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☞ Details: Audit Report 06-1 and Report 06-2, Milwaukee County Child Welfare, Department of Health and Family Services

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WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2005-06

(session year)

Joint

(Assembly, Senate or Joint)

Committee on Audit...

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(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
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- Miscellaneous ... **Misc**


Alberta Darling
Wisconsin State Senator
Joint Committee on Finance

Joint Audit Committee Hearing
March 14, 2006
MATC downtown Milwaukee

RE: Child Welfare Audit

Many of you know I am a member of the Bureau of Milwaukee Child Welfare's Partnership Council where I currently serve as one of 20 advisors to Governor Doyle and the Legislature. I have been concerned about the child welfare system in Milwaukee County for years. In the late 90's, I worked closely with former Governor Tommy Thompson to move the responsibility for foster care services in Milwaukee County from the County to the State. I argued for this change because our community's most vulnerable children were being underserved by the County.

Several years have passed since the Bureau of Milwaukee Child Welfare and the State took the reins and improvements have been made. That pleases me enormously but we have a long way to go. Fortunately, we hold in our hands today a tool to guide us in our quest to better serve kids in foster care. I am of course, referring to the Legislative Audit Bureau's audit of child welfare in Milwaukee County.

The audit brought to light several facts that gave me great pause. I won't take the time to reiterate each of them today but I have compiled the following questions because I believe they are important follow up to the audit report.

A. Staffing concerns:

- a. Why are private agencies allowed to pay their staff significantly less than state employees are paid? Are annual increases written into the contracts or are they purely at the discretion of the agencies?
- b. Has the Department considered rewarding agencies with low turnover? For example, a dollar figure could be placed on the cost of turnover in each position and a turnover target identified. If the agency reached the target, a monetary reward to be used for training and retention of employees could be offered. The opposite would be true of agencies experiencing high turnover; a penalty would be incurred.
- c. Is the Department considering ways to free up funds for employee pay at the private agencies? For example, is there a way to use the state's purchasing power to reduce costs for things like supplies and transportation?
- d. Has anyone considered recruiting staff beyond the young and inexperienced? What about retirees and older workers with vast life experiences?
- e. Why are 26 percent (average) of case managers at the private agencies managing cases before completing the required training courses?

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- f. How does the Department plan to impress on the staff the need to complete investigations before the 30 days allowed by BMCW policy or the 60 days allowed by statute?
- g. Are the schools of social work in Wisconsin training social workers or turning out therapists and clinicians? In other words, are students being taught how to work successfully in an urban and diverse community like Milwaukee? What real world experience are they gaining through their education?

B. Accountability:

- a. How can the Department reassure the taxpayers of Wisconsin they will not overlook another \$500,000 duplicate payment to one of the private agencies? Are the stop gaps in place to prevent this in the future?
- b. What is being done to better track the thousands of dollars provided to the agencies? I am concerned about the "questionable" and "unallowable" costs that include gift cards and gift certificates that have no explanation as to their purpose, as well as legal fees that don't relate to child welfare.

C. Safety Services

- a. Is the current system of payment for safety services encouraging vendors to close cases prematurely? Does the Department have any plans to change the case-rate system?
- b. Has the Department studied the other surrounding states providing safety services (Iowa and Michigan) to determine if they could serve as models for improvement? In particular, do they use the same payment system?

I truly believe we are all striving to reach the same goal—a better life for children who enter the foster care system. Thank you for allowing me to provide this testimony that I composed with that in mind, and please feel free to pose any questions. I am happy to honor your requests for additional information or clarification.



March 14, 2006

To: Members of the Joint Legislative Audit Committee
Representative Jeskewitz and Senator Roessler, Co-chairs

From: Charity Eleson, Wisconsin Council on Children and Families

Re: Audit of the Bureau of Milwaukee Child Welfare

Thank you for the opportunity to comment on the findings of the joint finance and program audit of the Bureau of Milwaukee Child Welfare. The Wisconsin Council on Children and Families commends the committee for its commitment to understanding how the Bureau, the Department of Health and Family Services and its contractors are carrying out their mission to protect children in the community and effectively manage public funds.

I would like to comment on three areas of the audit today. First I want to strongly encourage the committee members to view the audit as an important set of indicators on what needs to be improved within the Bureau's management and its expectations of staff and contractors, but to not view the audit as a basis for cutting the state's financial commitment to the very important work that is being done in Milwaukee to intervene in child abuse and neglect and to protect children. The Department of Health and Family Services, the Bureau of Milwaukee Child Welfare and the BMCW contractors should be held fully accountable for the outcomes mentioned in the report and the committee should require a full reporting back on how the Bureau and the Department have worked together to eliminate the underperformance—both financially and programmatically—that was highlighted in the report. But, children in Milwaukee who need protection and care will best be served by a system that is made stronger by the outcomes of this report than by a system that is weakened through funding cuts.

That said, there are areas of this system that deserve to be questioned thoroughly, understood and addressed. The first is the finding that the Bureau did not complete 30.9 percent of the child abuse and neglect investigations on its caseloads within the statutory 60-day time limit. On its face, this is unacceptable, given the risks to children involved. I understand that the Department has identified SACWIS error as a primary contributor to the failure to meet the statutory time limits. SACWIS is a relatively new system that has taken some effort for all counties, including Milwaukee to get used to. However, it's critical and essential that data system failures are effectively addressed. Further, I encourage the committee and the Department to examine the issue of caseloads of child abuse and neglect investigators. The settlement requires that social workers with opened child abuse and neglect cases carry no more than 11 cases per worker; but it does not designate an upper number of cases for those investigating reports of abuse and neglect, which average around 20 for each worker and can often be enormously complicated and time-consuming. It's also not clear whether or not workers are assigned cases by the complexity of the case. According to the Department, cases are assigned by priority, but the Bureau may wish to consider also assigning cases according to the complexity of a case investigation in order to ensure investigations are carried out in a timely and effective manner.

A second area of the audit I wish to comment on is both the reduced intensity of Safety Services per family and the reduction in the number of families receiving Safety Services. Safety Services have been credited for a significant reduction in the number of children needing to be removed from a family's home and placed in foster care. The source of referrals of families for Safety Services comes from families who have been reported for abuse and neglect. The number of reports of abuse and neglect has remained relatively steady over the course of the last several years, yet the number of families served in Safety Services declined by nearly 40 percent between January 2003 and June 2005, according to the audit. The audit does not shed much light on why this drop occurred, nor did the Department have an explanation in a conversation I had with them subsequent to the audit. Given the apparent past effectiveness of Safety Services in intervening in reducing abuse and neglect of children, the question of why caseloads declined so substantially deserves a more complete investigation and answer.

The audit also points out that Safety Services vendors are not providing the level of intensity of services that they are supposed to according to contract. That, of course, raises two concerns. The first is that the low level of intensity of services provided may not produce the same effective results that an evaluation conducted several years ago by researchers at the University of Chicago-Chapin Hall showed Safety Services would provide. The second is that, given the manner of payment to contractors, it appears that decisions about the intensity of service and the length of service may be tied to the funding structure for payment of contractors. This, too, deserves a more thorough review by the Department and, given the role that Safety Services has the potential for playing, likely deserves on-going scrutiny by the Bureau. It is unacceptable that meetings are not routinely held with all families, that Safety Services staff are not coordinating services with other providers and that safety is not routinely assessed for the majority of the families.

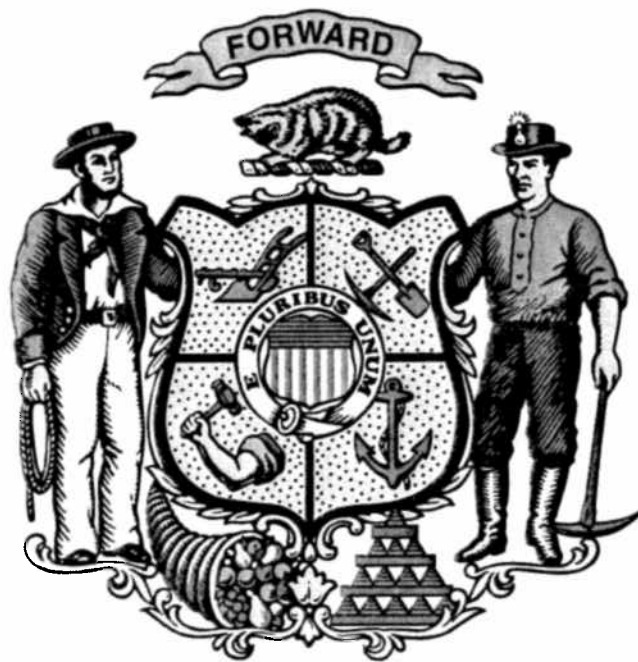
The Department needs to ensure that contractors are routinely monitored for program compliance in a manner that ensures timely and effective corrective action can be taken to ensure that families get the range of services that they are to receive both under the terms of the contract and to ensure the best results. In order to accomplish that task, the Department may need to thoroughly reassess its current contract compliance staffing structure and consider adding or reassigning tasks to ensure that contractors are carrying out the services to children and families that they are paid to provide. I am encouraged by the Department's convening of an external group of experts to help them more thoroughly examine changes that may be needed within the Bureau so that a higher quality of services can be provided to all children.

The third, and final, area of the audit I would like to comment on is the financial compliance of contractors. As the executive director of a private, non-profit organization, one of my responsibilities is to ensure the internal financial controls are in place to ensure funds are appropriately recognized and received and that funds are appropriately spent. The duplicate payment to Lutheran Social Services of over half a million dollars is one

that even an organization as large as LSS ought to have caught. It is also abundantly unclear to me why the organizations using public funds for purchasing jackets, shirts, watches, keylights, sweatshirts, gift cards and coffee mugs would not have decided to do private fundraising, or use their sources of private donations, to pay for those items for staff. Even though those costs may ultimately be construed as allowable costs, they are not appropriate, in my assessment, as public expenditures.

In summary, WCCF is very appreciative of the work that the Audit Bureau has done because it can serve as the basis for improving services to one of the most vulnerable populations in our state for whom we all bear responsibility. We are also appreciative of the responsiveness of the Department to the Audit Bureau's findings and will look forward to hearing more about the essential progress that needs to be made to address the shortcomings identified in the report.

Thank you for your time and attention.





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Tuesday, March 14, 2006

To: Members, Joint Committee on Audit

From: Susan McMurray, AFSCME Legislative Representative

Re: Comments on the audit of the Bureau of Milwaukee Child Welfare

Thank you on behalf of AFSCME for the opportunity to testify on the Legislative Audit Bureau report on the Bureau of Milwaukee Child Welfare. I'm here with Paul Spink, a social worker from the Bureau, who has taken a vacation day from his job to appear here today to present his own views on the audit and the state of the Bureau of Milwaukee Child Welfare generally.

AFSCME Council 24, which represents many of the state employees who work at the Bureau, thanks the committee for commissioning an audit of the Bureau. The auditors did a good job unearthing some issues that need to be addressed.

Today we will speak mostly to staffing issues at the Bureau, and Paul will offer some specific observations about the audit. However, before we talk about the specifics of this audit, I want to mention some historical points about the Bureau of Milwaukee Child Welfare.

AFSCME Council 48, the part of our union that represents Milwaukee County and City of Milwaukee workers, used to represent the public employee social workers at the former county agency, until it was dissolved and the state and private contractors took over.

Council 48 fought the takeover of child welfare services by the state and the private sector. At that time, our union cautioned elected officials that privatizing welfare services would lead to a lack of accountability and higher costs to taxpayers. It gives us no pleasure to sit here before you today to say that some of the concerns we raised have proven true. We only hope that our constant vigilance against the privatization of public services is heeded by lawmakers.

I want to state here that our union appreciates Senators Roessler and Fitzgerald for hearing this message during the recent fight against the privatization of the state's Central Pharmacy Services at Dodge Correctional Institution. Thank you for the opportunity to

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American Federation of State, County and Municipal Employees, AFL-CIO



prove, without a doubt, that public employees could perform those services with integrity, accountability, and more affordably for taxpayers.

In the following, I present an outline of some of the concerns our union wishes to bring to your attention. I apologize for the lack of detail in this written statement, but Paul Spink will fill in the gaps.

See Report # 06-1, "Investigations of Child Abuse and Neglect", starting on page 21:

- 1) Staffing at the Bureau: see p. 23: 3rd paragraph: the LAB indicates there are 90 staff members assigned to investigate allegations of abuse and neglect. This is not entirely accurate, and doesn't adequately flesh out the extent to which the Bureau is understaffed.
- 2) Investigations: p. 24: the finding that "nearly one-third of investigations were not completed within 60 days" raises questions. Our members would like some clarification on how the LAB reached this conclusion. In some cases, there are clear and compelling reasons why it appears that some investigations are not completed within 60 days. Also, it is not clear to us how the LAB counted the "completed investigations". In our view, the auditors may not have fully understood all that is involved in an investigation or what it takes to substantiate allegations.

See Report # 06-2: Finances and Staffing:

We have some general comments on the staffing portion of the audit (Report # 06-2), starting on page 29. We are not in a position to comment on the turnover of social workers employed by the private contractors, but our members wanted Paul and me to tell you that, since the audit was conducted, the rate of turnover of state social workers is rising. Paul will provide some specifics about the reasons for the increase in the turnover rate of *state employee* social workers.

I need not comment on the finances portion of the audit other than to underscore our firm belief that, when decision makers contract out a public service to a private entity, they're contracting out accountability to the taxpayer - not to mention those who need the service - in this case, the children. Contracting out also compromises the integrity of services, and usually results in higher costs. Adding private entities to the public service 'mix' means lawmakers have less control over the services provided to taxpaying citizens, and it's very, very difficult to get a handle on the problems once the public systems are dismantled. The best example of this is state's own W-2 program in Milwaukee County.

Thank you for hearing our point of view regarding staffing at the Bureau of Milwaukee Child Welfare. We look forward to working with this committee, the Bureau and the DHFS to improve services to Milwaukee's children. We would be happy to answer any questions.





STATE OF WISCONSIN
Legislative Audit Bureau

MAR 15 2006

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Janice Mueller
State Auditor

March 14, 2006

Senator Carol A. Roessler and
Representative Suzanne Jeskewitz, Co-chairpersons
Joint Legislative Audit Committee
State Capitol
Madison, Wisconsin 53702

Dear Senator Roessler and Representative Jeskewitz:

In a March 2006 memorandum, Lutheran Social Services, one of the key child welfare contractors in Milwaukee County, made several assertions about our recent evaluation of the Milwaukee County Child Welfare Program (report 06-2). Enclosed is a brief summary of Lutheran Social Services' assertions and our response to each. I hope you find this information helpful.

Sincerely,

Janice Mueller
State Auditor

JM/PS/bm

Enclosure

cc: Senator Robert Cowles	Representative Samantha Kerkman
Senator Scott Fitzgerald	Representative Dean Kaufert
Senator Mark Miller	Representative David Travis
Senator Julie Lassa	Representative David Cullen

David Larson, President and Chief Executive Officer
Lutheran Social Services

Audit Bureau Response to Lutheran Social Services

Claim: "LSS did NOT double bill the State for \$541,604."

Response:

The March 2006 memorandum from Lutheran Social Services (LSS) acknowledges that the contractor did, in fact, submit two bills to the State, and that both bills included the same \$541,604 in costs. Accounting records of the Department of Health and Family Services (DHFS) indicate that LSS was paid for both claims over a period of several months during the first half of 2005, and that the final payment was made in June 2005.

The memorandum states that "LSS recognized the overpayment shortly thereafter [i.e., after the final payment was made in June 2005] and took action to rectify the situation." If LSS was aware of the overpayment, it should have immediately alerted DHFS to the duplicate payment and repaid the funds. However, DHFS officials indicate that they were not notified by LSS of the overpayment. In addition, they indicate it was DHFS that contacted LSS to seek repayment of funds after the overpayment was brought to their attention by staff of the Legislative Audit Bureau.

The March 2006 memorandum further states that after LSS realized it had received the duplicate payment, "LSS moved the full amount to a segregated budget line where it remained awaiting repayment instructions" from DHFS. However, in a February 8, 2006, Milwaukee Journal Sentinel article, Edward Kohl, regional vice president for Lutheran Social Services, said that, "the overpayment would have been discovered when his agency reconciled its accounts in December and that it is being paid back." This statement, which indicates that LSS was unaware of the duplicate payment, contradicts LSS's March 2006 memorandum.

Claim: "LSS at NO time used tax dollars for worship services or other religious activities referred to in the audit as 'church relations.'"

Response:

We identified \$16,344 in unallowable costs that LSS charged to the child welfare program for its church relations functions. The only documentation LSS provided to us to support these costs was a position description for its church relations directors. Examples of the duties and responsibilities of these positions include:

- "Delivers the Word and Sacraments to internal and external customers as requested."
- "Visits congregations to participate in worship...."
- "Establishes relationships with other ELCA clergy in the agency's service area."
- "Serves as a spokesperson to clergy, congregations, and other customers."

Federal regulations do not allow religious costs to be covered by program funds.

We also identified other examples of unallowable costs funded by church relations, including instances of church relations staff hosting events for bishops and other clergy at Miller Park. For example, the vouchers we reviewed included \$1,210 in costs that were incurred by clergy members who attended baseball games at Miller Park on three separate occasions. These costs, which were charged in part to the child welfare program, included:

- \$860 in food and beverages, for which handwritten notes by LSS staff on several receipts indicated were for "Bishops & pastors dinner" and "hosting ten bishops @ Miller Park."
- \$210 for six additional suite tickets for the game of September 1, 2004;
- \$105 for three additional suite tickets for the game of June 12, 2004; and
- \$35 for one additional suite ticket for the game on July 5, 2004.

Claim: "LSS values its staff and believes it was operating within the rules on small gifts."

Response:

Our evaluation questioned \$5,550 in costs that LSS charged to the program for clothing and other items provided to its staff, including:

- \$2,852 for 170 fleece jackets with the corporate logo;
- \$1,065 for an additional 1,110 fleece jackets;
- \$929 for 280 shirts and 350 watches;
- \$455 for 1,200 keylights;
- \$149 for jackets with the corporate logo; and
- \$100 for 110 printed sweatshirts.

It should be noted that the \$5,550 represents only the portion of these costs that was charged to the child welfare program. The total amount LSS paid for these items exceeded \$40,000. The remainder of these costs was charged to LSS's other programs, which are funded by a variety of public and private sources.

Although expenditures to improve staff morale are allowable under federal regulations, these types of expenditures must also be reasonable and appropriate. We concluded that the extent to which LSS charged the child welfare program for clothing and other items provided to its staff was excessive because few contractors charged similar items to the program and LSS charged substantially more for such items than did the other contractors we reviewed.

Finally, it should be noted that we questioned similar costs in separate evaluations when analyzing expenditures made by Wisconsin Works (W-2) agencies. The Department of Workforce Development, which is responsible for overseeing the W-2 program, agreed the costs we identified in these reviews were excessive and required repayment of program funds for these costs.



**Testimony of the Department of Health and Family Services
on the Legislative Audit of the Bureau of Milwaukee Child Welfare**

Submitted to the Legislative Joint Audit Committee
March 14, 2006
Helene Nelson, Secretary

I. Introduction

Thank you Senator Roessler, Representative Jeskewitz, and Committee members for inviting us to talk about the audit of the Bureau of Milwaukee Child Welfare. I also want to thank Milwaukee area legislators who are here today and have shown their constant concern for the well-being of the families they serve.

I am here today with the Bureau's Director Denise Revels-Robinson, and Burnie Bridge, who is the Administrator of the Division of Children and Family Services which has responsibility for the Bureau within our Department. We appreciate the opportunity to provide you with information and discuss how we have incorporated the Legislative Audit Bureau findings and recommendations into our plans for the future.

I also want to recognize the work of the Legislative Audit Bureau. I understand that this was one of their most extensive audits. I thank them for their diligent work on this very challenging program.

I trust that we all come here today with a single shared purpose: to learn how to improve our services to children and families in Milwaukee. I would like to begin by saying a few key points very clearly.

First, the work of the Bureau of Milwaukee Child Welfare is vitally important--to protect children at serious risk of abuse or neglect, and to strengthen and support struggling families.

Second, we need to do this work better. We appreciate the fact that the audit recognizes various accomplishments and effective practices undertaken by the Bureau. At the same time, as described in the audit, we have an opportunity and an obligation to improve the quality of the work we do.

Third, the Department is fully committed to make needed improvements. We have already taken important steps on that path. The audit helps identify areas where we must take additional steps to improve performance. We will take those steps and we will report on progress to the Committee as recommended by the Audit Bureau.

Fourth and finally, this work is not only important--it is also very, very challenging. As we commit to improving services, we also commit to providing strong support to the staff and organizations that do this difficult work. The Department will respectfully

collaborate to support the mutual success of staff and all our partners, to enable us to serve children and families better.

Our testimony today has three basic parts. First, Denise Revels-Robinson will provide you with brief background on the creation and history of the Bureau of Milwaukee Child Welfare. Second, Denise, Burnie and I will discuss some of the initiatives we have taken to address underlying challenges to successful child welfare services in Milwaukee. While some of these initiatives were underway at the time of the audit, several were not. Third, we will address several more specific issues from the audit before we conclude and will welcome your questions.

II. History, Progress and Current Structure

In every county except Milwaukee, county government administers the child welfare system. In Milwaukee County, the Department of Health and Family Services administers the program as the result of a 1993 class-action lawsuit. Legislation transferred authority of the program from Milwaukee County to the State effective January 1998. The lawsuit resulted in a settlement agreement that was approved by the federal court in December 2002, that remains in effect today.

Prior to the creation of the Bureau of Milwaukee Child Welfare, the child welfare system in Milwaukee County was truly in crisis and lacked accountability. The hotline to report suspected abuse and neglect was inadequately staffed and callers routinely could not get through to make a report. Caseloads were as high as one hundred children per worker, and children were assigned to what was known as "vacant zones" and given no caseworker to watch over them. For children who were assigned a caseworker, months or even years could go by before the worker visited the child. There were limited preventative services designed to keep the family intact, and removing a child from the home was the only option. There were approximately 7,000 children involved in the system, and children remained in foster care for long periods of time. These and other issues are what led to the original lawsuit.

When the system was transferred to the State in 1998, there was no infrastructure in place. The Department had to create it. Policies and procedures were written. Staff were hired and trained. Vendors were selected. There literally was no private agency with the existing capacity and expertise to operate such a system. The State and private sector, working together, created the organizational infrastructure and grew the needed expertise.

One of the first significant improvements made by the Bureau was hiring full time staff to answer the hotline. Another was the creation of the safety services program which allows children to remain safely in their own homes while services are provided to the families. By 2000, there were twice as many families in the safety services program as in out-of-home care. Caseloads were substantially lower, and we began to see a gradual increase in the percentage of children finding permanent homes.

Today, although we receive over 30,000 calls per year, the hotline is answered and responded to 24 hours a day, 7 days a week. Caseloads have been reduced to an average of 10 families per worker, one of the lowest caseloads in the country. Face-to-face contact between a worker and a child occurs at least monthly. The number of children in out-of-home care has dropped to 2,800 as of December 2005, and more children are finding permanent homes than ever before.

The public-private partnership is unique to the child welfare system in Milwaukee. State employees answer the hotline and when needed, go out to interview the family and assess whether the child can remain safely at home. Private agency staff are responsible for all remaining case management, ranging from services to the family when the child remains at home to all aspects of the case once the child has been removed.

Currently, the county is divided into three regions, and we partner with two agencies to provide ongoing case management and safety services in those regions: Children's Family and Community Partnerships, and La Causa. In addition, we contract with Lutheran Social Services, First Choice for Children, to recruit, train, and license our foster parents as well as make the match between children and foster families. Children's Service Society of Wisconsin administers the adoption program.

I have great respect for the difficult work done by all of the staff involved in this work. It is done under very stressful conditions and involves complicated legal as well as family issues. Each case is unique. At the same time, there are systemic issues that underlie our ability to be as effective as we want to be in meeting the needs of the children we serve.

III. Systemic Issues and Initiatives

To take the performance of our child welfare responsibilities to the next level, we know that we must address root causes and underlying problems that limit our opportunity for success. We'll discuss four of them here. First, high turnover of ongoing case managers in the private contract agencies reduces the quality and continuity of services to families. Second, we are challenged to find the right mix and number of high quality foster homes to meet children's varying needs. Third, we need to increase access to medical, dental and behavioral health services. Fourth, we must focus the system on improving outcomes through a disciplined quality improvement approach. This includes private agency contracts focused on improving outcomes, and also collaborative work among agencies for systemic quality improvement.

In working on these major challenges, we benefit from the active involvement and oversight of the Milwaukee Child Welfare Partnership Council. The Partnership Council was created in the statutes when the State received responsibility for the system. It is actively engaged and working collaboratively with Burnie, Denise and others from the Bureau. The Council is composed of legislators, county board members, city council supervisors, representatives from the judiciary, the school system, law enforcement, and W-2, community advocates, and others. Several of its members are here with us today,

and we are very grateful for their leadership, guidance and hard work on these challenging issues.

The Council decided to focus on worker turnover as a key priority, which Burnie will discuss next.

A. Worker Turnover

Staff turnover is a serious problem for the Bureau and for child welfare systems throughout the country. High case manager turnover forces families to start over with new workers, which often results in a lack of trust between the case manager and the family. It also delays implementing the steps needed to move a child to a permanent outcome, whether that is reunification with the family or long-term guardianship.

We now have the benefit of two separate studies of worker turnover in Milwaukee. The first was done by Jess McDonald and Associates in 2005. The second, which builds on the McDonald study, was done by the Child Welfare League of America, and the University of Wisconsin-Milwaukee. The Child Welfare League conducted surveys and focus groups of staff from all program areas in Milwaukee child welfare. Its report, which was issued in 2006 following the audit period, makes several recommendations. Andy Reitz from the Child Welfare League and Steve McCurtry from the U.W. Milwaukee are here today and will share with you additional information about the research.

I am pleased that we have already initiated several of the priority recommendations. The one that was deemed most important was an increase in salaries. Child welfare workers in Milwaukee County were paid significantly less than those in surrounding counties, and it was found to be a significant factor in turnover. Effective September 1st of last year, we provided a salary increase for those workers with the highest turnover rates. We also instituted a stepped salary system that rewards workers for tenure and education.

We are currently revising the staff training curriculum to add up to six additional months of hands-on training prior to a worker receiving a caseload. We are also offering a part-time Masters Degree program to staff which they repay with a commitment to continued employment with the Bureau. And we have recently convened workgroups composed of front line staff from all program areas to recommend additional ideas. The numbers in the months since last September begin to show improvement and suggest that we are on the right track. We intend to continue to give this issue our full attention.

B. Foster Families

Another significant underlying challenge is recruitment and support of quality foster families. Children who come into the system have just been through a traumatic experience and often have complex needs. Some children have health problems that have been neglected by their parents. Some children have mental health issues that require

intense therapy. In fact, a majority of all foster children are estimated to have mental health issues.

We are also seeing an increase in older children and large sibling groups entering our care. Finding good matches, especially those that allow siblings to stay together, can be extremely difficult.

We have a lot of work to do to better support and retain quality foster families. In January, we increased the basic rate paid to foster parents to help them provide for the children in their care. Last October, we expanded crisis intervention services to provide immediate mental health services 24 hours-a-day for foster youth and their families.

In addition to retaining existing quality foster families, recruiting more foster families is critical so that we have more choices when selecting a family that is the best match for a child. We have recently begun an exciting collaboration with faith-based groups to develop new, culturally competent strategies for outreach, recruitment, and support of successful foster parents. We are especially pleased that Pastor Ivy, Chair of the Partnership Council, is actively involved in this collaboration. We are committed to making sure we support the involvement of the extended family in the lives of children, including emphasizing relative placements when they are in the best interests of the children. As with staff turnover, we are very focused on the need for improvement and believe we are moving in the right direction.

C. Children's Health Needs

Access to medical, dental and behavioral services for children in our care is insufficient. We need more providers-- especially dentists, and mental health providers-- who will accept Medical Assistance and provide services to children who badly need them.

In an effort to provide greater access to care, the Department is in the process of developing a managed care program for foster children in Milwaukee County. This program will be the first of its kind in the country. It has been challenging work to design and implement it. We remain hopeful that, with the partnership of Milwaukee stakeholders and the federal government, we can increase access and secure better continuity of health services for the children. We thank the guidance of the Partnership Council Health Committee, chaired by Linda Davis, in working on this issue with us.

In addition, last July the Bureau reviewed its procedures for ensuring that children receive a health screen within five business days of entering our custody and developed a new tracking system. The organization responsible for administering the screens was able to allocate staff time to assist in the coordination, tracking, and verification of children receiving the screens. I am told that this new process has improved our performance and will continue to show improvements into the future.

D. Quality Improvement and Collaboration

Another initiative underway in Milwaukee is outcome-focused quality improvement. What does this mean, really? It means that we need to create systematic ways in which all the key players in carrying out the work of the Bureau are focused on upgrading performance outcomes.

In recent years the system was substantially driven by compliance expectations driven largely by the lawsuit settlement agreement. While compliance is a necessary component, now that we and our partners have built up the necessary operations and experience, we believe the time has come to focus more on quality and the underlying factors that drive family and child outcomes.

The Bureau is currently working with a team of Milwaukee stakeholders and a nationally respected non-profit agency to develop a quality improvement model to shape child welfare practice into the future. Paul Vincent, Director of the organization, is unable to be here today but has submitted written testimony about the work he is doing in Milwaukee, which is based in part on successes in other large urban child welfare systems.

Among the issues this new initiative can address is improving coordination of services through the Coordinated Service Team process, which the audit identified as in need of attention. Our most recent report pursuant to the settlement agreement suggests that practice is improving since the audit period. Through the quality improvement process we will continue to take the steps necessary to improve our performance in this area and, more generally, to improve collaboration at the case and system levels to serve families better.

We are also drafting new contracts with our private partners. The new outcome based contracts will emphasize client outcomes and improved practice as the basis for the contracting system. The Department is working with Jess McDonald, former Director of the Illinois Division of Children and Family Services, to draft the new contracts, and he is here with us today to talk further about them. On a related point from the audit, we are aware that it's important to make sure the contract terms and payment methods create positive incentives, and avoid any disincentives, for contractors to do the right thing for children and families – to make sure they get the right services for the right period of time for them to succeed.

We would also like to discuss several specific management and program issues raised in the audit. Denise will begin.

IV. Other Important Program and Financial Audit Issues

A. Investigations

The Legislative Audit Bureau recommended that we improve the timeliness of investigations. It is important to note that the audit did not draw a conclusion that the timeliness of investigations implicated the safety of the children involved. If an assessment worker determines a child's safety is in question, she may remove the child even if she has not completed her investigation. Safety is always our number one concern.

We agree that taking longer than 60 days to complete investigations is unacceptable. Since the audit was released in February, we reviewed a large sample of the cases cited as untimely to more fully understand the problem. We found that a high percentage of case investigations had in fact been completed, but they were not documented in our system. We also found some cases that were not fully investigated timely. We reviewed for child safety in all cases. We found that the assessment worker acted immediately upon referral of the case, assessed the concerns of the family, and determined the child to be safe in their home even when the investigations were not fully completed. Although the problem appears to be largely documentation, we will develop a detailed plan of correction to assure timely investigations as well as work to improve workers' documentation.

B. Safety Services

The audit reported on a number of concerns regarding safety services ranging from the timeliness of services to families to the payment mechanism for services. As a result of the audit, we are in the process of taking a hard look at all aspects of the program. When initially created in 1998 it was designed to address and control for immediate safety factors in order to keep children safe in their own homes and avoid out-of-home placements. The program was not designed to address the longer-term needs of the family.

The Bureau has begun the process of taking an in depth look at the 50 cases the Audit Bureau reviewed and will review and analyze a random sample of cases currently open in safety services. We will also review how and when we are paying agencies, and have already clarified with safety service staff that the four month payment is not tied to length of service.

More fundamentally, we will consider more deeply how to best help struggling families whose need for support is not met by short-term safety services. As we all know, the long-term concerns for many families include questions of employment and adequate income, safe and affordable housing, appropriate access to physical and mental health care, and many other factors. We will undertake a comprehensive review of the basic

design of the safety services program to consider its role in this broader picture and whether changes are needed to the current design, purpose, or target population. We also will continue and enhance our work to promote more integrated, family-friendly services including links to W-2, schools, and other community resources.

C. Out-of-Home Care

The audit report recognized that we have had dramatic improvement in reducing the number of children in out-of-home care – a 47.7% reduction in the last four years. The audit also included information from the Department's own comprehensive review that identifies concerns with placement stability and lack of collaboration between case managers and foster care staff.

The audit correctly pointed out that our policies on permanency planning are limited. We will respond to these recommendations. Of course, it is very important to provide permanency for children, which can mean either returning children to their family or, if not possible, placing them in another permanent home.

The Department has recently begun several new initiatives aimed at improving the time children spend in out-of-home care. We hired a permanency counselor based at Children's Court whose job is to work with birth parents and provide information regarding voluntary termination of parental rights and other permanency options. The counselor helps to expedite the adoption process. In 2005, 125 children were adopted as a result of her engagement with parents. We have developed a dual licensing process allowing foster care and adoption staff to work together when licensing placements and deciding which children to place in the home. In September we began a subsidized guardianship program that permits placement with family members and does not require that the parent's rights be terminated.

D. Improving Performance – Case Reviews

The Audit Bureau made several recommendations on improving our performance. They pointed to four of 73 cases they reviewed where we could have done better. One case involved a child's death, a very tragic outcome.

While it is not possible to foresee and prevent all abuse and neglect, we must aim to come as close as we can to that ideal goal, and in practical terms we must do better than we have done. We have reviewed each of the cases where the auditors believed that more might have been done or done more timely to protect children. We are taking action to re-emphasize policies and provide appropriate guidance to staff in these types of cases.

We have also revised our procedures to clarify responsibilities of staff to screen in reports regarding drug positive infants and conduct an assessment to determine whether services are needed. In addition, we have revised procedures to emphasize the need to formally

Not
done
to meet
term
of family
Barrier
tool.

Helen Nelson

Audit Bureau?

contact law enforcement to request assistance in locating families whose whereabouts are unknown, especially when there is reason to suspect the child may be in danger.

E. Financial and Administrative Management

Keeping children safe is our top priority so in this testimony we have focused on our strategies to improve performance outcomes affecting children and families. We also want to comment briefly on the findings and recommendations of the Audit Bureau relating to financial and administrative issues. We are committed to being good stewards of taxpayer funds and being accountable for our performance.

As recommended by the Audit Bureau, we reported on our actions in these areas on March 1, in a letter to the co-chairs of the Committee. To summarize briefly:

The audit identified questioned and disallowed costs.

- We will collect all disallowed costs by April 1st. - *deducting from payments*
- We have asked our contractors to provide documentation for any costs that were not disallowed, but that were questioned by the auditors, and we will make timely determinations of which should be disallowed or allowed based on that documentation.
- We have modified procedures to avert similar problems in the future, including introducing added controls when contractors submit supplemental cost reports and establishing clear limits for contractors concerning allowable costs for employee motivation purposes.

The audit also recommended modifications in certain data reporting. We have made some changes and retained our method in other areas, as agreed with plaintiffs' attorneys in the settlement agreement.

We believe that all our contractors have handled their finances with good intentions, and generally have been responsible stewards of resources. In the largest case of a disallowed cost, involving a duplicate payment to Lutheran Social Services, unacceptable human errors were made both at LSS and the Department. The new controls we have instituted will minimize the chance for such errors to occur again. I believe you will see from the next comprehensive audit of our financial operations at DHFS that internal controls are generally strong in the Department.

While we have immediately taken action to fix the specific problems noted in the audit, I concluded that we must take added measures to strengthen the administrative capacity to monitor BMCW contract performance and payments, and to report both finances and program outcomes accurately and properly.

I recently convened a small panel of top notch external management experts to provide an independent review of how to address these matters. They have reviewed current structure, staffing and program management capabilities as well as options to strengthen

the Bureau's performance. We expect the panel to complete its work soon and the Department will take action within the next few months.

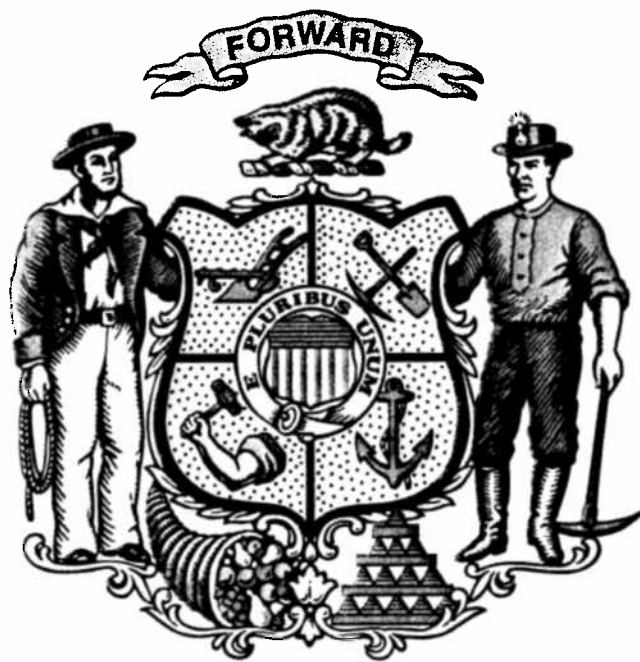
V. Closing

On behalf of the Department, I thank you for your attention. We appreciate the chance to share with you the steps we are taking to upgrade the system of Milwaukee Child Welfare to give all the children and families we serve the best opportunities for safety and success.

I believe that we are moving in the right direction and implementing the necessary strategies to get at the underlying issues. We know we have a way to go. This audit will be used as an additional tool to keep us moving in the right direction. We look forward to making progress and to reporting that progress to you next February, as recommended by the Audit Bureau.

Keeping children safe is always our first priority. Child welfare work is very difficult, and the people who work in this field do so because they are passionate about protecting children. We are committed to having a strong child welfare system, and keeping children in our care safe and well. I look forward to working with you to continue the momentum we have going forward to improve the system.

Thank you and we will try to answer any questions you have.





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**Testimony to the 2005-06 Joint
Legislative Audit Committee**

**Regarding the Bureau of Milwaukee
Child Welfare**

Tuesday March, 14, 2006

Provided by:

**Andrew L. Reitz, Ph.D.
Child Welfare League of America
Washington, DC**

Introduction

Good afternoon ladies and gentleman. My name is Dr. Andrew Reitz, Associate Director of the Consulting and Training Division of the Child Welfare League of America. The Child Welfare League is the nation's oldest and largest membership-based child welfare organization, with over 900 public and private agency members. The League is best known for its commitment to child advocacy and workforce development, as well as its program Standards of Excellence.

I have worked with the Bureau of Milwaukee Child Welfare for the past 15 months as part of a large-scale project studying the issues surrounding the turnover of Bureau workers, particularly those holding the position of ongoing case manager. The project was conducted in collaboration with faculty from the University of Wisconsin, Milwaukee and staff from both the State Department of Health and Family Services and the Bureau of Milwaukee Child Welfare. The purpose of the project was to study the reasons for the high turnover rate among Bureau employees and to make recommendations of strategies that would result in a more stable and effective workforce.

My primary roles in the project included:

- Analyzing the salaries of all direct service staff within the Bureau;
- Comparing those salaries with workers in surrounding Counties;
- Conducting focus groups and interviews with approximately 150 Bureau staff;
- Assisting in the development of a staff survey, which was completed by nearly 300 Bureau employees; and
- Synthesizing the results and generating recommendations for action.

A detailed report of project findings and recommendations can be found in our report titled "Workforce Recruitment and Retention in the Bureau of Milwaukee Child Welfare: Results from Staff Surveys and Focus Groups," which can be found on the Bureau's web site.

Findings and Recommendations

My purpose here today is to discuss our findings in relation to the recent program audit conducted by the Legislative Audit Bureau, particularly regarding the issue of worker turnover.

We agree with the audit committee's report finding that turnover is a serious issue. High turnover rates cost the system money it cannot afford to lose, take a serious toll on the morale of remaining workers, and reduce the overall effectiveness of the services that the County's children and families receive. The Bureau will almost certainly have a very difficult time meeting its performance standards without addressing the turnover issue.

Our report made 14 specific recommendations for action. I will briefly summarize what I consider to be the seven most critical areas for immediate intervention.

1. Raise the base salary for all Bureau workers by approximately 15% and provide immediate salary increases for all workers currently below that level. Research has shown that small variations in salary generally do not significantly impact turnover rates. However, when salary differences exceed 10%-20%, as they did within the Bureau (and with neighboring Counties as well), salary level becomes an important cause of turnover.
2. Create a career ladder (or step system) that encourages staff longevity and ongoing professional development in the form of additional training, certification, and educational degrees). Such a system provides staff with opportunities for both professional advancement and salary increases, which are both highly correlated with increases in staff retention.
3. Provide more opportunities for Bureau workers to obtain MSWs, on both a full-time and part-time basis. For workers who already have their degrees, provide additional internal training to enable them to expand their professional skills into specialty areas. Both research and experience support the notion that workers who are given opportunities to enhance their professional qualifications and skills become more effective workers who are less likely to leave their positions.
4. Provide significantly increased support for new workers. It was clear from both the survey and focus group data, that new workers in the system were frequently overwhelmed with their duties during the first six months of employment, and that many had decided to leave before they ever had a chance to become truly competent. These workers needed better, more focused training; lower, more manageable, caseloads; and a great deal more supervisory support and on-the-job training.
5. Enhance efforts to recognize staff for the quality work they do. Child welfare work is, by nature, difficult work and the consequences for errors can be catastrophic for individual children and families. To function well, and for long periods of time, in such a stressful environment, workers need to know that their work is appreciated. Organizations with high retention rates do not leave such recognition to chance. They develop systematic programs to make sure that workers are consistently shown, not just told, how much their efforts are valued. While much of this recognition can be accomplished at little or no cost, most private agencies that have been able to maintain low turnover rates do allocate a small portion of their program budgets to fund activities and gifts for this purpose. It would be our recommendation that such expenditures, within reasonable limits, be considered an allowable expense for audit purposes.
6. Continue to carefully monitor worker caseload size and consider conducting a workload study to ensure that caseloads can be managed successfully. As the audit showed, the Bureau has, for the most part, been able to keep caseloads within specified parameters. This is consistent with the fact that, in our study, workers did not identify caseload size as a primary reason for turnover. However,

workers did indicate that caseload size can become a problem when workers are covering cases for recently departed co-workers or carrying several cases with multiple children or children who have intense needs. Ongoing monitoring and analysis will be needed to be sure that worker caseloads remain at manageable levels.

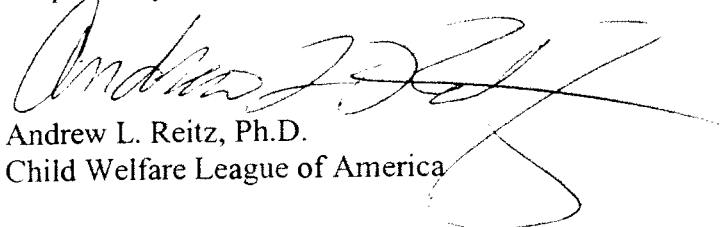
7. Conduct a systematic review of documentation requirements to eliminate redundant and otherwise unnecessary paper work. Within the current child welfare environment, documentation is a critical worker function. In constantly developing and changing systems like the Bureau, however, documentation requirements tend to grow rapidly in response to increasing and changing demands. If this is done without periodic review of the entire system, documentation can come to overwhelm even the most efficient worker. Throughout my focus groups and interviews, staff identified many areas where they felt the documentation could be streamlined. It is time for a review of the system.

Conclusions

Based on my conversations with Bureau and State personnel, it is clear that the Bureau has taken the report's recommendations seriously. At least initial steps have been taken in all seven of the above areas. A new base salary has been put in place and incumbent workers who were below that base have received significant raises. A salary step-system, containing many of the recommended components has also been introduced. In addition, a part-time master's program, developed in conjunction with UWM, has been in operation for more than a year, with significant Bureau support. To provide better support for new workers, the pre-service training program has been modified, and the Bureau has developed "Training Teams" designed specifically for this purpose. Finally, the remaining three items—staff recognition, workload, and documentation—have all been assigned to work groups that are reviewing the issues and will be proposing specific recommendations in the near future.

I commend the Bureau for these significant beginnings. But there remains much to be done. And these are not easy problems to remedy. Success will require a long-term concerted effort, with close collaboration from the Bureau's staff and all their partners.

Respectively submitted:



Andrew L. Reitz, Ph.D.
Child Welfare League of America





WISCONSIN STATE LEGISLATURE

Joint Legislative Audit Committee

Committee Co-Chairs:
State Senator Carol Roessler
State Representative Suzanne Jeskewitz

March 15, 2006

Dr. Darnell E. Cole, President
Milwaukee Area Technical College
700 West State Street
Milwaukee, Wisconsin 53233

Dear Dr. Cole:

As co-chairpersons of the Joint Legislative Audit Committee, we write to thank you for allowing the Committee to hold its public hearing in the Cooley Auditorium on March 14, 2006, and to express our appreciation for the hospitality and courtesy extended to us by you and the staff of Milwaukee Area Technical College (MATC).

Given the complexities that accompany travel arrangements for a legislative committee of our size, it is rare for us to conduct hearings outside of the Capitol. However, this opportunity to hold a hearing on the Wisconsin Works and Milwaukee County Child Welfare programs in a Milwaukee location proved to be of vital importance to the Committee's work. Thank you for making space available at MATC for this purpose.

We especially wish to acknowledge the performance of Ms. Synovia Youngblood and Mr. Dale Shively. We understand that while working closely with Ms. Youngblood to coordinate parking, signage, and lunch plans, our staff found her to be accessible, professional, and thorough. We also understand that Mr. Shively's command of the technical resources of the Cooley Auditorium was instrumental in accommodating our interest in broadcasting the hearing live via the Internet. Mr. Shively ensured that the Auditorium was configured to our specifications and addressed our last-minute needs promptly and professionally. The attitude and conduct of these individuals contributed meaningfully to the success of the hearing and reflected positively on the MATC community.

Thank you again for your assistance.

Sincerely,

Senator Carol A. Roessler, Co-chair
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz, Co-chair
Joint Legislative Audit Committee

cc: Ms. Synovia Youngblood
Mr. Dale Shively

Ms. Janice Mueller
State Auditor



Milwaukee County Child Welfare

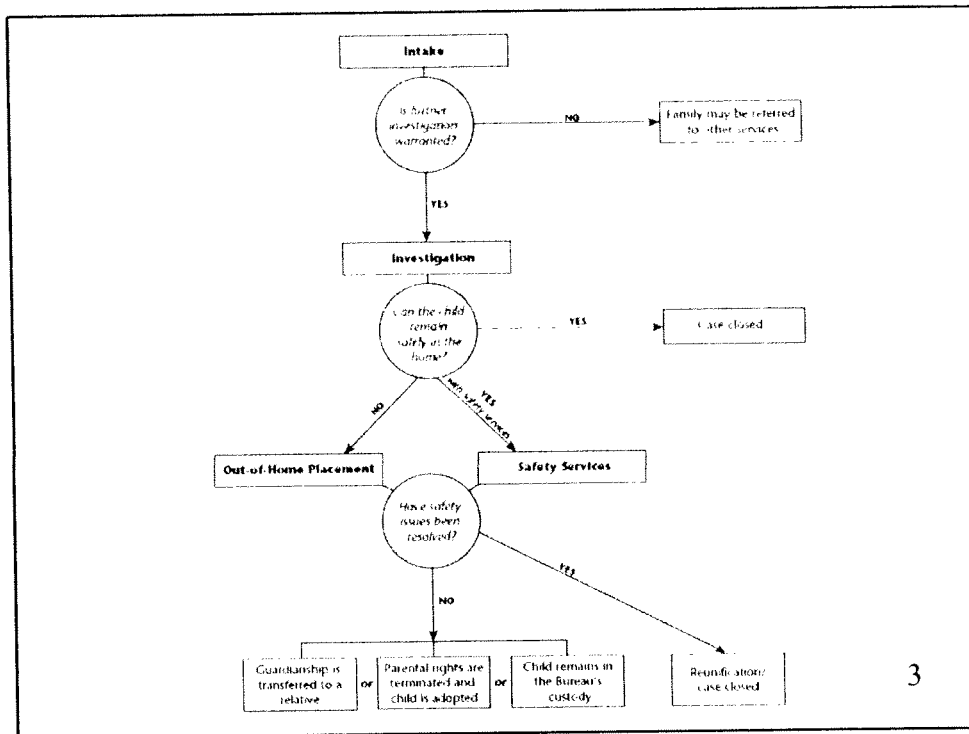
Legislative Audit Bureau
March 2006

1

Overview

- ◆ DHFS began administering the program in 1998, following a class-action lawsuit
- ◆ Program expenditures have totaled \$493.7 million from January 2001 through June 2005
- ◆ In June 2005, the Bureau of Milwaukee Child Welfare employed 153 FTE staff; six key contractors employed 500 staff

2



3

Investigations

- ◆ From January 2004 through June 2005, 14,224 investigations of maltreatment allegations were completed
- ◆ 4,397, or 30.9 percent, took longer than the 60-day statutory limit

4

Out-of-Home Care

- ◆ Caseloads declined 47.7 percent from January 2001 through June 2005
- ◆ In June 2005, 3,188 children were in out-of-home placements
- ◆ The median stay in out-of-home care declined from 39 months in June 2003 to 21 months in June 2005

5

Out-of-Home Care Concerns

- ◆ Only 27.4 percent of court-ordered services were provided in a timely manner
- ◆ 25 of 48 cases we reviewed had problems, such as insufficient coordination of services
- ◆ 20.1 percent of children reunified with their parents reentered out-of-home care within 24 months

6

Safety Services

- ◆ Caseloads declined 63.4 percent from January 2001 through June 2005
- ◆ The average period for which services were provided declined from 110 days in January 2003 to 81 days in January 2005
- ◆ We reviewed 50 cases and found contractors had not complied with all contract provisions

7

High-Risk Cases

We reviewed 73 high-risk cases and found:

- ◆ The Bureau took reasonable and appropriate action in 69 cases
- ◆ Efforts were insufficient to ensure children's safety in 4 cases

8

Performance Standards

- ◆ The settlement agreement contains 14 mandatory performance standards
- ◆ From January through June 2005, the Bureau met 8 of the 14 standards
- ◆ The Bureau had calculated one standard inaccurately, which significantly inflated its performance

9

Unallowable and Questioned Costs

- ◆ We found:
 - \$582,981 in unallowable costs; and
 - \$94,713 in questioned costs
- ◆ Lutheran Social Services accounted for \$558,377 of all unallowable costs, or 95.8 percent

10

Lutheran Social Services

- ◆ Unallowable costs that Lutheran Social Services charged included:
 - \$541,604 for a duplicate reimbursement request; and
 - \$16,344 in church relations expenditures

11

Staff Turnover

- Turnover of child welfare staff in 2004 was:
- ◆ 38.6 percent among contracted case managers;
 - ◆ 25.5 percent among contracted safety services managers; and
 - ◆ 10.9 percent among Bureau social workers

12

Recent Program Modifications

- ◆ DHFS has contracted to staff the Office of the Milwaukee Ombudsman for Child Welfare
- ◆ DHFS has begun to address the recommendations we have made

13

Future Challenges

- ◆ Additional efforts will be needed to address identified problems
- ◆ Case management contractors are paid a flat monthly rate under the 2006 contracts
- ◆ Coordination of service delivery among support programs is limited

14



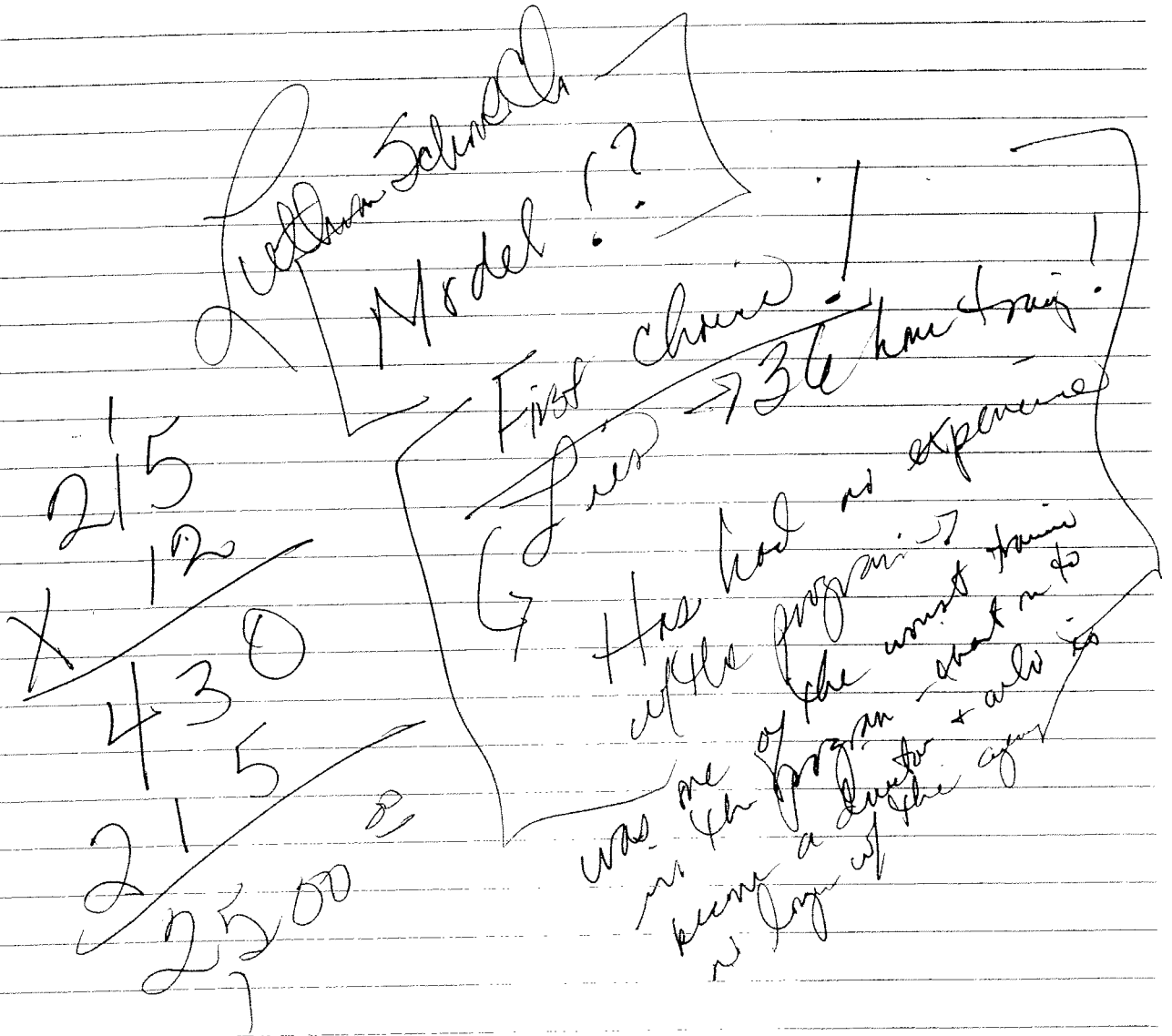
250 @ Kinship

Michelle Bryant

- 1) What attention, if any, did the audit give to reviewing the "aging out process" of foster care youth? Where does Milwaukee County / Wisconsin compare to delivery of services to children who will turn 18 in the care of the bureau.
- 2) What safeguards can the audit point to that will ensure that personal bias and subjectivity do not permeate the process as services are delivered to both birth families + foster parents, per the example provided in your report →
(ie - unclear house) (Lutheran SS - services) →
→ better clinics!
- 3) What consequences, if any, will be reserved for subcontractors, providers + bureau employees that do not meet contractual goals + services. Was there a way to determine how many families were permanently affected, ie through TPR because of bureau, provider errors.
- 4) What recommendations, if any, does the audit provide for initial + ongoing training of bureau workers - many seem to lack the diversity needed to effectively deliver services to the largely African-American population clients.
- 5) What attention, if any, ~~did~~ addressed the lack of timely + ease of services needed by foster families that take the bureau's children - ie - Daycare that may be needed by the foster families for foster children and the process that they must go through - Should there be a separate manner to obtain these services - Prompt delivery of medical cards, child background information, clothing check or vouchers
- 6) What attention, if any, was given to the number of placements ^{being} made to 1 home. When you can have foster parents w/ 3-5 kids placed w/ them, rest of sibling groups and other foster parents being given no children -
- 7) ~~Did the~~ Was any review of the licensing process reviewed, was one group more than other occupying more "treatment foster home" licenses vs. "regular foster home" licenses -
None has been an issue →
- 8) Was there a review of the rationale for why a Kinship payment is provided in the amount of 215 for the care of a child and a non-kinship payment is higher - The needs of the child are the same, whether in a relatives home or in a strangers
- 9) An - There needs to a closer review of recent graduates -
Particularly who are still out 23, 24 year olds who are just getting

Thank you Madam Chair, Committee Members and Milwaukee officials in attendance →

Often families would not have completed 36 hours of training, but generally about 27





no date

My name is Mark Lyday. I am the Program Administrator of the Child Protection Center at Children's Hospital of Wisconsin. I appreciate the opportunity to speak today on issues that were addressed in the Legislative Audit Bureau report on the Bureau of Milwaukee Child Welfare. Specifically, I would like to make the following points:

*related to
the access
to early
health care
for children
entering foster
care*

1. Health screens of children entering foster care are an important way to identify and address health and mental health problems.
2. Coordinating health screens for the number of children entering the system in Milwaukee has been a daunting task but by working closely with BMCW real progress has been made.
3. Health screens such as are done in Milwaukee should be the standard in all communities in Wisconsin.

By way of introduction for those of you who may not be familiar with the program I represent, since 1992 the Child Protection Center has provided medical assessments, forensic victim interviewing and supportive victim services for children suspected to have been abused and neglected. The CPC operates from two locations. At our Children's Hospital site CPC staff are involved in the evaluation of serious child abuse and neglect cases that present to the Emergency Department or as inpatients in the hospital. The Center's second office is located in Milwaukee at 12th and State Street where we are the Children's Advocacy Center for Milwaukee County. Along with the services provided in Milwaukee the Center has an expanded role throughout the State of Wisconsin through the medical and administrative leadership to Children's Advocacy Centers in Kenosha County and in the Fox Valley that serves Winnebago, Calumet and Outagamie counties. We have also been instrumental in the development of Children's Advocacy Centers that will open later this month in Marathon and Waukesha counties and we continue to be active in the development of CAC's in other counties in Wisconsin.

Since March of 1995 one program that has run out of the CPC is the Foster Care Health Project. This program seeks to have a positive impact on the health status of children in the foster care system by providing screening medical evaluations of children as they are entering the foster care system in Milwaukee County. While screening evaluations such as this are not mandated by Wisconsin statute, the American Academy of Pediatrics and the Child Welfare League of America recommend screening medical evaluations for children entering foster care. Even though this type of assessment has been recommended nationally for over 20 years, very few communities in the United States have managed to implement programs like this that truly serve all children entering the foster care system. We have been fortunate that first the Milwaukee County Department of Human Services and after 1998 the Bureau of Milwaukee Child Welfare have enthusiastically partnered with us in our efforts to serve foster children. Because of their support Milwaukee is the only county in Wisconsin in which children are routinely screened medically within days of entering foster care. Since 1998 when BMCW took over duty and authority for Child Welfare services in Milwaukee County over 8,500 children have benefited from this service. I believe this indicates a true concern on the part of BMCW for the health and welfare of the children in their care.

As the recent LAB report states, "Children should receive initial health screenings in a timely manner so medical needs can be understood and addressed quickly." Our experience over the past 10 years providing this service certainly bears this out. CPC staff commonly find children with chronic health conditions coming into foster care. For many of these children the condition was known in the past. It is not at all unusual for us to find that because of parental neglect the condition was not being adequately treated. At other times we have found children who have had very little medical care in their lives. Primary Care physicians in the community do not know them. For many the only time they have seen a doctor was in an Emergency Room when they were ill. Having a systematic way to evaluate these children and see to it they have a doctor who knows them and is available if they have problems is crucial to their overall health. We have found over the years that a very high proportion of these children have behavioral and mental health issues that have gone un-addressed. As we embark on a system of Managed Care for these children in Milwaukee attending to their mental health needs will be crucial.

Apart from the direct medical benefits of this program I believe another benefit is the message it sends to the children. I can only imagine what it is like to experience entry into foster care from a child's perspective. While they all may not like coming to the doctor and some may even be a little afraid of it, children know when they are being cared for. Through this program we are definitely saying to these children that we care about them and will do our best to take good care of them. I don't think we can say that to them too often.

In a recent lawsuit settlement, BMCW agreed to insure that all children entering care would receive a screening medical evaluation within 5 business days of entering care. Parties in the lawsuit further agreed that BMCW's success in this area would be monitored and that data about the percentage of children receiving screens would be reported regularly. Some children, for example children entering foster care directly from birth hospitals, were exempted from this evaluation in the lawsuit.

Over the past few years statistical reporting has demonstrated that, while very significant percentages of children entering care have had this screening evaluation within the allotted time, 100% of the children did not. Some children received the evaluation but not within the specified time frame and others did not receive the evaluation at all.

While the specific issue raised in the recently released Legislative Audit Bureau report was the method used to calculate the percentage of children receiving the health assessment within the agreed upon time limit, the rate of successful screening evaluation has been of great concern to us, and I believe to BMCW. The CPC has worked closely with BMCW over the past few years to identify and address issues and barriers to this evaluation.

In a system of the size and complexity of the Milwaukee system, simple communication about who has been and will be seen is challenging. We have developed with BMCW a

rather extensive daily reporting mechanisms so that BMCW will know as soon as possible which children have been evaluated.

Another issue we have encountered that affects the timeliness of evaluation concerns children for whom a screening appointment has been made but the child failed to appear at the Center at the appointed time. This is important because, if an appointment is made for 3 days after placement and the child fails to keep that appointment, it is unlikely they will ultimately receive the screen within the five-day expectation. Our daily tracking with the Bureau has been very helpful in reducing failed appointments. Also, by informing BMCW of these failed appointments, children can be rescheduled as soon as possible. I believe a certain number of "failed appointments" are unavoidable, or at least outside of the control of the CPC or BMCW. An example would be an adolescent who runs away the night before the appointment. Others are avoidable. In the first quarter of 2005 the rate of failed appointment in this program was about 30%. So far in 2006 the failed appointment rate is about 10%. To the degree that we can communicate with BMCW leadership so they can insure compliance, the more successful we will be.

We reiterate the CPC's commitment to providing this service within 5 business days of our receiving a request for an appointment from BMCW. We, also continue to investigate ways of conducting this screen on a "Same Day" basis when that can be adequately done and will not present undue stress to the child.

As I have said, and the LAB Report confirms, initial health screening of children entering foster care is important. In Wisconsin in 2003 over 5,000 children entered care with a little over 1,000 of those children coming from Milwaukee County. In fact, even though the majority of children entering foster care in Wisconsin come from outside Milwaukee County, the only place in 2003 and today in Wisconsin where children entering care have systematic access to this service is in Milwaukee. State statues only require children to have a health examination within 30 days of placement. If such a health screen is useful and important, as it is, why do our statewide rules and standards not reflect this as a priority? Let us all take this opportunity to realize our commitment to all of Wisconsin's needy children and work to extend this valuable program to all children in the state who would benefit from it.

Just to reiterate the key points I have made:

1. Health screens of children entering foster care are an important way to identify and address health and mental health problems.
2. Coordinating health screens for the number of children entering the system in Milwaukee has been a daunting task but by working closely with BMCW real progress has been made.
3. Health screens such as are done in Milwaukee should be the standard in all communities in Wisconsin.

Thank you for your attention and concern. We at the Child Protection Center look forward to working with BMCW in the future to find ways we can all better help this very needy population.



no date

Jess Mc Donald

COMMENTS ON PERFORMANCE CONTRACTING FOR THE BUREAU OF MILWAUKEE COUNTY CHILD WELFARE SYSTEM.

The Bureau of Milwaukee County Child Welfare (BMCW) is introducing outcome based performance contracting to the Milwaukee County child welfare system. This initiative will be an evolving process that will grow over time and would reward participating agencies for achieving positive performance on behalf of children and families in the system. The partners of the BMCW have already achieved significant results on behalf of permanency for children in foster care. It is anticipated that this initiative will grow over time and assist the BMCW partners in sustaining the improvements in safety, permanency and well-being for children in the foster care system.

The BMCW is committed to improving outcomes for children in the Milwaukee County child welfare system. The BMCW partnership is committed to ensuring all children in the care of the system are safe, that children achieve a safe and permanent home in the shortest time possible and that children in care are healthy and performing well in school. These are challenging goals for any child welfare system but they are the right ones. The BMCW is committed to working with its partners in developing a contracting process that encourages and rewards these positive outcomes for children and families.

The current contracts between the partner agencies and the BMCW represent a form of "pay for performance" that emphasize necessary activities in order to comply with federal, state and the *Jeanine B.* settlement agreement requirements. The BMCW intends to emphasize client based outcomes as a basis for the developing performance contracting system. This form of contracting is complex and requires extraordinary discussion between the partners, understanding and use of performance data by all parties, consideration of the goals of the system and obstacles to achieving them, frequent monitoring which is focused on improvement, and regular and public reporting of performance progress. Performance contracting offers the opportunity to reward BMCW partners for achieving positive results for children and families served by the system while not encouraging disinvestment in necessary activities.

The development of the performance contracting process begins with discussions between the partners, and stakeholders, to determine desirable goals for the BMCW system. This is a challenging process that offers the potential for sustaining the positive outcomes achieved to date and building an even stronger future for our child welfare system and the children and families we serve.