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Services and Operation of the Division of Milwaukee Child Protective Services (Children and Families -- Child Welfare)

[LFB 2023-25 Budget Summary: Page 110, #8; Page 111, #9]

CURRENT LAW

The child welfare system includes child protective services (CPS), child abuse and neglect prevention programs, out-of-home care, and other services. When abuse or neglect is reported to a child welfare agency, the CPS unit investigates and performs an initial assessment to determine whether the child is in need of protection or services. Informed by this assessment, the child welfare agency may provide preventive or supportive services to allow the child to remain safely in their home, or may determine that the child is not safe and, via a court process, place them in temporary out-of-home care. When children age 12 and older are removed from their home they may be initially placed in an assessment and stabilization facility, which provides crisis services and assesses the type of care and treatment the child requires. Approximately 85% of children will be placed in a family setting, such as the home of a foster family or kinship caregiver. Children with severe mental health care or behavioral needs may be placed in a congregate care and treatment facility.

These CPS and out-of-home care functions are performed by county and tribal child welfare agencies, with state oversight and support, except in Milwaukee County. In response to a lawsuit against Milwaukee County and the state, the state assumed the responsibility to provide child welfare services in Milwaukee County in 1998. These functions are now performed by the DCF Division of Milwaukee Child Protective Services (DMCPS). The county contributes funding toward the operation of DMCPS through a reduction in the county's shared revenue payment and other payments the county would receive.

Under Title IV, Part E of the Social Security Act, DCF claims federal reimbursement for a share of child welfare expenditures, including out-of-home care placement monthly maintenance

payments. The recent federal Family First Prevention Services Act (FFPSA) made several changes to Title IV-E reimbursement, generally aimed at reducing the usage of congregate care and treatment facilities and promoting placement in family settings or serving children in their home. FFPSA and corresponding Wisconsin legislation created a new facility classification, known as a qualified residential treatment program (QRTP). A QRTP is a licensed, accredited program that uses a trauma-informed treatment model, has nurses on staff or on call, provides discharge planning and family-based aftercare for at least six months after a discharge, and, to the extent appropriate, documents and facilitates outreach to and participation from a child's family members. Under FFPSA, eligibility for Title IV-E reimbursement for congregate placements is limited to two weeks unless the facility is a QRTP, effective October 1, 2021 in Wisconsin.

DISCUSSION POINTS

1. Assembly Bill 43 and Senate Bill 70 would provide $4,891,900 ($4,865,600 GPR and $26,300 FED) in 2023-24 and $11,884,900 ($11,849,900 GPR and $35,000 FED) in 2024-25 and 5.0 positions (4.6 GPR and 0.4 FED), beginning in 2023-24, for DMCPS to expand access to mental, behavioral, and crisis health care services and treatment facilities for children in out-of-home care, improve initial CPS assessment services, and expand contract oversight and performance improvement capacity. The funding and positions consist of the proposals summarized in the table below. The table shows all-funds amounts; all items are fully GPR-funded except the items providing positions, which are funded 92% by GPR and 8% by FED DCF claims under Title IV-E.

Proposals in AB 43/SB 70

Description	Funding 2023-24	Funding 2024-25	Positions
Contract for dedicated urgent mental health care services	$1,820,000	$3,640,000	-
Expand the capabilities of assessment and stabilization centers (ASCs) to work with children with high needs	1,261,000	2,522,000	-
Contract for a dedicated qualified residential treatment program (QRTP) facility	0	2,320,000	-
Expand transitional services for children moving from residential treatment facilities into foster family homes	1,300,000	2,600,000	-
Expand contract oversight and performance improvement capacity	202,200	269,300	3.0
Convert into permanent positions current LTE assistants to initial assessment specialists	125,700	167,600	2.0
Contract for child care services while initial assessments are being conducted	183,000	366,000	-
Total	$4,891,900	$11,884,900	5.0

2. The National Conference of State Legislatures (NCSL) reports that 80% of children in out-of-home care have significant mental health care needs, four times the rate in the general population. These needs can stem from the neglect or abuse that resulted in their removal from the home, the upheaval associated with the removal itself, ongoing stressors related to out-of-home care,

and other factors.

3. All children in out-of-home care receive health care coverage under the Medical Assistance (MA) program, including coverage for mental health services. However, DCF describes significant barriers to accessing these services and insufficient capacity of providers who accept MA to meet demand.

4. Based on discussions with case management providers, DCF reports that children must typically wait two weeks to three months for an initial appointment to begin therapy sessions. Children with specific needs, such as a bilingual therapist or a specific provider type, typically face much longer waiting lists. For example, the earliest appointment available for a child psychologist is currently two months out.

5. The funding increase in the bill would enable DCF to contract with dedicated mental health and crisis care providers to guarantee availability of these services as soon as they are needed (Alternative 2A). These providers would deliver counseling, psychotherapy, medications, and other interventions in the immediate aftermath of a crisis and for approximately 60–90 days following, meeting the child's urgent health care needs and giving time to transition to a permanent mental health provider. The funding in the bill reflects the cost of providing these services to an estimated caseload of 140 children per year, beginning in calendar year 2023.

6. Assessment and stabilization centers (ASCs) provide a temporary placement for youth age 12 through 17 when they are first removed from their homes, experience a crisis, have needs or behaviors that cannot be addressed in their current placement, or otherwise need stabilization and an assessment of what out-of-home care placement would best meet their needs. DMCPS currently contracts with three centers providing 20 beds total and 24-hour placement acceptance, at a total cost of $3,956,500 GPR per year.

7. ASCs are not currently equipped to care for the children in DMCPS's care with the highest needs and those experiencing severe mental health or behavioral crises. DCF indicates that ASCs do not have sufficient staff ratios, medical professionals such as on-staff mental health clinicians, or physical configurations that can meet privacy or sensory needs to appropriately care for these children.

8. Currently, children that cannot be placed in an ASC may be temporarily admitted to Children's Hospital (even in cases where there is no medical need for hospitalization), be supervised by DMCPS staff in DMCPS offices, or be placed in other ill-suited settings.

9. The proposed funding would support modifications to ASC contracts to expand their capacity to care for children with acute needs, creating an appropriate placement to assess and stabilize these children. [Alternative 2B]

10. Children in Milwaukee County who are in need of short-term, intensive, residential treatment are often placed out of state or in areas of the state far from family and other supports. As of March 31, 2023, there were 40 children in the care of DMCPS placed in residential care centers, including QRTPs and treatment facilities that do not meet the QRTP definition, and an additional 122

children placed in group homes that provide a lower intensity of treatment.

11. Under a separate proposal, AB 43/SB 70 would authorize coverage of psychiatric residential treatment facility (PRTF) services under MA and provide funding to establish a PRTF in Wisconsin. There is some overlap between children who could be served by a PRTF and by a QRTP, although PRTFs generally serve children with higher medical acuity and who need longer-term care. This proposal will be addressed in a separate Legislative Fiscal Bureau budget paper.

12. Under the proposal described here, DCF would provide funding for the start-up costs and ongoing operations of a QRTP in Milwaukee County dedicated to DMCPS cases (Alternative 2C). The funding in the bill consists of $1,160,000 for start-up costs over six months beginning July 2024 and $1,160,000 for operating costs for the final six months of 2024-25. The Administration estimates ongoing costs would be $2,320,000 per year, based on estimates of operating expenses and funding required to secure a contract with a provider.

13. QRTPs currently provide limited aftercare services to facilitate children's transitions back into family settings, but not all other congregate care placements do. These transitional services can include continued treatment and services from the same providers that have established relationships with the child during care in the facility; tapering services off to avoid a sudden change in treatment when the child is discharged; providing individual and family therapy and supportive services during the placement transition, typically a disruptive event to a child's routines and social interactions; and training the child's foster parents or other caregivers in how to meet the child's mental health and behavioral needs, including medication management and crisis intervention.

14. These services have demonstrated positive treatment outcomes and increase the likelihood that children will be able to remain successfully in a less-restrictive, family setting. The FFPSA included a requirement to provide transitional services as part of the new standards for QRTPs. Absent these services, the upheaval of relocating to a new placement and new caregivers can cause children to lose treatment progress, not be able to adapt successfully to a family setting, and need to return to a treatment facility.

15. The funding in the bill would enable DMCPS to provide transitional services to all children discharged from congregate care, including group homes, residential care centers, and QRTPs (Alternative 2D). The funding provided reflects DCF's estimates of average service costs of $26,000 per discharge and providing expanded transitional services for 100 discharges per year, beginning in calendar year 2023.

16. DMCPS currently contracts for a variety of services, including out-of-home case management and services ($40.4 million in 2022-23), wraparound mental health coordination and care ($9.7 million), administration of treatment foster care ($7.2 million), assessment and stabilization centers ($4.0 million), in-home preventive services ($3.6 million), and many other services and operational functions. This involves over 100 individual contracts.

17. The DMCPS section responsible for policy development and oversight of these contracts is currently staffed by 5.0 FTE positions. Their duties include creating requests for proposals for contracted services, creating performance metrics for contracted services, monitoring performance to

ensure a high standard of quality in services as well as efficient use of funds, and maintaining compliance with federal data collection, reporting, and operational standards.

18. DCF indicates that workload for this section has increased in recent years as federal rule changes have required the collection and reporting of additional contract information, contract monitoring and performance standards have increased, and the use of on-site reviews of service standards has increased. In addition, the new and expanded funding for contracted services described in this paper would require additional work to implement and oversee.

19. The DMCPS section responsible for quality improvement and data analysis is currently staffed by 7.0 FTE positions. This section collects and analyzes data for policy development and to evaluate system performance and needs. The section also contributes to the development of new programs and oversees several programs outside the scope of the contract oversight unit, including subsidized guardianship and kinship care.

20. Increased capacity for contract monitoring, data evaluation, and quality improvement could ensure the efficient use of funds across contracted services, avoiding unnecessary or wasteful expenditures. By ensuring a high standard of service quality, expanding this staff would also improve outcomes for children in DMCPS's care, potentially avoiding the need for continued or more costly services in the future.

21. The bill would provide 2.0 FTE program and policy analyst positions in the section responsible for contract oversight and 1.0 FTE program and policy analyst for data analysis in the quality improvement section (Alternative 2E). Title IV-E FED funding would support 8% of the costs of these positions, the share currently applied to DMCPS staff; the remaining 92% would be GPR. To prioritize contract expenditures over state staff, the Committee could provide 2.0 or 1.0 positions, reducing the funding proportionally, or eliminate this proposal.

22. Currently, DMCPS hires temporary case aides to assist initial assessment specialists, who perform assessments in response to allegations of child abuse and neglect and remove children from their homes if they are found to be unsafe. These aides require less expertise and training than assessment specialists require, and allow specialists to work more quickly and efficiently by taking on tasks such as transporting and supervising children, collecting information, and clerical tasks. DMCPS hires up to 8.0 LTE positions for this role.

23. There are currently 70 FTE filled assessment specialist positions in DMCPS, with an average annual salary of $55,800. In the past year, they assessed 6,500 screened-in reports of maltreatment. DCF estimates that one third of assessment specialist staff time is dedicated to duties that could be performed be case aides. Starting salary for a case aide would be $35,500 per year, creating an opportunity to reduce costs.

24. DCF reports inefficiencies and barriers to recruitment and retention do to the temporary nature of the current case aide positions. Under current authority, positions are limited to six-month terms if full time, or one year if part-time. Employees often leave in favor of permanent positions with associated benefits, and new candidates can be difficult to attract for the same reason. Due to these barriers, there have typically been fewer than five of the eight available positions filled at any given

time. In addition, frequent turnover of these positions consumes supervisor and human resources staff time for recruitment and training, and means that fully-trained and experienced aides must leave.

25. The bill would convert 2.0 case aide positions into permanent positions, allowing DMCPS to retain trained and experienced staff in these roles beyond six-month terms (Alternative 2F). Title IV-E FED funding would support 8% of the costs of these positions, the share currently applied to DMCPS staff; the remaining 92% would be GPR. The Committee could also choose to provide additional case aide positions in light of the potential to provide assistance to up to 70 current initial assessment specialists, or provide fewer case aides to prioritize minimizing permanent state staff, scaling the associated funding up or down proportionally.

26. One duty that occupies staff time of initial assessment specialists is supervising and caring for children immediately following removal from their home. When an initial assessment specialist takes custody of a child, they must contact certain family members, prepare materials for a temporary physical custody court hearing, arrange an initial out-of-home placement for the child, and complete certain other processes. Typically, the child remains with the initial assessment specialist in the DMCPS offices while they complete these tasks, or is supervised by another initial assessment specialist in the office. This poses challenges to quickly and efficiently completing the post-removal process, especially if the child is in distress or has other difficult reactions to their removal. Currently, initial assessment specialists spend an average of four hours per removal caring for the child or children on site in the DMCPS offices. DMCPS completed 728 removals in 2021.

27. In addition to inefficiently using initial assessment specialist staff time, the current model of care for children immediately following removal may not provide high quality care. In contrast, an on-site child care center would provide professional, focused, trauma-informed care. A center could provide space and materials designed for children, and include staff trained to respond to children experiencing the upheaval of removal from their home, as well as underlying or related mental health conditions.

28. The proposed funding would support the costs to contract for an on-site child care center to care for children while the initial assessment specialist processes their removal (Alternative 2G). The funding reflects estimated costs to provide care to high-needs children and 24-hour availability, beginning January of 2024.

29. AB 43/SB 70 would fund the seven items described above (Alternative 1). In light of competing budget priorities, the Committee could fund one or more of these items (Alternative 2) or take no action (Alternative 3).

ALTERNATIVES

1. Provide $4,891,900 ($4,865,600 GPR and $26,300 FED) in 2023-24 and $11,884,900 ($11,849,900 GPR and $35,000 FED) in 2024-25 and 5.0 positions (4.60 GPR and 0.40 FED), beginning in 2023-24, to fund the services and staff in AB 43/SB 70, as described in this paper.

ALT 1	Change to Base	
	Funding	Positions
GPR	$16,715,500	4.60
FED	61,300	0.40
Total	$16,776,800	5.00

2. Provide any combination of the following:

A. $1,820,000 GPR in 2023-24 and $3,640,000 GPR in 2024-25 for DMCPS to contract for dedicated urgent mental health care services.

ALT 2A	Change to Base
GPR	$5,460,000

B. $1,261,000 GPR in 2023-24 and $2,522,000 GPR in 2024-25 to support an expansion of the capabilities of assessment and stabilization centers to be able to serve children with the highest needs.

ALT 2B	Change to Base
GPR	$3,783,000

C. $2,320,000 GPR in 2024-25 for DMCPS to contract for a dedicated qualified residential treatment program (QRTP) to provide short-term intensive treatment without sending children long distances away or out of state.

ALT 2C	Change to Base
GPR	$2,320,000

D. $1,300,000 GPR in 2023-24 and $2,600,000 GPR in 2024-25 to expand transitional services provided by residential care and treatment facilities when a child is discharged.

ALT 2D	Change to Base
GPR	$3,900,000

E. $202,200 ($186,000 GPR and $16,200 FED) in 2023-24 and $269,300 ($247,700 GPR and $21,600 FED) in 2024-25, and 3.00 positions (2.76 GPR and 0.24 FED), beginning in 2023-24, to expand DMCPS's contract oversight and quality improvement capacity.

ALT 2E	Change to Base	
	Funding	Positions
GPR	$433,700	2.76
FED	37,800	0.24
Total	$471,500	3.00

F. $125,700 ($115,600 GPR and $10,100 FED) in 2023-24 and $167,600 ($154,200 GPR and $13,400 FED) in 2024-25, and 2.00 positions (1.84 GPR and 0.16 FED), beginning in 2023-24, to convert temporary case aide positions that assist initial assessment specialists into permanent positons.

ALT 2F	Change to Base	
	Funding	Positions
GPR	$269,800	1.84
FED	23,500	0.16
Total	$293,300	2.00

G. $183,000 GPR in 2023-24 and $366,000 GPR in 2024-25 for DMCPS to contract for a dedicated on-site child care center to care for children immediately following removal from their home while the initial assessment specialist is processing their case.

ALT 2G	Change to Base
GPR	$549,000

3. Take no action.

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