found in the Legislative Fiscal Bureau informational paper, "Community Aids/Children and Family Aids."

Title IV-E. Title IV-E of the Social Security Act provides reimbursements to states for costs of

providing foster care, adoption assistance, and kinship and guardianship assistance. With the exception of CFCIP, for which states receive certain funding allocations, Title IV-E provides an open-ended entitlement to reimbursement. This means that there is no limit on the number or amount of claims that states may submit for reimbursement. However, funds are available only for certain reimbursable expenses made for children meeting the eligibility requirements.

Reimbursement. Reimbursement is provided for three main categories of costs -- maintenance, administration, and training. Maintenance payments cover the costs of caring for a child, such as food, shelter, clothing, supervision, liability insurance, and school supplies. Maintenance costs are reimbursed at the same rate as most services provided under the state's medical assistance program, which is currently approximately 59%.

Title IV-E reimbursement funds 50% of the costs of administrative and placement services and up to 75% of certain training costs. Administrative activities include the costs of recruiting and placing children into adoptive homes, case management and supervision prior to adoption, and related overhead costs. Reimbursable training costs include training that increases the ability of foster parents, adoptive parents, guardians, staff members, institutions, and attorneys to provide support and assistance to foster and adopted children.

Claims for reimbursement are based on information reported by counties, tribes, and DMCPs. Administrative activities are determined through a random moment time study.

A child must be both Title IV-E eligible and reimbursable for a state to claim maintenance costs. If the child is eligible, but not reimbursable, only the administrative costs related to the following groups are claimable: SSI recipients, children missing from care, children in trial reunifications, and out-of-home placements with relatives who are undergoing the foster care licensing process.

Reimbursability. The agency managing the child's case and the court must meet certain IV-E procedural requirements for the child to be reimbursable. For example, the child's placement must be with a reimbursable placement (such as a licensed foster home, group home, RCC, or with a subsidized guardian). Services provided to children that qualify for SSI benefits are not Title IV-E reimbursable.

Eligibility. As of September of 2018, 48.7% of children in out-of-home care were Title IV-E eligible. Title IV-E eligibility is determined when the child leaves the home of his or her parents or caretaker and enters the care of a child welfare agency. The state eligibility unit and the Milwaukee eligibility unit, which are operated under contracts with DCF by MAXIMUS, Inc., recommend each child's eligibility based on information available from counties and tribes and in court documents. DCF staff review and approve the recommendations.

Once a child is initially determined eligible, Title IV-E eligibility must be re-determined annually for the child over the duration of the out-of-home care episode. An exception is made for children who meet the AFDC eligibility standard, as described later. If a child is determined to be ineligible, 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 re-enters out-of-home care after being discharged from another out-of-home care placement.

A child in foster care or subsidized guardianship is Title IV-E eligible if the following two conditions are met. First, the child must have been removed from the home with judicial approval. In the case of a voluntary placement agreement (VPA), the judge must find that the voluntary placement is in the child's interest before the earlier of: (a) the expiration of the VPA; or (b) 80 days from the day of the placement. In the case of involuntary removal, a judge must find: (a) in the

removal order, that the child's home was contrary to the welfare of the child; (b) within 60 days after the removal from the child's home, that reasonable efforts were made to prevent the removal of the child and preserve the family; and (c) within 12 months from the child's entry in to foster care, that the state is making reasonable efforts to obtain a permanent home for the child.

Second, the child must meet several requirements that were in effect in July of 1996 under the former aid to families with dependent children (AFDC) program. The requirements include that the child: (a) was living in the home of a parent, or certain other relatives before removal; (b) had been deprived of parental support; and (c) and is financially "needy," based on the household's income and resources. Furthermore, the child must be a U.S. citizen or qualified alien and must be under the age of 18, or between the ages of 18 and 21 and participating in certain education or work programs (or incapable of participating for medical reasons).

A special needs child is Title IV-E eligible for adoption assistance if one of the following conditions is met: (a) the child qualifies under the eligibility requirements identified above; (b) the child (or the child's sibling) has been in an out-of-home care placement for 60 consecutive months; (c) the child is eligible for SSI; (d) the child's parent is a minor in foster care receiving Title IV-E maintenance payments; or (e) the child was eligible for Title IV-E adoption assistance payments in an adoption that was dissolved or ending due to the death of the adoptive parent.

Recent federal law changes are gradually eliminating the AFDC-related financial requirements for adoption assistance. Through June 30, 2024, the income test will only apply to children younger than the age of two when the adoption assistance agreement is signed, or the last day of the fiscal year in which that agreement is signed. Beginning July 1, 2024, the income test will no longer be used.

Funding. Table 10 provides information on the state's Title IV-E claims in FFY 2017, including the categories of services for which the federal funds were claimed, and how these funds were budgeted. In that year, Wisconsin claimed \$125.6 million in Title E funds.

As shown in Table 10, the state receives Title IV-E funds on behalf of children with special needs awaiting adoption or who have been adopted. These Title IV-E funds are budgeted directly for the state foster care and adoption assistance programs. The federal amount for both of these programs is based on projected caseloads.

In addition, Title IV-E revenue is distributed: (a) to counties through the youth aids program allocation on behalf of children in the juvenile justice system; (b) to the University of Wisconsin through the training partnerships program; and (c) 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 sup-

port for child welfare state-employed assistant district attorneys located throughout the state.

In 2018-19, \$37.7 million in federal Title IV-E funds is budgeted for children and family aids. This amount is determined through the state budget process, not on the actual amount of funding the state claims for the number of children in out-of-home care. For costs incurred on behalf of children in Milwaukee County, Title IV-E funds are budgeted directly in an appropriation that supports DMCPs.

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. Title IV-E matching funds have increased since the 2011-13 biennium, with a surplus of Title IV-E funds in most years. However, federal audits required repayment of much of the accumulated surplus in 2016-17. Pursuant to 2017 Act 59, DCF distributed much of the remaining surplus funds to counties by increasing

Table 10: FFY 2017 Wisconsin Title IV-E Claims and Allocations

Expense Category	Allocation Type	Claim (\$ in Millions)	Budget Use
Adoption Assistance Maintenance Costs	• Adoption Program	\$42.4	• Adoption Assistance Payments
Adoption Assistance Administrative Costs	• DMCPs • Adoption Program	\$6.0	• DMCPs Operations • DCF State Operations
Out-of-Home Care (OHC) Maintenance Costs	• DMCPs OHC • State OHC (pre- adoptive Services	\$23.0	• DMCPs OHC • State Foster Care • Children and Family Aids
OHC Administrative Costs, including IV-E Eligibility Determinations	•DMCPs operations •State Operations	\$44.2	•DMCPs Operations •DCF State Operations •Children and Family Aids •Legal Services
Other IV-E Claiming: •Enhanced training •eWiSACWIS •Subsidized guardianship	Professional Development System and Training Partnerships •Stipend Programs •Foster Parent Training •eWiSACWIS Operations •Subsidized Guardianship	\$10.0	•Contracts with UW System and Counties •eWiSACWIS •DMCPs OHC
Total Claims		\$125.6	

children and family aids allocations.

Family First Kinship Navigator Programs. The federal Family First Act offers an additional Title IV-E maintenance reimbursement of 50% on any funds spent by a state for a kinship navigator program that has met certain requirements for promising, supported, or well-supported practice. This program is described under Title IV-B, below.

Title IV-E - Family First Prevention Services Act. The Family First Prevention Services Act, enacted as part of the federal Bipartisan Budget Act of 2018 (P.L. 115-123) included several policy changes that limit federal reimbursement for congregate care and favor child placements in family foster homes. The act provides uncapped Title IV-E funding for a portion of the costs of up to 12 months of prevention services that are intended to prevent the need for children to enter out-of-home care.

A state may elect to delay the provisions of the Family First Act regarding the limitation of reimbursement for congregate care. By doing so, the provisions for federal reimbursement of prevention services are similarly delayed. DCF has requested delayed implementation of these provisions for two years, until October 1, 2021.

Congregate Care and Foster Care. Effective October 1, 2019 (or as delayed by request), states may claim Title IV-E reimbursement for only up to two weeks' worth of out-of-home care maintenance payments paid on behalf of an eligible child placed in a child care institution. This includes any private or public group home or care center that serves 25 or fewer children. (Placements larger than 25 that are prohibited under federal law.) States may continue to claim administrative expenses after the two-week limit expires on maintenance payments.

Pre- and post- adjudication juvenile justice facilities are exempt from the two-week limitation.

In order to remove any incentive states would have to increase Title IV-E revenues by arresting more children, states must certify in their Title IV-E plans that they will not enact policies that will significantly increase the state's juvenile justice population in response to the new restrictions on federal Title IV-E support for child care institutions.

Placements in certain child care institutions are exempt from the two-week limitation on maintenance claims. These include: (a) a setting specializing in providing prenatal, post-partum, or parenting supports for youth; (b) supervised settings in which youths ages 18 or older live independently; (c) high quality residential care services for victims (or youths at risk) of sex trafficking; and (d) qualified residential treatment programs (QRTP). A QRTP is a licensed, accredited program that uses a trauma-informed treatment model, has nurses on staff or on call, provides discharge planning and family-based after care for at least six months after a discharge, and to the extent appropriate, documents and facilitates outreach to and participation from a child's family members.

An assessment by a trained professional or licensed clinician who is not an employee of the child welfare agency must be conducted within 30 days of a placement into a QRTP to review the needs of the child, develop child specific mental and behavioral health goals, and determine which placement setting is appropriate for the child. If the appropriate placement is not in a family home, the assessment must specify the reasons why the child's needs cannot be met by their family or in a foster family home. A shortage of family foster homes is not an acceptable reason to find that the needs of the child cannot be met in a family foster home.

If the assessment is not completed within 30 days of the placement at the QRTP, no claim may be made for Title IV-E reimbursement of maintenance payments.

Within 60 days of the start of such a placement, a family, tribal, or juvenile court must independently consider the assessment and approve or disapprove the placement. In doing so, the court must determine whether the child's needs can be met in a foster family placement home. If not, the court must determine whether placement into a QRTP provides the appropriate level of care for the child in the least restrictive environment, consistent with the short- and long-term goals of the child specified in the permanency plan. As long as a child remains in a QRTP placement, in order to continue to claim Title IV-E maintenance reimbursement at each permanency hearing, there must be evidence of the services provided to the child, that ongoing assessment continues to support the appropriateness of the placement in the QRTP, and the efforts made to prepare the child for a return home or placement with a relative, guardian, adoptive parent, or family foster home.

States may continue to claim Title IV-E reimbursement for maintenance at a QRTP for a transition period of up to 30 days after the assessment determines that the QRTP placement is not appropriate, the court disapproves the placement, or the child returns to a family home setting.

If a placement at a QRTP exceeds 12 consecutive months or 18 non-consecutive months (or six months consecutive or nonconsecutive for children younger than 13), the state Title IV-E agency must approve the continued placement.

Title IV-E - Family First Prevention Services Act - Prevention Services. Effective October, 2019 (or as delayed by request), uncapped Title IV-E funding becomes available for a portion of the costs of up to 12 months of services intended to prevent the need for children to enter out-of-home care. This includes substance abuse and mental health treatment services and in-home parent skills based programs, such as home visiting, parent training, and individual and family therapy.

Prevention services may be provided to three groups of people: (a) children identified as candidates for out-of-home care; (b) youths in out-of-home care who are parents or are pregnant; and (c) parents or kin caregivers of such children and youths. Services are reimbursable without regard to whether the child would be Title IV-E eligible. There is no income test for prevention services.

States are required to maintain a written prevention plan listing the programs and services that will be provided in order for a child to remain safely at home, live temporarily or permanently with a related caregiver, or to prepare a parenting foster youth to be a parent (and describe the prevention strategy for any child born to that youth). Further, all services must be trauma informed and provided in accordance with general practice requirements and be promising, supported, or well-supported practices.

Prevention services may be provided up to 12 months. If the child or family is re-identified as a candidate for out-of-home care, services may be provided under another a new 12-month prevention plan.

Beginning October 1, 2019, through October 1, 2026, the federal reimbursement rate for prevention services will be 50% of eligible costs. Afterwards, the reimbursement rate will equal the state's federal medical assistance percentage (FMAP) matching rate. State prevention services must meet certain federal standards for effectiveness. Training and administrative costs associated with prevention services will be reimbursed at 50% of eligible costs.

The federal act requires states electing to provide Title IV-E prevention services to maintain the same level of state foster care prevention expenditures as the state spent in FFY 2014. This includes state funding used for prevention services and activities and federal funding made available under Title IV-B, the TANF block grant, and the SSBG.

Title IV-E - Chafee Foster Care Independence and Education and Training Voucher Funds. As previously indicated in the section of this paper describing services for youths aging out of out-of-home care, the Chafee Foster Care Independence and Education and Training Voucher funds support costs of preparing youths to live independently after leaving out-of-home care and to provide transitional services to these youths.

Unlike other Title IV-E funding, Chafee Foster Care Independence funds are a capped entitlement. Each state receives funding based on its share of the nation's out-of-home care population. Each state is required to provide matching funds equal to 20% of the federal allocation. In FFY 2018, Wisconsin received approximately \$2.2 million in independent living funds.

In addition to independent living funds, Title IV-E funds are also provided to the Chafee Educational and Training Voucher program to help youths transition to self-sufficiency through the education and training voucher program. Wisconsin received approximately \$700,000 FED in FFY 2018 in ETV funds for distribution to counties, tribes, and DMCPs and for the DCF scholarship program.

Title IV-B, Subpart 1 - Stephanie Tubbs Jones Child Welfare Services Program. Title IV-B, Subpart 1 of the Social Security Act is a federal block grant that can be used for a broad range of child welfare services. States are required to provide a 25% funding match to the federal grant.

In FFY 2018, Wisconsin received approximately \$4.8 million FED under Title IV-B, Subpart 1. Of this amount, DCF allocated approximately: (a) \$2.9 million to counties as part of the children and family aids calendar year 2017 allocation; (b) \$0.8 million to counties under the youth aids program; (c) \$0.7 million to the runaway program; and (d) \$0.4 million to support other child welfare programs and state administrative costs.

The state's match requirement was satisfied by locally-funded county child welfare agency expenditures required under the children and family aids program.

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

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.

In FFY 2018, Wisconsin received approximately \$5.4 million in PSSF to support: (a) state-level adoption promotion and support services activities (\$1,090,000); (b) the Wisconsin Trauma Project (\$540,000); (c) state operations, including training and technical assistance to counties and tribes (\$230,000); and (d) family support, preservation, and reunification programs administered by the counties (\$3,013,000) and tribes (\$440,000). Attachment 1 to this paper identifies the PSSF allocations to counties in calendar year 2019.

In addition, in FFY 2018, Wisconsin received \$351,400 under Title IV-B, Subpart 2 to develop and enhance current Kinship Navigator programming from October, 2018 through September, 2019. DCF will use the funding in collaboration with a relative caregiver group and other state agencies to further develop resources available to relative caregivers. These resources will include: (a) information and referral guides regarding

frequently asked questions and initial steps to access services; (b) caregiver education through a web-based training curriculum and development of a Wisconsin relative caregiver summit; (c) development of a web-based caseworker training curriculum; (d) community outreach and communication; and (e) creation and maintenance of caregiver support groups.

Finally, in FFY 2018, Wisconsin received \$203,800 in Title IV-B, to provide training activities for county workers.

Temporary Assistance for Needy Families (TANF). TANF is a federal block grant that states use to support a wide variety of public assistance programs. With limited exceptions, states may not use TANF funding to support foster care maintenance payments provided under Title IV-E.

States may use TANF funding to provide assistance that addresses a child's needs during a period of temporary absence from the home or for a child welfare program that furthers the goals of TANF, such as providing assistance to needy families so that children can be cared for in their own homes. Under Act 59, the state budgeted \$36.6 million in TANF funds to support: (a) kinship care payments (\$23.5 million); (b) child welfare safety services (\$7.3 million); (c) child welfare prevention services (\$5.3 million); (d) grants for the prevention of child abuse and neglect (\$0.5 million). Kinship care has been discussed previously in this paper.

Safety services are available to families in Milwaukee County and 42 other counties and one tribe where abuse and neglect issues have been identified, but the CPS agency determines that the child can remain at home safely. These 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.

The prevention services funded by TANF are the Brighter Futures program and the Family Foundations Home Visiting Services program. Further, pursuant to 2017 Act 254, \$500,000 per year in federal TANF funding is provided for DCF to administer child abuse and neglect prevention grants to counties, nonprofit organizations, and tribes.

Adoption and Legal Guardianship Incentive Program. Federal law provides states with incentive payments for successful adoptive and guardianship placements. States have 36 months to expend the funds, and must use them to supplement, rather than supplant, spending for services under Title IV-B or IV-E.

Previous federal law awarded payments to states for each adoption that exceeded that state's number of adoptions in FFY 2007.

Currently, federal law provides incentive payments for improvement in the rates of adoptions and guardianships. States receive the following incentive payments for each placement exceeding the "expected number" of placements: \$4,000 for each guardianship, \$5,000 for each adoption, \$7,500 for each guardianship or adoption of children between the ages of nine and 14, and \$10,000 for each guardianship or adoption of a child older than 14.

The "expected number" of placements is determined by multiplying the previous year's foster care population by the base performance rate for the previous year or the average of the previous three years. The base performance rate is the number of placements in the performance year divided by the number of children in foster care in the year preceding the performance year.

For example, the expected number of adoptions in 2019 would be 429 if there were 500 adoptions in 2018, 3,500 children in foster care at

end of 2017, and 3,000 children in foster care at the end of 2018 ($429 = 3,000 * 500/3,500$). Thus, if there were 500 adoptions in 2019, the adoption assistance payment would be \$355,000 (\$5,000 for each adoption exceeding 429).

Under the current program, Wisconsin received adoption incentive funds in the amount of \$756,500 in FFY 2015, \$224,000 in FFY 2016, and \$507,000 in FFY 2017.

Social Services Block Grant (SSBG). The SSBG is a federal block grant states use to fund a wide variety of social service programs. Federal law establishes five broad goals for the use of SSBG funding: (a) economic self-support; (b) self-sufficiency; (c) prevention of neglect and abuse; (d) preventing inappropriate institutional care; and (e) supporting appropriate institutional care. States may transfer up to 10% of their allotment for health services and the low-income home energy assistance program.

States may use SSBG funds to support social services to individuals, regardless of their income. However, if a state transfers TANF funds to support SSBG-supported programs, the services funded with the transferred TANF funds must be provided to families with income up to 200% of the federal poverty level. Further, federal law places various prohibitions and restrictions on the use of SSBG funds, including for: (a) land purchases and construction; (b) non-emergency subsistence and room and board expenses; (c) educational services generally provided by public schools; (d) most medical care; and (e) social services provided in hospitals, nursing homes, and prisons.

In 2017-18, \$28.2 million in federal SSBG funds was budgeted in DHS, of which \$4.0 million was transferred to DCF to support children and family aids and \$2.2 million was budgeted for state operations in DCF. An additional \$3.3 million in FED TANF funding was budgeted to support children and family aids by transferring

TANF funds to the SSBG.

Division of Milwaukee Child Protective Services

Beginning January 1, 1998, the state became responsible for administering child welfare services in Milwaukee County. Previously, the Milwaukee County Human Services Department had this responsibility. The state 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.

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 the state to attain specified outcomes for permanence, safety, and child well-being for children in out-of-home care in Milwaukee County.

Oversight and Administration of DMCP. Previously known as the Bureau of Milwaukee Child Welfare (BMCW) in the DCF Division of Safety and Permanence, pursuant to 2015 Act 55 DMCP is now a division within DCF. Services are provided from a central administrative site located in the City of Milwaukee. DCF also contracts with private vendors to provide services to families in the child welfare system.

Milwaukee Child Welfare Partnership Council. The Milwaukee Child Welfare Partnership Council makes recommendations to DCF and the Legislature regarding 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.

The Council must hold at least one public hearing each year at which it must encourage public participation and solicit public input. 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.

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; (e) the Milwaukee County district attorney (or his or her designee); and (f) the presiding judge of the children's division of the Milwaukee County circuit court. The Governor appoints the chairperson of the Council from the 10 public members. Members from the Milwaukee County Board and public members are appointed for three-year terms.

In addition to the executive committee, the Council has three subcommittees: (a) adoption and 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, as described previously in this paper.

Access Unit. The access unit receives all incoming reports of possible child abuse or neglect and gathers information from the referral source. If there is reason to suspect possible child maltreatment, the access unit will screen in 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, an agency that performs independent assessments under contract with DCF. Independent investigations are conducted if there is a possibility of a conflict of interest in cases where DMCPs conducts the assessment. For example, a report alleging abuse or neglect in a foster home would be referred for independent investigation.

From January through September of 2018, the access unit received an average of 1,421 reports of child abuse and neglect per month. The access unit screened 47.6% (676 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.

Family Intervention Support and Services (FISS). DMCPs provides services when a parent, rather than the state or county, seeks a petition for the court to assume authority for a youth (age 12 through 17) under CHIPS criteria. These situations involve adolescents whose parents consider them to be uncontrollable. CHIPS courts require parents to use the FISS program prior to petitioning the court for intervention.

The FISS program is administered by the Milwaukee County Behavioral Division, which provides access and assessment services, which assess adolescents who are experiencing behavioral problems, truancy issues, school or academic related problems, runaway behavior, and conflicts with parents.

Based on the assessment and the family's level of need, the family and adolescent may: (a) receive

services from community-based resources; (b) return to Milwaukee County Children's Court for additional pre-CHIPS or pre-delinquent services; or (c) be referred to DMCPs for additional services,

Initial Assessment Unit. Initial assessment specialists, who 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.

As previously indicated, state law requires the initial assessment investigations to be completed within 60 days of receiving the referral. However, a large backlog of untimely initial assessments began to accumulate, from 149 in February, 2013, to 2,918 in June, 2014. Of these cases, 2,400 were pending for more than 90 days as of the end of June, 2014. The backlog that developed over 2013 and 2014 was due to a higher than expected caseload of screened-in referrals and an unusually high rate of employee turnover in the former BMCW.

BMCW substantially increased the completion

of assessments through the end of 2014 by using an outside consultant and recruiting additional initial assessment specialists. Thereafter, 2015 Act 55 restructured the Bureau of Milwaukee Child Welfare as DMCPs and provided additional funding for employee retention and compensation. As of August 31, 2018, there were 909 cases within the 60-day timeframe that were pending for assessment and an additional backlog of 393 cases which had not been assessed within the 60-day timeframe. Of these, 228 cases were pending over 90 days.

Intensive In-Home Services. Intensive in-home 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 the family receives appropriate services. 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 to provide intensive in-home services. 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 to an intensive in-home case manager, who is responsible for coordinating services among the vendor's network of providers. The intensive in-home case manager is also responsible for conducting weekly assessments and reassessments of threats to child safety of the families using a specific safety evaluation tool. Currently, the two intensive in-home vendors are Children's Hospital of Wisconsin-Community Service and SaintA.

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.

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; (c) engaging families in a case planning process that will identify services and 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.

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

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. Currently, the ongoing case management vendors are Children's Hospital of Wisconsin-Community Services and SaintA.

Case Management. 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.

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.

Each contracted agency is responsible for ongoing services 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.

Out-of-Home Care Placement Costs. In August 2018, 2,160 children in Milwaukee County were in out-of-home care. The out-of-home care budget for 2018-19 includes: (a) \$40.2 million for foster care, group homes, supervised independent living, and RCCs; (b) \$11.7 million for Wrap-around Milwaukee, which provides services for families and children with serious mental health needs; (c) kinship care benefits (\$7.6 million) and assessments (\$0.9 million); and (d) assessment centers (\$2.5 million).

Placement Referral Unit. DMCPs currently 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 for out-of-home care placement or intensive in-home services; (b) identifying appropriate placement resources in RCCs, group homes, and level Three to Five foster homes; (c) completing background checks on relatives who under consideration as a placement resource; (d) providing 24-hour placement referral services; and (e) conducting searches to provide names and addresses of potential relatives.

Adoption Placement Unit. DMCPs contracts with SaintA and Children's Hospital of Wisconsin-Community Services to provide public 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. Public adoption case management services include: (a) 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; and (b) 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

Contract Monitoring and Performance Measurement. Quality assurance is provided by program evaluation managers (PEMs), who are responsible for: (a) monitoring the implementation of management policies for all DMCPs programs; (b) reviewing work of child welfare staff; (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 and policies; (f) evaluating program effectiveness; (g) recommending improvements, as necessary; (h) planning and monitoring consultation services; and (i) maintaining and reporting program data. PEMs work as a team with DMCPs 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 program and policy analysts for contract monitoring and performance measurement.

Funding for DMCPs. Table 11 identifies funding budgeted for DCF to administer child welfare services in Milwaukee County in 2018-19. The federal funding (\$24.9 million) is supported by Title IV-E funding, except for in-home services and TANF prevention service contracts, which are funded with federal TANF block grant funds. State revenues (\$106.3 million) consist of general

Table 11: Milwaukee Child Welfare Funding, 2018-19

	State	FED	Total
Placement Costs			
Foster Care - Level 1 & 2	\$5,655,400	\$3,122,100	\$8,777,500
Foster Care Level 3 & 4 Admin	5,682,300	2,101,700	7,784,000
Foster Care Level 3 & 4 Maint	3,485,800	1,924,400	5,410,200
RCCs	6,744,500	241,000	6,985,500
Out-of-State RCCs	1,558,100	55,700	1,613,800
Group Homes	6,509,400	1,556,300	8,065,700
Supervised Independent Living	1,543,500	0	1,543,500
Assessment Centers	<u>2,541,000</u>	<u>0</u>	<u>2,541,000</u>
Subtotal	\$33,720,000	\$9,001,200	\$42,721,200
Service Costs			
Wraparound Services	\$11,229,500	\$467,900	\$11,697,400
In-Home Services	<u>0</u>	<u>4,031,900</u>	<u>4,031,900</u>
Subtotal	\$11,229,500	\$4,499,800	\$15,729,300
Vendor Costs			
Case Management Contract	\$35,521,400	\$3,812,100	\$39,333,500
Out-of-Home Placement Contracts	1,839,100	325,900	2,165,000
UW-Milwaukee Training	1,340,500	1,153,400	2,493,900
FISS Unit (Intake)	206,000	0	206,000
Independent Investigations	310,000	0	310,000
TANF Prevention Contracts	0	812,100	812,100
Milwaukee County DA	357,800	951,800	1,309,600
TANF Prevention - Brighter Futures	0	577,500	577,500
Milwaukee County Clerk of Courts	742,900	0	742,900
Trust Fund Accounts (MAXIMUS)	558,100	0	558,100
Domestic Violence Services	365,000	0	365,000
Foster Parent Crisis Intervention	692,000	0	692,000
Other	<u>602,500</u>	<u>47,200</u>	<u>649,700</u>
Subtotal	\$42,535,300	\$7,680,000	\$50,215,300
Total Aids Funding	\$87,484,800	\$21,181,000	\$108,665,800
Total Operations Funding	\$18,853,200	\$3,756,800	\$22,610,000
Grand Total	\$106,338,000	\$24,937,800	\$131,275,800

purpose revenue (\$81.6 million) and third-party program revenue (PR) received for children in out-of-home care (\$24.7 million).

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. Operations funding supports the costs of state staff, DMCPS's portion of eWiSACWIS, rent, training, supplies and services, and other expenditures.

Milwaukee County Contribution. To offset the costs of the state providing child welfare services in Milwaukee County, state statutes reduced

various local assistance payments to Milwaukee County by approximately \$58.9 million after the state assumed the costs of providing these services.

Federal Reviews

DHHS conducts federal child and family services review (CFSRs) to determine each state's conformance with federal requirements under Titles IV-B and IV-E of the federal Social Security Act. If a state is found to be in nonconformance, DHHS can assess financial penalties by withholding funds the state would otherwise receive under Titles IV-B and IV-E. Funding is withheld pending successful completion of a program improvement plan, including achievement of federally-approved performance improvement targets. Following the end of the program improvement period, DHHS conducts a close-out process to determine if the state has met its obligations. The close-out period can take up to one year.

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, DHHS can assess a 1% penalty against the pool of federal funds, which continues until the state comes into conformance. The penalty increases to 2% and then 3% per item if nonconformance continues following subsequent federal reviews.

In 2003, all 50 states were found to be in nonconformance with some portion of the federal requirements. The CFSR in Wisconsin consisted of: (a) an on-site review of 50 cases in three counties, which were intended to represent performance across the state; (b) focus groups with key stakeholders; (c) analysis of program outcome data; and (d) a state self-assessment. Overall, DHHS

determined that Wisconsin was not in substantial conformance with many of the outcome areas and systemic factors. The state received its CFSR findings from DHHS in January of 2004, and was given 90 days to produce a statewide program enhancement plan in response.

The state was required to implement the action steps in the enhancement plan over a two-year period and show progress toward meeting the improvement goals during the period. After some modifications, DHHS approved Wisconsin's enhancement plan on November 1, 2004. Wisconsin's enhancement plan was found to be successful.

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 enhancement plan. 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 state received its CFSR findings from DHHS in June, 2010, and was given 90 days to produce a statewide program improvement plan (PIP). In December of 2010, the PIP was approved by the DHHS.

DCF successfully completed all of the action steps required within the PIP, but did not pass three of the nine performance items. DCF paid \$1.9 million in penalties assessed by DHHS on these items.

DHHS conducted a third CFSR in 2018, which included a review of 65 cases (40 foster care and 25 in-home) in Barron, Brown, and Milwaukee counties. The Round 3 CFSR assessed statewide performance with regard to seven child and family outcomes and seven systemic factors. DCF received the CFSR findings in September, 2018.

Overall, DHHS determined that Wisconsin

was not in substantial conformance with any of the seven outcome areas and only one of the seven systemic factors. These findings are summarized in Attachment 2.

The final CFSR report found an increase in reports of maltreatment related to parental substance abuse, but that achieving permanency was affected by a lack of family engagement and an inadequate array of services, including wait lists for inpatient and outpatient substance abuse treatment, housing, transportation, and visitation facilitators. Further, the report identified a severe shortage of foster homes and noted that the number of residential beds in Wisconsin to care for children with complex needs has decreased, increasing the need to send children out of the state to receive services .

A copy of the full Round 3 CFSR report is available at DCF's website (<https://dcf.wisconsin.gov/cfsr>). Because the DHHS made several changes to the CFSR process and the items and indicators relevant for performance based, performance in the third round of the CFSR is not directly comparable to performance in the first or second rounds.

In response to the CFSR, DCF developed a PIP to address the areas identified as needing improvement and submitted it to DHHS in December, 2018. Summarized in Attachment 3, the PIP identifies several strategies to enhance statewide performance. The PIP is subject to approval by DHHS. The final plan may differ as a result of ongoing discussions with DHHS.

In the PIP, DCF states that the increase in workload and caseloads on child welfare workers is the major root cause of any weaknesses in performance on case practice items identified in the third round of the CFSR. As stated in the PIP, cases of parental drug abuse are more complex than other cases and the marked increase in parental drug abuse has substantially increased both the number of cases and the amount of time and services needed for each case. Further, the PIP

identified that state and local funding for the child welfare system has not kept pace with the increase in caseloads. Specifically, compared to the 41% increase in out-of-home caseloads outside of Milwaukee County from 2012 to 2018, county funding for child welfare services increased only 26% and CFA funding increased only 13.2%. This has resulted in increased workloads on caseworkers. A major consideration in the PIP is to streamline the workload faced by caseworkers, wherever possible.

Child Abuse and Neglect Prevention Programs

Several 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 a comprehensive home visiting program and other programs that provide services to families in Milwaukee County. This section describes these programs.

Child Abuse and Neglect Prevention Board.

The CANP Board supports services to prevent child abuse and neglect, 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 consists of 20 members, including 10 members from state government (the Governor, the Attorney General, the DHS Secretary, the State Superintendent of Public Instruction (DPI), 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 is required biennially to develop a plan for awarding grants and providing technical assistance to 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.

The statutes direct the Board, in coordination with DCF and DPI to recommend changes state programs, statutes, policies, budgets and rules to: (a) reduce the problems of child abuse and neglect; (b) improve coordination among relevant state agencies; (c) promote individual, family, and community support for children and families; (d) build parenting skills; and (e) provide community support for children and families.

In addition, the Board is charged with promoting a statewide educational and public awareness campaign, encouraging professional persons and groups to recognize and deal with problems of child abuse and neglect, disseminate information to relevant organizations, and encourage the development of community child abuse and neglect prevention programs.

Funding. In 2018-19 the Board is budgeted \$3,159,100, which includes \$995,000 in general purpose revenue (GPR), \$647,700 in federal funds (FED), \$1,501,400 in program revenues (PR), and \$15,000 from the segregated CTF (SEG) 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) and from fees charged by the Board for providing state mailings, special computer services, training

programs, printed materials, and publications relating to child abuse and neglect prevention services.

In 2017-18, the Board expended \$723,600 (\$576,700 PR, and \$146,900 FED) to support its operations costs. This includes providing technical assistance to programs throughout the state, increasing public awareness of child abuse and neglect prevention, and supporting six full-time staff positions. The Board contracts for additional services as needed.

Public Education and Awareness. In 2018-19, the Board provided \$177,300 to support Period of PURPLE Crying Caps, a public education campaign to prevent shaken baby syndrome by increasing awareness of the normal development period of crying in the first few months of infancy. Under the program, new parents receive a DVD or application software and printed material related to infant crying and coping strategies and, during a post-birth clinic visit or home visit, professional staff reinforce these coping strategies.

The Board also provided \$210,000 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 campaign provides training and technical support to agencies that serve youths to ensure the agencies' facility and procedures keep the children in their care safe.

The Board's staff 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 CANP Board website.

Grant Programs. In 2018-19, \$2,295,600 (\$995,000 GPR, \$850,600 PR, and \$450,000 FED) is budgeted for CANP Board grant programs. The CANP Board may award grants to an organizations that agree to match at least 25% of the grant amount, through money or in-kind services. The Board awards these grants under a statewide, competitive process.

As shown in Attachment 4, in 2018-19 the Board has awarded community support grants to support abusive head trauma prevention, evidence-informed parent education, community response programs, and child sexual abuse prevention.

In addition, the Board has provided a grant to the Supporting Families Together Association to fund training and technical assistance in core competencies in the field of family support. In addition to these grants, in 2018-19, the Board provided \$228,100 for research, program evaluation, and technical assistance, and \$45,000 for training at six local agencies.

Celebrate Children Foundation. The Celebrate Children Foundation is a non-stock, nonprofit corporation that assists fundraising efforts for child abuse and neglect prevention. The Foundation supports statewide efforts and directs investments to early childhood and family development programs. The Foundation is directed by a nine-member board, including the chair and four members of the CANP Board, and four additional members recommended by the Foundation's Board and approved by the CANP Board.

The Celebrate Children Foundation is funded by private donations and through special "Celebrate Children" license plates issued by the Department of Transportation. For each plate the Department issues, a \$25 annual fee (a tax-deductible donation) is deposited in the Celebrate Children

Foundation endowment fund. The Foundation cannot spend the revenue from the sale of these license plates, but may expend the interest that accrues to the endowment fund. In 2017-18, \$72,560 was deposited into the endowment fund from issuing "Celebrate Children" license plates. In 2017-18, the foundation provided the CANP Board with \$60,000 to support the public awareness campaign and training and technical support for parent education program agencies.

Family Foundations Comprehensive Home Visiting Program. The Wisconsin Family Foundations Home Visiting (FFHV) provides grants to local agencies to provide voluntary home-visiting services to at-risk communities to prevent child abuse and neglect.

DCF provides FFHV grants to county agencies, cities, nonprofit agencies, and tribal organizations. Many programs are collaborations involving multiple agencies, with a primary contractor and one or more subcontractors. Attachment 5 lists the name of each local agency that received grant funding in FFY 2019, the counties and tribes they serve, and the funding each agency had to support the program, including the state grant and local contribution amounts.

The agencies in Wisconsin that offer home visiting services currently use four evidence-based models.

The Early Head Start-Home Based Option (EHS-HB) targets low-income pregnant women and families with children from birth to age three, most of whom are at or below the federal poverty level or who are eligible for Part C services under the Individuals with Disabilities Education Act in their state. The model provides early, continuous, intensive, and comprehensive child development and family support services. EHS programs include home- or center-based services, a combination of home- and center-based programs, and family child care services (services provided in family child care homes). EHS-HBO services

include weekly 90-minute home visits and two group socialization activities per month for parents and their children. Home visitors are required to have a minimum of a home visitor child development associate or comparable credential, or equivalent coursework as part of an associate's or bachelor's degree.

Healthy Families America (HFA) goals include reducing child maltreatment, improving parent-child interactions and children's social-emotional well-being, and promoting children's school readiness. Local HFA sites select the target population they plan to serve and offer hour-long home visits at least weekly until children are six months old, with the possibility of less frequent visits thereafter. Visits begin prenatally or within the first three months after a child's birth and continue until children are between three and five years old. In addition, many HFA sites offer parent support groups and father involvement programs. Sites also can develop activities to meet the needs of their specific communities and target populations. HFA includes (1) screenings and assessments to determine families at risk for child maltreatment or other adverse childhood experiences; (2) home visiting services; and (3) routine screening and assessment of parent-child interactions, child development, and maternal depression. In addition, many HFA sites offer services such as parent support groups and father involvement programs. HFA encourages local sites to implement additional services such as these that further address the specific needs of their communities and target populations.

The Parents as Teachers (PAT) program is designed to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness. The PAT model includes one-on-one home visits, monthly group meetings, developmental screenings, and linkages and connections for families to needed resources. Parent educators conduct the home visits using

structured visit plans and guided planning tools. Local sites offer at least 12 hour-long home visits annually with more offered to higher-need families. PAT serves families for at least two years between pregnancy and kindergarten. PAT affiliate programs select the target population they plan to serve and the program duration.

The Nurse-Family Partnership (NFP) provides home visiting services to first-time, low-income mothers and their children. It includes one-on-one home visits by a trained registered professional nurse to participating clients. The visits begin early in the woman’s pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the woman’s child turns two years old. The program's goal is to improve prenatal and maternal health and birth outcomes, child health and development, and families’ economic self-sufficiency and maternal life course development.

DCF is budgeted \$985,700 GPR in 2018-19 to distribute as competitive grants for the prevention of child abuse and neglect, under s. 48.983 of the statutes. DCF funds the FFHV program with these funds, in combination with TANF funds, and federal grants provided by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program under Title V of the Social Security Act. Table 12 lists the FFHV funding sources for 2018-19. The state 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.

Table 12: 2018-19 FFHV Funding Sources

MIECHV	\$7,177,200
General Purpose Revenue	985,700
TANF	4,712,100
Local Match (Estimate)	<u>3,218,800</u>
Total	\$16,093,800

Table 13 lists Wisconsin's annual MIECHV grants awards, from FFY 2012 through FFY 2018. These grants support needs assessments, home

visitor training and professional development, implementation and operation of local home visiting programs, program evaluation, administration, and the creation and maintenance of data collection and review systems.

Table 13: MIECHV Grants to Wisconsin

FFY	Competitive	Formula
2012	\$3,124,700	\$1,600,300
2013	6,727,600	1,628,600
2014	6,681,600	1,536,500
2015	9,400,000	1,666,600
2016	0	8,653,900
2017	0	8,584,700
2018	0	9,076,900

MIECHV grants are awarded to states on a "formula" basis -- \$1 million allocation for each state, plus an additional amount based on the population of pregnant women and children younger than age five living at or below 100% of the federal poverty level. Previously, MIECHV grants were also awarded on a competitive basis for developing and expanding home visiting programs. Starting in FFY 2016, additional formula grants are awarded proportionally based on previous MIECHV competitive grants awarded from FFY 2013, FFY 2014, and FFY 2015. Certain innovation awards are available on a competitive basis.

MIECHV grantees are required to demonstrate measurable improvement among eligible families participating in the program in at least four of the six following benchmark areas: (a) maternal and newborn health; (b) prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits; (c) school readiness and achievement; (d) crime or domestic violence; (e) family economic self-sufficiency; and (f) coordination and referrals for other community resources and supports.

States may not use MIECHV funds to supplant state funding and must maintain non-federal funding levels with respect to formula funding. Wisconsin's maintenance of effort amount is

\$1,258,200.

Child Abuse and Neglect Prevention Grants. Beginning in 2019, DCF is budgeted \$500,000 in TANF funds annually to support grants to expand prevention services that reduce the contact families have with the child welfare system and prevent the removal of children from their homes. Eligible recipients include counties, tribes, and non-profit organizations.

Grant recipients must provide matching funds equal to 9.89% of the grant amount. DCF intends to award one grant to each of six regions (North-east, Northern, Western, Southeast, Southern, and Milwaukee County). For the expected initial 18 - month contract term (January 1, 2019, through June 30, 2020) the minimum grant award amount is \$60,000 and the maximum grant award amount is \$127,500. In subsequent 12-month contract renewal periods, the minimum grant award is \$40,000 and the maximum grant award is \$85,000.

Brighter Futures Initiative. The Brighter Futures Initiative is a statewide program that seeks to prevent and reduce youth violence and other delinquent behavior, youth alcohol and other drug use and abuse, child abuse and neglect, and non-marital pregnancy. The target population is youths between the ages of 12 and 21, in or at risk of entering the child welfare system.

By statute, the Brighter Futures Initiative distributes approximately \$2.1 million in grants each fiscal year to nonprofit organizations and public agencies in Milwaukee County and distributes more than \$1.2 million each fiscal year to county departments in the rest of the state. The grants are

awarded on a competitive basis for a three-year period.

In 2018-19, the Brighter Futures Initiative is budgeted \$4,132,400, consisting of the following: (a) \$94,900 GPR from DCF; (b) TANF funding of \$1,347,500 and an additional \$500,000 in TANF funding allocated to the substance abuse and prevention grants under 2017 Act 254; (c) \$1,325,000 from substance abuse prevention and treatment block grant (SAPTBG) funds transferred from DHS; and (d) \$865,000 GPR from DHS as matching funds for SAPTBG.

Table 14 shows the Brighter Futures grant recipients for 2018. Services are provided by clinicians from SaintA, a local mental health provider, who are trained in functional family therapy. Referrals are made to SaintA clinicians through the Milwaukee Police Department, the court system, child welfare agencies, and neighborhood centers.

Table 14: Brighter Futures Initiative Grant Recipients Calendar Year 2018

Grant Recipient	Grant Amount
Community Advocates (Milwaukee)*	\$2,300,000
La Causa Crisis Nursery (Milwaukee)	189,700
Washington County	175,000
Red Cliff Tribe	174,500
Kenosha County	150,000
Outagamie County	150,000
Barron County	57,900
Diverse and Resilient, Inc. (Madison)	<u>55,000</u>
Total	\$3,252,100

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

ATTACHMENT 1

Promoting Safe and Stable Families (Title IV-B, Subpart 2) County Allocations Calendar Year 2019

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 2

Summary of Wisconsin 2018 Child and Family Services Review Performance

Child and Family Outcomes

	<u>Percent Achieved</u>	<u>Substantial Conformance*</u>	<u>Strength</u>	<u>Needs Improvement**</u>
Safety Outcome 1				
Children are first and foremost protected from abuse and neglect	93%	No		
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	93			X
Safety Outcome 2				
Children are safely maintained in their homes whenever possible and appropriate	35	No		
Item 2: Services to protect child(ren) in home and prevent removal or re-entry into foster care	58			X
Item 3: Risk and safety assessment and management	35			X
Permanency Outcome 1				
Children have permanency and stability in their living situations	33	No		
Item 4: Stability of foster care placement	88			X
Item 5: Permanency goal for child	59			X
Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	48			X
Permanency Outcome 2				
The continuity of family relationships and connections is preserved for children	55	No		
Item 7: Placement with siblings	83			X
Item 8: Visiting with parents and siblings in foster care	66			X
Item 9: Preserving connections	65			X
Item 10: Relative placement	68			X
Item 11: Relationship of child in care with parents	65			X
Well-Being Outcome 1				
Families have enhanced capacity to provide for their children's needs	37	No		
Item 12: Needs and services of child, parents, and foster parents	43			X
Sub-item 12A: Needs assessment and services to children	69			X
Sub-item 12B: Needs assessment and services to parents	44			X
Sub-item 12C: Needs assessment and services to foster parents	79			X
Item 13: Child and family involvement in case planning	42			X
Item 14: Caseworker visits with child	55			X
Item 15: Caseworker visits with parents	41			X
Well-Being Outcome 2				
Children receive appropriate services to meet their educational needs	87	No		
Item 16: Educational needs of child	87			X

	<u>Percent Achieved</u>	<u>Substantial Conformance*</u>	<u>Strength</u>	<u>Needs Improvement**</u>
Well-Being Outcome 3				
Children receive adequate services to meet their physical and mental health needs	59	No		
Item 17: Physical health of child	72			X
Item 18: Mental/behavioral health of child	55			X
<i>Systemic Factors</i>				
Statewide Information System	No			
Item 19: Statewide Information System				X
Case Review System	No			
Item 20: Written Case Plan				X
Item 21: Periodic Reviews				X
Item 22: Permanency Hearings			X	
Item 23: Termination of Parental Rights				X
Item 24: Notice of Hearings and Reviews to Caregivers				X
Quality Assurance System	No			
Item 25: Quality Assurance System				X
Staff and Provider Training	No			
Item 26: Initial Staff Training				X
Item 27: Ongoing Staff Training				X
Item 28: Foster and Adoptive Parent Training				X
Service Array and Resource Development	No			
Item 29: Array of Services				X
Item 30: Individualizing Services				X
Agency Responsiveness to the Community	Yes			
Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR			X	
Item 32: Coordination of CFSP Services With Other Federal Programs			X	
Foster and Adoptive Parent Licensing, Recruitment, and Retention	No			
Item 33: Standards Applied Equally			X	
Item 34: Requirements for Criminal Background Checks			X	
Item 35: Diligent Recruitment of Foster and Adoptive Homes				X
Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements				X

* Outcomes may be rated as in substantial conformity or not in substantial conformity. 95% of the applicable cases reviewed must be rated as having substantially achieved the outcome for the state to be in substantial conformity with the outcome.

** Items may be rated as a Strength or as an Area Needing Improvement. For an overall rating of Strength, 90% of the cases reviewed for the item (with the exception of Item 1 and Item 16) must be rated as a Strength.

ATTACHMENT 3

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

DCF's PIP consists of five primary goals: (a) prevent maltreatment and unnecessary placements by improving child and family safety; (b) identify and support practices that improve permanency outcomes for children; (c) improve continuity of family relationships and capacity of families to care for their child's needs through increased family engagement; (d) assure that children have access to services that support their educational and physical and mental health needs by supporting community capacity; and (e) support the safety, permanency and well-being of children through a healthy, stable, and strong child welfare infrastructure. These goals and the strategies for implementing them are described in further detail below.

Goal 1: Prevent maltreatment and unnecessary placements by improving child and family safety.

Strategy 1: Enhance the use of technology to promote timely initiation of investigations (CFSR Items 1, 2, 20, 21, and 24). Enhance the eWiSACWIS data dashboards used by caseworkers and supervisors based on input from internal and external stakeholders, quarterly reviews of administrative data through DCF's management program (KidStat), and case record reviews.

Strategy 2: Complete an environmental scan of prevention programs (CFSR Items 1, 2, 11, 12, 29, and 30). Complete an environmental scan of child maltreatment prevention programs at the local level in counties and tribes to identify the range of services available to families across the state through the analysis of 211 system data undertaken as PIP Strategy described below. In addition, the scan will be coordinated with and leverage environmental scan efforts undertaken by

other state agencies for other programmatic reasons.

Strategy 3: Expand In-Home Safety Services statewide (CFSR Items 2 and 3). Expand the In-Home Safety Service program from the current set of 44 local child welfare agencies to the remaining counties statewide and to all tribes in the state.

Strategy 4: Provide an incentive to expand family-based residential substance use disorder programs (CFSR Items 2, 12, and 18). Allow federal Title IV-E reimbursement consistent with the Family First Prevention Services Act and IV-E policy for children staying with a parent in a residential substance use disorder program.

Goal 2: Identify and support practices that improve permanency outcomes for children.

Strategy 1: Implement Termination of Parental Rights (TPR) Timeliness Project (Items 5, 6, and 23). Conduct data analysis via the Children's Court Improvement Program contract with the University of Wisconsin-Madison Institute for Research on Poverty. The resulting analysis will be used to identify barriers that cause delays in the TPR process in cases where TPR is appropriate. The project will develop and implement improvement strategies to address barriers.

Strategy 2: Continue foster parent recruitment plan efforts (CFSR Items 5, 6, and 35). Continue the foster parent recruitment plan initiated with current participating counties and tribes (outlined in DSP Informational Memo Series 2017-19) as funds allow. This includes reimbursement for foster parent champions and incentive payments to foster parents who recruit new foster parents.

Strategy 3: Expand Family Find and Engagement (FFE) statewide (CFSR Items 7, 9, 10, and 11). Expand the FFE initiative statewide to all local child welfare agencies to increase and strengthen family connections. Subject to availability of staff and fiscal resources, DCF will offer FFE training to out-of-home care providers in the second year of the PIP.

Strategy 4: Expand administrative data tracking of activities supporting child permanence (Items 20, 21, and 24). Establish dashboards and other data-monitoring tools for permanency-related casework tasks (such as written case plans, timeliness of periodic reviews, and foster and adoptive hearing rights) to be used by caseworkers, local child welfare agencies, and DCF. This will promote improvement in performance on permanency-related casework activities.

Goal 3: Improve continuity of family relationships and capacity of families to care for their child’s needs through increased family engagement.

Strategy 1: Implement a case participant portal (CFSR Items 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 and 18). Create a case participant portal in the eWiSACWIS child welfare information system to improve communication between caseworkers, birth parents, and foster parents and improve participation by birth parents in child events, visits, court proceedings, and court hearings. The case participant portal will be constructed in a way that adheres to state and federal confidentiality requirements.

Strategy 2: Establish a Wisconsin Family Voice Model for Wisconsin’s child welfare system (CFSR Items 9, 10, 11, 14, 15, 29, and 30). Develop and implement a family voice program to incorporate parent voice into case practice and the development of services, policies and, processes. This should meet parent and child needs more effectively and strengthen capacity of families to care for their children.

Strategy 3: Provide more robust support for relative caregivers (CFSR Items 4, 5, 6, 9, 10 and 11). Establish a more robust information and referral system for relative caregivers with the aim of better connecting relatives to services, and strengthening supports for relative caregivers through peer support and other mechanisms.

Strategy 4: Ensure timeliness of Interstate Compact for the Placement of Children (ICPC) home studies (CFSR Items 5 and 36). Track and monitor ICPC home study requests from sending states and develop a technical assistance plan to address timeliness issues based on the home study data.

Goal 4: Assure that children have access to services that support their educational, physical, and mental health needs by supporting community capacity.

Strategy 1: Establish and utilize data linkages to support youth educational needs (CFSR Item 16). Continue efforts to establish cross-system data linkage between the eWiSACWIS and K-12 data systems to provide timely and comprehensive educational information to child welfare caseworkers to help them support positive educational outcomes.

Strategy 2: Conduct research to determine root cause of relatively lower high school graduation rates for child welfare-involved children (CFSR Item 16). Conduct research, in partnership with the UW-Madison Institute for Research on Poverty and the department of public instruction, to determine the root causes of weak high school graduation rate for child welfare-involved children, including how a child’s stay in different out-of-home settings (e.g., residential care centers versus family foster care) affects high school graduation rates. This research will inform policy and practice strategies that can be adopted to improve the graduation rate.

Strategy 3: Expand crisis intervention capacity through in-home model (CFSR Items 12, 17, 18, 29, and 30). Continue funding an in-home crisis intervention pilot, via DHS, to a consortium of four counties to contract with a provider to serve child welfare system-involved children and non-system-involved children with an in-home service model. The DHS/county contract began October 1, 2018.

Strategy 4: Expand crisis stabilization service capacity (CFSR Items 12, 17, 18, 29, and 30). Expand short-term crisis stabilization capacity through collaboration with DHS and collaborate with the DHS on the development of applicable administrative rules.

Strategy 5: Identify service capacity for physical and mental health needs through analysis of 211 data systems (CFSR Items 12, 17, 18, 29, and 30). Utilize analytic data collected through 211, which includes the state's AODA hotline, to identify system capacity in different areas of the state to address unmet needs for children and families in the state. This analysis is expected to generate information on service needs for child welfare system-involved families as well as non-system involved families. Information regarding service gaps for non-systems involved families will be shared with and incorporated into the prevention services environmental scan.

Goal 5: The safety, permanency, and well-being of children is improved through support of a healthy and stable and strong child welfare infrastructure.

Strategy 1: Complete eWiSACWIS data quality plan (CFSR Item 19). Continue developing and implementing a data quality plan.

Strategy 2: Local child welfare agency partners more effectively use data to improve practice and policy and implement a case review feedback loop to local child welfare agencies (CFSR Item 25). Increase engagement of and participation by local child welfare agency partners in the development and implementation of improvement projects based on the state's case review and relevant administrative data. The results of these improvement projects will be monitored and evaluated and will be used to inform and improve the state's practice and policy guidance and requirements, training and professional development system, and information system. In addition, the DCF will develop and implement a case review feedback loop to the local child welfare agencies regarding the results of the cases reviewed from their county.

Strategy 3: Assure staff and foster parents are prepared through an improved training monitoring system (Items 26, 27, and 28). Enhance the monitoring system for worker and foster parent training to assure that workers and foster parents are being appropriately trained and supported prior to working with children and families, or having children placed in their foster home.

ATTACHMENT 4

Child Abuse and Neglect Prevention Grants State Fiscal Year 2018-19

<u>Agency Name</u>	<u>Counties</u>	<u>Program Description</u>	<u>Match Amount</u>	<u>Total Contract</u>
Children's Hospital of Wisconsin – Community Services	Brown, La Crosse, Manitowoc, and others TBD	Child Sexual Abuse Prevention	\$52,500	\$210,000
Indianhead Community Action Agency	Northern Wisconsin	Evidence-based Parent Education	38,750	155,000
Kenosha Department of Health Services	Kenosha	Evidence-based Parent Education	40,000	160,000
Family & Childcare Resources of Northeast Wisconsin	Brown, Oconto	Evidence-based Parent Education	38,750	155,000
The Parenting Place	La Crosse	Evidence-based Parent Education	40,000	160,000
Parenting Network	Milwaukee	Evidence-based Parent Education	38,750	155,000
Children's Hospital of Wisconsin – Community Services (Northwoods)	Langlade, Oneida, Vilas	Evidence-based Parent Education	37,500	150,000
Children's Health and Hospital System	Milwaukee	Abusive Head Trauma Prevention	12,500	50,000
Family Resources of St. Croix Valley	St. Croix, Pierce	Abusive Head Trauma Prevention	6,828	27,312
University of Wisconsin Hospitals and Clinics Authority	Dane	Abusive Head Trauma Prevention	12,500	50,000
Gundersen Lutheran Medical Foundation, Inc.	Adams, Crawford, Grant, Jackson, Juneau, La Crosse, Marquette, Monroe, Richland, Trempealeau, Vernon	Abusive Head Trauma Prevention	12,500	50,000
Children's Service Society of Wisconsin	Lincoln, Langlade, Vilas	Community Response Program	31,250	125,000
Children's Service Society of Wisconsin	Rock, Kenosha	Community Response Program	31,250	125,000
Children's Service Society of Wisconsin	Milwaukee	Community Response Program	31,250	125,000
The Parenting Place	La Crosse	Community Response Program	31,250	125,000
Northwest Connection Family Resources	Sawyer, Washburn	Community Response Program	38,750	155,000
Lakeshore Community Action Agency	Manitowoc	Community Response Program	33,750	135,000
Green Lake County DHHS	Green Lake, Adams, Marquette, Waushara	Community Response Program	<u>31,250</u>	<u>125,000</u>
Total			\$402,312	\$2,237,312

ATTACHMENT 5

Family Foundations Comprehensive Home Visiting Program Federal Fiscal Year 2019

<u>Local Implementing Agencies</u>	<u>Serving Counties/Tribes</u>	<u>DCF Grant</u>	<u>Agency Match</u>	<u>Total Contract</u>
Children's Service Society of Wisconsin (Rock Co.)	Rock County	\$500,000	\$125,000	\$625,000
Adams County Health and Human Services Department	Adams, Juneau, and Sauk Counties	954,098	238,525	1,192,623
Children's Service Society of Wisconsin (Northwoods)	Forest, Langlade, Lincoln, Oneida, Vilas Counties	624,781	156,195	780,976
The Board of Health for Madison and Dane County	Dane County	291,211	72,803	364,014
Easterseals Southeast Wisconsin	Milwaukee, Waukesha and Walworth Counties	417,690	386,933	804,623
City of Milwaukee Health Department Empowering Families Milwaukee (EFM) and Direct Assistance to Dads (DADs)	Milwaukee County	1,278,170	319,543	1,597,713
Family and Children's Center	La Crosse County	208,762	52,191	260,953
Family Services of Northeast Wisconsin	Brown and Winnebago Counties	1,823,166	455,792	2,278,958
Great Lakes Inter-Tribal Council	Bad River Tribe, Sokaogon-Chippewa Tribe, St. Croix Tribe, Lac du Flambeau Tribe, Burnett County	1,373,295	343,324	1,716,619
Indianhead Community Action Agency, Inc.	Clark, Rusk, Sawyer, Taylor, Washburn Counties	558,840	139,710	698,550
Kenosha County Division of Health Services	Kenosha County	1,376,901	344,225	1,721,126
Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin	Lac Courte Oreilles Tribe	478,542	119,636	598,178
Racine County Department of Human Services	Racine County	926,921	231,730	1,158,651
SET Ministry, Inc.	Milwaukee County	300,000	75,000	375,000
Children's Service Society of Wisconsin (Jackson & Trempealeau Co.)	Jackson and Trempealeau Counties	291,094	72,774	363,868
Children's Service Society of Wisconsin (Milwaukee)	Milwaukee County	340,800	85,205	426,005
Dane County Parent Council for Green County	Green County	324,967	81,242	406,209
Family Resource Center St. Croix Valley	St. Croix, Pierce, Polk Counties	309,000	77,250	386,250
Lakeshore CAP	Manitowoc County	287,259	71,815	359,074
Next Door Foundation	Milwaukee County	<u>450,000</u>	<u>112,500</u>	<u>562,500</u>
Total		\$13,115,497	\$3,561,390	\$16,676,887