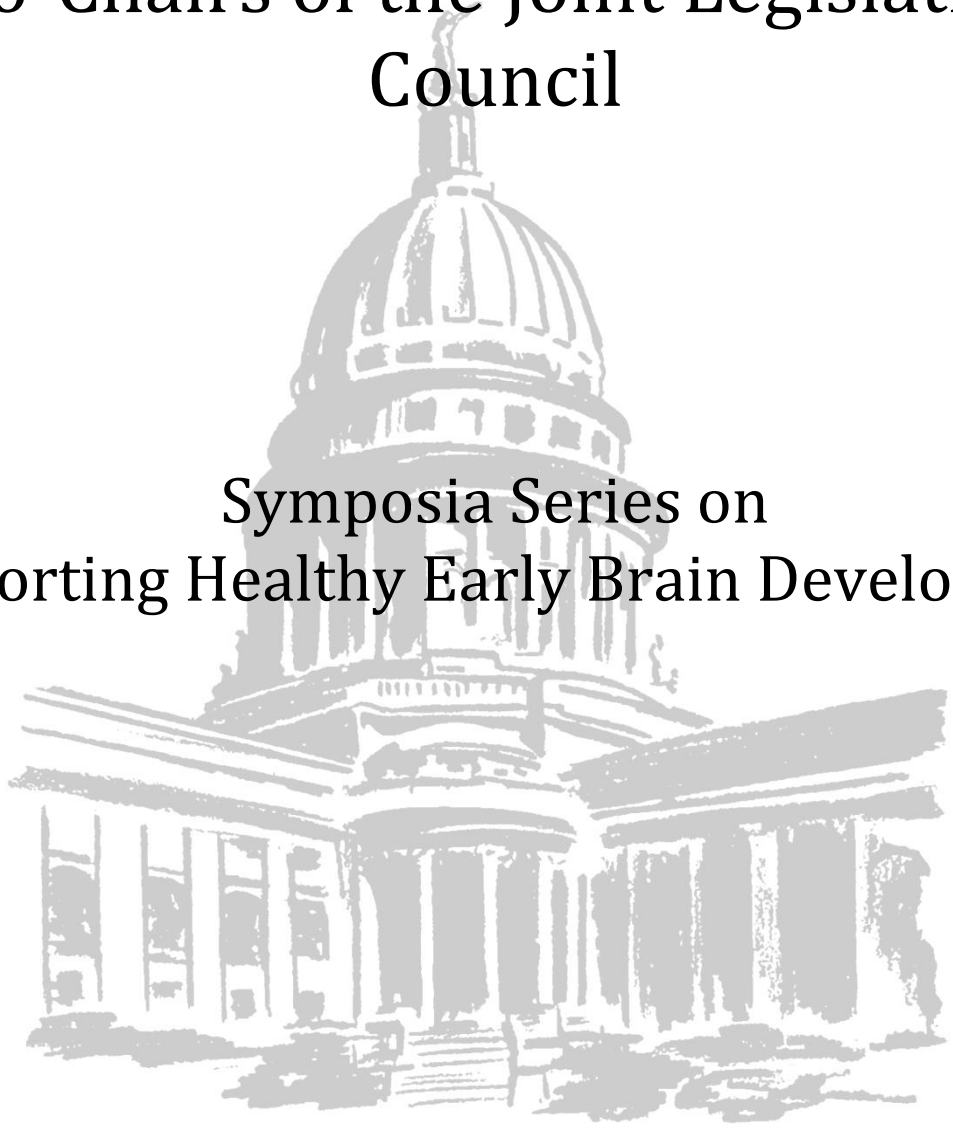
Steering Committee Report to the Co-Chairs of the Joint Legislative Council



Symposia Series on Supporting Healthy Early Brain Development

January 27, 2016

Wisconsin Legislative Council
One East Main Street, Suite 401
Madison, WI 53703-3382
Phone: (608) 266-1304
Fax: (608) 266-3830

www.legis.wisconsin.gov/lc

SYMPOSIA SERIES ON SUPPORTING HEALTHY EARLY BRAIN DEVELOPMENT

Prepared by:
Rachel Letzing, Principal Attorney, and Jessica Ozalp, Staff Attorney
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PART I

STEERING COMMITTEE FORMATION AND ASSIGNMENT

In March 2014, Senator Luther Olsen and Representative Joan Ballweg, Co-Chairs of the Joint Legislative Council, created a steering committee to develop a symposia series on supporting healthy early brain development. Chaired by Representative Joan Ballweg and Vice-Chaired by Senator Alberta Darling, the committee was provided with the following assignment:

> The steering committee is directed to conduct information symposia regarding: (a) research on the impact of early brain development on lifetime physical and mental health, educational achievement, and economic security and the factors that hinder or promote healthy early brain development; (b) policy initiatives implemented in other states that are intended to positively influence early brain development; and (c) relevant programs and initiatives currently in place in Wisconsin. The Steering Committee shall also develop policy recommendations designed to improve the early brain development of Wisconsin's infants and young children.

PART II
COMMITTEE ACTIVITY

JUNE 19, 2014

At its first meeting, the Steering Committee received invited testimony regarding the effects of adversity and toxic stress in early childhood, prevention of the negative effects of childhood adversity, research findings on the effects of childhood adversity on early brain development, state efforts to support healthy brain development and mental health in infants and young children, home visiting programs, and Wisconsin Head Start intervention services and school readiness programs.

Kevin Moore, Deputy Secretary, Department of Health Services (DHS), and member of the Child Abuse and Neglect Prevention Board, presented background information about the Adverse Childhood Experiences (ACE) Behavioral Risk Factor Study, and its findings on the long-term damaging consequences of ACEs. He noted that ACEs are the leading cause of health problems throughout the lifespan, and that DHS is working closely with the Wisconsin Children's Trust Fund (CTF) on prevention measures. He stated the original ACE study findings are supported by research on brain development and toxic stress, and that this research confirms a cause-effect relationship between ACEs and later health problems.

In response to questions from the committee, he described the six-month-old program "Care for Kids" in which the Department of Children and Families (DCF) is partnering with the children's hospital to combat ACEs and toxic stress in the lives of children by offering trauma-informed "wrap-around" care and services in southeast Wisconsin. Mr. Moore indicated that DHS is partnering with the Department of Public Instruction (DPI) and is working to garner federal resources, such as the Center for Medicare and Medicaid Services funds, for trauma-informed care and for obtaining further data on best practices.

Jennifer Jones, Interim Executive Director, CTF and Chair of the Child Abuse and Neglect Prevention Board's Legislative Committee, described the work of CTF, the state's leading child abuse and neglect prevention agency. She presented the most recent data from Wisconsin on the effects of ACEs on long-term outcomes and achievement. She described findings that ACE scores vary by race and income, and that high ACE scores correlate with high rates of suicide, mental health concerns, poor academic performance, and substance abuse. She discussed certain protective factors that research shows can buffer the negative outcomes related to childhood adversity: resiliency; trauma-informed care; and the presence of at least one competent and caring adult in a child's life.

In response to questions from the committee, Ms. Jones also explained the ACE master training program currently being implemented, including safe schools initiatives and providing training on ACE and trauma for school districts. In response to a question, she stated that there is

a great deal more CTF could do towards child abuse and neglect prevention if the state invested more funds in this area.

Melissa Roberts, Legislative Liaison, Department of Corrections (DOC), discussed how ACE research has been integrated into four key priority efforts driving practices, policies, and prevention in Wisconsin. The four priority areas are to increase public awareness of ACE study findings, address co-occurrence of ACEs among children of incarcerated parents, expand the knowledge and use of ACE data within Medicaid/BadgerCare, and enhance ACE related data in Wisconsin. She also gave an overview of relevant research and policy across the Midwest and in certain other states.

Ms. Roberts presented policy recommendations designed to prevent the accumulation of multiple ACEs due to the cumulative negative effects of these adverse experiences. These recommendations included: investing more in prevention strategies, such as Project GAIN in Milwaukee, Wisconsin's Community Response Program, and the Positive Community Norms Statewide Initiative; making Medicaid policy changes, such as a benefits package specifically for individuals with ACEs and trauma, and reimbursement for evidence-based prevention initiatives; designing and piloting prevention and intervention strategies with children and parents involved in Corrections; and investing in research on resilience.

Dr. Seth Pollak, Professor of Psychology, Anthropology, Pediatrics and Public Affairs, University of Wisconsin-Madison, described his research on the effects of child abuse, neglect, stress, and poverty on early brain development in at-risk populations. He described the biomechanical effects of adverse experiences or poverty in childhood on cognitive functioning and on long-term negative health outcomes. He described the "how and why" of long-term biological changes caused to humans by toxic stress. He detailed recent discoveries about the epigenetic mechanisms by which early exposure to prolonged stress and adverse experiences affect the growth rate of the brain, interfere with the regulatory ability of the frontal lobe, delay the development of the orbitofrontal cortex, and impair the growth of the prefrontal cortex. He stated that the data indicates these neurological changes cause poor performance on executive function tasks, and raise the long-term risks of developing anxiety, depression, drug abuse, sexual behavior problems, and other health concerns. Dr. Pollak also explained his findings that chronic stress, such as that which results from experiencing neglect as a child, increases cortisol and decreases oxytocin in the bodies of children, and that these hormonal imbalances damage brain development and function.

Lana Nenide, Associate Director, Wisconsin Alliance for Infant Mental Health, spoke about programs and initiatives currently in place in the state that are intended to positively influence early brain development, and touched on relevant policy initiatives implemented in other states. She discussed the emphasis in the field of infant mental health on the importance of supportive early relationships to children's social and emotional development, including the emergence of self-regulation. She described the Pyramid Model, an evidence-based, cross-systems prevention and intervention framework providing a variety of training modules and home visit services. She explained initiatives in other states to achieve "continuity of care," or the policy of assigning a primary infant care teacher to an infant from the time the child enters child care until the child is three years old or leaves the program.

Ms. Nenide then discussed Early Childhood Mental Health Consultation, a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with early childhood mental health expertise and one or more individuals with other areas of expertise. Ms. Nenide recommended that Wisconsin build, fund, and support a statewide network of qualified early childhood mental health consultants.

Leslie McAllister, Home Visiting Coordinator, and **Tom Hinds**, Home Visiting Performance Analyst, DCF, provided an overview of home visiting programs administered by DCF and DHS in Wisconsin. The Family Foundations Comprehensive Home Visiting Program funds 14 evidence-based home visiting programs operating in 15 counties and four tribal communities. Ms. McAllister described the typical visit activities conducted during weekly home visits by nurses, social workers, or paraprofessionals. She noted that screening and assessment is a recent emphasis when training home visit staff. She discussed the funding history of home visiting programs, including federal resources like temporary assistance for needy families (TANF) grant funds, and associated federal requirements and expectations with regard to use of proven evidence-based models for home visiting. She then explained how these requirements for evidence of effectiveness shape the program components of specific programs, such as Healthy Families America.

Mr. Hinds explained the federal benchmark plan, including measures of improved outcomes, required data collection, and reporting requirements. He discussed the coordination done by the agencies to track various statistics, including the numbers of children in these programs who experience abuse and neglect. In response to a question, he stated that the agencies are working on identifying efficiencies and providing supports for home visit staff to reduce the time spent on paperwork and data collection.

Lilly Irvin-Vitela, Executive Director, Wisconsin Head Start Association, explained the intervention services provided by her agency to families and children around the state. Early Head Start and Head Start programs support developmentally appropriate practices which promote child growth and school readiness with tools such as Early Childhood Environmental Rating Scales, Infant and Toddler Environmental Rating Scales, and the Classroom Assessment Scoring System. She discussed federal and local funding, infrastructure, participation rates and numbers of individuals served, and costs per child for these programs. She then summarized the data on improved outcomes for children and families involved in Head Start programs.

JULY 24, 2014

The Steering Committee heard testimony from invited speakers regarding the return on investment in early childhood education, the Minnesota Early Learning Foundation investment and initiatives in St. Paul, Minnesota, policy initiatives in other states that address early childhood education and development, and the evidence-based trauma sensitive interventions for children placed in out of home care implemented by Anu Family Services.

Art Rolnick, former Senior Vice President and Director of Research, Federal Reserve Bank of Minneapolis, and Senior Fellow and Co-Director, Human Capital Research Collaborative, University of Minnesota, presented information on the research showing that investment in high

quality early childhood education far exceeds the return on most public and private economic investments and described his experience implementing research-based approaches to early childhood education in Minnesota. In particular, he described the research on the Perry Preschool Program in Ypsilanti, Michigan, and said that cost-benefit analyses showed that for every $1 invested in the program during the early 1960s, over $16 in benefits was returned to the program participants and society as a whole, and that the real (adjusted for inflation) internal rate of return for the program was 18%. He noted that neuroscience has also shown that high quality early childhood interventions can provide the types of support necessary to foster healthy brain growth. He then discussed the establishment of the Minnesota Early Learning Foundation, which invested $20 million of private funding to pilot two research-based approaches for improving early childhood education - the Parent Aware quality rating and improvement system for early childhood program providers, and the Saint Paul Early Childhood Scholarship Program for low-income families – and the elements of each initiative as well as the positive outcomes shown in evaluations of each program. He explained that the administrative cost of bringing a scholarship program for high-quality care to scale is very small, but the primary issue is how to fund it.

In response to questions from the committee, Mr. Rolnick said that from a long-term economic perspective, instead of using economic development funding to subsidize private businesses, those dollars would create a larger economic and public return on investment if they were used to fund early childhood education, and that an early childhood education scholarship program needs leadership, either from private businesses or state or local governments, in order to be successful.

Robyn Lipkowitz, Program Director, National Conference of State Legislatures, provided an overview of other states' legislation regarding early childhood education and development. She explained that states are interested in this area for a number of reasons, including concerns about school readiness, the impact of poverty, and economic interest in the future workforce. According to Ms. Lipkowitz, several states have legislation that incorporates or recognizes early brain research concepts. She provided examples of other states' legislation, including legislation that:

- Requires incorporating executive function skills in state early learning standards, including executive function skill development in teacher and early childhood provider training programs;
- Creates a state consortium for high-quality infant and toddler care that partners state and private organizations;
- Allows low-income parents to continue receiving a child care subsidy for a short period even after they find a higher paying job;
- Creates scholarships to improve credentials among the early childhood workforce;
- Provides higher child care reimbursement rates for quality programs;
- Funds and implements evidence-based home visiting programs; and
- Creates two generation strategies designed to support parents while their children are receiving high-quality childcare.

In response to questions from the committee, Ms. Lipkowitz stated that she would provide additional information to the committee regarding states that provide training and professional development regarding trauma or toxic stress, and would provide copies of legislation from other states described in her presentation.

Amelia Franck Meyer, CEO, Anu Family Services, explained that Anu is a nonprofit child welfare organization that operates in Minnesota and Wisconsin. Ms. Franck Meyer presented information about the grief, loss, and trauma experienced by children who are removed from their homes, the current child welfare system's response to these children, and the evidence-based intensive trauma healing and permanence services Anu provides. Ms. Franck Meyer explained that the traditional child welfare system is structured and funded around ensuring a child's physical safety, relies on traditional therapy, behavior management, and pharmacological interventions, which do not acknowledge a child's losses or allow a child to grieve those losses, and re-traumatizes a child by changing their out-of-home placements when their behaviors do not respond to traditional interventions. She explained that a combination of intensive grief, loss, and trauma work in a safe, integrative therapy is essential before conducting a diligent, exhaustive search for permanence with a family member or someone who is important to the child. She stated that this focus on trauma effective care, which gets to the root causes of trauma using integrative healing interventions, ensures that children are healthy in all respects and are more ready to have successful transition to permanent homes.

In response to questions from the committee, Ms. Franck Meyer said that Medicaid does not pay for innovative healing techniques, but it may be possible to create a broader definition of therapies that may be funded by Medicaid under the state plan; Anu operates with various partners, including county governments, in 60 Wisconsin counties; that permanence for children should not be done on a prescribed timeline without involving the child and doing the trauma effective work with the child first; and that barriers to being foster parents are often the result of the system's reliance on physical safety, but that incentives to increase the numbers of foster parents would be helpful.

SEPTEMBER 9, 2014

The Steering Committee received invited testimony on the work of the Office of Children's Mental Health, the early childhood initiatives and Two Generation approach underway in Colorado, a comprehensive description of the funding directed to state agencies for programs that have a goal of reducing ACEs for children up to age three, the DCF Trauma Project, the Youngstar Childcare Quality Rating System, and the state's use of the Child and Adolescent Needs and Strengths (CANS) assessment tool.

Office of Children's Mental Health

Elizabeth Hudson, Director of the Office of Children's Mental Health (OCMH), presented information on OCMH's structure and work. She explained that OCMH is not part of DHS, but is a standalone office reporting directly to the Governor's office. It monitors, collaborates with, integrates, and connects other state agencies whose work touches on children's mental health

issues. She described the concept of trauma-informed care as a principle-based culture change process, applied not just to treatment, but to everything encountered in daily work with children. Trauma-informed care allows the focus to shift from diagnosing disorders to making sense of behaviors as adaptation resulting from the trauma experienced by a child. Ms. Hudson outlined how new scientific technologies, such as advanced brain imaging, have impacted assumptions regarding behaviors of children with trauma in their past. She stated that the prevalence of traumatic events among mental health patients makes a culture change necessary throughout the systems they encounter, because simply providing trauma-informed therapy is insufficient if these children are spending the rest of their time (outside therapy) in environments which are not trauma sensitive.

Ms. Hudson presented information about the percentage increases in a variety of health and safety risks attributable to traumatic childhood experiences. Reducing early adversity, she stated, has the potential to simultaneously decrease all of these public health concerns. She highlighted OCMH's strategic cross-systems coordination of trauma-informed care projects across the state, including grant programs and partnership with corrections agencies. She also stated efforts are underway to integrate the data from all agencies that children encounter, to better inform decisions by getting a fuller picture of what happens to each child in all interactions with state programs.

In response to questions from the committee, Ms. Hudson said that she is in regular contact with leadership of each state agency; that OCMH works with faith-based community organizations; and that OCMH also coordinates with programs working to reduce exposure to environmental toxins such as lead.

Colorado Office of Early Childhood

Mary Anne Snyder, Director of the Office of Early Childhood, Colorado Department of Health Services, provided an overview of Colorado's Two Generation Plan with **Keri Batchelder**, Two Generation Manager, Colorado Department of Human Services. Ms. Batchelder described how Colorado built its strategy around the emerging need to assess both the child and the parent at the same time, to better assist the family to find a way out of poverty and to best position the child to stay out of poverty. The two generation approach is not a program, but a new framework for utilizing resources. Ms. Batchelder explained that Colorado has implemented a dual approach to employment assistance, with programs to benefit both custodial and noncustodial parents. These programs include enhanced child support services, parenting skills courses, and intensive employment programs. Colorado's Temporary Assistance for Needy Families (TANF) program has been re-focused on pay and retention outcomes, emphasizing employment rather than cash assistance. Colorado has also implemented early learning, financial education, and college savings components in its two generation strategy.

Ms. Snyder described the Colorado legislation which established the Colorado Office of Early Childhood. She also explained that counties can now provide presumptive eligibility for childcare subsidies, and decouple childcare eligibility from the parent's work schedule. Colorado is also requiring quality ratings for all licensed childcare facilities, and focusing federal resources on

facilities that accept subsidy participants. Colorado implemented a management system facilitating confirmation of professional development qualifications for early childhood educators, and coordinated site visits to provide better quality control.

In response to questions from the committee, Ms. Snyder stated that Wisconsin already has some community and family support components of the Colorado system, but examples of Colorado components we may not yet have include a system of early childhood councils, an early intervention program for children under three years of age with a developmental delay, and a child maltreatment prevention unit.

Legislative Fiscal Bureau

Rob Reinhardt, Charlie Morgan, Christa Pugh, and **John Gentry**, Legislative Fiscal Bureau (LFB), explained the information presented in their "Early Childhood Care and Treatment Programs" memorandum dated September 5, 2014. The memorandum includes an inventory of funding directed to state agencies for programs that have a goal of reducing ACEs for children up to age three. It also contains information on three programs administered by DHS that provide care and treatment services to young children with certain health conditions.

Mr. Gentry stated that the Child Abuse and Neglect Prevention (CANP) Board administers most state-funded activities to prevent child abuse and neglect in Wisconsin. He then described three main expenditures going toward DCF-administered programs: direct childcare subsidies through Wisconsin Shares; state administration and licensing of childcare providers; and programs that enhance the quality of childcare in Wisconsin. He explained how child care providers participating in the Wisconsin Shares child care subsidy program are reimbursed based on the number of stars earned under the Youngstar rating system. He then described funding for stipends and scholarships for professional development of childcare providers through the Teacher Education and Compensation Helps (TEACH) program. Mr. Gentry described the funding sources for the Wisconsin Family Foundations Home Visiting Program (FFHV) and the services it provides.

Mr. Gentry described funding sources for family preservation and reunification services, and described the funding of post-adoption resource centers, foster care and case management, and child protection services.

Mr. Gentry outlined the funding Wisconsin receives under the federal Promoting Safe and Stable Families (PSSF), which provides funds to states, territories, and tribes to enable them to provide family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services. He then described the Wisconsin Trauma Project and the Wisconsin ACE survey. Ms. Pugh described the Head Start program administered by Wisconsin Department of Public Instruction. Mr. Morgan described programs administered by DHS, including the Children's Long-Term Support Waiver and the Birth-to-3 program for infants and toddlers with disabilities.

In response to questions from the committee, Mr. Reinhart stated that there is a tiered aspect in childcare subsidies depending on the income of the eligible family, and that there is a cliff

effect when a participant moves into an income bracket that makes them ineligible for the subsidy. He stated that details of the copayment schedule and reimbursement rates are available in an LFB Informational Paper on Wisconsin Works and on the DCF website. Ms. Pugh stated that LFB will provide the committee with information about income eligibility for Wisconsin Head Start and Wisconsin Shares.

DCF

The following panel appeared on behalf of DCF: **Fredi Bove**, Administrator of the Division of Safety and Permanence; **Carrie Finkbiner**, Lead Staff for Development and Implementation of the DCF Trauma Project; and **Kim Eithun-Harshner**, formerly of the DCF Trauma Project, who helped develop and lead the project and has since moved to the OCMH.

Ms. Bove stated that research shows ACEs have a toxic effect on development and increase risks of negative long-term health and social outcomes. She noted that the Trauma Project is a cross-system, comprehensive approach to create a trauma-informed child welfare system, partnering with the juvenile justice system, mental health system, education system, law enforcement and court system. The Trauma Project implements a three tiered approach to train people interacting with children in evidence-based trauma screening, assessment and treatment. The three tiers of emphasis are the child, the family, and the system.

Ms. Bove outlined some of the strategies used at each tier to improve the screening, assessment and treatment of trauma. This includes such initiatives as provision of trauma-focused cognitive behavioral therapy (TF-CBT) for children; provision of a 16-hour trauma-informed parenting training course; and promoting cross-system trauma-informed work between the child welfare system and other systems that touch the same children and families. Ms. Bove described the Trauma Project's future plans to build capacity, pursue new grant opportunities, and develop a robust system to measure project outcomes.

In response to questions from the committee, Ms. Bove noted the Trauma Project takes about $45,000 to start up in a county, with the state providing half the cost and the county providing the other half. She confirmed that in addition to parents, the program also works with foster parents and caregivers of children who are not reunified with their birth family.

The committee then heard from two county Trauma Project partners: **Mark Mertens**, Youth and Family Services Division Manager in the Outagamie County Health and Human Services Department; and **Karla Broten**, Youth and Family Program Manager in the Barron County Health and Human Services Department. Mr. Mertens discussed Outagamie County's experiences since joining the Project in 2012 to better integrate services between its juvenile justice and child welfare systems. He stated that the experience has been transformational for the county's system, and its ability to better respond to children entering the criminal justice system at an early age. He emphasized training mental health clinicians and noted that research now indicates that children should go through trauma screening before receiving diagnosis of mental health issues. In response to questions from the committee, Mr. Mertens indicated that both state funds and local county levy fund the county's Project initiatives.

Ms. Broten spoke about Barron County's experiences with the Trauma Project and the positive effects of implementing TF-CBT for children and families. She stated that Barron County is making significant progress with the goals of the Trauma Project on all three tiers. She presented information about the positive outcomes resulting from access to TF-CBT, stated that it empowers victims of trauma to heal from their experiences, and described some success stories from Barron County. In response to questions from the committee, she noted that there are children younger than five who participate in the program. She indicated that a child must have an open case with Barron County to get access to TF-CBT at this time, that the lack of state funding acts as a barrier to access for children who have not entered the county system, and that some of the professional services are billable to medical assistance but not all services are billable.

The next DCF presenter was **Judy Norman-Nunnery**, Administrator of the Division of Early Care and Education. Ms. Norman-Nunnery provided an overview of DCF quality initiatives. She presented statistics on the early formation of the achievement gap and the importance of quality in early childhood education. She explained the history of the quality framework Wisconsin has implemented since 2002 through the Governor's Early Childhood Advisory Council and the Race to the Top Early Learning Challenge Grant.

In response to questions from the committee, Ms. Norman-Nunnery stated that several years ago, Wisconsin Shares began reimbursing some childcare providers based on enrollment (mainly group centers) and others based on attendance (mainly family programs), in order to save costs. She stated that DCF will provide the committee with updates to the tiered reimbursement rate information on the DCF website, including any regional variation.

Kath McGurk, Director of the Bureau of Early Learning and Policy, explained how the Youngstar Tiered Quality Rating and Improvement System operates in Wisconsin since implementation in 2010. Ms. McGurk outlined the Youngstar method to assess, improve, and communicate levels of quality in early care and education settings. She explained participation requirements, quality indicators and rating standards, and rates of participation across the state. She described the tiered Wisconsin Shares reimbursement that childcare programs receive according to the Youngstar quality rating they are able to attain. She also informed the committee about the rise in numbers of programs attaining higher quality ratings in the state, as programs make use of Youngstar quality improvement resources and supports.

Debbie Drew, Director of the St. John's Lutheran Church Child Care Program of Portage, described her early education center's experience with Youngstar. The St. John's Lutheran Church Child Care program opened in 2001, and has transformed from a daycare to a child development center connected with the St. John's Elementary School. Ms. Drew explained that the center initially attained a four star quality rating when entering the Youngstar program in 2012. She stated that the center made a decision to lead, and avail itself of Youngstar tools to improve quality, train its educators, and attain a five-star rating. She told the committee that the center's improvements and all of the attendant benefits to the Portage community would not have been possible without Youngstar. In response to questions from the committee, Ms. Drew stated that the increased Wisconsin Shares reimbursement rate it attained through receiving a five star rating

has allowed the center to begin accepting a higher number of subsidy families through tuition assistance.

Finally, an explanation of the state's use of the CANS assessment was provided by Ms. Bove and by **Jonelle Brom**, Out-of-Home Care Section Chief, Bureau of Permanence and Out-of-Home Care. The CANS tool is an assessment strategy used in Wisconsin since 2001 to evaluate recipients of child welfare services for decision support, treatment planning, and outcomes management. Versions of this tool are used in 30 states to determine service needs, create meaningful goals for families, and match each child with an appropriate care environment for his or her level of need. Ms. Brom noted that Wisconsin was an early adopter of CANS and is part of a national consortium working with several prominent universities to determine best practices for using CANS effectively. In response to questions from the committee, Ms. Bove indicated that the Wisconsin system attempts to place children with relatives in a familiar setting when they must enter out-of-home care; and that all Wisconsin counties are now being trained in family finding techniques to identify relatives of children being placed, and assist them in attaining the necessary licensure.

OCTOBER 23, 2014

The Steering Committee discussed committee member suggestions included in Memo No. 1, *Policy Suggestions for Supporting Healthy Early Brain Development*, with representatives of the OCMH - Elizabeth Hudson and Kate McCoy; DCF - Sara Buschman, Judy Norman-Nunnery, and Kath McGurk; and DHS - Kevin Moore.

Inventory and Data Sharing

The steering committee began by discussing inventory and data sharing. First, staff from the OCMH explained their integrated data proposal for developing an integrated data system using data on children's social and emotional well-being collected from state agencies such as DCF, DHS, DPI, and DOC. The information collected from different agencies would then be integrated to provide a comprehensive view of how children receiving services are performing in different areas of their lives, such as school and treatment programs. The effectiveness of these services could then be assessed to inform investment in programs and systems serving children. Staff from OCMH and DCF explained that the OCMH integrated data system has a different focus and would be conducted on a smaller scale than the DCF Race to the Top Early Childhood Longitudinal Data System Project which DCF is developing.

Steering committee members expressed support for the OCMH integrated data proposal and encouraged OCMH to include the proposal in its 2015-17 biennial budget request. In addition, members suggested that OCHM and DCF work together to refine the proposal in order to ensure that it dovetails with, and does not duplicate, DCF's integrated data project. There was consensus among committee members that data collection and sharing is an important way to ensure that the state makes good policy choices.

Second, in response to suggestions provided by Representative Rodriguez regarding the development of a database for the early childcare system, DCF staff described the DCF Race to the

Top Early Childhood Longitudinal Data System Project in greater depth and explained that staff continually review data collected on early childcare programs. DCF staff estimate it will be two years before the project is completed. DCF staff noted that the Early Childhood Advisory Council's review of early childhood measures and outcomes could assist in the development of an integrated data system.

Third, in response to a suggestion offered by Representative Ballweg, OCMH staff explained that it is in the process of developing an inventory of state and county trauma informed care programs. The inventory will be completed within the next year and will be available to the public.

Early Childhood Care and Education – Youngstar Quality Rating and Improvement System

In response to suggestions made by Representative Rodriguez, DCF staff provided an overview of the marketing initiatives and website portal created in order to inform Wisconsin families about Youngstar. DCF staff then explained the types of incentives currently offered under Youngstar to assist providers in achieving higher star ratings, including microgrants, technical consultants, the TEACH scholarship and the REWARD stipend. DCF staff noted that there has been an increase in the number of children whose families receive the Wisconsin Shares subsidy that are attending three-, four-, and five-star programs. In an effort to help childcare providers attain higher education levels and thereby increase their employers' Youngstar ratings, DCF stated that it will contract with the Wisconsin Technical College System in order for technical colleges to offer additional credit-based programs for providers.

In response to questions from the committee, DCF staff explained that enrolling a child in a five-star rated program is not always the most expensive choice due to demographic and geographic differences across the state. In addition, DCF staff stated that educational requirements and business practices are impediments to many two-star providers who want to achieve a higher rating, but that offering more credit-based programs at technical colleges and offsetting those costs with the TEACH scholarship are ways to help providers attain higher education levels. The TEACH scholarship has been reduced to a 55% coverage, but the Race to the Top funding may be allocated until at least 2016.

Regarding Senator Lassa's suggestion to make continuity of care a factor in the rating system, DCF staff explained that although continuity of care (assigning a teacher to a child from the time a child enters care until the child leaves the program) is not part of the rating system, the federal government has encouraged states to pay attention to this issue. Requiring a teacher to move with a child would require the teacher to have greater experience and education in order to provide quality care to different age groups. DCF staff noted that retention of quality teachers is a way to earn points toward a higher rating.

Healthcare

Kevin Moore responded to questions from committee members regarding the creation of a universal application for public benefits and suggestions regarding changes to healthcare programs. Mr. Moore stated that currently there is one application used to apply for both Medicaid and FoodShare. He said that building the technology in order to allow applications for programs with different eligibility criteria across different state agencies, as well as some programs with smaller populations of applicants, would be challenging and may require additional discussion about the cost-benefit analysis if the Legislature wishes to pursue the idea.

Regarding the healthcare suggestions in Memo No. 1 made by Senator Lassa and CTF, Mr. Moore explained that DHS and CTF have discussed creating a Medicaid benefits package for individuals who have been screened for ACEs and trauma, but have not determined how this benefit could be designed. Including ACEs and trauma informed care in a health maintenance organization (HMO) contract may be a way to pilot this idea and that Care4Kids could be used as a model. However, DHS offers ongoing education to healthcare providers and staff about trauma informed care.

In response to a suggestion from Representative Ballweg regarding public health nurse home visits, Mr. Moore stated that both DHS and DCF have home visiting programs that are targeted at specific populations and are funded in different ways.

In response to a suggestion from Representative Berceau requiring hospitals to present specified information to parents of newborns, Mr. Moore noted that hospitals are required to provide information to parents regarding shaken baby syndrome and that the Wisconsin Hospital Association would be in a better position to address her suggestion.

In response to Senator Lassa's suggestion regarding parent peer specialist certifications, Mr. Moore explained that the state is developing criteria for parent peer certification and may be able to use federal funding to develop the certification program. He described how peers are currently utilized in the statewide service teams and said that peers are recognized as part of the larger continuum of care in the state.

Early Childhood Education Scholarship

Responding to Representative Rodriguez' suggestion to create a public-private funding board, DCF staff explained that DCF is working on a public-private proposal which will involve local community stakeholders working with childcare programs in their areas to develop ways to better fund and support those programs. A statewide entity would be created with the input of an advisory council to provide direction, technical assistance, and funding to local efforts.

Regarding Representative Genrich's suggestions regarding an early learning scholarship program, DCF staff stated they were not familiar with the details of Minnesota's project to provide specific comments; however, DCF is considering whether to send the Wisconsin Shares subsidy payment directly to the parent instead of the provider so that the parent can determine how best to use the state payment.

Early Childhood Care and Education - Childcare and Preschool and Childcare Teachers and Staff

In response to a suggestion from Senator Lassa regarding executive functioning skills in early childhood programs and integrating the Pyramid model into childcare provider requirements, DCF staff explained that DCF contracts with Supporting Families Together to provide training in each Youngstar region for providers and staff. Pyramid training is currently a way in which providers may earn points toward additional stars.

Early Childhood Care and Education – Wisconsin Shares Child Care Subsidy Program

Responding to a suggestion from Senator Lassa regarding continuity of care regardless of changes in a parent's income, DCF staff explained that the agency has been reviewing that issue as part of what the federal block grant may require.

In response to a suggestion from Senator Miller regarding a pilot program for preschool nutrition, DCF stated that a nutrition plan meeting high nutrition standards is a requirement for achieving a higher star rating under Youngstar. DPI makes its nutrition program model available to childcare programs.

Regarding a suggestion from Senator Lassa relating to the creation of a two-tier income eligibility in order to reduce the likelihood of a child dropping in and out of care due to a parent's fluctuating income, DCF staff explained that the initial eligibility is 185% of the federal poverty level and that a family receiving Wisconsin Shares remains eligible as long as their gross income is at or below 200% of the federal poverty level. DCF staff stated that approximately 3% of families meet this threshold.

In response to Representative Wright's suggestion that reimbursement rates be increased, DCF stated that it has notified the Joint Committee on Finance that reimbursement rates will be increasing on November 9, 2014.

DECEMBER 15, 2014

At the Steering Committee's final meeting, the committee received testimony from representatives of DCF and CTF and began reviewing the committee's draft report to the co-chairs of the Joint Legislative Council.

Representative Ballweg noted at the outset that she asked both DCF and CTF to submit written materials in response to proposals in Memo No. 1 regarding home visiting and child welfare that the committee did not discuss at its October 23rd meeting. She asked that representatives from each agency present their materials and respond to questions from committee members.

Fredi-Ellen Bove, Administrator, Division of Safety and Permanence, DCF, stated that DCF supports many of the topics included in Memo No. 1. She noted that the DCF memorandum

prepared for this meeting highlights the items about which DCF has questions or potential concerns.

Home-Visiting

Regarding the suggestion to expand home-visiting grant coverage to the counties that have the most ACEs according to the ACE study, Ms. Bove stated that the Family Foundations Comprehensive Home Visiting program is primarily federally funded, and must therefore follow federal criteria. She noted that ACEs are not included as one of those federal criteria, so if the state were to require ACEs to be a criteria, it may jeopardize the ability of the state to receive federal funding.

Leslie McAllister, Home-Visiting Coordinator, DCF, explained that the home visiting program serves high-risk populations in counties identified through a needs assessment. She said that the federal requirements for the program include many factors that are considered ACEs in general, such as poor health outcomes and unemployment, and that when trying to identify families to serve, the program also looks at individual risk factors that include ACEs, such as substance abuse. Ms. McAllister explained that in the last year, DCF has implemented a new screening tool called the Childhood Experiences Survey, based on ACE questions, which enables DCF to collect information about the ACEs of the population being served in the program. In response to questions, Ms. McAllister stated that the childhood experience survey should help DCF better understand the population that is receiving home visiting services. She noted that representatives of CTF sit on the home visiting implementation team and evaluation committee, and that the upcoming home visiting conference will focus on ACEs and trauma. She noted that program is funded by two federal grants of $1.5 million and $6.8 million per year, and DCF has applied for additional federal grant funding.

In response to the suggestion that home visiting programs be evaluated, Ms. Bove stated that a state evaluation is not necessary because the federal government already requires DCF to conduct a rigorous program evaluation.

In response to the suggestion that trauma informed care training be required for county child welfare workers and caregivers, Ms. Bove explained that DCF currently provides trauma informed care training to child welfare workers and foster parents, and that other human services professionals also receive this training.

Child Welfare

In response to the suggestion about exploring the two generation framework, Ms. Bove stated that DCF is supportive of this framework and that two generation strategies are consistent with DCF's goal of looking at the family as a whole unit.

Regarding the suggestion to expand kinship care, Ms. Bove explained that DCF currently has a policy to use relatives for out of home placement and noted that 34% of children in out-of-home care are placed with relatives. In response to questions, Ms. Bove said that when determining where to place a child, a relative is considered first, but the placement must still meet

safety standards. She noted that DCF trains counties on how to find a child's family member in both parents' families.

In response to a suggestion to implement on-the spot-licensure and background checks for relatives, Ms. Bove said that DCF cannot do on-the-spot background checks under the current agreement between the state Department of Justice and the Federal Bureau of Investigation. In response to a question, she noted that DCF considers placement with a relative first, but then considers placement with people who have a strong connection to a child.

In response to the suggestion to evaluate the use of CANS tool, Ms. Bove stated that CANS is used throughout the nation and has been rigorously evaluated. In response to a question, she noted that CANS encompasses physical, mental and behavioral health issues.

Regarding the suggestion to create a new ground for children in need of protection and services (CHIPS) orders for drug-positive newborns, Ms. Bove stated that DCF believes that the goal of child welfare is not to take a baby out of the home if the baby could be safely cared for in the home by another relative. Representative Ballweg stated that she is working with the Wisconsin County Human Service Association on a proposal regarding this topic.

In response to the suggestion regarding support for 2013 Assembly Bill 150, relating to adoptions and post-termination contact agreements, Ms. Bove stated that DCF has been working on this proposal with the Joint Legislative Council Study Committee on Adoption Disruption and Dissolution.

Michelle Jensen Goodwin, Executive Director, and **Jennifer Jones**, Associate Director, CTF, presented information on CTF's child abuse and neglect prevention efforts and recommendations.

Ms. Jensen Goodwin stated that although there are numerous evidence-based programs that currently exist to address child maltreatment prevention, there is a need to develop a more comprehensive infrastructure of prevention programs. Therefore, CTF recommends that the committee request that the Legislative Audit Bureau conduct an audit of prevention services that will:

- Compile an inventory and conduct an assessment of child abuse and neglect prevention programs at the county and state level, including public and private agencies and the funding sources utilized, and
- Recommend strategies for improved coordination among agencies and programs to leverage resources and build a comprehensive prevention infrastructure.

Ms. Jones noted that CTF supports all of the recommendations regarding ACEs in Memo No. 1, as well as the recommendations CTF provided in their October 23, 2014, memorandum to the committee.

In response to questions from committee members, Ms. Jones explained that the Community Response project was developed by CTF in 2005 to provide funding to nonprofit organizations and counties in order to provide voluntary services for children and families who have been reported to child protective services but are either "screened out" or whose cases are closed after an initial investigation. The project currently funds eight sites in the state. According

to Ms. Jones, CTF has been developing a framework in order to expand the project statewide, but there is currently no funding available to enable such an expansion. She stated that there is currently no systemic approach to assisting these families. In response to questions regarding the number of cases "screened out" of the child welfare system and the amount of money needed to expand the Community Response project statewide, Ms. Jones said that in 2012, over 60%, or 42,000, cases were "screened out," and that even a phased-in expansion would reach more families.

Also in response to questions from committee members, Ms. Jones explained that the Awareness to Action initiative provides evidence-based Darkness to Light training to adults who work for youth and child-serving organizations with a focus on adult and community responsibility to keep children safe from sexual harm.

Finally, the committee began discussion of the draft report. Committee members discussed whether to include specific recommendations or identify priorities, or to include all recommendations received by the committee during their meetings. The committee did not reach a consensus on the content of the final report.

PART III
RECOMMENDATIONS RECEIVED BY THE STEERING COMMITTEE

The following is a summary of the recommendations to improve the early brain development of Wisconsin's infants and young children, as presented by speakers and steering committee members in the four Steering Committee meetings. Several of these recommendations were included in Memo No. 1, *Policy Suggestions for Supporting Healthy Early Brain Development*, and were discussed at the Oct. 23 and Dec. 15 meetings with state agency staff, but are also included here in order to provide a complete list of recommendations. **Appendix 3** includes two memoranda from LFB staff that provide updated information regarding certain programs which were described in the September 5, 2014 Memorandum, *Early Childhood Care and Treatment Programs*.

ADVERSE CHILDHOOD EXPERIENCES SURVEY (ACES) AND RESILIENCE

- Increase investment in prevention strategies, including Project GAIN, the Community Response Program, and Positive Community Norms Statewide Initiative. (Children's Trust Fund)
- Invest in research on resilience. (Children's Trust Fund)
- Increase public awareness of ACEs. (Children's Trust Fund)
- Enhance ACE-related data in Wisconsin. (Children's Trust Fund)
- Instruct school districts, early childhood learning centers, teachers, and parents in the science of ACEs and resiliency as a preventive and recovery tool. (Senator Darling)
- Increase the use of the ACE questionnaire. (Representative Berceau)
- Invest in additional research on resilience to better understand how to help some individuals and communities thrive under difficult and traumatic circumstances. (Senator Lassa; Children's Trust Fund)
- Ensure that existing advisory boards to state agencies dealing with children have members with lived experience to give better direction on policy development. (Senator Lassa)

TRAUMA INFORMED CARE (TIC)

- Create a larger grant pool at DCF Trauma Project to help facilitate TIC training and adoption by counties. (Senator Lassa)

- Require a TIC curriculum as part of the educational requirements for any profession dealing with children, including criminal justice. (Senator Lassa; Representative Berceau)
- Require schools to adopt the trauma informed schools model developed by DPI. (Senator Lassa)
- Require DPI to develop a unit to be taught in school to encourage students to connect with a counselor about any issues like abuse, alcoholism, etc., in the family. (Representative Berceau)
- Require TIC training for county social services. (Senator Lassa)
- Train caregivers in TIC. (Amelia Franck Meyer; Senator Lassa)
- Train mental health clinicians at the county level to provide trauma screening for children before they receive diagnoses of mental health issues. (Mark Mertens)
- Increase state funding for the DCF Trauma Project. (Karla Broten)

EARLY CHILDHOOD CARE AND EDUCATION

YoungStar Quality Rating and Improvement System

- Make continuity of care a factor in the YoungStar rating system. (Senator Lassa)
- Request business and community leaders to help market child care centers with high YoungStar ratings. (Representative Rodriguez)
- Provide incentives to parents for choosing higher quality childcare centers, instead of providing incentives to providers. (Representative Rodriguez)
- Implement scholarships or tax credits that will encourage parents to choose childcare centers with a 4 or 5 star rating. (Representative Rodriguez)
- Change YoungStar reimbursement tiers so that there is a 5% bump for 2-star programs; a 15% bump for 3-star programs; and a 30% bump for 4-star programs. (Senator Miller)

Wisconsin Shares Child Care Subsidy Program

- Adopt two-tier eligibility for child care assistance to avoid a cliff effect and cap co-payments. (Senator Lassa)
- Increase reimbursement rates for Wisconsin Shares and reduce co-payments. (Representative Wright)
- Expand childcare subsidy eligibility to ensure continuity of care for the child regardless of changes in the parent's income. (Senator Lassa)

- Pilot a pre-school nutrition program for providers caring for Wisconsin Shares participants. (Senator Miller)

Childcare and Preschool

- Redirect the funding used to subsidize economic development of private businesses to fund early childhood education. (Art Rolnick)
- Increase reimbursement rates for infant and toddler care. (Senator Lassa)
- Adopt an infant and toddler care quality grant program. (Senator Lassa)
- Build executive functioning skills into early childhood programs. (Katherine Magnuson - Family Impact Seminar Issue Brief)
- Provide state grants of $1,500 per child to early childhood programs that commit themselves to quality improvement. (Dave Riley - Family Impact Seminar Issue Brief)
- Expand Head Start and Early Head Start. (Senator Lassa; Dave Riley- Family Impact Seminar Issue Brief)
- Integrate the Pyramid Model into requirements for teacher, childcare provider, and home visitors. (Senator Lassa; Wisconsin Alliance for Infant Mental Health)
- Expand funding for TEACH and REWARD. (Senator Miller; Representative Wright; Dave Riley - Family Impact Seminar Issue Brief)
- Require continuity of care at regulated childcare facilities so the teacher moves with the child. (Senator Lassa)

EARLY CHILDHOOD EDUCATION SCHOLARSHIP

- Create an early learning scholarship program with the following components: Multi-county; full scholarship; reimbursement does not depend on child attendance or parent work schedule; public-private funding match; 185% poverty to be eligible; provider must be 4-5 star quality; parent mentoring element. (Representative Genrich)
- Provide child savings accounts for recipients of early learning scholarship. (Representative Genrich)
- Establish a public-private funding board as suggested by the Governor's Advisory Council on Early Childhood Education and Care; solicit involvement of economic development entities, as well as business and community leaders. (Representative Rodriguez)

HEALTHCARE

- Make the following changes to Medicaid (MA): create a benefits package specifically for individuals with ACEs and trauma; provide reimbursement for evidence-based

prevention initiatives, including home visitation; and provide reimbursement for in-home didactic counseling for both child and parent. (Children's Trust Fund; Senator Lassa)

- Expand the knowledge and use of ACE data in MA and Badgercare. (Children's Trust Fund)
- Build, fund, and support a statewide network of qualified early childhood mental health consultants. (Wisconsin Alliance for Infant Mental Health)
- Amend the state Medicaid plan to cover innovative health techniques used with children who have experienced trauma. (Amelia Franck Meyer)
- Require hospitals to present information to parents of newborns at birth about the importance of nurturing, parenting skills, and effects of trauma on brain development. (Representative Berceau)
- Support the further development of parent peer specialists (ombudsmen) and provide reimbursement for MA. (Senator Lassa)
- Train and require pediatricians and family doctors to screen child and parent for ACEs; provide MA reimbursement, and require an appropriate referral. (Senator Lassa)
- Encourage public health nurse home visits after newborns and their families go home from the hospital. (Representative Ballweg)
- Ensure access to basic medical care, including prenatal and early childhood nutrition and screening for maternal depression, for pregnant women and children. (Katherine Magnuson-Family Impact Seminar Issue Brief)
- Protect pregnant mothers and young children from environmental toxins, such as lead and mercury. (Katherine Magnuson-Family Impact Seminar Issue Brief)

FAMILY AND PARENT SUPPORT

- Utilize parent mentoring and person-to-person contact so parents can make better-informed decisions. (Representative Rodriguez)
- Pilot whole-family support services in selected counties (urban and rural) for families accessing economic support programs or encountering the legal system because of juvenile delinquency or family abuse. (Senator Miller)
- Expand Project GAIN beyond Milwaukee to other low-income areas. (Senator Lassa)
- Require co-parenting education for divorcing parents. (Dave Riley-Family Impact Seminar Issue Brief)
- Direct public schools to use their Title 1 funds to operate centers for low-income parents and their children, beginning at age three. (Dave Riley-Family Impact Seminar Issue Brief)

HOME VISITING

- Expand grant coverage for home visitation to counties that have the most ACEs. (Senator Lassa)
- Include training on trauma informed parenting in home visiting programs. (Senator Lassa)
- Create a cost-sharing grant program for home-visitation and parenting outreach, possibly through the Child Abuse and Neglect Prevention Board. (Senator Miller)
- Evaluate home visiting programs to ensure Wisconsin has effective programs that target those at high risk, employ highly skilled and supervised staff, and are able to effectively engage families. (Katherine Magnuson-Family Impact Seminar Issue Brief)

JUVENILE JUSTICE AND CORRECTIONS

- Design and pilot prevention and intervention strategies with children and parents involved in corrections. (Children's Trust Fund; Senator Lassa)
- Address the co-occurrence of ACEs among children of incarcerated parents. (Children's Trust Fund)
- Prohibit waiver of juvenile abuse and trauma victims into the adult justice system. (Representative Berceau)

CHILD WELFARE SYSTEM

- Provide parental supports and tools for parents at risk of losing custody of their children with the goal of reducing out-of-home placement. (Senator Lassa)
- Strengthen and expand Kinship Care and care by known and trusted adults as an alternative to foster care. (Amelia Franck Meyer; Senator Lassa)
- Use trauma effective care therapies in the child welfare system, and ensure that trauma effective care is provided to a child before he or she is placed outside of the home. (Amelia Franck Meyer)
- Create incentives to increase the number of foster parents. (Amelia Franck Meyer)
- Implement on-the-spot licensure and background checks to get children into relatives' care whenever a need arises any time of day or night. (Senator Lassa)
- Enhance supports for the transition from foster care to independence when "aging out" of foster care. (Senator Lassa)
- Evaluate the use of the CANS tool, and revise to better consider children's psychological safety as well as physical safety. (Amelia Franck Meyer; Senator Lassa)

- Issue a request for proposals for innovation in child welfare. (Amelia Franck Meyer; Senator Lassa)
- Request that the Legislative Audit Bureau update its 2008 audit of child welfare services. (Representative Ballweg)
- Create a new ground under the children in need of protective services statute under which the juvenile court may take jurisdiction over a child if a child is born drug-addicted, unless the mother agrees to accept services. (Representative Ballweg)
- Support passage of 2013 Assembly Bill 150, relating to adoptions and posttermination contact agreements. (Representative Ballweg)
- Support multidimensional treatment foster care. (Dave Riley-Family Impact Seminar Issue Brief)

INVENTORY AND DATA SHARING

- Create a data system that integrates existing data from state agencies regarding mental health services provided to children in order to determine the types of services children are receiving, the coordination among services received, and the effectiveness of those services in order to inform the state's investment in programs and systems serving children. (Office of Children's Mental Health; Senator Lassa; Senator Darling)
- Develop a database to track progress and weaknesses in the early childcare system; track assessments and benchmarks in early childhood development; and track health and other determinants of early brain development. (Representative Rodriguez)
- Adopt a universal application for public benefits. (Senator Lassa)
- Compile an inventory of current state and county trauma-informed care programs. (Representative Ballweg)
- Request the LAB to conduct an audit of prevention services that will: compile an inventory and conduct an assessment of child abuse and neglect prevention programs at the county and state levels, including public and private agencies and the funding sources utilized; and recommend strategies for improved coordination among agencies and programs to leverage resources and build a comprehensive prevention infrastructure. (Children's Trust Fund)

APPENDIX 1

Committee List

Steering Committee for Symposia Series on Supporting Early Healthy Brain Development	
Chair Joan Ballweg, Representative 170 W. Summit St. Markesan, WI 53946	**Vice Chair Alberta Darling**, Senator 1325 West Dean Rd. River Hills, WI 53217
Terese Berceau, Representative 4326 Somerset Lane Madison, WI 53711	**Mark Born**, Representative 121 Franklin St. Beaver Dam, WI 53916
Eric Genrich, Representative 1089 Division St. Green Bay, WI 54303	**Julie Lassa**, Senator Room 126 South, State Capitol Madison, WI 53707
Mark Miller, Senator 4903 Roigan Terrace Monona, WI 53716	**Luther Olsen**, Senator 1023 Thomas St. Ripon, WI 54971
Jessie Rodriguez, Representative 9312 S. 33rd St. Franklin, WI 53132	**Mandy Wright**, Representative 2016 Ewing St. Wausau, WI 54403

STUDY ASSIGNMENT: The Steering Committee is directed conduct information symposia regarding: (a) research on the impact of early brain development on lifetime physical and mental health, educational achievement, and economic security and the factors that hinder or promote healthy early brain development; (b) policy initiatives implemented in other states that are intended to positively influence early brain development; and (c) relevant programs and initiatives currently in place in Wisconsin. The Steering Committee shall also develop policy recommendations designed to improve the early brain development of Wisconsin's infants and young children.

10 MEMBERS: 6 Representatives; and 4 Senators.

LEGISLATIVE COUNCIL STAFF: Rachel Letzing, Senior Staff Attorney; Jessica Ozalp, Staff Attorney; and Kelly Mautz, Support Staff.

APPENDIX 2

Committee Materials List

[Copies of documents are available at www.legis.wisconsin.gov/lc]

June 19, 2014 Meeting 10:30 a.m. 412 East [Agenda]

- Presentation by Jennifer Jones, Interim Executive Director, Wisconsin Children's Trust Fund; Kevin Moore, Deputy Secretary, Department of Health Services; and Melissa Roberts, Legislative Liaison, Department of Corrections
- Handout, Family Foundations Comprehensive Home Visiting Program, distributed by Department of Children and Families
- Presentation by Leslie McAllister, Home Visiting Coordinator, and Tom Hinds, Home Visiting Performance Planner, Department of Children and Families
- Summary of the June 19, 2014 Meeting
- Presentation by Lana Nenide, Associate Director, WI Pyramid Model State Coordinator, WI Alliance for Infant Mental Health
- Presentation by Lilly Irvin-Vitela, Executive Director, Wisconsin Head Start Association
- Letter from Representative Mandy Wright

July 24, 2014 Meeting 10:30 a.m. 412 East [Agenda]

- Wisconsin Family Impact Seminars Issue Briefs distributed at the request of Representative Ballweg.
- Presentation by Robyn Lipkowitz, Program Director, National Conference of State Legislatures
- Summary of July 24, 2014 Meeting
- Presentation, Grief, Loss and Trauma for Children Living in Out-of-Home-Care, by Amelia Franck Meyer, Chief Executive Officer, Anu Family Services (July 24, 2014)
- Handouts distributed by Amelia Franck Meyer, Chief Executive Officer, Anu Family Services

September 9, 2014 Meeting 10:15 a.m. 412 East [Agenda | Audio a.m. | Audio p.m.]

- Summary of September 9, 2014 meeting
- Handouts distributed at the request of Karla Broten, Youth and Family Program Manager, Barron County Health and Human Services Department
- Presentation, Shift Your Perspective Trauma-Informed Care, Elizabeth Hudson, Director, Wisconsin Office of Children's Mental Health
- Handout distributed by Elizabeth Hudson, Director of the Office of Children's Mental Health, Wisconsin Department of Health Services
- Presentation by Department of Children and Families' Trauma Project
- Presentation, Youngstar, Wisconsin's Child Care Quality Rating and Improvement System, by Department of Children and Families.

- Presentation, Innovation in Colorado, by Mary Anne Synder, Director of the Office of Early Childhood, Colorado Department of Health Services, and Keri Batchelder, Two Generation Manager, Colorado Department of Human Services.
- Memorandum, Early Childhood Care and Treatment Programs, from John Gentry, Stephanie Mabrey, and Christa Pugh, Legislative Fiscal Bureau (September 5, 2014)

October 23, 2014 Meeting 10:00 a.m. 300 Southeast [Agenda | Audio]

- Memorandum, Policy Priorities for Supporting Healthy Early Brain Development, distributed by Jennifer Jones, Associate Director, Wisconsin's Children's Trust Fund (October 23, 2014)
- Memo No. 1, Policy Suggestions for Supporting Healthy Early Brain Development (September 29, 2014)
- Summary of the October 23, 2014 meeting of the Steering Committee
- Handout, A Brief Overview of Parent Peer Specialists, distributed at the request of Senator Lassa
- Memorandum, Policy Priorities for Supporting Healthy Early Brain Development, from Elizabeth Hudson, Director, Office of Children's Mental Health (October 23, 2014)
- Attachment 1 to Memorandum from Elizabeth Hudson, Director, Office of Children's Mental Health
- Attachment 2 to Memorandum from Elizabeth Hudson, Director, Office of Children's Mental Health

Legislative Fiscal Bureau Memoranda

Legislative Fiscal Bureau
One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873
Email: fiscal.bureau@legis.wisconsin.gov • Website: http://legis.wisconsin.gov/lfb

November 23, 2015

TO: Representative Joan Ballweg
Room 210 North, State Capitol

FROM: John D. Gentry and Christa Pugh

SUBJECT: Head Start and Wisconsin Shares

In response to your request, this memorandum provides information on the Head Start and Wisconsin Shares programs, including any changes to such programs since the September 9, 2014, meeting of the Steering Committee for Symposia Series on Supporting Healthy Early Brain Development.

Head Start Program

General eligibility criteria for Head Start are defined in 42 U.S.C. § 9840. According to federal law, children from low-income families are eligible to participate in Head Start programs if their families' incomes are at or below 100% of the federal poverty threshold or if their families are homeless or eligible for public assistance. Federal law specifies that no more than 10% of participants may be comprised of children who do not meet the poverty criteria but who would benefit from participation in Head Start. Additionally, another 35% of participants may be comprised of children whose families are between 100% and 130% of the federal poverty threshold if the Head Start agency establishes and implements outreach programs, selection criteria, and enrollment procedures to prioritize participation by children whose families are below the poverty threshold or who have a disability. Other eligibility criteria have been established through federal regulations. According to 45 CFR § 1305.2(l), all children in foster care are eligible for Head Start participation, regardless of family income. In addition, 45 CFR § 1305.6 requires that at least 10% of all enrollment opportunities must be made available to children with disabilities.

Wisconsin Shares

Background

Wisconsin's child care subsidy program, known as "Wisconsin Shares," provides child care assistance for working low-income families to enable eligible persons to work or to prepare for employment through Wisconsin Works, the FoodShare Employment and Training program, or through a combination of work and education or training. Under the program, the state subsidizes the cost of child care charged by providers chosen by the parent. The Department of Children and Families (DCF) administers the program.

DCF authorizes payment for child care based upon assessment of the number of child care hours needed for the parents to participate in their approved activities and the length of care needed up to six months. Authorizations for child care may be for full-time care (between 35 and 50 hours per week) or part-time care (less than 35 hours per week). Additional time may also be authorized; however, a child cannot be authorized for more than 75 hours per week. In general, a child may not receive more than 12 hours of child care per day.

Payments to child care providers are processed and delivered after child care is provided. Payments may be based on the number of hours a child is authorized to attend (enrollment-based), or based on the number of hours the child actually attended (attendance-based). Enrollment-based authorizations pay for the child care "slot" at the provider, whether or not the child actually attends. Under administrative rules, licensed group child care providers generally receive enrollment-based payments, and licensed family child care providers and certified child care providers may only receive attendance-based payments.

The maximum subsidy available under Wisconsin Shares is the lowest of the following: (a) the maximum weekly reimbursement rate set by DCF, as shown in the Attachment; (b) the number of authorized hours of child care provided in a week multiplied by the provider's private rate; or (c) the number of authorized hours of child care provided in a week multiplied by the hourly maximum reimbursement rate.

Families are required to pay a portion of child care costs subsidized under Wisconsin Shares (the copay). DCF specifies the minimum or estimated copayment amounts in a schedule based on family size, income level, and other factors. Wisconsin Shares pays the remaining amount to the child care provider (the subsidy). Participating child care providers may charge more than the maximum reimbursement, but families will be liable for all amounts exceeding the subsidy by choosing such providers.

Subsidies paid to child care providers are adjusted based on the number of stars earned under the state's child care quality rating and improvement system, known as YoungStar. Two-star child care providers may receive up to a 5% reduction to their reimbursement rates. Three-star child care providers see no change. Four-star child care providers may receive up to a 10% increase and five-star child care providers may receive up to a 25% increase to their reimbursement rates. One-star providers are not compliant with state regulations and are not eligible to receive payments under Wisconsin Shares.

Maximum Reimbursement Rates

DCF uses market surveys to establish the maximum reimbursement amount Wisconsin

Shares will pay for child care. The maximum reimbursement rate is set so that at least 75% of the number of slots for children with licensed providers can be purchased at or below the maximum rate.

Notwithstanding the market surveys, rates were frozen at the 2006 level due to limited funding and increased costs for the child care subsidy program. Administrative rules and provisions of 2011 Act 32 prohibited DCF from increasing rates before July, 2013. Because market rates continued to rise during this time period, the maximum reimbursement rates fell below the 75th percentile. The rate freeze ended on June 30, 2013, when 2013 Act 20 provided funding to increase the maximum rates.

The maximum reimbursement rates were adjusted in October, 2013, and again in November, 2014, to bring all county rates within 18% of the 75th percentile based on the 2012 market survey. The 2015 market survey results indicate that approximately 23% of the statewide child care slots at licensed providers can be purchased at or below the current maximum. The 2015-17 budget bill did not provide additional funding to increase reimbursement rates.

Electronic Benefit Transfer System

As part of 2013 Act 20 and 2015 Act 55, federal funding under the federal temporary assistance for needy families program was set aside for the implementation of an electronic benefit transfer (EBT) system for the delivery of child care subsidies. Under the implementation plan submitted by DCF and approved by the Joint Committee on Finance at its meeting on March 25, 2015, the EBT system is expected to be implemented for a small number of counties sometime in late 2016 and expand to the rest of the state in early 2017.

Instead of paying for care after it is provided, DCF will prospectively calculate the subsidy amount based upon the projected hours of child care needed by the parent. The subsidy, including adjustments made for YoungStar rating, will be transferred to an EBT account established on behalf of the parent at the beginning of each payment period (generally at the beginning of each month). Parents will be permitted to transfer funds at any time from the EBT account to the child care provider's bank account via telephone, website, or an EBT "swipe" card.

Once implemented, the EBT system will end the use of attendance-based and enrollment-based authorizations for child care. Parents will be responsible for managing the subsidy they receive and free to decide whether to reserve a slot at a child care provider, purchase hourly child care, or save subsidy amounts for future use as needed.

DCF anticipates that the calculation of the subsidy and copay amounts will remain the same as under the current payment system. However, DCF has indicated its intention to institute a market cap on YoungStar bonuses. Under current rules, a child care provider is free to choose whether or not to apply the YoungStar bonus to any amounts owed by the parent. As a result, many child care providers collect the full amount owed by the parent (including the subsidy) and collect the YoungStar bonus as an additional sum in excess of the price charged to non-subsidized children. The proposed market cap policy would prevent a child care provider from collecting a

YoungStar bonus which, together with the Wisconsin Shares subsidy, copay, and additional amounts owed by the parent, would exceed the market price.

JG/CP/lb
Attachment

ATTACHMENT

Maximum Child Care Reimbursement Rates, Effective November 9, 2014

	Licensed Group								Licensed Family								Regularly Certified				Provisionally Certified			
	0-2		2-3		4-5		6+		0-2		2-3		4-5		6+		0-2	2-3	4-5	6+	0-2	2-3	4-5	6+
	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate
Counties																								
Adams	$113.00	$3.23	$110.00	$3.14	$110.00	$3.14	$105.00	$3.00	$123.00	$3.51	$119.00	$3.40	$119.00	$3.40	$105.00	$3.00	$2.64	$2.55	$2.55	$2.25	$1.76	$1.70	$1.70	$1.50
Ashland	146.00	4.17	145.00	4.14	132.00	3.77	130.00	3.71	131.00	3.74	110.00	3.14	110.00	3.14	110.00	3.14	2.81	2.36	2.36	2.36	1.87	1.57	1.57	1.57
Barron	121.00	3.46	110.00	3.14	110.00	3.14	110.00	3.14	115.00	3.29	110.00	3.14	110.00	3.14	110.00	3.14	2.46	2.36	2.36	2.36	1.64	1.57	1.57	1.57
Bayfield	138.00	3.94	125.00	3.57	120.00	3.43	116.00	3.31	125.00	3.57	110.00	3.14	110.00	3.14	110.00	3.14	2.68	2.36	2.36	2.36	1.79	1.57	1.57	1.57
Brown	207.00	5.91	170.00	4.86	149.00	4.26	148.00	4.23	143.00	4.09	132.00	3.77	127.00	3.63	123.00	3.51	3.06	2.83	2.72	2.64	2.04	1.89	1.81	1.76
Buffalo	138.00	3.94	110.00	3.14	110.00	3.14	110.00	3.14	124.00	3.54	110.00	3.14	110.00	3.14	110.00	3.14	2.66	2.36	2.36	2.36	1.77	1.57	1.57	1.57
Burnett	138.00	3.94	126.00	3.60	126.00	3.60	126.00	3.60	132.00	3.77	119.00	3.40	115.00	3.29	115.00	3.29	2.83	2.55	2.46	2.46	1.89	1.70	1.64	1.64
Calumet	182.00	5.20	165.00	4.71	153.00	4.37	144.00	4.11	156.00	4.46	144.00	4.11	144.00	4.11	130.00	3.71	3.34	3.09	3.09	2.79	2.23	2.06	2.06	1.86
Chippewa	162.00	4.63	153.00	4.37	149.00	4.26	135.00	3.86	131.00	3.74	125.00	3.57	120.00	3.43	120.00	3.43	2.81	2.68	2.57	2.57	1.87	1.79	1.71	1.71
Clark	121.00	3.46	117.00	3.34	117.00	3.34	117.00	3.34	112.00	3.20	110.00	3.14	110.00	3.14	110.00	3.14	2.40	2.36	2.36	2.36	1.60	1.57	1.57	1.57
Columbia	169.00	4.83	156.00	4.46	140.00	4.00	130.00	3.71	131.00	3.74	125.00	3.57	120.00	3.43	120.00	3.43	2.81	2.68	2.57	2.57	1.87	1.79	1.71	1.71
Crawford	172.00	4.91	160.00	4.57	139.00	3.97	127.00	3.63	131.00	3.74	115.00	3.29	115.00	3.29	115.00	3.29	2.81	2.46	2.46	2.46	1.87	1.64	1.64	1.64
Dane	250.00	7.14	221.00	6.31	193.00	5.51	181.00	5.17	205.00	5.86	193.00	5.51	185.00	5.29	164.00	4.69	4.39	4.14	3.96	3.51	2.93	2.76	2.64	2.34
Dodge	165.00	4.71	165.00	4.71	143.00	4.09	143.00	4.09	135.00	3.86	125.00	3.57	122.00	3.49	122.00	3.49	2.89	2.68	2.61	2.61	1.93	1.79	1.74	1.74
Door	162.00	4.63	152.00	4.34	144.00	4.11	140.00	4.00	131.00	3.74	125.00	3.57	123.00	3.51	123.00	3.51	2.81	2.68	2.64	2.64	1.87	1.79	1.76	1.76
Douglas	165.00	4.71	157.00	4.49	141.00	4.03	132.00	3.77	150.00	4.29	135.00	3.86	135.00	3.86	130.00	3.71	3.21	2.89	2.89	2.79	2.14	1.93	1.93	1.86
Dunn	148.00	4.23	145.00	4.14	138.00	3.94	123.00	3.51	131.00	3.74	125.00	3.57	120.00	3.43	120.00	3.43	2.81	2.68	2.57	2.57	1.87	1.79	1.71	1.71
Eau Claire	184.00	5.26	172.00	4.91	158.00	4.51	149.00	4.26	165.00	4.71	149.00	4.26	149.00	4.26	149.00	4.26	3.54	3.19	3.19	3.19	2.36	2.13	2.13	2.13
Florence	153.00	4.37	153.00	4.37	135.00	3.86	126.00	3.60	153.00	4.37	153.00	4.37	117.00	3.34	117.00	3.34	3.28	3.28	2.51	2.51	2.19	2.19	1.67	1.67
Fond du Lac	171.00	4.89	153.00	4.37	138.00	3.94	137.00	3.91	138.00	3.94	127.00	3.63	127.00	3.63	127.00	3.63	2.96	2.72	2.72	2.72	1.97	1.81	1.81	1.81
Forest	158.00	4.51	135.00	3.86	135.00	3.86	113.00	3.23	158.00	4.51	135.00	3.86	135.00	3.86	113.00	3.23	3.39	2.89	2.89	2.42	2.26	1.93	1.93	1.61
Grant	151.00	4.31	151.00	4.31	151.00	4.31	151.00	4.31	121.00	3.46	110.00	3.14	110.00	3.14	110.00	3.14	2.59	2.36	2.36	2.36	1.73	1.57	1.57	1.57
Green	171.00	4.89	151.00	4.31	151.00	4.31	151.00	4.31	131.00	3.74	125.00	3.57	120.00	3.43	120.00	3.43	2.81	2.68	2.57	2.57	1.87	1.79	1.71	1.71
Green Lake	161.00	4.60	145.00	4.14	139.00	3.97	139.00	3.97	131.00	3.74	125.00	3.57	120.00	3.43	120.00	3.43	2.81	2.68	2.57	2.57	1.87	1.79	1.71	1.71
Iowa	152.00	4.34	140.00	4.00	120.00	3.43	115.00	3.29	125.00	3.57	115.00	3.29	115.00	3.29	115.00	3.29	2.68	2.46	2.46	2.46	1.79	1.64	1.64	1.64
Iron	135.00	3.86	125.00	3.57	124.00	3.54	124.00	3.54	135.00	3.86	125.00	3.57	120.00	3.43	120.00	3.43	2.89	2.68	2.57	2.57	1.93	1.79	1.71	1.71
Jackson	154.00	4.40	117.00	3.34	117.00	3.34	117.00	3.34	123.00	3.51	110.00	3.14	107.00	3.06	99.00	2.83	2.64	2.36	2.29	2.12	1.76	1.57	1.53	1.41
Jefferson	182.00	5.20	154.00	4.40	137.00	3.91	137.00	3.91	164.00	4.69	135.00	3.86	135.00	3.86	130.00	3.71	3.51	2.89	2.89	2.79	2.34	1.93	1.93	1.86
Juneau	161.00	4.60	161.00	4.60	161.00	4.60	161.00	4.60	124.00	3.54	110.00	3.14	110.00	3.14	110.00	3.14	2.66	2.36	2.36	2.36	1.77	1.57	1.57	1.57
Kenosha	222.00	6.34	200.00	5.71	176.00	5.03	171.00	4.89	190.00	5.43	175.00	5.00	165.00	4.71	155.00	4.43	4.07	3.75	3.54	3.32	2.71	2.50	2.36	2.21
Kewaunee	138.00	3.94	125.00	3.57	120.00	3.43	115.00	3.29	119.00	3.40	113.00	3.23	113.00	3.23	113.00	3.23	2.55	2.42	2.42	2.42	1.70	1.61	1.61	1.61
Lacrosse	171.00	4.89	143.00	4.09	143.00	4.09	141.00	4.03	143.00	4.09	132.00	3.77	127.00	3.63	116.00	3.31	3.06	2.83	2.72	2.49	2.04	1.89	1.81	1.66
Lafayette	151.00	4.31	151.00	4.31	151.00	4.31	151.00	4.31	125.00	3.57	110.00	3.14	110.00	3.14	110.00	3.14	2.68	2.36	2.36	2.36	1.79	1.57	1.57	1.57
Langlade	162.00	4.63	145.00	4.14	140.00	4.00	130.00	3.71	131.00	3.74	125.00	3.57	120.00	3.43	120.00	3.43	2.81	2.68	2.57	2.57	1.87	1.79	1.71	1.71
Lincoln	150.00	4.29	125.00	3.57	120.00	3.43	120.00	3.43	135.00	3.86	125.00	3.57	120.00	3.43	120.00	3.43	2.89	2.68	2.57	2.57	1.93	1.79	1.71	1.71

ATTACHMENT (continued)

Maximum Child Care Reimbursement Rates, Effective November 9, 2014

	Licensed Group								Licensed Family								Regularly Certified				Provisionally Certified			
	0 - 2		2 - 3		4 - 5		6+		0 - 2		2 - 3		4 - 5		6+		0 - 2	2 - 3	4 - 5	6+	0 - 2	2 - 3	4 - 5	6+
	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate
Manitowoc	$165.00	$4.71	$149.00	$4.26	$149.00	$4.26	$145.00	$4.14	$149.00	$4.26	$135.00	$3.86	$135.00	$3.86	$130.00	$3.71	$3.19	$2.89	$2.89	$2.79	$2.13	$1.93	$1.93	$1.86
Marathon	189.00	5.40	165.00	4.71	153.00	4.37	149.00	4.26	150.00	4.29	135.00	3.86	135.00	3.86	130.00	3.71	3.21	2.89	2.89	2.79	2.14	1.93	1.93	1.86
Marinette	138.00	3.94	121.00	3.46	121.00	3.46	121.00	3.46	131.00	3.74	116.00	3.31	116.00	3.31	116.00	3.31	2.81	2.49	2.49	2.49	1.87	1.66	1.66	1.66
Marquette	152.00	4.34	145.00	4.14	145.00	4.14	145.00	4.14	125.00	3.57	122.00	3.49	122.00	3.49	122.00	3.49	2.68	2.61	2.61	2.61	1.79	1.74	1.74	1.74
Milwaukee	246.00	7.03	220.00	6.29	191.00	5.46	179.00	5.11	190.00	5.43	177.00	5.06	165.00	4.71	155.00	4.43	4.07	3.79	3.54	3.32	2.71	2.53	2.36	2.21
Monroe	146.00	4.17	132.00	3.77	120.00	3.43	116.00	3.31	131.00	3.74	116.00	3.31	116.00	3.31	110.00	3.14	2.81	2.49	2.49	2.36	1.87	1.66	1.66	1.57
Oconto	148.00	4.23	125.00	3.57	120.00	3.43	115.00	3.29	125.00	3.57	111.00	3.17	110.00	3.14	110.00	3.14	2.68	2.38	2.36	2.36	1.79	1.59	1.57	1.57
Oneida	162.00	4.63	138.00	3.94	121.00	3.46	121.00	3.46	135.00	3.86	116.00	3.31	116.00	3.31	116.00	3.31	2.89	2.49	2.49	2.49	1.93	1.66	1.66	1.66
Outagamie	190.00	5.43	174.00	4.97	157.00	4.49	155.00	4.43	150.00	4.29	136.00	3.89	135.00	3.86	130.00	3.71	3.21	2.91	2.89	2.79	2.14	1.94	1.93	1.86
Ozaukee	218.00	6.23	205.00	5.86	181.00	5.17	161.00	4.60	160.00	4.57	153.00	4.37	149.00	4.26	149.00	4.26	3.43	3.28	3.19	3.19	2.29	2.19	2.13	2.13
Pepin	138.00	3.94	120.00	3.43	120.00	3.43	115.00	3.29	132.00	3.77	123.00	3.51	123.00	3.51	110.00	3.14	2.83	2.64	2.64	2.36	1.89	1.76	1.76	1.57
Pierce	170.00	4.86	160.00	4.57	140.00	4.00	130.00	3.71	131.00	3.74	125.00	3.57	120.00	3.43	120.00	3.43	2.81	2.68	2.57	2.57	1.87	1.79	1.71	1.71
Polk	138.00	3.94	125.00	3.57	120.00	3.43	115.00	3.29	125.00	3.57	110.00	3.14	110.00	3.14	110.00	3.14	2.68	2.36	2.36	2.36	1.79	1.57	1.57	1.57
Portage	189.00	5.40	165.00	4.71	153.00	4.37	145.00	4.14	150.00	4.29	136.00	3.89	136.00	3.89	136.00	3.89	3.21	2.91	2.91	2.91	2.14	1.94	1.94	1.94
Price	144.00	4.11	125.00	3.57	110.00	3.14	110.00	3.14	125.00	3.57	110.00	3.14	110.00	3.14	110.00	3.14	2.68	2.36	2.36	2.36	1.79	1.57	1.57	1.57
Racine	215.00	6.14	187.00	5.34	170.00	4.86	163.00	4.66	182.00	5.20	175.00	5.00	165.00	4.71	155.00	4.43	3.90	3.75	3.54	3.32	2.60	2.50	2.36	2.21
Richland	161.00	4.60	151.00	4.31	151.00	4.31	151.00	4.31	131.00	3.74	110.00	3.14	110.00	3.14	110.00	3.14	2.81	2.36	2.36	2.36	1.87	1.57	1.57	1.57
Rock	193.00	5.51	173.00	4.94	171.00	4.89	154.00	4.40	161.00	4.60	149.00	4.26	149.00	4.26	149.00	4.26	3.45	3.19	3.19	3.19	2.30	2.13	2.13	2.13
Rusk	132.00	3.77	116.00	3.31	116.00	3.31	110.00	3.14	124.00	3.54	110.00	3.14	110.00	3.14	110.00	3.14	2.66	2.36	2.36	2.36	1.77	1.57	1.57	1.57
St Croix	181.00	5.17	169.00	4.83	156.00	4.46	141.00	4.03	140.00	4.00	126.00	3.60	122.00	3.49	122.00	3.49	3.00	2.70	2.61	2.61	2.00	1.80	1.74	1.74
Sauk	176.00	5.03	144.00	4.11	143.00	4.09	130.00	3.71	150.00	4.29	136.00	3.89	135.00	3.86	130.00	3.71	3.21	2.91	2.89	2.79	2.14	1.94	1.93	1.86
Sawyer	127.00	3.63	110.00	3.14	110.00	3.14	110.00	3.14	125.00	3.57	110.00	3.14	110.00	3.14	110.00	3.14	2.68	2.36	2.36	2.36	1.79	1.57	1.57	1.57
Shawano	138.00	3.94	125.00	3.57	120.00	3.43	115.00	3.29	125.00	3.57	111.00	3.17	110.00	3.14	110.00	3.14	2.68	2.38	2.36	2.36	1.79	1.59	1.57	1.57
Sheboygan	189.00	5.40	165.00	4.71	145.00	4.14	145.00	4.14	150.00	4.29	135.00	3.86	135.00	3.86	130.00	3.71	3.21	2.89	2.89	2.79	2.14	1.93	1.93	1.86
Taylor	132.00	3.77	132.00	3.77	132.00	3.77	132.00	3.77	110.00	3.14	110.00	3.14	110.00	3.14	110.00	3.14	2.36	2.36	2.36	2.36	1.57	1.57	1.57	1.57
Trempealeau	132.00	3.77	121.00	3.46	120.00	3.43	115.00	3.29	125.00	3.57	110.00	3.14	110.00	3.14	110.00	3.14	2.68	2.36	2.36	2.36	1.79	1.57	1.57	1.57
Vernon	139.00	3.97	118.00	3.37	116.00	3.31	116.00	3.31	123.00	3.51	111.00	3.17	111.00	3.17	111.00	3.17	2.64	2.38	2.38	2.38	1.76	1.59	1.59	1.59
Vilas	180.00	5.14	132.00	3.77	119.00	3.40	119.00	3.40	125.00	3.57	112.00	3.20	111.00	3.17	111.00	3.17	2.68	2.40	2.38	2.38	1.79	1.60	1.59	1.59
Walworth	176.00	5.03	154.00	4.40	139.00	3.97	138.00	3.94	150.00	4.29	140.00	4.00	135.00	3.86	130.00	3.71	3.21	3.00	2.89	2.79	2.14	2.00	1.93	1.86
Washburn	138.00	3.94	125.00	3.57	120.00	3.43	110.00	3.14	125.00	3.57	113.00	3.23	110.00	3.14	110.00	3.14	2.68	2.42	2.36	2.36	1.79	1.61	1.57	1.57
Washington	201.00	5.74	165.00	4.71	160.00	4.57	145.00	4.14	150.00	4.29	135.00	3.86	135.00	3.86	130.00	3.71	3.21	2.89	2.89	2.79	2.14	1.93	1.93	1.86
Waukesha	234.00	6.69	205.00	5.86	185.00	5.29	179.00	5.11	202.00	5.77	175.00	5.00	165.00	4.71	155.00	4.43	4.33	3.75	3.54	3.32	2.89	2.50	2.36	2.21
Waupaca	151.00	4.31	148.00	4.23	132.00	3.77	132.00	3.77	121.00	3.46	110.00	3.14	110.00	3.14	110.00	3.14	2.59	2.36	2.36	2.36	1.73	1.57	1.57	1.57
Waushara	138.00	3.94	125.00	3.57	120.00	3.43	115.00	3.29	125.00	3.57	112.00	3.20	112.00	3.20	110.00	3.14	2.68	2.40	2.40	2.36	1.79	1.60	1.60	1.57
Winnebago	226.00	6.46	184.00	5.26	170.00	4.86	160.00	4.57	165.00	4.71	149.00	4.26	143.00	4.09	143.00	4.09	3.54	3.19	3.06	3.06	2.36	2.13	2.04	2.04

ATTACHMENT (continued)

Maximum Child Care Reimbursement Rates, Effective November 9, 2014

	Licensed Group								Licensed Family								Regularly Certified				Provisionally Certified			
	0-2		2-3		4-5		6+		0-2		2-3		4-5		6+		0-2	2-3	4-5	6+	0-2	2-3	4-5	6+
	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Weekly Ceiling	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate	Hourly Rate
Wood	$154.00	$4.40	$147.00	$4.20	$147.00	$4.20	$147.00	$4.20	$138.00	$3.94	$130.00	$3.71	$127.00	$3.63	$127.00	$3.63	$2.96	$2.79	$2.72	$2.72	$1.97	$1.86	$1.81	$1.81
Menominee	138.00	3.94	125.00	3.57	120.00	3.43	115.00	3.29	125.00	3.57	113.00	3.23	110.00	3.14	110.00	3.14	2.68	2.42	2.36	2.36	1.79	1.61	1.57	1.57
Tribes*																								
Red Cliff	$138.00	$3.94	$125.00	$3.57	$120.00	$3.43	$116.00	$3.31	$125.00	$3.57	$110.00	$3.14	$110.00	$3.14	$110.00	$3.14	$2.68	$2.36	$2.36	$2.36	$1.79	$1.57	$1.57	$1.57
Stockbridge-Munsee	138.00	3.94	125.00	3.57	120.00	3.43	115.00	3.29	125.00	3.57	111.00	3.17	110.00	3.14	110.00	3.14	2.68	2.38	2.36	2.36	1.79	1.59	1.57	1.57
Potawatomi	246.00	7.03	220.00	6.29	191.00	5.46	179.00	5.11	190.00	5.43	177.00	5.06	165.00	4.71	155.00	4.43	4.07	3.79	3.54	3.32	2.71	2.53	2.36	2.21
Lac du Flambeau	180.00	5.14	132.00	3.77	119.00	3.40	119.00	3.40	125.00	3.57	112.00	3.20	111.00	3.17	111.00	3.17	2.68	2.40	2.38	2.38	1.79	1.60	1.59	1.59
Bad River	146.00	4.17	145.00	4.14	132.00	3.77	130.00	3.71	131.00	3.74	110.00	3.14	110.00	3.14	110.00	3.14	2.81	2.36	2.36	2.36	1.87	1.57	1.57	1.57
Sokaogon	158.00	4.51	135.00	3.86	135.00	3.86	113.00	3.23	158.00	4.51	135.00	3.86	135.00	3.86	113.00	3.23	3.39	2.89	2.89	2.42	2.26	1.93	1.93	1.61
Oneida Tribal Council	207.00	5.91	170.00	4.86	149.00	4.26	148.00	4.23	143.00	4.09	132.00	3.77	127.00	3.63	123.00	3.51	3.06	2.83	2.72	2.64	2.04	1.89	1.81	1.76
Lac Courtes Oreilles	127.00	3.63	110.00	3.14	110.00	3.14	110.00	3.14	125.00	3.57	110.00	3.14	110.00	3.14	110.00	3.14	2.68	2.36	2.36	2.36	1.79	1.57	1.57	1.57

* Ho-Chunk and St. Croix do not participate in a child care subsidy programs under Wisconsin Shares.

Source: Department of Children and Families

Legislative Fiscal Bureau
One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873
Email: fiscal.bureau@legis.wisconsin.gov • Website: http://legis.wisconsin.gov/lfb

November 23, 2015

TO: Representative Joan Ballweg
Room 210 North, State Capitol

FROM: John Gentry, Stephanie Mabrey, and Christa Pugh

SUBJECT: Early Childhood Care and Treatment Programs

In response to your request, this memorandum provides information on several programs administered by Wisconsin state agencies that provide services to children up to age three and their families, as well as prenatal care for pregnant women, with a goal of reducing adverse childhood experiences (ACEs). It also contains information on three programs you identified that are administered by the Department of Health Services (DHS) that provide care and treatment services to young children with certain health conditions, but do not have the goal of reducing ACEs.

According to the U.S. Centers for Disease Control and Prevention (CDC), ACEs include verbal, physical, or sexual abuse, as well as family dysfunction. Factors that contribute to a family's dysfunction include mental illness, alcohol and controlled substance abuse, incarceration, and the absence of a parent because of divorce or separation. ACEs have been linked to a range of adverse health outcomes in adulthood, including substance abuse, depression, cardiovascular disease, diabetes, cancer, and premature mortality.

One of the goals of most federal- and state-funded health and human services programs is to strengthen families by addressing the health and behavioral needs of family members. Arguably, all programs that serve individuals with mental illness and persons who abuse drugs and alcohol, as well as domestic violence, sexual abuse, and, more generally, crime prevention programs, can reduce ACEs. Further, state and federal public assistance programs, such as FoodShare, the Women, Infants and Children (WIC) supplemental food program, employment programs supported by the federal temporary assistance for needy families (TANF) program and health services supported by the state's medical assistance (MA) program, provide greater economic security for families and therefore can reduce family dysfunction.

Child Abuse and Neglect Prevention Board

Most state-funded activities to prevent child abuse and neglect in Wisconsin are administered through the Child Abuse and Neglect Prevention (CANP) Board. CANP is budgeted $3,041,200 [$995,000 state general purpose revenue (GPR), $632,700 federal (FED), $1,398,500 program revenue (PR), and $15,000 segregated funds (SEG) from the Children's Trust Fund] in 2015-16 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). The program revenue is available from the sale of duplicate birth certificates and from fees charged by the Child Abuse and Neglect Prevention Board for providing state mailings, special computer services, training programs, printed materials, and publications relating to child abuse and neglect prevention services.

CANP will provide over $2.8 million in grants in 2015-16 to support child maltreatment prevention programs and research. Grants totaling $1,358,000 support family resource center grantees, who are required to: (a) provide a community response program; (b) coordinate access to economic supports; (c) implement evidence-based home visiting; (d) hold family team meetings; and (e) provide cross systems integration. A grant of $360,000 supports the Milwaukee Community Response Program's (MCRP) Project GAIN, which works on a voluntary basis with families whose cases have been closed after an initial assessment. Project GAIN provides families with assistance accessing public benefits, financial planning, and emergency funds for basic needs. Eight grants of $10,000 have been awarded for statewide projects proposing to fill an identified need or gap in the community. The services include direct prevention services, training, education services, capacity building, systems collaboration, policy development, and research and evaluation.

CANP's Innovation Fund is an initiative intended to improve child maltreatment prevention by funding a comprehensive community-based prevention approach that will educate and build systems collaboration with traditional and nontraditional prevention stakeholders. CANP's Innovation Fund will provide a $100,000 grant in 2015-16 to the Dane County Department of Human Services for the evaluation of The Early Childhood Initiative (ECI). ECI is a voluntary home visiting program for pregnant women and families with children under the age of three who live in certain areas of Dane County which provides information about infant health and development and the available resources for housing, food, and child care.

In addition, $168,000 in grants are provided for programs that help facilitate and support non-custodial parents' access to and visitation with their children.

CANP also provides prevention materials regarding abusive head trauma (shaken baby syndrome) for hospitals, birthing centers, home visiting programs, child care providers, schools and all providers of prenatal, postpartum and young child care coordination services.

Department of Children and Families (DCF)

Child Care Quality and Availability

Expenditures for child care quality and availability programs were approximately $14.3 million in 2014-15, and $15.5 million is budgeted in 2015-16. Funds are provided from the

federal TANF block grant, the federal child care development block grant, GPR appropriated to DCF, segregated funding from low-income public benefits, and other program revenues. The funding is allocated for technical assistance, resource and referral agencies for families, the quality rating and improvement system, and administrative expenses, including the following:

The Registry. The Registry is a career level system for child care staff that awards certificates verifying that an individual has met all required training and is qualified for the position the individual holds. Additional credit-based training is categorized by core knowledge areas as defined by the National Association for the Education of Young Children. The Registry has developed specialized professional credentials which it awards to individuals who have met all prescribed goals.

YoungStar. The Child Care Quality Rating and Improvement System, referred to as YoungStar, is a five-star quality rating and improvement system for early care and education in Wisconsin. YoungStar provides training and technical assistance to improve child care quality and communicates to parents regarding the rating system. A consortium composed of the Celebrate Children Foundation, Supporting Families Together Association, and Wisconsin Early Childhood Association administers the YoungStar program locally in six regional offices. The annual contract is budgeted in 2015-16 in the amount of $10.8 million, which supports: (a) quality assurance monitoring and assessment; (b) technical assistance for program improvement; (c) improvement micro-grants; and (d) start-up funding and local administration.

Child care providers participating in the Wisconsin Shares child care subsidy program are reimbursed based on the number of stars earned under the rating system: (a) one-star providers are prohibited from receiving reimbursement under Wisconsin Shares; (b) two-star providers receive a reduction of up to 5% from the base reimbursement rate; (c) three-star providers receive up to the base reimbursement rate; (d) four-star providers receive an increase of up to 10% from the base reimbursement rate; and (e) five-star providers receive an increase of up to 25% from the base reimbursement rate. The rate adjustment applies after the parent co-payment. A small number of providers that are exempt from licensing requirements, such as early childhood programs operated by school districts and regulated by public school boards, remain eligible for Wisconsin Shares without participation in YoungStar if they are licensed.

It is estimated that the tiered reimbursements under YoungStar resulted in a net increase in child care subsidy payments of $8.2 million in 2014. This includes $10.3 million of payment increases to five-star providers, $1.0 million of payment increases to four-star providers, and more than $3.1 million of payment decreases to two-star providers.

As of October 31, 2015, there were a total of 3,950 child care facilities rated by YoungStar serving a total of 43,158 children authorized for child care subsidies under the Wisconsin Shares child care program. The following table lists the total participating providers (including pending, unrated applications) and the children they serve by star rating as of October 31, 2015.

	One-star	Two-star	Three-star	Four-star	Five-star	Totals
Child Care Facilities Rated by YoungStar	10	2,051	1,315	192	382	3,950 programs
Wisconsin Shares Children Authorized by YoungStar Rating	0	12,508	20,818	2,596	7,236	43,158 children

Child Care Scholarships and Stipends. The teacher education and compensation helps (TEACH) program and the rewarding education with wages and respect for dedication (REWARD) program are designed to address child care staffing shortages and low retention rates. The TEACH program provides scholarships to teachers and child care providers for educational costs directly related to the child care field. The scholarships, which vary in length and amount, cover a portion of books, travel, and the costs of tuition (from three to 18 credits), and provide a raise or a bonus upon completion of a Registry credential. The REWARD program provides stipends to child care providers and teachers, provided that they meet certain requirements for education, employment, and longevity. Stipend amounts are based on the individual's career level in the Registry.

TEACH and REWARD are currently allocated a combined total of $3,975,000 per fiscal year within the limits of the available federal child care and development block grant funds. Supplemental funding of $1.5 million per year from federal fiscal year (FFY) 2013 through FFY 2016 is provided for the TEACH program under the federal Race to the Top assessment and grant program. In 2015-16, REWARD is projected to spend $800,000 and TEACH is projected to spend $4,675,000.

In state fiscal year 2014-15, the TEACH program awarded 1,243 scholarships. TEACH has granted a cumulative total of 13,431 scholarships from August, 1999, through June, 2015. As of June 30, 2015, there were a total of 1,647 active recipients participating in the program. In state fiscal year 2014-15, REWARD granted 2,020 stipend awards and expended $1,118,00.

Family Foundations Comprehensive Home Visiting Program

The Wisconsin Family Foundations Home Visiting (FFHV) program identifies at-risk communities through a comprehensive needs assessment and provides voluntary home-visiting services to those communities to prevent child abuse or neglect before it occurs. Home visitors, such as nurses, social workers, and teachers, generally meet weekly with program participants. Activities include: access to prenatal care; screenings and assessments; health education; connection to community resources; and education for parents to support their child's development.

FFHV grants are provided to 14 evidence-based home visiting programs that operate in 17 counties and four tribal communities. In federal fiscal year 2014, FFHV funded programs served more than 1,300 families.

In state fiscal years 2015-16 and 2016-17, $985,700 GPR and $812,000 FED from the TANF block grant is budgeted to support FFHV. In addition, DCF funds FFHV with federal grants provided by the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. MIECHV grants are awarded to states on a "formula" basis and additional MIECHV grants are available on a competitive basis to expand and/or enhance home visiting programs. In 2015, DCF received a formula grant of $1,666,600 and a competitive grant of $9,400,000. MIECHV funding must be spent within three years and at least 75% must be used for evidence-based home visiting programs and up to 25% may be used for implementation and evaluation of promising practices.

Foster Care Training

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 child's foster parent. The results of the assessment are used to determine into which certified level of foster care the child will be placed, what services will be provided to the child in the placement, and what payment the foster parent will receive. Placing agencies disburse a basic maintenance payment to foster parents to reimburse them for the usual and customary costs of caring for a foster child (such as food, clothing, housing, basic transportation, and recreation), and may provide supplemental payments intended to cover the costs of caring for a child whose needs exceed normal limits of care and supervision for that child's age.

Each foster parent must complete pre-placement, initial licensing, and ongoing training. The foster parent pre-placement training includes an overview of foster parenting and caring for children in foster care (including the dynamics of abuse and neglect, permanency issues for foster children, and developmental needs of infants, children and adolescents).

Title IV-B, Subpart 2 of the Social Security Act sections 430-437: Promoting Safe and Stable Families (PSSF)

PSSF provides funds to states, territories, and tribes to enable them to provide: (a) family support services; (b) family preservation services; (c) time-limited family reunification services; and (d) adoption promotion and support services. States are required to spend at least 20% of their funding on each of the above four categories, and the combined spending on the four categories must be no less than 90% of the total PSSF funding received.

PSSF funds for child and family services are distributed to states based on their relative share of the national population of children receiving Supplemental Nutrition Assistance Program benefits, with a small percentage set aside for tribes. Wisconsin's PSSF grant for FFY 2015 was approximately $5 million.

DCF allocates 20% of PSSF funds for state-level adoption promotion and support services activities, approximately 5% for state operations, (including training and technical assistance to counties and tribes), 5% to fund two programs with statewide impact (the ACE Study and the Wisconsin Trauma Project), and the remaining 70% of PSSF funds are allocated to counties and

tribes to fund support, preservation, and reunification programs.

The PSSF funds received by Wisconsin's adoption program (approximately $1 million) are used to support Post Adoption Resource Centers (PARCs) and the Special Needs Adoption Program contracts. PARC services are available to all adoptive families, including parents of children who are adopted through domestic and international adoption programs.

Post Adoption Resource Centers

The six PARCs in Wisconsin each serve a regional area to provide education, support activities, and services to adoptive families. Each PARC has a toll-free telephone number available 24 hours a day, seven days a week, to respond to questions or concerns from families who have adopted, including special needs adoption, international adoption, and private adoption. The PARCs 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.

PARCs are funded by grants under Title IV-B, Subpart 2 of the Social Security Act. The following table shows the grant amounts through the end of 2015. In addition to the amounts shown, 2015 Act 55 provides for $225,000 GPR in state fiscal year 2016-17 to support PARC grants.

2015 PARC Grants

Coalition for Children, Youth, and Families	Milwaukee Region	$105,000
Family Services of Northeast WI, Inc.	Northeastern Region	114,400
Catholic Charities of the Diocese of La Crosse, Inc.	Northern Region	136,950
Coalition for Children, Youth, and Families	Southwestern Region	105,000
Catholic Charities, Diocese of Madison	Southern Region	114,000
Catholic Charities of the Diocese of La Crosse, Inc.	Western Region	147,800
		$723,150

Families and Schools Together

Families and Schools Together (FAST) is a family strengthening program created using principles of experiential learning which have been shown to develop healthy behaviors, build social support, and foster a nurturing environment. Baby FAST for children younger than three years old is an eight-week intergenerational program that serves mothers, fathers, their infants, as well as the mother/father's support person. Kids FAST incorporates an early childhood curriculum targeting children in pre-kindergarten through third grade.

In 2014, Lutheran Social Services of Wisconsin and Upper Michigan, Inc. (LSS) implemented a Kids FAST program in Beloit, and SET Ministry, Inc. implemented two Kids FAST projects in Milwaukee. Each site serves between nine and 12 families who gather for eight

two-and-a-half hour weekly meetings that include family unit strengthening activities, parent support time, and parent-child play therapy. The initial contract period ran from January 1, 2014, through November 30, 2014. Each grant contract has been renewed for an additional one-year period and may be renewed for another year. A total of 192 children participated in 2014. LSS is currently expanding a Baby FAST program in Waukesha County.

Child Protection Services: Alternative Response Program

The alternative response pilot program responds to lower-risk families by providing services in a less adversarial environment in order to prevent future abuse or neglect. Families are approached in a non-accusing manner to assess their service needs without adversarial investigation of child abuse. A July 2012 report to the Legislature by DCF indicates that child protection services system staff believe that an alternative response approach is more likely to lead to: (a) families participating in decisions and case plans; (b) workers spending more time on cases; (c) cooperation by caregivers and family members; and (d) the presence of family members at the initial assessment. The pilot program has been expanded to 19 counties since it began in 2010. Additional counties will be added over time based on their readiness and the availability of resources to expand the program.

Division of Milwaukee Child Protective Services (MCPS)

Intensive In-Home Services. Intensive in-home services are provided to families where threats to child safety have been identified, but MCPS staff determines that a child can remain at home safely if appropriate services are provided to the family. An intensive in-home services case worker visits the home at least once a week to work with the family to keep children safe in their home and prevent out-of-home care placement. 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. These services are supported with TANF funds of $3,647,200 in state fiscal year 2015-16 and $5,392,700 in state fiscal year 2016-17.

Milwaukee County Prevention Services. The Brighter Futures Initiative is a statewide program that provides grant funding for programs that seek to prevent and reduce the incidence of (a) youth violence and delinquent behavior; (b) youth alcohol and drug abuse; (c) child abuse and neglect; and (d) non-marital pregnancy. The initiative also seeks to increase adolescent self-sufficiency by encouraging high school graduation, vocational skills, improved social skills, and responsible decision making. The Brighter Futures Initiative is funded with $1.7 million GPR and $3.0 million federal funds from TANF ($0.6 million), the substance abuse block grant ($1.7 million), and Title V abstinence education grant funds ($0.7 million).

2015 Wisconsin Act 55 did not alter the amounts appropriated for the Brighter Futures Initiative. The Act did, however, authorize DCF to distribute funds to a non-profit corporation which provides direct services to children under the age of 8, including preventing and reducing

the incidence of adverse early childhood experiences and reducing the effects of those experiences through behavioral health and other services.

Further, as indicated above, DCF provides TANF funds for FFHV home visiting services. The City of Milwaukee Health Department operates three home visitation programs. The Empowering Families Milwaukee program uses evidence-based models and partners with the community to provide frequent and long-term home visits to families. The focus of EFM is pregnant women and their children. The Nurse-Family Partnership is a nurse home visiting program for first-time pregnant teens and women. The nurses provide frequent and long-term home visits to families from early in their pregnancy until the child's second birthday. The focus of the program is to improve pregnancy outcomes for the woman, to improve the child's health and development, and to improve the economic self-sufficiency of the family. The Parents Nurturing and Caring for their Children is a team of nurses providing prenatal care coordination, which is a Medicaid benefit that helps pregnant women get the support and services they need to have a healthy baby. A public health nurse provides home visits during the pregnancy and until the baby turns two months old.

Child Protection Services: Post-reunification Support Program

Wisconsin applied for, and was granted on October 1, 2012, a waiver from the federal government under Title IV-E of the Social Security Act to implement a statewide post-permanency program for children of all ages. Under the program, case managers develop an individualized 12-month plan to reduce the rate of reentry into out-of-home care after children have been reunited with their families. Services include: case management services, trauma-informed services, crisis stabilization, in-home therapy, alcohol and drug assessment and treatment for parents, mental health services for parents, respite care, transportation, and connecting to community services. The program initially focuses on children under the age of five years old.

Generally, Title IV-E requires a child to be in out-of-home care for that child to be eligible for federal reimbursement. The waiver allows the state to receive Title IV-E matching funds on post-permanency services. The waiver is expected to be cost-neutral in that DCF would spend funds on post-permanency services statewide in an amount equal to the savings that are achieved from reducing costs associated with children re-entering out-of-home care.

Wisconsin Trauma Project and Adverse Childhood Experiences Survey

The Trauma Project introduces evidence-based trauma screening, assessment, and treatment for children ages three to 18 years old in the child welfare system. The initiative provides training to therapists, caregivers, law enforcement, court staff, and educators, to create a more trauma-informed and responsive system of care. A total of 15 counties and one tribe have participated in the program as of October, 2015. A total of 180 masters level clinicians have been trained, with an additional 90 to be trained by the end of 2015. As of November 17, 2015, more than 700 birth, foster, adoptive and kinship parents, social workers and juvenile justice workers have been trained.

The Trauma Project is primarily funded by participating county agencies with financial assistance from the state. Wisconsin utilizes funding from Title IV-B, Subpart 2 of the Social Security Act ($112,000 for FFY 2016 and $112,500 for FFY 2017) to support the Wisconsin Trauma Project (participating counties are also encouraged to utilize Title IV-B, Subpart 2 dollars to fund the project).

The Wisconsin ACE survey is a telephone survey which asks adults about traumatic experiences prior to the age of 18 and is administered as part of the Wisconsin Behavioral Risk Factor Survey (BRFS). DCF, in collaboration with the CANP Board, and DHS are developing a coordinated, systematic approach to educating the public about the impact of early experiences on lifelong health and the need to focus efforts on prevention and healthy, safe communities. DCF uses federal Title IV-B subpart II funding ($15,000 in FFY 2016 and $15,000 in FFY 2017) to support ongoing ACE data collection, evaluation, and sharing of results to educate the public.

Connections Count

2015 Wisconsin Act 55 provided $450,000 in federal TANF funding for a new prevention program, Connections Count, which supports neighbors and community leaders to connect vulnerable families with young children to formal and informal community support programs. Families with children under the age of five who are at risk of experiencing abuse or neglect are the target population for the program. The program is planned to be implemented in state fiscal year 2015-16.

Department of Public Instruction

Wisconsin Head Start. The federal Head Start program provides comprehensive educational, health, nutritional, social, and other services to economically disadvantaged preschool children and their families. While Head Start targets children ages four and five, the Early Head Start program provides prenatal care and educational and other services to children from birth to age three and their families. A child is eligible to participate in the program if his or her family's income is at or below 100% of the federal poverty threshold or if the child meets other criteria, such as if the child's family receives public assistance or is homeless or if the child has been diagnosed with a disability.

Federal funding for Wisconsin Head Start grants was budgeted at $105.5 million in the 2014-15 fiscal year, and the President's 2015-16 budget would allocate an estimated $109.4 million. Additionally, a state grant program provides supplemental funding that is distributed to federally designated Head Start agencies to enable expansion of their programs to serve additional families. In 2015-16 and 2016-17, the state budgeted $6,264,100 GPR annually for the supplemental state grant program. The Wisconsin Head Start Association indicates that in 2013-14, the most recent year for which participation data is available, a total of 15,765 children were served by Wisconsin Head Start and Early Head Start programs in some capacity, approximately 3,030 of whom were younger than age three.

Department of Health Services

The Department of Health Services administers several programs that provide direct treatment and support to young children who require specialized services. The goal of these programs is to provide services to children with significant health conditions, rather than to reduce children's exposure to ACEs.

Children's Long-Term Support Waiver. The children's long-term support (CLTS) waiver provides medical assistance (MA) services to children with long-term care needs. In order to be eligible to participate in the CLTS waiver, children must have a severe physical, emotional, or mental impairment which is diagnosed medically, behaviorally, or psychologically. The impairment must be characterized by the need for individually planned and coordinated care, treatment, vocational rehabilitation, or other services that result in eligibility for MA if the child (1) is in a hospital or nursing facility, (2) requires a level of care typically provided in a hospital nursing facility, (3) can appropriately receive care outside of the facility, and (4) can receive care outside of an institution that costs not more than the estimated cost of institutional care. The services provided under the CLTS waiver include adaptive aids, intensive in-home treatment services, daily living skills training, and home modifications.

Previously, autism treatment services were solely provided under the CLTS waiver. However, in July, 2014, the federal Centers for Medicare and Medicaid Services (CMS) notified states that all eligible children must be provided certain autism services, including intensive treatment services, under the Medicaid state plan as card services. Other autism services not provided as card services, such as respite, may continue to be provided under the CLTS waiver. The Department is currently amending the state plan and CLTS waiver to comply with this requirement, and anticipates implementation in calendar year 2016. In order to qualify for autism treatment services, a child must have a verified diagnosis of autism, Asperger's Disorder or Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS). This requirement is in addition to all other CLTS waiver eligibility criteria. Available autism services include the early intensive behavioral intervention (EIBI) service, which provides children with 30 to 40 hours of face-to-face treatment, and the consultative behavioral intervention (CBI) service, which provides children with 10 to 20 hours of face-to-face treatment.

In 2015-16, approximately $72.9 million ($30.6 million GPR and $42.3 million FED) is budgeted to support services under the CLTS waiver program, including $43.6 million ($18.3 million GPR and $25.3 million FED) for autism treatment services and $29.3 million ($12.3 million GPR and $17.0 million FED) for other services provided under the program. This funding is budgeted as part of the state's MA budget. As of November 10, 2015, 6,082 children received services under the CLTS waiver, including 2,774 who received autism services, exclusively.

Birth-to-3. Early intervention services for infants and toddlers with disabilities, also known as the Birth-to-3 program, provides a statewide, comprehensive program of services for infants and toddlers with disabilities and their families. A child qualifies if he or she is less than three years old and has a significant developmental delay, or has a physician-diagnosed and

documented condition likely to result in a developmental delay. Program goals established in federal law include enhancing the development of children with developmental disabilities, minimizing the need for special education, and decreasing institutionalization. Children in the program may receive physical and occupational therapy, family education, and certain medical services.

According to the most recent annual performance report submitted by DHS to the U.S. Department of Education, in state fiscal year 2013-14, 11,975 children received services under the program. The program is funded from several sources, including state and federal grants, county funds, community aids, MA and private insurance reimbursement, and parental cost sharing. In calendar year 2015, $11.4 million ($5.5 million GPR and $5.9 million FED) is budgeted to support Birth-to-3 services. These amounts do not include county contributions or MA funding that supports MA-eligible services to children enrolled in the program.

JG/SLM/CP/lb