☞ **07hr_JC-Au_Misc_pt04a**

☞ Details: Public Hearing: Follow-up: Audit Reports 06-1 and 06-2, Milwaukee County Child Welfare, Department of Health and Family Services (DHFS)

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2007-08
(session year)

Joint
(Assembly, Senate or Joint)

Committee on Audit...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
  (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (October 2012)

Record of Committee Proceedings

Joint Committee on Audit

Follow-up: Audit Report 06-1 and Report 06-2,
Milwaukee County Child Welfare, Department of Health and Family Services (DHFS).

The Committee will also discuss a written status report from DHFS, dated February 1, 2007.

(Invited Speakers Only.)

March 8, 2007 **PUBLIC HEARING HELD**

Present: (10) Senators Sullivan, Lassa, Decker, A. Lasee and Cowles; Representatives Jeskewitz, Rhoades, Kerkman, Cullen and Parisi.

Absent: (0) None.

Appearances For
- None.

Appearances Against
- None.

Appearances for Information Only
- Janice Mueller, Madison — State Auditor, Legislative Audit Bureau
- Dean Swenson, Madison — Legislative Audit Bureau
- Kevin Hayden, Madison — Secretary, Department of Health and Family Services (DHFS)
- William Fiss, Madison — Interim Administrator, Division of Children and Family Services, DHFS
- Denise Revels Robinson, Milwaukee — Director, Bureau of Milwaukee Child Welfare, DHFS
- Pastor Archie Ivy, Milwaukee — Chair, Milwaukee Child Welfare Partnership Council

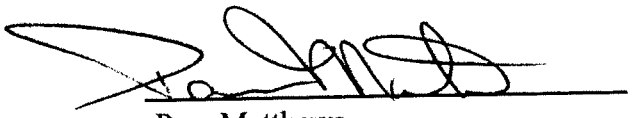
Registrations For
- None.

Registrations Against

- None.

Registrations for Information Only

- None.



Pam Matthews
Committee Clerk


FORWARD
E PLURIBUS UNUM

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

For Official Use

IN THE INTEREST OF

Khadejah Cole, 03321419/04017305/06XP007411A
a person under the age of 18.

5/2/95
Date of Birth

Petition for Protection or Services (Chapter 48)

Case No. 06JC1191

I state on information and belief that the following is true (If unknown or cannot be ascertained, so state):

1.

Child's Street and City Address	Sex
541 North 33rd Street, Milwaukee, WI 53208	F

Father's Name and Address
No adjudicated father

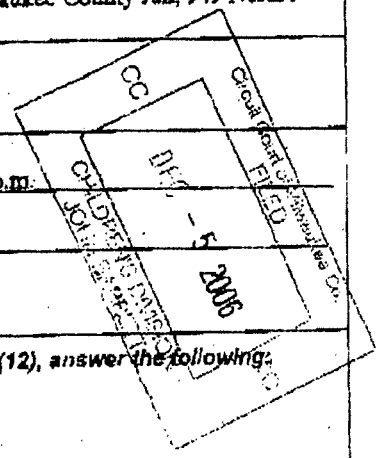
Mother's Name and Address
Melody Cole (5/31/79), 541 North 33rd Street, Milwaukee, WI 53208, currently at Milwaukee County Jail, 949 North 9th Street, Milwaukee, WI 53233

Guardian, Legal Custodian, Spouse, if any. If none, nearest relative's name and address.
The mother

Child in temporary physical custody? ☐ No ☒ Yes Date/Time: 11/28/06 @ 6 p.m.

Where held: Bureau approved placement

☒ Not disclosed--threat of imminent danger to child-physical custodian.



If petition alleges jurisdiction under any basis other than §§938.12, 938.125, 938.13(12), answer the following:

Child is subject to federal Indian child welfare act? (25 USC §§1911-1963)
☐ No ☒ Unascertainable
☐ Yes Tribe/address:

Under sections:

2. The child is in need of protection or services because:
☐ See attached.

Lisa P. Fricker, your Petitioner, hereby states on information and belief, that the above named child is in need of protection or services in that:

Pursuant to s. 48.13(3m), stats., the child is at substantial risk of becoming the victim(s) of abuse, as defined in s. 48.02(1)(a)(b)(c)(d)(e)(f) or (g), including injury that is self-inflicted or inflicted by another, based on reliable and credible information that another child in the home has been the victim of such abuse.

The child's parent, guardian or legal custodian neglects, refuses or is unable for reasons other than poverty to provide necessary care, food, clothing, medical or dental care or shelter so as to seriously endanger the physical health of the child, within the meaning of s. 48.13(10), stats.

Pursuant to s. 48.13(10m), stats., the child's parent, guardian or legal custodian is at substantial risk of neglecting, refusing or being unable for reasons other than poverty to provide necessary care, food, clothing, medical or dental care or shelter so as to seriously endanger the physical health of the child/, based on reliable and credible information that the child's parent, guardian or legal custodian has neglected, refused or been unable for reasons other than poverty to provide necessary care, food, clothing, medical or dental care or shelter so as to endanger seriously the physical health of another child in the home..

Jacqueline Espinueva-Xiong, Bureau of Milwaukee Child Welfare Social Worker, indicates that she is familiar with the above named child based upon her personal contact as well as through her review of the files kept in the regular course of business by the Department, and reports as follows:

The following facts are submitted to support the findings:

A. Melody Cole (5-31-79) age 27 is the mother of the above-named, four, non-marital children Khadejah Cole (5-02-95) age 11, Jacara Johnson (11-14-96) age 10, Moniquia Cole (11-26-99) age 7, and Brianna Lewis (7-18-04) age 2. She is also the mother of recently-deceased Layunnia Lewis (born 4-01-06; died 11-27-06), and as many as 3 other children who died as the result of miscarriage or death shortly after birth. The BMCW currently has information only as to Ms. Cole's children Khadejah, Jacara, Moniquia, Brianna and Layunnia. Ms. Cole currently resides at 541 N. 33rd Street, Milwaukee, WI 53208 with the above-named children, and her significant other, Bryant K. Lewis Sr. (10-12-70). Also residing in the home is Mr. Lewis' son by another woman, Kevin Lewis (12-24-96) age 9.

B. Melody Cole is currently in police custody in connection with the 11-27-06 death of Layunnia Lewis. Charges of Child Neglect –Death as a Consequence are scheduled for a review by the Milwaukee County District Attorney's Office on 11-30-06.

C. There is no known father for Khadejah Cole. An individual identified as the potential father for Khadejah, Montrel Ramsey (dob unknown) , has been excluded as the father for Khadejah by genetic testing on 3-22-05.

D. The adjudicated father of Jacara Johnson is Jacarr Johnson (8-15-80). Mr. Johnson's participation in genetic testing on 11-03-04 revealed a probability of paternity as to Jacara of 99.9%. Mr. Johnson resides at 2123 N. 33rd Street, Milwaukee, WI 53208. Mr. Johnson has no known relationship with Jacara.

E. Moniquia Cole has no known father. An individual identified as the potential father of Moniquia, John Islom (10-16-65), has been excluded as the father of Moniquia by genetic testing on 3-22-05. Another alleged father of Moniquia is Timothy Mack (7-27-74) whose last known residences are 8993 N. Park Plaza Court #119, Milwaukee, WI and 3627 N. 13th Street, Milwaukee, WI. Monikquia has no known relationship with Timothy Mack.

F. The adjudicated father of Brianna Lewis is Bryant K. Lewis, Sr. (10-12-70) age 36. Mr. Lewis resides at 541 N. 33rd Street, Milwaukee, WI 53208. Mr. Lewis is also the adjudicated father of Melody Cole's deceased child, Layunnia Lewis. Mr. Lewis is also the adjudicated father of Kevin Lewis (12-24-96) age 9 (whose mother is Erin McCune (2-02-80). Mr. Lewis is also the adjudicated father of four other children by three other women (B.K.L (10-07-90) age 16 by a woman C.M.; G.P.(12-30-90) age 15 by a woman J.M.; and S.L.(9-24-99) age 7 and D. F (2-17-01) age 4 by a woman L. F. As to S. L. and D. F., Mr. Lewis was found in default on an action to involuntarily terminate his rights to these children, on 10-12-06. That matter of the termination of parental rights involving S. L and D. F. is next scheduled to be heard before the Honorable William Pocan on 1-29-07 and 2-05-07).

G. Bryant K. Lewis Sr. is currently in police custody in connection of the 11-27-06 death of Layunnia Lewis. Charges of Child Neglect-Death as a Consequence are scheduled for a review by the Milwaukee County District Attorney's Office on 11-30-06.

H. On 11-28-06, the above-named children were taken and held in protective custody by the BMCW. They are placed in foster care. Disclosure of the children's location will present a risk to the safety of the children.

I. On the same date (11-28-06), Kevin Lewis is was removed from the custody and care of his father, Bryant K. Lewis Sr., and the co-residence of Mr. Lewis and Melody Cole, by the BMCW. Kevin is currently placed in a BMCW-approved placement. Disclosure of this child's placement would present a risk to his safety.

J. The facts and circumstances supporting the continued protective placement of the above-named children, and CHIPS jurisdiction over them pursuant to Wis. Stats. ss. 48.13 (3m), (10) and (10m), are as alleged in Paragraphs K-CCC, below.

K. At the time Kevin Lewis was removed from the care of his father on 11-28-06, his placement in the residence of his father and Melody Cole was supervised by the BMCW, pursuant to an extended CHIPS dispositional order. Kevin had originally been removed from the care of his father and Melody Cole on 10-26-05, after Melody Cole was captured on videotape and observed by hospital staff, hitting Kevin until he fell and then kicking him in the face, in the lobby of St. Joseph's Hospital. Investigation of these circumstances by the BMCW revealed statements by both Melody Cole and Bryant Lewis Sr., in which both adults minimized Ms. Cole's conduct and characterized this form of discipline as appropriate. Kevin remained placed in foster care pending resolution of a CHIPS action filed on his behalf on 11-02-05, seeking grounds under Wis. Stats. ss. 48.13(3) and (10) (Case No. 05JC001113). At the time of the investigation of Kevin's status, Melody Cole refused to allow the BMCW to interview or assess the status of any of the other children in her home.

L. On 12-21-05, the Honorable Thomas Cooper found Kevin to be a Child In Need of Protection or Services pursuant to Wis. Stats. ss. 48.13(3) and (10), and entered a one-year-dispositional order, placing Kevin in the home of his paternal grandmother, Bunniestein Lewis. The dispositional order required that Melody Cole be allowed to have no contact with Kevin without the approval of the BMCW. The order further required that Mr. Lewis participate in individual and family counseling, as conditions of Kevin's return to his home. Kevin displayed significant and chronic behavioral problems as associated with his diagnosis of ADHD; (per the reports of his paternal grandmother) anger associated with his lack of any relationship with his mother; and as residual to significant physical abuse he had endured as a child while being raised by his paternal grandparents and father (reference: 6- and 7-1999 investigations by BMCW, during which time it was reported by medical providers that then 2-1/2-year-old Kevin had sustained a humeral fracture consistent with a twisting injury, that was inconsistent with the paternal grandmother's report that he had "fallen on the driveway"; later observations of the paternal' grandmother's beating the child with a belt buckle, by staff at the treating medical clinic where he was receiving follow-up care; and admissions by Bunniestein Lewis that she felt that such corporal punishment was an appropriate form of discipline). Kevin had required inpatient treatment at Rogers Memorial Hospital prior to, and while, he remained in the care of his paternal grandparents pursuant to the 12-21-05 CHIPS dispositional order. Accordingly, the terms of the dispositional order required Kevin to participate in Day Treatment through Aurora Sinai Hospital and to participate in individual therapy.

M. Kevin's placement in the home of Fred and Bunniestein Lewis was not successful. Kevin's behaviors in the home (disrespectful, uncooperative, continually active) were difficult for Ms. Lewis and her husband to manage, and resulted in their (and Bryant Lewis Sr.'s) continued use of corporal punishment with a belt as a form of "disciplining" the child. The BMCW investigated a 12-12-05 referral reporting such treatment, but made no effort to remove Kevin from this environment, based on the child's, the grandparents', and the father's representations that the belt whippings did not leave marks and did not injure the child. Kevin did respond positively to Day Treatment and medication therapy, however, and was eventually able (by 3-06) to be returned to a regular classroom at the Phyllis Wheatley Elementary School, where his educational program was modified by an IEP designed to address his emotional and behavioral issues and ADHD.

N. During the summer of 2006, Kevin began to express the strong desire to return to the care of his father, and his individual therapist, Annette Madison (St. Amelian's) and his paternal grandmother Bunniestein Lewis strongly advocated for his return to the home of Mr. Lewis and Melody Cole.

O. By 8-06, Mr. Lewis and Kevin had been attending weekly family therapy sessions with Ms. Madison (which were

conducted in-home after the birth of Layunnia). Melody Cole had participated in 1-2 family therapy sessions prior to 4-06 (and the birth of Layunnia). Over the summer of 2006, Kevin had also engaged in essentially daily, unsupervised visits with his father in his paternal grandparent's home; had had weekly, supervised visits in the Lewis/Cole home; and by the end of July, 2006, had had overnight, unsupervised visits in the Lewis/Cole home. Kevin's mother, Erin McCune, had had no contact with Kevin or the BMCW, and had completed none of her court conditions. In a court letter dated 8-01-06, Kevin's ongoing BMCW casemanager Rebecca Terry reported that Kevin was "desperate" to return to the home of his father.

P. On 9-19-06, the Honorable Thomas Cooper extended CHIPS jurisdiction over Kevin for an additional period, until 5-02-07. The order placed Kevin in the care and custody of his father, in the Lewis/Cole home. At the time this order was entered, Kevin had been residing in the Lewis/Cole home on an extended visit (beginning in early 9-06), and this visit was considered successful. Conditions of Kevin's continued placement in the care of his father required his continued weekly involvement in therapy with Ms. Madison; the continued participation of Mr. Lewis and Kevin in family therapy with Ms. Madison, and Mr. Lewis' and Kevin's cooperation with the supervision of the BMCW. A crisis mentor was also be assigned, to facilitate the success of Kevin's placement with Mr. Lewis and Melody Cole, and to assist them in addressing Kevin's behaviors. Before Kevin's return home, Mr. Lewis was successful in his efforts to secure an SSI designation and a monthly child-care stipend for the child.

Q. While Kevin remained in placement under his original CHIPS dispositional order in the home of his grandparents, Fred and Bunniestein Lewis, Mr. Lewis and Melody Cole engendered and gave birth to the child, Layunnia Lewis.

R. According to records kept in the regular course of business by Children's Hospital of Wisconsin (which refer to Layunnia as "Layunnia Cole"), Layunnia was born weighing 720 grams, at approximately 26 weeks gestation, at approximately 5:30 am on 4-01-06. According to Children's Hospital records, Melody Cole had originally presented at the hospital on 3-25-06, after her amniotic membrane had ruptured. She had had no prenatal care during the pregnancy. She had left the hospital against medical advice, after being advised of the risks of infection to herself and her fetus, and the fetus' prematurity. She returned to the hospital on 4-01-06 with contractions, and leaking a yellow fluid from her vagina. As the fetus (Layunnia) was already in a vaginal canal and in breech position at the time of examination, a C-section was not possible. Layunnia's heart was not beating and she was not breathing at the time of her birth. Repeated efforts were made to resuscitate her, unsuccessfully. Eventually, when an effective airway could not be established with repeated endotracheal tube insertions and bag ventilation, a chest tube was inserted. This process resulted in a dramatic improvement in the child's heart rate; however, the child continued to show signs of severe respiratory compromise with minimal oxygen saturation and increased carbon dioxide levels. Layunnia's condition continued to deteriorate, causing physicians to hypothesize that she had an airway anomaly that prevented the necessary ventilation of her lungs. After approximately 4 hours of attempted resuscitation efforts, Layunnia's very high carbon dioxide levels; the physicians' inability to establish an effective airway; the long-term effects of her lack of proper oxygenation; and the child's poor prognosis for life; were explained to Melody Cole and Bryant Lewis, Sr. When the child's condition was explained by physicians (Dr. Sajani Tipnis), Melody Cole continued to assert that she wished for her child to remain on "full code" status, and that all efforts be made to resuscitate her, regardless of the outcome. Ms. Cole was noted to be "very angry" with the staff at the hospital, blamed the physicians and staff for Layunnia's condition, and verbalized that "she did not trust doctors".

S. Layunnia was eventually stabilized, and required immediate placement in the NICU at Children's Hospital. No other records of her treatment at Children's Hospital after her birth, until her release to her parents' care from the NICU in June, 2006, are currently available to Your Petitioner.

T. The BMCW received a referral regarding Layunnia on 4-03-06. Investigation revealed that in addition to the medical problems Layunnia suffered as a consequence of her prematurity and birth circumstances, she had been infected with herpes as a consequence of her mother's own infection and her vaginal delivery. It was also reported that Melody Cole's high degree of agitation, repeated verbal outbursts, and lack of cooperation with her medical providers during and after Layunnia's birth had prompted the staff at Children's Hospital to seek a psychiatric consult to address concerns that she suffered from a possible personality disorder. Ms. Cole had chosen, however, to leave the hospital against medical advice

at 1:00 pm on 4-01-06, and had not participated in the consult. As of 4-03-06, it was reported that Melody Cole had not returned to the hospital to check on the status of Layunnia, nor had she called the hospital to inquire as to the child's status, since she had left the hospital on 4-01-06. When she left the hospital, she had not advised any of the hospital staff of her plans for the care of the child.

U. BMCW Initial Assessment casemanager Scott Ebert did meet with Melody Cole and Bryant K. Lewis Sr. on 4-03-06 and 4-05-06, at which time they agreed to participate in Safety Services while Layunnia remained placed at the hospital. They were aware that Layunnia would require continued placement in the NICU for a period as long as 3 months, and agreed that they would benefit from support in the areas of learning to care for a premature/special needs infant; in developing positive interaction with the staff at Children's Hospital; and in obtaining financial assistance.

V. The Safety Services plan initiated on 4-05-06 remained in effect until 7-07-06. At the time the plan closed, Layunnia had been home from the NICU since on or about 6-21-06. The Safety Services plan was terminated on 7-07-06 (2 weeks after Layunnia's return home) at the request of Mr. Lewis and Melody Cole.

W. From the initiation of the Safety Services plan, Ms. Cole had refused to discuss any of her personal history with her casemanager (Kate Flansburg) and parent aide (Kari Schwartz). On 4-07-06, she refused to provide her providers of any history regarding her older children; refused to supply information identifying their fathers; refused to supply information or sign releases of information regarding their medical and dental histories and care; refused to provide histories or authorize release of any of their educational records; and refused to allow her W-2 financial aid caseworker to be provided with any information that she was involved in Safety Services. She refused to allow the providers to have any communications with her older children. She refused to sign releases of information to allow the casemanagers to review Layunnia's progress at Children's Hospital. These "conditions", established by Melody Cole, remained unaltered throughout the entire period of the Safety Services plan.

X. Melody Cole's failure to make herself and her home available for scheduled home visits with Ms. Schwartz and Ms. Flansburg began to surface within the first week of the Safety Services plan. Ms. Cole and Mr. Lewis declined offers of assistance with W-2, declined parenting sessions, and declined housing services. On 4-20-06, Bryant Lewis Sr. was required to urge Melody Cole to participate in a parenting session designed to educate her in caring for a special needs baby, but when Ms. Schwartz appeared at her home for the session, Ms. Cole "informed [Ms. Schwartz] adamantly that she did not want to participate in any parenting sessions and that the only thing she wanted was clothing [for the children]". By 5-02-06, Mr. Lewis and Ms. Cole verbalized their desire to terminate the Services plan, and Ms. Flansburg agreed to temporarily cancel the services of the parent aide (Ms. Schwartz), in an apparent attempt to maintain the viability of at least her (Ms. Flansburg's) services until Layunnia was successfully placed in their care.

Y. Between 5-02-06 and 5-23-06, Melody Cole continued to make herself unavailable for visits from Ms. Flansburg. Although she was offered a referral to the Birth-Three Program to monitor Layunnia's health and development after her return home, Melody Cole reported that she was not in need of any such services, because she "already knew how to take care of a premie", based on her experience in raising and caring for Brianna (who was born at 33 weeks gestation).

Z. In mid-May, 2006 Mr. Lewis and Ms. Cole also refused to allow for joint consultation or communication between Ms. Cole's Safety Services workers and Mr. Lewis' and Kevin's ongoing casemanager, Rebecca Terry. Mr. Lewis reported on 5-24-06 that "he did not want his business [with the BMCW vis-à-vis Kevin] to get mixed up in Melody's business [with the BMCW vis-a-vis Layunnia]...and that...he wanted to get safety services for Melody completed first so they would not overlap."

AA. By 5-30-06, Melody Cole had continued to make herself unavailable for contact by Ms. Flansburg. On 5-30-06, Ms. Flansburg received information from Children's Hospital, indicating concerns by the hospital that Ms. Cole's and Mr. Lewis' visits with Layunnia were sporadic. The hospital staff had been advised by Melody Cole that gas prices made it too expensive for her to drive to the hospital to visit the child, and that although her insurance would provide her with free transportation to the hospital, she did not like to travel in a van. Ms. Cole did agree to take bus tickets offered by the

hospital to facilitate her visits with Layunnia, and was provided with one pass on 5-30-06. The hospital asked Ms. Flansberg to make arrangements for additional bus passes or other transportation to be provided to Ms. Cole.

BB. On 5-30-06, Melody Cole advised Ms. Flansburg that although the hospital was recommending that Layunnia remain in the NICU for three more weeks, that she would be requesting the child's earlier release. She reported that she was not in need of any services or support from Ms. Flansburg, and would not agree to the continuation of Safety Services after Layunnia's return home. She refused to allow Ms. Flansburg to further communicate with Children's Hospital relative to the report that she and Mr. Lewis were not consistently visiting Layunnia. She did report that after Layunnia's return home, she would allow the Public Health Department to monitor Layunnia's progress. She also reported that she was aware of how to access the services of the Birth-Three Program.

CC. On 5-30-06, Mr. Lewis also refused Ms. Flansburg's request to participate in a staffing scheduled by Mr. Lewis' and Kevin's ongoing casemanager, Rebecca Terry, regarding the progress of Kevin's CHIPS order and return to the Lewis/Cole home. Mr. Lewis reported that "he did not want his business [with the BMCW vis-à-vis Kevin] to get mixed up in Melody's business [with the BMCW vis-a-vis Layunnia]...and that...he wanted to get safety services for Melody completed first so they would not overlap."

DD. On 6-01-06, Melody Cole advised Ms. Flansburg that although she was willing to drive to Children's Hospital "once or twice a week" to visit Layunnia, she would not travel there with any greater frequency unless she was provided with bus tickets. She also reiterated to Ms. Flansburg that although she wished for the Safety Plan to be terminated, that she would allow it to continue for 2 additional weeks, and would participate in two more sessions with Ms. Schwartz: one to accompany Ms. Schwartz on a shopping trip to procure infant baby clothes; and one to allow Ms Schwartz to evaluate her care of Layunnia.

EE. On 6-05-06, it was reported to the BMCW that over the previous Memorial Day weekend, both Melody Cole and Bryant Lewis Sr. came to Children's Hospital intoxicated with their other four children, and that staff were required to prohibit them from holding Layunnia, despite their protests. It was also reported that on this date, Ms. Cole refused to allow Layunnia to have an IV treatment, and that she threatened to withdraw the infant from the hospital against medical advice.

FF. Ms. Flansburg met with Ms. Cole and Mr. Bryant on 6-07-06. There is no information in the Safety Services record reflecting any discussions which may have been had regarding the report of Mr. Lewis' and Ms. Cole's respective states of intoxication at Children's Hospital, and Ms. Cole's conduct there, over the Memorial Day weekend. At the meeting on 6-07-06, Ms. Cole and Mr. Lewis did agreed to continue with the previously-arranged plans to meet with Ms. Schwartz as described in Par. DD., above, and agreed to allow the plan to remain in effect for two weeks after Layunnia's return home. Both Ms. Cole and Mr. Bryant did participate in the staffing for Kevin with Ms. Terry on 6-07-06 (although Ms. Flansburg was not allowed to attend, as per their previous refusal to allow same). Ms. Terry advised Ms. Flansburg on 6-07-06 that at the staffing, it was decided that at the time Kevin returned to the Lewis/Cole home, that parenting services would be included as part of Ms. Terry's supervision of Kevin's placement there.

GG. On 6-20-06, the BMCW received a referral that Melody Cole had been observed at Children's Hospital of Wisconsin, threatening her children in the presence of hospital staff that she was going to "beat all their asses" when they got home. At this time, Ms. Cole was present at the hospital to attend the last teaching session preliminary to the return of Layunnia to the home. This referral was "screened out" by the BMCW for "failing to meet the statutory definition of physical abuse". The matter was referred "FYI to Safety Services worker" based on the conclusion that "family functions as a single parent with five children and one medically fragile child. The only stress noted was the mother bring overwhelmed with the behaviors of the children, and making inappropriate threats of discipline". There is no evidence in the BMCW Safety Services record to confirm whether or not Ms. Flansburg was made aware of this referral during the period of time she provided Safety Services to Ms. Cole and Mr. Lewis.

HH. Melody Cole missed meetings with Ms. Flansburg on 6-21-06 and 6-22-06. On 6-23-06, Nancy Furst, social worker

at Children's Hospital, advised Ms. Flansburg that Layunnia had been released to the care of Melody Cole on 6-22-06, and that on 6-22-06, Ms. Cole had agreed to participate with the Birth-Three Program; had met with Layunnia's pediatrician Dr. Donna Pitter and had appeared to have forged a positive relationship; and had scheduled the infants' first pediatric visit with Dr. Pitter.

II. On 6-28-06, Melody Cole reassured her safety services casemanager Kate Flansburg that she had attended all training programs at Children's Hospital to allow for Layunnia's return, had forged a successful relationship with the child's neonatologist (Dr. Carey Ehlert), had arranged for a pediatrician with whom she felt comfortable to follow Layunnia and all of her children (Dr. Donna Pitter), and was knowledgeable of Layunnia's needs for ongoing care with a number of the specialty clinics at Children's Hospital. At the time the Safety plan closed, Ms. Flansburg was aware that a referral for Layunnia had been made through the Birth-Three Program, and Ms. Cole had reported that she would be meeting with Dr. Pitter to arrange for a visiting home nurse to follow Layunnia. Melody Cole and Bryant Lewis, Sr. had successfully obtained an SSI designation for Layunnia and were soon-to-receive a monthly care stipend for her. At the time of case closure, Ms. Cole reassured Ms. Flansburg that she was able to access all supportive and medical services for Layunnia on her own, and had her own transportation for these services. At the final visit on 7-07-06, Ms. Cole advised Ms. Flansburg that in the two-week period in which Layunnia had been in her care, she had no difficulty caring for the child; that she had been in contact with the Birth-Three Program and that an evaluation had been scheduled; and that she was aware of many appointments which had been scheduled for Layunnia at Children's Hospital over the next several weeks. Ms. Cole reported that she was no longer in need of the services of the Safety Services program, and the case was closed that day.

JJ. On 8-03-06, the BMCW received a referral that Melody Cole had not taken Layunnia to any pediatric visits with Dr. Pitter since the child's release from the NICU. It was also reported that Visiting Nurse services to the home had already been terminated. It was reported that Layunnia was thin and had evidence of stridor in her breathing tones. It was reported that it appeared that Layunnia had not gained any weight since her discharge from Children's Hospital, and that her weight at the time of discharge was approximately 5 pounds. It was reported that Ms. Cole did not feel that Layunnia's weight was a concern, and that she was also not concerned about the stridor in the infant's breath tones. It was reported that Ms. Cole complained that she did "not like Dr. Pitter because [the doctor] makes her patients wait too long". It was reported that Ms. Cole "made excuses for not finding/contacting another pediatrician". It was reported that Ms. Cole had WIC resources but stated that "she does not have enough formula". It was also reported that '{[Layunnia] sleeps from 9 pm to 5 am with no feedings"...and that "Layunnia is not being properly strapped into her car seat".

KK. BMCW investigation of the 8-03-06 referral revealed that since the time of Layunnia's discharge from Children's Hospital, Melody Cole had failed the following:

a. Had failed all appointments for Layunnia at the office of Dr. Pitter, and had never made appointments for any of her other children with Dr. Pitter;

b. Had failed an appointment for Layunnia to be seen at a 7-07-06, and rescheduled 7-10-06 and 8-04-06 appointments, at the Eye Clinic at Children's Hospital;

c. Had failed an appointment for Layunnia at the Allergy and Asthma clinic on 7-19-06;

d. Had, upon instruction by the Birth-Three Program, made Layunnia present for an appointment through the Center for Blind and Visually Impaired on 8-02-06, but reported at that appointment that she was unwilling for her child to be seen by Dr. Pitter to address the evaluator's concerns regarding the child's low weight (complaining that the waiting time was "too long"), and was not willing to make an immediate appointment with another pediatrician, despite receiving 3 new referrals to other pediatricians;

e. Failed to participate with 7 visits from the Visiting Nurse (a service specifically ordered to monitor Layunnia's

weight gain and health for the six-month period) after Layunnia's discharge from Children's Hospital, resulting in termination of those services;

f. Cancelled an appointment for Layunnia to be seen at Dr. Pitter's office on the morning of 8-09-06, but did cooperate with a later appointment that afternoon.

LL. Initial Assessment casemanager Dana Gresbach did ensure that Ms. Cole took Layunnia to see Dr. Pitter and that she did attend her appointment with the eye clinic. Dr. Pitter saw Layunnia on 8-09-06, and reported to Ms. Gresbach that the child's weight that day, 6 pounds 12 ounces, was satisfactory. Dr. Pitter reported that she and Ms. Cole had agreed that Ms. Cole would involve Layunnia and her children with another pediatrician (at Ms. Cole's request), and that Dr. Pitter would make another referral for Layunnia to be followed by the Visiting Health Nurse and that she (Dr. Pitter) would continue to provide pediatric services until Ms. Cole established care with another pediatrician. Ms. Gresbach also confirmed with Dr. Jane Klvlin from the Eye Clinic that at Layunnia's appointment on 8-10-06, there was no evidence that Layunnia had any issues which required surgery and that she would not need another appointment for 6 months.

MM. The involvement of the BMCW in investigating the 8-03-06 referral did result in Ms. Cole's agreement to engage Layunnia in her necessary medical care programs. Mr. Lewis and Ms. Cole did admit to BMCW Initial Assessment casemanager Dana Gresbach on 8-07-06 that Layunnia was required to take Neosure, but that WIC only allotted them 8 cans per month, and that when they ran out, they were required to purchase it on their own. They reported that they had missed some of Layunnia's previous medical appointments, and that they were concerned about the child's poor weight gain, but that they were in the process of moving and had therefore missed some appointments. They denied non-compliance with the Visiting Health Nurse, and reported that the nurse never returned after they missed their first visit with her. The case was closed when Mr. Lewis reported that they would be more compliant with Layunnia's medical care and all of her appointments with her specialists, and promised to make arrangements to secure a new pediatrician for Layunnia by 8-14-06 through the Aurora provider system and the Downtown Health Clinic. Ms. Gresbach closed the case when Ms. Cole and Mr. Lewis reported that they were not in need of other services.

NN. On 11-28-06, the BMCW was advised that around midnight on 11-27-06, Melody Cole and Bryant Lewis Sr. had called paramedics, after looking in on Layunnia and finding that she was not breathing. Although staff from the Medical Examiner's Office and Milwaukee Homicide Detectives performed an investigation of the home during the early morning hours of 11-28-06, the BMCW was not made aware of Layunnia's death until 5:00 a.m. on 11-28-06. At this time, preliminary investigation by the Medical Examiner's Office revealed that Layunnia had not gained significant weight since her discharge from the CHOW NICU, and that there was minimal evidence that she was being fed. There was no infant formula found for Layunnia in the Lewis/Cole home by the investigators of the Medical Examiner's Office, a roach was found in the infant's bottle, and roaches were observed crawling on and around the bottle. It was also reported that the home was heavily roach-infested.

OO. BMCW Initial Assessment casemanager Jacqueline Espinueva-Xiong located Melody Cole and Bryant Lewis Sr. in the home of Ms. Cole's father on 11-28-06. Ms. Cole reported that she and Mr. Lewis were in the process of making funeral arrangements for Layunnia, and demonstrated an affect of unconcern. (Ms. Cole's father reported to Ms. Espinueva-Xiong that the family was not making funeral arrangements, but was rather doing repairs at his residence). Ms. Cole advised Ms. Espinueva-Xiong reported that her children were not available for interview. She reported that Ms. Xiong could not visit her home, as it needed to be cleaned. She reported that her daughter Brianna was at the home of a relative, but refused to identify the relative or her whereabouts. She and Mr. Lewis reported no information regarding Layunnia's death, except to report that Ms. Cole had fed her "half a bottle" around 9:00 pm on 11-27-06, and that she had fallen asleep with Ms. Cole in Ms. Cole's bed, instead of in her crib. Both parents denied failing to feed Layunnia adequately, and denied that they had failed to provide her with appropriate medical care. They did admit that they had just recently "run out" of the infant's formula. Neither Mr. Lewis nor Ms. Cole could identify the name of Layunnia's pediatrician or any of her care providers, other than Dr. Pitter. They reported that Layunnia had last been seen by Dr. Pitter in August, 2006.

PP. Ms. Xiong located Ms. Cole's children Khadejah and Moniquia at the Brown Street Academy school on 11-28-06. Khadejah reported that Moniquia was unaware of the death of Layunnia. Kahedjah reported that she was present in the

home on 11-28-06 when police and others photographed her home and performed an investigation. She reported that she had no knowledge of any neglect to her sister Layunnia, and reported that she thought that her mother fed her and took her to the doctor while she was at school. Moniquia and Kahdejah reported that they had no medical care. Khadejah reported she had last seen a doctor when she was 8 years old (when she was living with her grandmother in Mississippi). Moniquia reported that she had never seen a doctor. Both girls reported that recently, a cockroach had been stuck in Moniquia's ear, and that the child had not been taken to a doctor to remove it, despite the fact that even after trying to remove the roach and causing the child's ear to bleed, Melody Cole had been unsuccessful in removing the roach.

QQ. Ms. Xiong conveyed Kadejah and Moniquia to the CPC on 11-28-06, where they were examined by Nurse Practicioner Michael Scahill. Nurse Scahill did appreciate a black mass lodged in Moniquia's right ear, but was unable to extract it. He has referred Moniquia to the ENT clinic for removal of the mass.

RR. While Ms. Xiong was supervising the children at the CPC, information was made available to the BMCW from the Medical Examiner that an autopsy had revealed that Layunnia had also sustained an unexplained fracture to her femur, that was considered by the Medical Examiner to be older than 10 days old. Ms. Xiong then took Khadejah and Moniquia into protective custody.

SS. BMCW initial assessment casemanager Linda Knors and BMCW Initial Assessment casemanager Phillip Zellmer had attempted on 11-28-06 investigate the welfare of the remaining children in the Cole/Lewis home. Ms. Cole, however, removed the children Brianna, Jacara and Kevin from the premises in her car, in avoidance of the BMCW investigation of the children's circumstances. The social workers were able to appreciate the home. Although in the process of being cleaned, Mr. Zellmer noted that the home was infested with flies and roaches, that there was minimal food in the residence, and that he observed no baby items or formula. Ms. Knors reported that during her brief contact with Brianna, the child appeared to be unkempt.

TT. Mr. Lewis called the BMCW on the evening of 11-28-06 to advise that he was willing to surrender Brianna, Jacara, and Kevin to the custody of the BMCW. They were placed in foster care by CRT workers.

UU. Mr. Zellmer interviewed Kevin on 11-29-06, in his foster home. He reported that he had no information regarding Layunnia's death. He did report that "Melody" was responsible for feeding the infant, and that she fed her "baby applesauce and that milk from a can". He also reported that "the think we killed my sister and we didn't". He expressed the desire to return home.

VV. The Milwaukee Police and BMCW were unable to locate Melody Cole and Bryant Lewis during the day on 11-29-06. Later, Mr. Lewis admitted to the police that he and Ms. Cole spent the day at Potowatomi Bingo. The police learned that Mr. Lewis and Ms. Cole have significant outstanding debt there and that their gambling cards have been placed on "Hold". Mr. Lewis has also admitted that he and Ms. Cole did not feed Layunnia her prescribed high-calorie formula Neosure, but rather fed her with a lower-priced, lower calorie formula. He also admitted that he and Ms. Cole had not refilled Layunnia's prescription for her herpes medication and that therefore her infection was not being treated. He reported that they had run out of formula for Layunnia and that they spent their money on beer and gambling.

WW. Dr. Hess at the Office of the Milwaukee County Medical Examiner has ruled Layunnia's death "malnutrition due to neglect by caregivers". Layunnia's weight at the time of her death was noted to be 5 pounds, 9 ounces.

XX. Medical examination of Brianna and Jacara at the Child Protection Center on 11-29-06 (by Dr. Angela Carron and Nurse Practicioner Judith Walczyk, respectively) reveal that Jacara's weight is "less than the expected value", and that Brianna, who was born at 33 weeks gestation, has ear infections in both ears and no speech.

YY. Medical records reveal that none of the children of Melody Cole have ever received any of their immunizations. In the past 14-month period, none of the four eldest children of Melody Cole (Khadejah, Jacara, Moniquia, and Brianna)

have received any well-child medical care, nor have they received any dental care. Per Medicaid data made available to the BMCW, Jacara received medical treatment one time between 10-01-05 and the present: on 1-05-06, at the Aurora Sinai Medical Center for a "nonspecific skin eruption". Per Medicaid data, Moniquia received treatment one time, in 5-06, by a Meda-care Ambulance, for "abdominal pain, generalized". Medicaid data reveals no medical care or treatment for Khadejah or Brianna at any time between 10-01-05 and the present.

ZZ. BMCW investigation reveals that Melody Cole is unemployed, and has variously relied on W-2, WIC, food stamps, and SSI (which she received for Layumnia), to financially support herself and her children. The family income is further supplemented by Mr. Lewis' income as a cabinet-maker with his father's cabinet-making business, and the SSI Mr. Lewis receives for his son Kevin. Although Your Petitioner has no specific information as to the actual amount, the Lewis/Cole home currently receives a minimum of $1000/month in combined SSI and WIC income alone, along with medical insurance and free medical care for all of the children in the home through Title XIX.

AAA. Your Petitioner has interviewed Rebecca Terry, ongoing casemanager for Kevin Lewis. Ms. Terry reports that since Kevin was removed from the Lewis/Cole household in 10-05, Melody Cole has refused to allow Ms. Terry to have any contact or communications with any of her children (Khadejah, Moniquia, Brianna, and Layumnia). Ms. Cole has refused to cooperate with any form of services other than those specifically required of her as to Kevin Lewis (ie. Ms. Cole's occasional involvement in Kevin's therapy, at the request of therapist Annette Madison). Ms. Terry reports that since Kevin's return to the Cole/Lewis home in 9-06, the family's cooperation with the conditions of his placement there has diminished. Kevin missed his last medication review with his psychiatrist for his ADHD medication (St. Amelian's) in 9-06, and has not seen Ms. Madison since 10-09-06 (his engagement in therapy was to be occurring on a weekly basis). Ms. Terry reports that she attempts to visit Kevin in his home at a frequency of twice per month. She first saw Layumnia during a home visit in 8-06, being held in Ms. Cole's arms. Layumnia was reported to be sleeping during Ms. Terry's home visits on 9-27-06 and 10-26-06. Ms. Terry was denied access to the home during two previously-attempted visits in 10-06, at which time Ms. Terry was told that "Kevin was not home". Ms. Terry was not able to perform any home visits in the month of 11-06. During her latest home visit on 10-30-06, she had noted no evidence of roaches in the Cole/Lewis home, and Ms. Cole reported that everything was "fine". Ms. Terry reports that she cannot recall making any visits to the Cole/Lewis home where she has not seen Ms. Cole cooking or preparing food for the family. Ms. Terry reports that Kevin has a crisis stabilizer assigned to him, Willie Chapman, who comes to the home 1-2 times per week as needed, to ensure Kevin's school attendance. Ms. Terry had received no reports from Mr. Chapman regarding the condition of the Cole/Lewis home or the status of Layumnia.

BBB. BMCW records reveal that in addition to the referrals summarized above, it received one, previous referral regarding the children of Melody Cole. On 2-04-03, the BMCW received information that Khadejah, Jacara and Moniquia had been residing with their maternal grandmother in Mississippi until recently, when their mother took them and brought them to live with her in Milwaukee. It was reported that Ms. Cole did not properly feed her children; that she did not ensure medical care for Jacara's eczema condition; and that she did not ensure medical care for Moniquia's anemia. The BMCW, by Initial Assessment casemanager Amy Hausch, interviewed Khadejah and Jacara at the Lloyd Street School. Jacara had evidence of eczema, but "overall appeared to be OK". The children reported that they were not abused in their home, that physical punishment by their mother took the form of spanking, and that they were adequately fed. Ms. Hausch could not locate Ms. Cole by phone or letter, and closed the case as "Unable to locate due to lack of response".

CCC. CCAP records reveal that Bryant K. Lewis Sr. has a history of criminal convictions for Battery and Disorderly Conduct. BMCW records reveal that he has a history of domestic violence with a former significant other/mother of another of his children. BMCW also reveal that as of 10-05, the Milwaukee Police had documented numerous reports of family disturbance at the Cole/Lewis home. Your Petitioner has no further information regarding the above as of the filing of the present pleadings.

Any person who divulges information that would identify the child or the family involved in any proceeding under Chapters 48 or 938, Wis. Stats. shall be subject to contempt under section 48.299 or 938.299, Wis. Stats. unless a statute provides an exception to the confidentiality requirement or the Court has specifically permitted the disclosure.

Wherefore, Petitioner prays that the Court fix a time, date and place for hearing on the Petition according to law and find that the named child is In Need of Protection or Services, and that the Court enter an order determining the status of the named child to provide for future care, custody, status, and/or such other disposition and provision as the Court shall deem necessary and proper in the best interests of the named child and the public, in accordance with Chapter 48, Wisconsin Statutes.

mcb/J/chips/khadejah-04017305-5-dec06

☒ 3. The child is placed out of the home.

a. Placement in the home at this time is contrary to the child's welfare because:

SEE ABOVE

b. Reasonable efforts to prevent removal were: *(Complete one of the following.)*

☒ made by the department or agency responsible for providing services in the following manner:

SEE ABOVE

☐ not possible due to the following emergency situation:

☐ not required under §48.355(2d) because:

4. The person who took this child into custody and the intake worker have made reasonable efforts to return the child home while assuring the child's health and safety.

I request adjudication and entry of an appropriate dispositional order.

Signature of District Attorney/Corporation Counsel

Lisa P. Fricker, Assistant District Attorney
Name Printed or Typed

December 5, 2006
Date

Signature of Petitioner

Lisa P. Fricker, State Bar No: 01001126
Name Printed or Typed

December 5, 2006
Date

Distribution:
1. Original - Court
2. Child
3. Parent/Guardian/Legal Custodian
4. Department/Agency
5. Other Interested Parties

Signature of District Attorney/Corporation Counsel

Lisa P. Fricker, Assistant District Attorney
Name Printed or Typed

December 5, 2006
Date

Signature of Petitioner

Lisa P. Fricker, State Bar No: 01001126
Name Printed or Typed

December 5, 2006
Date

Distribution:
1. Original - Court
2. Child
3. Parent/Guardian/Legal Custodian
4. Department/Agency
5. Other Interested Parties


FORWARD
E PLURIBUS UNUM

WISCONSIN STATE LEGISLATURE

Joint Legislative Audit Committee

Committee Co-Chairs:
State Senator Jim Sullivan
State Representative Suzanne Jeskewitz

February 19, 2007

Mr. Kevin Hayden, Secretary
Department of Health and Family Services
1 West Wilson Street, Room 650
Madison, Wisconsin 53703

Dear Mr. Hayden:

Thank you for the written report you submitted on February 1, 2007, in which you describe the Department's progress in addressing the findings of the Legislative Audit Bureau's comprehensive evaluation of the Milwaukee County Child Welfare program (reports 06-1 and 06-2). Based on our review of your written report, and our concern about the recent tragic death of an infant in Milwaukee whose parents were receiving services from your Department, we believe it is both appropriate and timely for the Joint Legislative Audit Committee to conduct a follow-up hearing on the Milwaukee County Child Welfare program.

The Committee will hold a public hearing on Thursday, March 8, 2007, at approximately 11:00 a.m. in Room 411 South of the State Capitol. We ask you, and the appropriate members of your staff, to be present at the hearing to offer testimony in response to the audit findings, to update the Committee on your progress in implementing the Legislative Audit Bureau's recommendations, and to respond to questions from committee members. In addition, please be prepared to specifically discuss child safety services and the provision of these services to program participants in Milwaukee. As indicated on the enclosed hearing notice, the testimony received by the Committee during this portion of the public hearing will be by invitation only. Please plan to provide each committee member with a written copy of your testimony at the hearing.

Please contact Ms. Pamela Matthews in the office of Representative Suzanne Jeskewitz at 266-3796 to confirm your participation at the hearing. Thank you for your cooperation and we look forward to seeing you on March 8th.

Sincerely,

Senator Jim Sullivan, Co-chair
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz, Co-chair
Joint Legislative Audit Committee

Enclosure

cc: Janice Mueller
State Auditor

SENATOR SULLIVAN
P.O. Box 7882 • Madison, WI 53707-7882
(608) 266-2512 • Fax (608) 267-0367

REPRESENTATIVE JESKEWITZ
P.O. Box 8952 • Madison, WI 53708-8952
(608) 266-3796 • Fax (608) 282-3624

WISCONSIN STATE LEGISLATURE

Joint Legislative Audit Committee

Committee Co-Chairs:
State Senator Jim Sullivan
State Representative Suzanne Jeskewitz

February 19, 2007

Pastor Archie Ivy, Chairperson
Milwaukee Child Welfare Partnership Council
c/o New Hope Baptist Church
2433 West Roosevelt Drive
Milwaukee, Wisconsin 53209

Dear Pastor Ivy:

The Joint Legislative Audit Committee will hold a public hearing on Thursday, March 8, 2007, at approximately 11:00 a.m. in Room 411 South of the State Capitol. The purpose of this hearing will be to follow-up on the progress of the Department of Health and Family Services in addressing the findings and recommendations presented in the Legislative Audit Bureau's comprehensive evaluation of the Milwaukee County Child Welfare program (reports 06-1 and 06-2).

As chairperson of the Milwaukee Child Welfare Partnership Council, we invite you to be present at the hearing to offer testimony in response to the audit findings, to represent the views of the Partnership Council on issues pertaining to the child welfare program, and to respond to questions from committee members. In addition, we anticipate a thorough discussion of child safety services and the provision of these services to program participants. As indicated on the enclosed hearing notice, the testimony received by the Committee during this portion of the public hearing will be by invitation only. Please plan to provide each committee member with a written copy of your testimony at the hearing.

Please contact Ms. Pamela Matthews in the office of Representative Suzanne Jeskewitz at (608) 266-3796 to confirm your participation at the hearing. Thank you for your cooperation and we look forward to seeing you on March 8th.

Sincerely,

Senator Jim Sullivan, Co-chair
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz, Co-chair
Joint Legislative Audit Committee

Enclosure

cc: Janice Mueller
State Auditor

SENATOR SULLIVAN
P.O. Box 7882 • Madison, WI 53707-7882
(608) 266-2512 • Fax (608) 267-0367

REPRESENTATIVE JESKEWITZ
P.O. Box 8952 • Madison, WI 53708-8952
(608) 266-3796 • Fax (608) 282-3624


FORWARD
E PLURIBUS UNUM

Milwaukee Infant Child Death

February 2007

Corrective Action Plan

1. Effective immediately, cases involving premature (born before 26 weeks gestation) and medically fragile infants require consultation and approval of the Bureau of Milwaukee Child Welfare Medical Director during the initial assessment and case transfer process to discuss the medical needs of the infant that must be addressed to ensure continued child safety.

   The referral decision from initial assessment to safety services or out of home placement, on cases involving premature or medically fragile infants requires approval of the BMCW Medical Director for the health supervision case planning of the infant.

   A health supervision case planning staffing with the Medical Director is required as part of the case transfer process to include the referring initial assessment social worker and service manager, and the receiving program staff (safety services or ongoing case management).

   The BMCW Medical Director will track 100% of all premature medically fragile infants, through participation in all internal case staffings, review of medical records and information from health providers about the baby's care and progress, communication with the infant's primary pediatric provider, and planned consultation with Bureau staff.

   A policy memo was issued to initial assessment, ongoing case management, and safety services staff describing this new policy directive.

2. a) The Bureau's private agencies for ongoing case management and safety services were directed to internally cross match the names of family cases open in safety services and ongoing case management to determine if the same family cases are concurrently open in both programs.

   Family cases identified will be internally staffed to share critical case information, including child safety issues and to consolidate the case plan for the family that reflects input from safety services and ongoing case management program staff.

   b) The Bureau's private ongoing case management and safety services agency partners also were directed to internally staff all in-home supervision CHIPs cases to ensure the safety of all children in the home is being assessed, not just the child whose name is on the court order. The state employed Region

Manager will be responsible for monitoring the implementation, progress and outcomes of these strategies.

3. In-service training will be conducted for current safety services staff to improve understanding of existing policies and procedures:

   a) Voluntary Nature of Safety Services:
   Services are voluntary as long as parents are actively cooperating to keep the child safe. Voluntary does not mean that parents can opt out of services without staff assessing the impact on the safety of the child. If the child is not safe, or safety cannot be assured because the parent is uncooperative in implementing the safety plan, the case must be referred to initial assessment to determine whether court intervention and removal of the child from the home is necessary. Safety services is deemed voluntary as long as the child is safe and the parents are taking all steps necessary to protect the child and engage in services necessary to ensure the safety of the child.

   b) Parental Consent and Access to Medical Records:
   Although medical records are generally confidential and cannot be released without parental consent, Wisconsin statutes allows the Bureau to access children's medical records without parental consent when access is sought for purposes of a child abuse or neglect investigation or when requested to perform a legally authorized function, such as to assess the safety of the child when the case is open in safety services.

   c) Participation in Bureau convened CST Meetings:
   Parental consent is not required for case managers to participate in the mandatory agency convened Coordinated Service Team (CST) meetings in safety services or ongoing case management cases. Parents who do not cooperate with their case manager or allow the case manager to participate in their CST as part of the safety services or ongoing case management programs require a higher level of agency intervention to resolve this issue.

4. Training content for new staff will be revised to reinforce/highlight practice items listed in item #3.

5. In-service training will be held for initial assessment social workers, service managers and managers to strengthen their skills and knowledge regarding the impact of medical conditions of children for a more comprehensive initial assessment.

6. The BMCW Medical Director will conduct in-service training for Bureau staff in initial assessment, safety services and ongoing case management regarding

medically fragile, vulnerable infants to highlight key medical information for child welfare staff and implications for their safety assessment, what to look for, questions to ask, how she can assist in communication with pediatrician's responsible for the infant's medical care, etc., and to help identify what medically related issues must be included in the safety plan for the child. The following content will be included:

- Role of BMCW Medical Director as a resource to staff;
- Development of individualized health supervision case plan for the infant;
- Pre-placement consultation to review facts of the case and to determine what is needed to continue to protect a medically fragile infant's safety;
- Ensuring health and safety, continuity of relationships and quality of care for the infant; and
- Obtaining a medical consultation.

7. Training will be conducted by the Department of Health and Family Services' Office of Legal Counsel for all BMCW state and private agency staff on confidentiality, and HIPAA.

8. Practice clarification memos were issued to remind Bureau staff of the following existing Bureau procedures and protocols:

   a) The purpose and expectations of the safety services program, including the interpretation of what voluntary means, and parental consent issues;

   b) When at least one child in the family home is on a CHIPs court order, the entire family is part of the ongoing case manager's case responsibility. All adult and child members of that household are to be assessed and served as part of the case plan and to ensure child safety. Managers were directed to review the content of these memos with direct services staff until the in-service training sessions are implemented.

9. The BMCW Medical Director contacted the primary pediatrician for Layunnia to discuss her actions on the case, to obtain medical information and to remind the pediatrician of the mandatory child abuse and neglect reporting requirements.

10. The home visiting nursing staff will be contacted to follow up on their actions regarding this case and to remind them of their mandatory reporting requirements. This will be confirmed in writing.

11. The Children's Hospital Child Advocacy Staff are conducting an internal review of the hospital's actions on this case and will report follow up to BMCW and through the CART (Child Abuse Review Team) interagency process.

12. The private agency partners will develop and implement their own internal action plan to address the practice concerns of their staff. The plan will describe management actions to explain and ensure their staff understand the expectations of the safety services program, and open in home supervision cases in ongoing case management. The state employed region manager will be involved in the implementation of the plan, and in tracking the progress and outcomes.


FORWARD
E PLURIBUS UNUM

State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Kevin R. Hayden, Secretary

February 1, 2007

Honorable Jim Sullivan, Co-Chair
Joint Legislative Audit Committee
Room 15 South
State Capitol
P.O. Box 7882
Madison, WI 53707

Honorable Suzanne Jeskewitz, Co-Chair
Joint Legislative Audit Committee
Room 314 North
State Capitol
P.O. Box 8952
Madison, WI 53708

Dear Senator Sullivan and Representative Jeskewitz:

I am pleased to provide you with the final report on the progress of the Bureau of Milwaukee Child Welfare (BMCW) regarding items identified in the Legislative Audit Bureau's Evaluation of Milwaukee Child Welfare (Reports 06-1 & 06-2). As reported in the October 2006 interim report, we continue to make great strides towards implementing the recommendations made by the LAB, as well as in our efforts to meet the performance measures in the Jeanine B. Settlement Agreement.

As you are aware, families involved in Milwaukee County's child welfare system face many more obstacles and struggle with a wider array of challenges than in years past. As we continue to focus our efforts on providing effective and efficient services, our primary goal is to assure that children are safe in their own homes, and that their families are strong, healthy and self-sufficient. We believe the changes made to BMCW over the past few years move us in the right direction for helping families overcome the struggles they face, limiting their ability to care adequately for their children. I would like to highlight progress on several items since our interim report:

- QUALITY IMPROVEMENT. In October 2006, a Qualitative Service Review led by the national Child Welfare Policy and Practice Group was conducted of BMCW. The review process looked at outcomes related to safety, stability and permanency, and system performance outcomes such as, family engagement, assessment and planning. Interviews were conducted with thirty-one stakeholder groups, representing BMCW staff, providers, foster parents, legal partners, and others. This review involved the greatest number of stakeholder interviews of any review conducted by the Child Welfare Policy and Practice Group, the agency completing reviews in 14 different states. Each reviewer spent a significant amount of time on their cases and brought a great deal of experience and knowledge to the process. BMCW performed well in its first review, surpassing many other similar child welfare systems' initial reviews. The review also found that BMCW faces some challenges, consistent with those found among all public

child welfare systems. BMCW has developed and is currently in the process of implementing a quality improvement plan that addresses the recommendations included in the report for each program area. BMCW management and the Milwaukee Child Welfare Partnership Council will present regularly to the community on BMCW's progress towards the practice improvement items found during the review.

- SETTLEMENT AGREEMENT PERFORMANCE OUTCOMES. On December 31, 2005, the BMCW reached the conclusion of the third year of the Settlement Agreement between Children's Rights, Inc., on behalf of the plaintiffs, and the Department of Health and Family Services and other state defendants. Since that time, BMCW has been released from 10 enforceable provisions after being in compliance with the required items. Through 2006, BMCW continued to work diligently on meeting the performance requirements on the eight remaining enforceable provisions. We will report out to the community on our progress for 2006 later this spring.

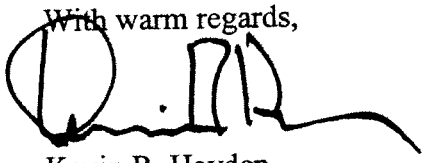
- FOSTER CARE AND ADOPTION REDESIGN. The BMCW recently completed the contracting process for the redesign of foster care and adoption services in Milwaukee. The new design places greater emphasis on all permanency options available to children involved in BMCW. We should have a common approach to working with foster parents who may become adoptive parents as 75% of children adopted through BMCW are adopted by their foster parents. We believe this new approach to foster care and adoption services will expedite achieving permanency for children and improve consistency throughout our service delivery system.

- PLACEMENT OPTIONS FOR CHILDREN. BMCW has placed a high priority on finding foster homes that fit the needs of children who cannot live safely in their own homes. As with all child welfare systems, BMCW faces difficulty in recruiting quality foster homes for our children. As such, we are engaged in an ongoing partnership with the faith community in Milwaukee to reach out to families in their congregations who may be interested in becoming foster and adoptive parents. In addition, BMCW issued a Request for Proposals for group settings for adolescents. Adolescents with behavioral needs are coming to the attention of BMCW at increasing rates, and face unique challenges that at times our foster families are not equipped to handle. BMCW will create a variety of group placement options for these adolescents that includes specialized programming to address their diverse behavioral, emotional and developmental needs.

Other key areas of focus are included, per your request, in the attached report. These items include: reduction in staff turnover, improved collaboration between the Department of Workforce Development and our department, and changes to BMCW contracts including financial incentives and performance expectations.

Thank you for the opportunity to present to you in this final report to the Joint Legislative Audit Committee, the progress that BMCW has made in the key areas that we have placed priority. We have had critical partners in our efforts, including our private agencies, the Milwaukee Child Welfare Partnership Council, and foster, adoptive and birth parents. Without the shared commitment of our community partners, we would not show improvements in so many key areas. BMCW maintains its ongoing commitment to working with the community and to continue making practice improvements. We appreciate the continued support that the Joint Audit Committee has given to BMCW and the families we support.

With warm regards,



Kevin R. Hayden
Secretary

CC: Members of the Joint Legislative Audit Committee
Janice Mueller, State Auditor
Special Legislative Committee on Strengthening Wisconsin Families

Enclosure

Final Report to the Joint Legislative Audit Committee
Evaluation of Milwaukee County Child Welfare (Reports 06-1 & 06-2)
February 1, 2007

The Bureau of Milwaukee Child Welfare (BMCW), in the Department of Health and Family Services (DHFS), is responsible for protecting children at serious risk of abuse or neglect in Milwaukee County and strengthening the ability of their families to care for them safely. The State of Wisconsin has had this responsibility since 1998.

The Legislative Audit Bureau released two reports on the finances, management and program performance of BMCW in February 2006. The Auditors recommended and the Department agreed to report on program performance improvements in February 2007.

The BMCW has made significant improvements in the quality and efficiency of service delivery to families. However, some challenges still remain for BMCW and the families that we serve. The Department will continuously review and evaluate our services to ensure they are the most appropriate and are adequately provided to the children and families who are involved with our system.

The specific items requested by the Legislative Audit Bureau and the Joint Legislative Audit Committee are detailed below with Department progress reports on each item. This report supplements earlier reports that we have made to the Joint Legislative Audit Committee on progress in other areas. The Department appreciates the interest of the Joint Legislative Audit Committee in this critical work to protect children and strengthen families.

1. *Comment on results from the efforts to assess and address program participant needs collaboratively with the Department of Workforce Development.*

As reported in the October 2006 interim report to the Joint Legislative Audit Committee, the Departments of Workforce Development (DWD) and Health and Family Services joined together through the Families Forward Initiative to improve outcomes for families involved in child welfare and W-2. DHFS and DWD are committed to continuing these efforts and finding additional ways to support families so they may increase their economic security and keep their children safe and well.

Each agency has instituted new requirements with its private contract agencies to coordinate services with families. These requirements apply county-wide to families involved in both systems. Two pilot site partnerships are advancing our work in the Families Forward Initiative: Maximus/YWCA and Children's Family and Community Partnerships on Milwaukee's north side, and UMOS and La Causa on the south side.

The following are two case summaries describing the collaboration between UMOS and La Causa on the south side:

- A 36 year old, female client is the single parent of two children with a minimal support system who participates in W-2. This client also has a significant child protective services history in both Milwaukee and Illinois. She was referred to the La Causa safety services program for assistance in securing appliances and beds for her children, obtaining a restraining order against the children's father, enrolling in a computer course to acquire employment and accessing child care.

  The assurance of safety for the children and the client was paramount. The La Causa safety services program provided the client with various resources to meet her needs and ensure the safety of her children in their home. Appliances and furniture were provided and housing assistance was offered. A Safety Services Case Manager was assigned to provide weekly contact with the family in their home. The client was able to obtain a restraining order against the children's father and was referred for domestic violence counseling. The client also completed a computer class to increase her employability skills.

  The La Causa safety services team and the UMOS Financial and Employment Planner have remained in close communication. The UMOS planner participated with the La Causa staff in Coordinated Services Team meetings with the family to identify services that would be put in place by each agency and to ensure that all needs are adequately met for keeping the children safe. Due to the planner being located at La Causa, the client was able to meet with the planner and the Safety Services Case Manager at the same location and was able to access services in a timely manner.

- A 24 year old woman was referred to the La Causa safety services program by the state initial assessment social worker following the birth of an infant who tested positive for amphetamines. At the time of the referral, the client and infant were living with the client's cousin. Based on an assessment conducted, the mother was in need of AODA treatment, basic parenting assistance, financial assistance/employment, and stabilized housing. The strongest natural support that this client had was her significant other, who was also the infant's father.

  The Safety Service Manager monitored and addressed the baby's safety and well-being, and provided referrals for the mother to substance abuse assessment and treatment services and UMOS's W-2 program. The Safety Service Manager and W-2 planner collaborated to ensure the client's needs were being addressed as expediently as possible. The client was appreciative of the convenience of having both services located in the same office.

  The planner opened the case in W-2 and placed the client on the Case Management for a Caretaker of a Newborn status. While waiting for financial assistance, the Safety Service Manager assisted the client in applying for the Women, Infants and Children (WIC) program for the infant and securing essential baby items such as a crib, clothing, bottles, etc. The client's significant other also played a strong support role by providing items for the infant.

The client moved into an apartment and the Safety Service Manager worked with her to obtain household items. The client continues to participate in substance abuse services and maintains sobriety. She has followed through on all medical appointments for the infant and has actively participated in parenting assistance which has focused on areas of child development and nurturing. In addition, the client's significant other continues to provide her and her infant with ongoing support.

In these two examples, the key to ensuring that both the W-2 and child welfare systems were able to provide the maximum benefits with the minimum amount of barriers to a family was strong collaboration and coordination between staff. In both examples, the risks impacting the children were addressed immediately, while staff worked to ensure the families' basic needs were met and the parent(s) were able to address their long-term financial issues.

W-2 workers have also been trained by BMCW in the Coordinated Services Team model and are invited to all team meetings involving their cases. Direct service workers from both agencies have participated in training on each other's systems. BMCW and W-2 agencies and the Milwaukee Child Welfare Partnership for Professional Development are collaborating to determine what additional cross-training might be needed to improve collaboration between the two systems. In addition, a guidebook is currently being developed to offer fundamental information about both systems.

An external evaluation of the Families Forward Initiative found that service integration efforts at the pilot sites were successful in initiating change, and that lessons learned should influence future collaborative efforts. In addition, areas where collaboration was successful will continue being integrated into the daily operations of the child welfare and W-2 systems.

After learning from the experiences in the Families Forward Initiative pilot sites, DHFS and DWD, in partnership with the Department of Corrections, created the Milwaukee Family Services Integration Office. This collaborative effort is designed to assist families at risk who may benefit from services provided from the three departments.

The Family Services Integration Office operates under the general direction of the Secretaries in each department. The Office is charged with facilitating improved outcomes for vulnerable children and families in Milwaukee through collaboration and coordination of state-administered services. The focus of the Office will be to improve outcomes for families served in W-2 and child welfare programs, and families of offenders and ex-offenders re-entering the community.

2. *Update the Committee on any additional federal Settlement Agreement performance measures from which the Bureau has been released.*

On December 31, 2005, the BMCW reached the conclusion of the third year of the Settlement Agreement between Children's Rights, Inc., on behalf of the plaintiffs, and the Department of Health and Family Services, and other State defendants. Since that time, BMCW has continued to work diligently on meeting the performance requirements on the remaining enforceable provisions under the Settlement Agreement.

Consistent with Section V.A of the Agreement, when defendants are in compliance with Article I requirements at the end of Period 3, and have been in compliance for the most recent two consecutive six-month intervals, that requirement is no longer subject to enforcement although monitoring will continue until the entire Agreement is terminated.

Plaintiffs and defendants agreed that the Article I provisions as listed below were no longer subject to enforcement because defendants were in compliance with the provisions at the conclusion of Period 3 and for the most recent two consecutive six-month intervals.

The BMCW was released from the following provisions based on agreement with plaintiffs counsel:

§I.B.1.	Negotiation with Milwaukee District Attorney
§I.B.3.	Belated compliance with Adoption and Safe Families Act requirements
§I.C.2.	Timeliness of processing referrals to independent investigator
§I.C.3.	Timeliness of making case assignments and completing investigations
§I.C.4.	Timeliness in making determination of independent investigations
§I.D.3.	Contract hold-back for monthly face-to-face contacts
§I.D.4.	Monthly face-to-face contacts
§I.D.8.	Seek increase in foster parent reimbursement rates
§I.B.4.	Length of stay in out-of-home care
§I.D.1.	Caseloads not exceed an average of 11 families per case-carrying manager

Currently, the following provisions remain enforceable under the Settlement Agreement:

§I.B.2.	Adoption and Safe Families Act (ASFA) timeliness requirement, timely filing of TPR petitions
§I.B.6.	Reunification within 12 months of entry into out-of-home care

§I.B.7. Adoption within 24 months of entering out-of-home care

§I.D.9. Placement stability – children will have three or fewer placements while in out-of-home care

§I.C.1. Substantiated maltreatment of children in out-of-home care

In addition, the following three provisions remain enforceable, according to Children's Rights, Inc.; however, BMCW has met all the requirements for each of these provisions and are currently in negotiations with Children's Rights regarding release from these items.

§I.D.5. The use of shelter placements shall be phased out entirely. The BMCW phased-out shelters as required in CY 2003.

§I.D.6. By December 31, 2003, and thereafter, no child shall be placed in a shelter. Since December 31, 2003, no children have been placed in a shelter.

§I.D.7. Diagnostic/Assessment Centers. This provision states, "By December 31, 2003, BMCW shall develop special diagnostic/assessment centers for children over 12 years of age who need further assessment in order to determine the appropriate placement. Placement in such centers shall not exceed 30 days, or 60 days if the placement is extended in accordance with applicable state law." BMCW has created and is utilizing assessment centers for children over 12 years of age.

3. *Describe the changes to the 2007 contracts, including financial incentives and performance expectations.*

The BMCW partnership is committed to ensuring all children in care of the child welfare 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, in collaboration with our partner agencies, developed a contract process that encourages and rewards these positive outcomes for children and families.

In October 2006, BMCW implemented outcome based performance contracts for the Milwaukee County child welfare system. This initiative rewards 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. These efforts will assist BMCW partners in sustaining improvements in safety, permanency and well-being for children in the foster care system.

The performance expectations for Ongoing Case Management services as identified in the agencies' contracts are listed below. The BMCW believes that the three outcome measures are the first steps to meeting the existing Settlement compliance requirements and moving beyond. The baseline figures were derived from three years of actual data from the agencies.

Outcome I
Children in out-of-home care will have stable placements.

a. 82% or more of children who entered out-of-home care within the last 12 months will have no more than 2 placements within their first 12 months in out-of-home care.

Outcome II
Children will be safely and timely reunified with their families when possible.

a. 71% or more of children who entered out-of-home care within the last 12 months in out-of-home care will be reunified within 12 months.
b. 95% or more of children will not experience a substantiated allegation of maltreatment within 12 months of reunification.
c. 70% or more of children who are reunified will not re-enter out-of-home care within 12 months of returning home.

Outcome III
Children who cannot be safely reunified with their family will have a safe, permanent home.

a. 75% or more children in out-of-home care more than 15 of the last 22 months will have a timely TPR filed with the Assistant District Attorney (ADA) or documented exception.

The performance expectation for Safety Services as identified in the agencies' contract is as follows:

Outcome I
Children will remain safely in their homes.

a. 80% or more children who enter out-of-home care will not have had an open Safety Services case within the last 12 months.

The BMCW monitors performance on a monthly basis and reports overall performance on a quarterly basis. If a performance outcome does not meet or exceed the performance baseline, BMCW may require the Ongoing Case Management/Safety Service agency to develop a Corrective Action Plan. If the agency fails to meet or exceed the baseline while under the Corrective Action Plan, BMCW may restrict the use of reserve funds to accomplish the goals of the plan.

4. *Improve the timeliness of the investigations of child abuse and neglect.*

The Legislative Audit Bureau identified areas of concern regarding BMCW's response time for investigating child abuse and neglect, specifically that BMCW's investigation time exceeded the 60 day statutory limit. BMCW understands the importance of timely investigations and is committed to the prompt completion of quality initial assessments to ensure child safety.

As reported in the October 2006 interim report, BMCW reviewed the initial assessments that exceeded the statutory time limits. In the review, BMCW identified 253 child abuse and neglect referrals open greater than 180 days. Although it is unacceptable that these initial assessments were not timely, it was determined that child safety had been assured in each of these cases and it was the documentation in the case file that was not completed in a timely manner.

BMCW has implemented corrective strategies to monitor and track the timely completion of initial assessments. BMCW is still in the process of resolving fundamental data reporting and quality issues. During this interim period, while we are refining the design of the report, we have implemented safeguards to reconcile and verify data at each region that allows us to track and monitor case closure by supervisor unit and the safety of each child involved in an initial assessment case.

5. *Improve the timeliness of services ordered for each family when a child is removed from the home.*

When a child is removed from their home, BMCW contract agencies are responsible for identifying and implementing the services, prior to the Service Implementation Hearing that will enhance the protective capacity of the parent to provide every opportunity for safe reunification. The Children's Court monitors this process for individual families.

On a monthly basis, the BMCW Program Evaluation Managers review the information submitted by the private partner agencies documenting the timeliness of services implemented for each family. The purpose of this review is to:

- ensure that services are provided timely that enhance the protective capacity of a parent;
- ensure that families are engaged in developing their case plan and are agreeing to participate in these services;
- identify barriers to timely service provision;
- verify any findings with the private partner agency based on information submitted;
- determine the need for the private partner agency to develop, implement and monitor corrective action plans to be evaluated by BMCW Program Evaluation Managers; and

- determine and apply any fiscal sanctions on the private partner agencies for failing to implement services in a timely manner. Agencies must implement 90% of the identified services by the Service Implementation Hearing.

The Program Evaluation Managers review consists of verification of the information provided by the private partner agency and a calculation based upon the number of services implemented prior to the hearing as compared to the number of services identified.

Based on results of the analysis thus far, BMCW and the private partner agencies have implemented the following corrective strategies to improve timely service as well as to assure that the services are in progress and are facilitating the desired outcomes in the lives of the children and families we serve:

- Prioritize certain critical services that enhance the protective capacity of a parent;
- Provide training and technical assistance to private partner agencies regarding timely service provision, including revising the reporting format, improving data tracking and increasing monitoring;
- Provide additional oversight to the Service Implementation Hearing process by the Program Evaluation Managers;
- Identify strategies to increase service provider capacity and accessibility to quality services;
- Continue regular meetings with BMCW staff and private partner agencies to streamline the reporting process for timely service; and
- Implement fiscal sanctions for failing to meet the 90% threshold for outcome measures. Based on an analysis of the data submitted by our private partner agencies for the months of July – December 2006, BMCW imposed fiscal sanctions for specific months when the agencies were not in compliance.

In 2007, BMCW, the private partner agencies and community stakeholders will be exploring the feasibility of streamlining service authorizations as well as assuring quality service. The desired outcome is to eliminate barriers in securing quality services in a timely manner and build additional capacity and accessibility to culturally appropriate services.

6. *Reduce the time children spend in out-of-home care.*

The federal Settlement Agreement required BMCW to monitor performance on the length of stay in out-of-home care (no more than 25% of children in out-of-home care shall be in care for more than 24 months). During the first six months of 2006, BMCW achieved a performance level of 18.8% of children who were in out-of-home care for more than 24 months. BMCW successfully met the baseline performance measure as required in the Settlement Agreement for two consecutive six month periods, and was released from court oversight of this item by mutual agreement with plaintiffs' counsel in October 2006.

Beyond the Settlement Agreement, BMCW has been aggressively working with children who have been in care for 24 months or more. As a result of these efforts, the actual number and percentage of children in out-of-home care 24 months or more has decreased. The percentage of children who have been in out-of-home care for 24 or more months declined to 37% from 62.8% between January 2003 and June 2006. Data for the last six months of 2006 will be reported out to the community in the spring of 2007.

In August 2006, the BMCW began permanency staffings for all children in out-of-home care in an effort to expedite permanency in a safe manner. Permanency staffings are convened on behalf of each child with a Child in Need of Protection or Services (CHIPS) court order to ensure the achievement of a child's permanency plan. Between August and November 2006, BMCW staff monitored and discussed the permanency efforts for 583 families and 992 children.

7. *Ensure the adequacy of safety services.*

The Department believes that Safety Services have offered a viable and positive program option to keep children safely in their own homes. The Department recognizes the concerns identified in the Legislative Audit Report and has taken measures to improve the Safety Services program.

In July 2006, BMCW began to refer families at risk of child abuse and neglect to Safety Services. A family "at risk" is one that faces potential threats to the safety of children that are not imminent, but are likely to occur without some form of intervention. It is our hope that by engaging families in these voluntary services, before an incident of abuse or neglect occurs, we can prevent harm to children in the future. Between July and December 2006, risk cases made up 18.3% of the total referrals to Safety Services.

The BMCW Program Evaluation Managers are conducting reviews of risk-referred cases on a bi-monthly basis. Preliminary findings of the risk case review suggest that poverty is one of the reasons why risk cases are referred to Safety Services. Reviews indicate that families lack a connection to W-2 and require assistance with basic resources such as food, housing, furniture and adequate clothing. As part of their involvement in the program, the families' needs are assessed, and a service plan is developed and tailored to meet their needs so that safety of the children is assured. Based on the review, the Program Evaluation Managers found that as families received services, the risk of harm to their children was greatly reduced, their situations were stabilized, and they were able to make it on their own. As reported earlier in this report, BMCW and our private partner agencies are collaborating with W-2 to improve cross-system efforts in providing services to children and families.

BMCW acknowledges the Legislative Audit Bureau (LAB) finding that some Safety Service cases may have been closed prematurely. Based upon the recommendation by the LAB, BMCW changed the method in which its private partner agencies are reimbursed, which went into effect October 2006. Rather than receiving a fixed-rate

reimbursement for a maximum of four months, agencies now receive the fixed rate for every month that a case remains open.

BMCW and our private partner agencies have established procedures and protocols regarding oversight and approval of cases in order to ensure that each family receives the services it needs while avoiding the risk of premature case closure. BMCW and our private partner agencies established and implemented criteria for cases remaining open longer than 3 months. BMCW and our private partner agencies determined that families would benefit from continuing safety service involvement for stabilization of the family and maintenance of the family in following the safety plan that was developed to meet the families' needs. This protocol includes an internal staffing of each case and also ensures the oversight of financial resources through monthly monitoring of safety service caseloads and their associated costs.

The Qualitative Service Review conducted from October 16 through October 27, 2006, reviewed 3 Safety Services cases in each of the three regions. The results of the review, regarding the Safety Services cases, were positive and indicate that Safety Services are a valuable resource for families needing to address child safety issues. The review did recommend that BMCW ensure a common understanding between Safety Services and Initial Assessment and what constitutes an appropriate response to ensure child safety. As part of the Qualitative Service Review quality improvement plan, BMCW and our private partner agencies are working together to train and provide technical assistance to their respective staff regarding the response to failed safety plans or new reports of maltreatment.

8. *Ensure that all children in out-of-home care receive annual medical and dental examinations.*

BMCW is committed to ensuring all children involved in the child welfare system receive adequate and appropriate health and dental care.

In June 2005, 68.8% of children in out-of-home care were current with their annual medical examination. In this same period of time, 63.3% of children in out-of-home care were current with their annual dental exam. In 2006, BMCW improved in its performance in assuring that children in out-of-home care received annual medical and dental examinations. Between January and October 2006, 85.5% of children in BMCW were current with their annual medical examination and 78.2% of children were current with their annual dental examination. We are aware that additional provider capacity is needed in order to serve all children in foster care in Milwaukee County.

The Department of Health and Family Services is implementing a voluntary Medical Home Partnership Model for serving BMCW foster children using a common network of medical home providers, designed to facilitate the coordinated delivery of physical, mental health and dental services to children in foster care. The process of enrolling foster children in either an HMO or Fee-for-Service medical home is being phased in gradually and is based in part on medical home provider capacity. The model's design

maintains continuity of care for foster children while they remain in out-of-home care and at the time of reunification or permanency placement. BMCW anticipates a phased-in voluntary enrollment of those children with an existing managed care relationship as well as any new foster children beginning in 2007. A medical director from the Department has been reassigned to lead this effort in Milwaukee.

9. *Continue to work to improve the retention of child welfare staff, including an analysis of the number of contract staff who have elected to pursue masters-level training at the University of Wisconsin-Milwaukee that was at least partially paid for with child welfare funding, and the number who have or have not fulfilled all terms of their education contracts.*

The Department has identified a comprehensive program to reduce the turnover among child welfare staff, including the provision of educational and other training opportunities. The number of case management staff hired during 2006 was 26 as compared to 132 during 2005. The turnover rate for 2006 was 25.5% as compared to 30.1% in 2005.

As part of the overall strategy to retain qualified workers, BMCW established a Workforce Steering Committee in December 2005 which developed an action plan in response to the recommendations in the Child Welfare League of America Workforce Report. The committee is comprised of state and private agency direct service staff, supervisors and managers and is co-chaired by supervisors from two BMCW private agencies. Four staff workgroups were formed: 1) training and staff development; 2) mitigating compliance, standardizing practice and motivation; 3) morale, staff recognition, organizational culture and climate; and 4) workload, documentation, and efficiency. The staff recommendations were approved by the CEOs of the private partner agencies and presented to the Milwaukee Child Welfare Partnership Council and are well on their way to implementation. Several of the staff recommendations that are currently being implemented include:

a) Professional Development Plans for staff to assist in the transfer of skills learned in the classroom to actual job responsibilities. Supervisory training on the use of the plans is scheduled for the first quarter of 2007, and will be incorporated in all BMCW foundation courses;
b) Use of training teams to train and prepare newly hired staff. New case management staff will spend 4-6 months in training teams after they are hired and before being assigned primary responsibility for cases;
c) Multi-disciplinary Partnership Teams across program areas to enhance communication, collaboration and consistency. These teams will begin meeting in January 2007;
d) Staff morale and recognition plans aimed at creating a supportive team environment by identifying and recognizing specific achievements; and
e) Use of case aides to assist case managers with specific duties. Hiring of aides is expected to take place in the first quarter of 2007.

In addition, BMCW continues to work in partnership with the University of Wisconsin-Milwaukee Helen Bader School of Social Welfare to implement both part-time and full-time Master of Social Work (MSW) programs. The part-time program is designed exclusively for state and private agency BMCW staff who want to earn their MSW degrees while continuing to work full-time in Milwaukee child welfare. Staff who are admitted receive full tuition (subject to continuing availability of federal Title IV-E funds) plus an allowance for books. There is also a two-year, full-time MSW program option for BMCW staff. Participants in this program receive a stipend and a book allowance and must sign a contract to return to BMCW for at least two years after receiving their MSW.

This program appears to be successfully meeting its goals. Since 1993, 124 students have graduated from the full-time MSW program. There are currently 12 students enrolled in the full-time program expecting to complete their studies in August 2007. Additionally, there are 10 students in their third year of the part-time MSW program; 9 students in their second year; and 3 in the final stages of admission.

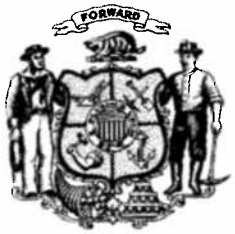
UW-M tracks participating students to ensure they remain employed with BMCW for the contracted period. Of the graduates, 104 have paid off their obligation through employment with BMCW; six have paid or are in the process of paying off monetarily; two have legal action against them for non-payment; two were never offered employment and did not have to reimburse as the contract stipulates; and six are still paying off through employment.

The Department, in the 2007-2009 biennial budget, requested funding for continuing base salary increases for ongoing case managers and supervisors. A career ladder was incorporated into the salary increases. This ladder provides a pathway for workers to advance in pay and seniority depending upon educational degrees earned, longevity, and other factors.

Summary

The Department believes that all of the items identified in the Legislative Audit Bureau's evaluations of Milwaukee Child Welfare are areas that, as we continue to improve upon, will strengthen the effectiveness and efficiency of services for children and families. BMCW continuously monitors many of these items through our own internal mechanisms, as well as through the Settlement Agreement. As we build the Qualitative Service Review model into our regular evaluation of BMCW, we will be able to continuously enhance and, if necessary, redesign our services to meet the complex needs of our families. There are many individuals and agencies in Milwaukee that share BMCW's commitment to children and families involved in the child welfare system and those families who need our assistance to keep their children safely at home. With this shared commitment, we believe BMCW will continue to make great strides in our efforts to improve our programs and the way we deliver our services.


WISCONSIN STATE LEGISLATURE


FORWARD

Alberta Darling

Wisconsin State Senator

Joint Committee on Finance

February 7, 2007

Senator Jim Sullivan, Co-chair
Joint Committee on Audit
Room 15 South—State Capitol
Madison, WI 53707
HAND DELIVERED

Representative Sue Jeskewitz, Co-chair
Joint Committee on Audit
Room 314 North—State Capitol
Madison, WI 53707
HAND DELIVERED

Dear Senator Sullivan and Representative Jeskewitz:

As Milwaukee-area legislators, you have undoubtedly read the article in the Milwaukee Journal Sentinel that described the death of an infant last year while the family was being aided by the Bureau of Milwaukee Child Welfare (BMCW). For your records, the article ran on February 6, 2007 and was titled "Neglect Linked to Baby's Starving." To say this article raised some troubling questions about BMCW staff performance and policies is an understatement.

I have been asking for years for more accountability from the Bureau and have raised concerns about staff follow-through on more than one occasion. In fact, I was one of the legislators who all but demanded an audit of the Bureau two years ago and while I believe improvements were made based on the audit's findings last year, we obviously have a long way to go before we can truly consider our most vulnerable citizens safe from harm. To that end, I am writing today to respectfully request you hold a hearing in the very near future as a follow-up to the original audit. This would allow interested legislators and members of the public to make inquiries into how to improve BMCW practices. I truly feel we owe this to our children so future abuse and neglect can be negated.

Thank you for your consideration of my request and please contact me if you would like to discuss this further.

Sincerely,
Alberta
ALBERTA DARLING
State Senator – 8th District

Capitol Office: P.O. Box 7882 ▫ Madison, Wisconsin 53707-7882 ▫ Phone: 608-266-5830 ▫ Fax: 608-267-0588 ▫ Toll-free: 1-800-863-1113
District Office: N88 W16621 Appleton Avenue ▫ Menomonee Falls, Wisconsin 53051
Email: Sen.Darling@legis.state.wi.us ▫ **Web page:** www.legis.state.wi.us/senate/sen08/news/

Printed on Recycled Paper