

**Department of Children and Families  
Hearing Summary**

**Proposed Rules Relating to Home Visitation to Prevent Child Abuse and Neglect  
DCF 35  
CR 10-028**

A public hearing was held in Madison on April 6, 2010.

11 people commented or registered against the proposed rules  
0 commented in support of the proposed rules  
3 people observed for information only

**The following commented or registered against the proposed rules:**

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| 1. Collen Homb, Family Development Director<br>Lakeshore CAP<br>Manitowoc County                                       | 2. Maria Coakley, Prevention Manager<br>Children's Service Society of WI<br>Marathon County                       |
| 3. Bonnie Phernetton, Manager<br>Family Services<br>Brown and Door Counties  | 4. Terri Brooks, Healthy Beginnings Manager<br>Waupaca County   |
| 5. Jennifer Bisonette, Family Services Program<br>Mino-Maajisewin<br>Lac Courte Oreilles                               | 6. Peter Schuler, Director<br>Waukesha County Health and Human Services Department                                |
| 7. Jennifer Plisch, Forensic Interviewer<br>Children's Service Society of WI<br>Marathon County                        | 8. Jennifer Hammel, Director<br>Child Abuse Prevention Fund<br>Children's Hospital and Health System<br>Milwaukee |
| 9. Audrey Laszewski, Project Director<br>The Early Years Home Visitation Outcomes<br>Project of Wisconsin<br>Green Bay | 10. Mary Jo Tittl, Executive Director<br>Family Resource Center of Sheboygan County<br>Plymouth                   |
| 11. Karen Apitz, Parents as Teachers and Early<br>Learning Coordinator<br>Parents Plus, Inc.<br>Plymouth               |   |

**The following observed for information only:**

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|---|---|
| 1. Michele Dickinson<br>UW Extension<br>Madison | 3. Jennifer Park-Mroch<br>UW Extension<br>Madison |
| 2. Pence Revington<br>UW Extension<br>Madison   |   |

## **Comment 1**

The criteria in the proposed rule are not comprehensive. It is good to address poor birth outcomes, but it should not be the exclusive focus. The rule should include child abuse and neglect risk factors, reporting rates, and substantiation rates. It should also require adherence to best practice standards and critical elements for success, including an evaluation plan that focuses on key outcomes.

The focus on birth outcomes and racial or ethnic disparities gives an unfair advantage to certain communities and limits eligibility for substantial funding to only a few select communities.

*Department response:* The criteria for awarding grants are in ss. 48.983 (5) and (6), Stats., and the RFP. The RFP will incorporate lessons learned from the experience of the current Family Foundation sites.

The criteria for determining the amount of funds to be provided are in s. 48.983 (2), Stats. This section provides that if a county, private agency, or tribe applies and is selected to participate in the program, the department shall award a grant with a minimum amount of \$10,000. The department shall determine the amount of a grant in excess of the minimum amount based on a formula that the department shall promulgate by rule. The formula shall be based on the number of births that are funded by Medical Assistance, the rate of poor birth outcomes, and racial or ethnic disproportionality in the rates of those outcomes.

The rule assigns weight to the criteria provided in s. 48.983 (2), Stats.

As a point of information, it is not appropriate to compare child abuse substantiation rates across counties because Wisconsin has a county-based child abuse substantiation system and the counties apply different standards. In 2007, the percent of child protective services reports that were substantiated following an assessment ranged from 4.9% to 52.4% in different counties. The federal Administration for Children and Families has directed the state to move toward a common standard.

## **Comment 2**

We were one of the original pilot sites and have received stable funding and technical assistance from 1999 to 2010. Our program has demonstrated positive impacts on families served. We have leveraged other funding based on the state funding and have developed a strong public/private partnership. Without the Family Foundations funding, our program may end. This may increase the risk for additional out-of-home placements of children who are abused or neglected.

Act 82 was intended to broaden the field of possible applicants for funding and make the program statewide. It makes little sense to end proven long-term effective programs to relocate fiscal resources to other localities at the direct expense of communities losing the resources.

*Department Response:* The program originally known as Prevention of Child Abuse and Neglect (POCAN) and now known as Family Foundations was created by 1997 Wisconsin Act 294. This act provided that in the 1997-99 state fiscal biennium, no more than 6 rural counties, 3 urban counties, and 2 Indian tribes may be selected by the department to participate in the program. The department selected Brown, Door, Fond du Lac, Manitowoc, Marathon, Portage,

Vernon, Waukesha, and Waupaca counties and the Lac Courte Oreilles tribe. It had been envisioned that these counties and the tribe would run home visitation programs as a pilot and programs would eventually be available statewide. Funding was never increased sufficiently for that to happen. The original 9 counties and 1 tribe have continued to receive funding through 2010.

Significant statutory changes were made to the program by 2009 Wisconsin Act 28 and 2009 Wisconsin Act 82. The department is implementing the statutory changes. Act 82 did not increase funding for the program.

### **Comment 3**

Federal health reform provides funding for home visitation programs that have been operating a minimum of 3 years. I am concerned that these changes are setting up the state to be ineligible to receive this funding.

*Department response:* The 3-year requirement regarding home visitation programs in the federal Patient Protection and Affordable Care Act applies to the service delivery model, not an individual program that receives a grant. The majority of grant funds are required to be used to fund programs that use an evidence-based service delivery model, which is described, in part, as follows:

The model conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement, and has demonstrated significant, (and in the case of the service delivery model described in item (aa), sustained) positive outcomes...

Section 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148) creates section 511 of the Social Security Act on Maternal, Infant, and Early Childhood Home Visiting Programs. Requirements on the service delivery model are at section 511 (d)(3)(A).

There is also a provision that allows some funding for new service delivery approaches that meet certain criteria and are rigorously evaluated.

Further information on service delivery models for home visitation programs with purposes of preventing child abuse or neglect and promoting healthy birth outcomes is available at [www.childwelfare.gov/preventing/programs/homevisit.cfm](http://www.childwelfare.gov/preventing/programs/homevisit.cfm). A directory of Wisconsin home visitation programs that is searchable by program model is available at [www.uwex.edu/ces/flp/homevisit/directory/index.cfm](http://www.uwex.edu/ces/flp/homevisit/directory/index.cfm).