



Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #860

Temporary Assistance for Needy Families (TANF)

Milwaukee Child Welfare -- Safety Services and Mental Health Stabilization Clinic (DHFS -- Children and Families)

[LFB 2005-07 Budget Summary: Page 288, #2 (part)]

CURRENT LAW

The Bureau of Milwaukee Child Welfare (BMCW) in the Department of Health and Family Services (DHFS) is responsible for administering child welfare services in Milwaukee County, which includes safety services. Safety services are available to families in which BMCW's assessment unit has identified threats to the safety of the child or children, but the unit has determined that the child or children can remain at home safely if appropriate services are provided to the family. A family continues to receive safety services until the child or children are deemed safe.

DHFS contracts for safety services coordinators at each of the five neighborhood service-delivery sites. As of January 1, 2005, the five safety services vendors are: (a) Wisconsin Community Service Network for Sites 1, 2, and 3; (b) La Causa for Site 4; and (c) SafeNow Safety Services, Milwaukee County Mental Health Division, for Site 5. Safety services can include: (a) supervision, observation, basic parenting assistance, social and emotional support, and basic home management; (b) child care; (c) routine and emergency drug and alcohol services and screening; (d) family crisis counseling; (e) routine and emergency mental health services; (f) respite care; (g) housing assistance; and (h) transportation. Families receive services that are appropriate to their specific situation based on the safety plan.

GOVERNOR

Maintain funding for safety services (\$7,323,600 PR TANF annually) to: (a) support families served under the safety services program (\$4,746,400 annually); (b) begin serving children at risk of abuse and neglect but who are not in immediate harm (\$1,200,000 annually); and (c) create and support a mental health stabilization clinic for children and parents involved with BMCW (\$1,377,200 annually). Both (b) and (c) would be new, expanded uses of this funding.

DISCUSSION POINTS

Safety Services Reestimate

1. In 2004-05, \$7,323,600 PR (TANF) is budgeted for safety services. However, the number of families that received safety services has decreased from 496 families in July, 2002, to 270 families in January, 2005. The funding in AB 100 reflects the administration's estimates of the cost of funding safety services in the 2005-07 biennium based on caseload and cost information through June, 2004. Caseload data through January, 2005, has shown that the number of families receiving safety services has continued to decrease. Therefore, it is estimated that the amount of funding required to support safety services in each year of the 2005-07 biennium will be \$4,507,200 annually. To reflect this reestimate, TANF funding in the bill for safety services could be reduced by \$239,200 PR (TANF) annually.

Rather than reducing base TANF funding in BMCW to reflect reestimates of the costs of providing safety services, AB 100 would maintain the base TANF funding for BMCW to support two new initiatives, which are discussed in the remaining sections of this paper.

Expand Safety Services to Families with Children at Imminent Risk of Abuse or Neglect

2. The bill would provide \$1,200,000 PR (TANF) annually to support an expansion of the safety services program to include those families with children who are at imminent risk of abuse or neglect, but where there is no immediate child safety issue. DHFS indicates that these services would be more preventive in nature than are current safety services, and would be provided in situations where BMCW staff determine that, without these services, the situation could escalate and the child may be removed from the home in the future.

3. Families would be identified for this program through the current intake and assessment process. When an abuse or neglect allegation is made to the intake unit and referred to the assessment unit, the state assessment worker assesses the family that is the subject of a child abuse or neglect referral to determine: (a) if child abuse or neglect has already occurred and the extent and the severity of the abuse or neglect if it has occurred; (b) the level of risk to the child or children in the family of future abuse or neglect; and (c) the types of services to be included in a safety plan for the child or children in order to prevent abuse or neglect from occurring in the future.

These determinations are based on interviews with family members, home visits, and other contacts in order to determine the level and nature of child, caregiver, and family functioning, and identification of any factors within the family that place a child at risk.

4. If an assessment worker determines that the child or children are not safe and are at risk of further abuse or neglect, the case is opened. If the child can remain safely at home with appropriate family services, the family is referred to safety services. If the child cannot remain safely at home, the child is removed from the home and placed in out-of-home care and the case is referred to the lead agency for ongoing case management.

5. Under this expansion of safety services, the assessment workers could also refer families to safety services if the staff determine that the child is at risk of imminent abuse or neglect, but there is not an immediate threat to the child's safety (and thus, not currently at the level of referral to safety services). The services provided to families with these needs would be similar to services provided to families in the current safety services program, but focused on preventing the abuse or neglect of the child or children in the family. The funding in the bill would support services to an estimated 320 new families annually for an average of three months.

Mental Health Stabilization Clinic

6. The bill would provide \$1,377,200 PR (TANF) annually to support a mental health stabilization clinic to serve children and families in the safety services program and the birth parents of children in out-of-home care. The clinic would provide outpatient services, including an assessment of an individual's mental health needs and if mental health services are needed, identifying the type of mental health services needed by the individual.

7. While working with families in the safety services program, case managers have found that while child safety issues brought the family to the attention of the Bureau, other issues in the family are identified while serving the family that affect the parents' ability to parent their children. One of these issues is a prevalence of mental health needs. In their 2002 evaluation of the safety services program in BMCW, Dr. Mark Courtney (University of Chicago) and Dr. Steven McMurtry (University of Wisconsin-Milwaukee) found that "almost one-third of caregivers were found to have at least one problem that require mental or behavioral-health services," with high incidences of depression and anxiety. The evaluation also found that in 17% of the cases, case managers identified that the children needed mental health services, but approximately 50% of caregivers (parents) identified that their children needed these services. The evaluation suggested that assessments by safety services case managers did not adequately identify the range of child and caregiver needs.

8. In their 2004 evaluation of ongoing services in Milwaukee County, Drs. Courtney and McMurtry found that about one-third of caregivers with children in out-of-home care report symptoms consistent with clinical depression and about one in twelve experiences a clinical level of anxiety. Also, half of caregivers indicated that they wanted mental health services during the past year, but only about two-thirds of these caregivers reported receiving these services. The evaluation

also found that when comparing the caregivers' and case managers' evaluations of caregiver problems, indications were that parents experience 10 to 20 percentage points higher rates of mental or emotional health problems than case managers recognize.

9. The mental health stabilization clinic would help safety services case managers identify mental health needs of children in the safety services program and parents with children involved with BMCW by providing more immediate and centralized mental health services than what is currently available in the community to allow the parents to keep children in the home. The clinic would provide short-term services, but if long-term services were needed, the clinic would assist the families to identify and transition to a provider in the community.

10. The clinic would not serve those children and families who are enrolled in medical assistance (MA) managed care. The foster care MA managed care initiative in Milwaukee County is scheduled to be implemented in 2005 and will serve children in out-of-home care in Milwaukee County. Children in out-of-home care will receive comprehensive mental health assessments and treatment through this initiative. However, children in safety services and parents of children in safety services or out-of-home care would not receive services through the foster care managed care initiative. Case managers in BMCW have indicated that they have a difficult time identifying mental health providers that accept MA and families may be required to wait to access services, which may affect the safety and placement of a child.

11. Through a competitive request-for-proposal process, DHFS intends to identify and contract with a provider in Milwaukee County to establish this mental health stabilization clinic. Based on the findings in the safety services evaluation, DHFS estimates that an average of 136 parents and 120 children would need mental health services each month, or approximately 1,600 parents and 1,400 children annually, and are not currently receiving services. Assuming different levels of service needs, the estimated annual cost of the clinic would be \$2,238,200, of which \$1,377,200 would be supported with TANF funds under this item and \$861,000 would be MA payments made to the clinic. The MA funds would be claimed for those individuals who are MA eligible and are not new costs to the MA program, because without the clinic, the individual would likely receive mental health services through a MA provider, but the clinic would provide these services sooner.

12. The clinic would also assist the state in addressing some of the concerns or items identified in the recent federal children and family services review (CFSR). The clinic would help the state achieve the following two goals stated in the approved CFSR program enhancement plan to: (a) build the state's capacity to serve families and keep children safe; (b) help families strengthen their capacity to provide a safe and nurturing environment for their children; (c) improve family access to services that ensure children are safe and healthy; and (d) improve the quality and usefulness of information needed to evaluate the safety, permanency, and well-being of children.

Summary

13. The DHFS base budget includes \$7,323,600 in TANF funds to support safety

services. Based on the reestimate of the costs of this program in the 2005-07 biennium, the Committee could reduce funding in the bill by \$2,253,600 PR-TANF annually and maintain the current safety services program. This alternative would make \$2,253,600 in TANF funds available to support other TANF-eligible purposes. Alternatively, the Committee could choose to fund one or both of the new initiatives in AB 100 -- the expanded safety services program and the mental health stabilization clinic -- in addition to providing funding to support the current safety services program, and still reduce base TANF support for BMCW, due to the safety services reestimate.

ALTERNATIVES

The alternatives reflect changes in TANF funds which are budgeted as federal funds in DWD and PR funds in DHFS.

1. Approve the Governor's recommendation to support safety services, the safety services expansion, and the mental health stabilization clinic, but reduce funding by \$239,200 TANF annually to reflect the reestimate of safety services costs in the 2005-07 biennium.

<u>DHFS - Alternative 1</u>	<u>PR</u>
2005-07 FUNDING (Change to Bill)	- \$478,400

<u>DWD - Alternative 1</u>	<u>FED</u>
2005-07 FUNDING (Change to Bill)	- \$478,400

2. Reduce funding by \$1,616,400 PR-TANF annually to reflect the revised estimate of projected costs for the current safety services program and to support the expansion of the safety services program to also serve families with children at imminent risk of abuse or neglect. (This alternative would delete the funding that would be provided in AB 100 to support the mental health stabilization clinic.)

<u>DHFS - Alternative 2</u>	<u>PR</u>
2005-07 FUNDING (Change to Bill)	- \$3,232,800

<u>DWD - Alternative 2</u>	<u>FED</u>
2005-07 FUNDING (Change to Bill)	- \$3,232,800

3. Reduce funding by \$1,439,200 PR-TANF annually to reflect the revised estimate of projected costs for safety services and to support the mental health stabilization clinic. (This alternative would delete the funding that would be provided in AB 100 to support the expansion of the safety services program.)

<u>DHFS - Alternative 3</u>	<u>PR</u>
2005-07 FUNDING (Change to Bill)	- \$2,878,400

<u>DWD - Alternative 3</u>	<u>FED</u>
2005-07 FUNDING (Change to Bill)	- \$2,878,400

4. Reduce funding by \$2,253,600 PR-TANF annually to reflect revised estimates of projected caseload and costs for the safety services program. (This alternative would support the current safety services program, as reestimated, but would delete the funding in AB 100 to expand safety services and to support the mental health stabilization clinic.)

<u>DHFS - Alternative 4</u>	<u>PR</u>
2005-07 FUNDING (Change to Bill)	- \$5,632,800

<u>DWD - Alternative 4</u>	<u>FED</u>
2005-07 FUNDING (Change to Bill)	- \$5,632,800

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