



Child Welfare Services in Wisconsin

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Child Welfare Services in Wisconsin

Introduction

Child welfare services are intended to ensure the safety, well-being, and stability of children and their families. Such services include child protective services (CPS), child abuse and neglect prevention programs, out-of-home care, family strengthening and reunification programs, adoptions, and other child placements.

In Wisconsin, the child welfare system is county-operated and state-supervised, except in Milwaukee County, where the system is administered by the Division of Milwaukee Child Protective Services (DMCPS) in the Department of Children and Families (DCF). All county and state child welfare systems operate under the same federal and state laws, regulations, and standards. However, the systems differ in organization, funding, and size.

At the local level, each county (except for Milwaukee) has its own child welfare system that includes the county department of human or social services, the courts, and other resources within the community. The CPS unit in each county department is responsible for providing services to abused and neglected children. Responsibility for children in the child welfare system is shared between the juvenile court and the county department of human services or social services. DMCPS administers the Milwaukee County child welfare system. Child welfare services are provided to Native American children by tribal social services departments.

At the state level, DCF is responsible for providing statewide leadership and supervision of child welfare standards and practices. DCF administers state and federal funds for child welfare services and assures compliance with state and federal regulations. DCF also directly provides

adoption services for children with special needs.

On the federal level, Title IV-E and Title IV-B of the Social Security Act provide much of the federal funding and law regarding child welfare. Funding for child welfare services, including Title IV-E and Title IV-B funding, is discussed in further detail below.

This paper describes the child welfare system in Wisconsin. Attachment 1 provides an overview of the child welfare system statewide, with a flowchart that illustrates the different paths a CPS case may take, beginning with an allegation of child abuse or neglect, to the closure of the case. The details of the steps are described throughout this paper. Although many families receive both child welfare services and economic support services, this paper does not discuss economic welfare or support services (such as Wisconsin Works).

Child Protective Services

A report of child abuse or neglect initiates the CPS process. The CPS process consists of three basic stages: access, initial assessment, and ongoing services.

In the CPS access stage, a CPS agency receives information about suspected child abuse or neglect. Caseworkers determine if the report constitutes an allegation of child abuse or neglect as defined under state law. If the allegation meets the criteria for child abuse or neglect, then the report is screened in for further assessment. In the CPS initial assessment stage, the screened-in reports are assessed to determine whether one or more types of abuse or neglect have occurred.

The requirements of the assessment vary, depending on the alleged maltreater. Primary assessments are conducted for a parent, caregiver, household member, or an unknown maltreater. Secondary assessments are conducted for individuals who have provided care to the child in or outside the child's home or exercised temporary control over the child. Non-caregiver assessments are conducted for individuals outside of the family. If the assessment determines that abuse or neglect has occurred, then the report is substantiated. Once substantiated, the child and family are provided services in the CPS ongoing services stage.

Mandatory and Voluntary Reporters. Any person may make a report of suspected abuse or neglect to the county department of social services (or DMCPs), a licensed child welfare agency under contract with DCF, the sheriff, or police department. No one may be fired, disciplined, or otherwise discriminated against in regard to employment, or threatened with any such treatment, for reporting abuse or neglect.

In addition, state law requires certain professionals to report if they have reasonable cause to suspect that a child seen in the course of their professional duties has been abused or neglected or has been threatened with abuse or neglect that will occur. Examples of these mandatory reporters include doctors, counselors, mental health professionals, and teachers. Clergy members are mandatory reporters in cases of suspected or threatened sexual abuse.

Allegations of Child Abuse and Neglect. The report must include the facts and circumstances contributing to the suspicion of child abuse or neglect. Under s. 48.02 of the statutes, child abuse includes:

- Physical injury inflicted on a child by other than accidental means (except corporal punishment for reasonable discipline of a child);

- Serious physical harm inflicted on an unborn child, and the risk of serious physical harm to the child when born, caused by the habitual lack of self-control of the expectant mother in the use of alcohol or drugs;

- Sexual assault, sexual exploitation of a child, sex trafficking, or allowing a child to engage in prostitution or solicitation;

- Manufacturing methamphetamine under specific circumstances that put a child at risk; and

- Emotional damage, for which the child's parent, guardian, or legal custodian has neglected, refused, or been unable for reasons other than poverty to obtain the necessary treatment or to take steps to ameliorate the symptoms.

Neglect is defined under s. 48.02 of the statutes as failure, refusal, or inability 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.

Referral to CPS Agency. Most cases reported to the sheriff or police department must be referred to the county CPS agency within 12 hours. In situations where the alleged maltreater is not a caregiver for the child, generally the sheriff or police department may, but is not required to, refer the report to the CPS agency. Effective May, 2017, in cases of sex trafficking, the sheriff or police department must refer the case to the CPS agency which must investigate the alleged non-caregiver maltreater.

Substantiation of Allegations. Once an allegation of child abuse or neglect is referred to a CPS agency, the agency must immediately evaluate the allegation to determine whether there is reason to suspect that a caregiver has abused or neglected the child or threatened the child with abuse or neglect. The information in the report is assessed based on the totality of circumstances

(including information from any previous CPS reports) and evaluated based upon a reasonable person standard. If an allegation does not rise to this level, the report is screened out and exits the CPS process. However, the CPS agency may still refer the family to community services or offer to provide voluntary agency services to address family concerns not related to child safety.

If the CPS agency determines that there is reason to suspect that substantial abuse or neglect has occurred (or is likely to occur), the report moves on to the next phase of the CPS process: the initial assessment. The agency must initiate an investigation within 24 hours to determine whether the child is in need of protection or services. The investigation must determine within 60 days, based upon a preponderance of the evidence, whether abuse or neglect has occurred or is likely to occur. The investigation must be conducted in accordance to standards established by DCF.

Pursuant to standards established by DCF, a report of child abuse or neglect will be substantiated if, based on credible information, there is a preponderance of the evidence (that is, it is more likely than not) that every element of the definition of the alleged type of maltreatment has been met. The preponderance of evidence standard is lower than that needed for proof in juvenile court (clear and convincing evidence) and criminal court (evidence beyond a reasonable doubt). Therefore, while there may be sufficient information to substantiate an alleged case of child abuse or neglect, there may not necessarily be sufficient evidence to obtain a child in need of protection or services (CHIPS) court order or to support criminal prosecution. CHIPS is discussed more fully in the next section of the paper.

Once an allegation is substantiated, the child and family are provided services in the CPS ongoing services stage. However, not all reports of abuse or neglect are substantiated. Unsubstantiated cases may involve situations where the parents

are having difficulty caring for their child, but abuse or neglect has not yet occurred. Cases may also be unsubstantiated because the child welfare caseworker may not be able to gather the information needed to make a full determination, the subjects of the report cannot be found, or the incident may not have happened.

Regardless of whether the specific allegation is substantiated, the CPS unit may open a case if it is determined during the investigation that the children are not safe in the home or the family needs services. Also, a case does not need to be substantiated in order to obtain a CHIPS petition and/or require the child welfare agency to provide services to the child and family. However, substantiating a case does have legal ramifications for the alleged maltreater that do not occur when a case is unsubstantiated, such as the denial of certain child care licenses and employment. Substantiated maltreaters have the right to appeal this finding.

2013 Act 20 introduced a uniform, two-step procedure, effective January 1, 2015, for substantiating a report of child abuse or neglect that identifies a specific person as the maltreater. First, if a specific person has been identified as a maltreater in an initial determination, before the final determination can be made the accused person must be provided an opportunity for a review of that initial determination in accordance with rules promulgated by DCF. Second, within five days of the final determination, the CPS agency must notify the person in writing of: the final determination, the person's right to a contested case hearing on the final determination, and the procedures by which the person may receive that hearing. Contested hearings must be conducted within 90 days by the Division of Hearings and Appeals in the Department of Administration. A final decision must be issued within 60 days from the hearing and is subject to judicial review.

The child welfare agency may determine that maltreatment has occurred without identifying a

particular person as the actual or likely maltreater. In these situations, the agency may make a substantiated finding without naming the maltreater.

In 2015, 76,364 referrals of abuse or neglect were received by child protective services. These referrals resulted in 42,328 reports of child abuse or neglect involving 43,783 specific allegations of maltreatment affecting 35,176 children. Approximately 59% of these reports were allegations of neglect, 26% of physical abuse, 13% of sexual abuse, and 2% of emotional abuse. Table 1 shows the number of reports of child maltreatment from 1995 through 2015.

Table 1: Number of Reports of Child Maltreatment, 1995-2015

1995	44,700
1996	46,300
1997	45,800
1998	42,500
1999	40,200
2000	38,000
2001	40,200
2002	42,700
2003	40,500
2004	42,400
2005	40,900
2006	41,300
2007	40,600
2008	39,500
2009	38,100
2010	39,700
2011	38,100
2012	40,600
2013	40,135
2014	42,300
2015	43,328

Of the reports of maltreatment in 2015, 5,274 reports were substantiated, resulting in a substantiation rate of 12%. Statewide substantiation rates have fallen significantly since 1996, when approximately 38% of cases were substantiated. DCF indicates that this decrease may be due to several factors, including state and federal requirements associated with appeal rights for substantiated maltreaters, which results in a more

rigorous application of substantiation decision-making, and the state caregiver background law, which prohibits a person substantiated of child abuse or neglect from engaging in certain types of employment, including working in child care centers and nursing homes. Another factor is that a clarification in policy related to mutual sexual contact between teenage peers made some of these allegations a request for services, rather than a CPS report. Finally, 2005 Wisconsin Act 232 eliminated the requirement that CPS agencies complete an initial assessment in situations where the alleged maltreater is not a caregiver for the child (these cases are now referred to law enforcement except for sex trafficking cases, as described above).

DCF standards and policies establish parameters for determining whether or not to substantiate that abuse or neglect occurred. However, the determination or substantiation of a case can vary from county to county within those parameters. Table 2 shows the substantiation rates of maltreatment reports from 2000 through 2015.

Alternative Response Program. Provisions of 2009 Wisconsin Act 28 established a pilot program that authorized participating county de-

Table 2: Substantiation Rates of Reports of Child Maltreatment, 2000-2013

2000	27%
2001	24
2002	22
2003	20
2004	20
2005	20
2006	18
2007	16
2008	15
2009	14
2010	13
2011	14
2012	13
2013	13
2014	12
2015	12

partments to use alternative responses to reports of suspected or threatened child abuse or neglect. The pilot program was intended to prevent future abuse or neglect in lower-risk families by providing services in a less adversarial environment.

Under the alternative response program, if there is reason to suspect that substantial abuse or neglect has occurred or is likely to occur, the CPS agency investigates the report under the above described review process. However, where there is no immediate threat to the safety of the child, the CPS agency may conduct a comprehensive assessment of the safety of the child and his or her family, the risk of subsequent abuse or neglect, and the strengths and needs of the child's family to determine what voluntary services may be provided to address those issues. These alternative response assessments do not result in a substantiation or unsubstantiation of child abuse or neglect. Rather, these assessments result in findings of either "services needed" or "services not needed."

A CPS agency may also conduct a needs assessment when an investigation is not necessary for the safety of the child. Further, if there is no reason to suspect that abuse or neglect has occurred or is likely to occur, the CPS agency may refer the family to a service provider in the community for the provision of appropriate services on a voluntary basis.

On July 1, 2010, DCF implemented the pilot project in Eau Claire, La Crosse, Milwaukee, Marathon, and Pierce Counties. Provisions of 2011 Act 32 removed the cap on the number of counties that could be included in the alternative response program. As a result, DCF is planning to implement the alternative response program state-wide. Since July 2011, the following counties have implemented the program: Barron, Brown, Calumet, Chippewa, Dodge, Douglas, Fond du Lac, Green Lake, Jefferson, Langlade, Manitowoc, Menominee, Outagamie, Racine, Sauk, Waupaca, Waushara, and Winnebago.

Additional counties will be added over time based on their readiness and the availability of resources to expand the program.

Volunteer Host Families. Pursuant to 2015 Act 55, non-profit organizations may place children with temporary host families, if the child's parent or legal guardian has voluntarily agreed to participate as an alternative to out-of-home care through a written parental delegation of authority. Volunteer host family homes are not subject to foster home licensing requirements for children under their care through a parental delegation of authority. DCF does not provide oversight of these programs, services, and homes.

Volunteer host families may serve families who have CPS reports that are screened out, families whose cases are closed after initial assessment, or families seeking to do a parental delegation. Further, for families subject to certain court orders under chapters 48 or 938 of the Wisconsin Statutes (such as delinquency, guardianship, or children in need of protective services), non-profit volunteer host families may only be used as approved by the juvenile court.

Out-Of-Home Care

In cases of maltreatment involving primary caregivers, the decision to provide services to the family is based on a safety assessment and resulting safety decision. If, after investigating an allegation of abuse or neglect, the child welfare staff determines that a child is safe, the case is closed. The CPS agency is not required to offer or refer the family for services, but the agency may still inform the family about voluntary services and community resources available to address family needs.

If the CPS agency determines that the child is

not safe and/or at risk of further abuse and neglect, then the staff will move the case into the CPS ongoing services stage. Staff will determine whether the child can remain at home if the family receives appropriate services, or if the child needs to be removed and placed in out-of-home care. If staff determines that a child can remain safely at home, the child and family may receive in-home services to address the safety needs of the family and child. If staff determines that a child cannot remain safely at home, the child is removed from the home and placed in out-of-home care.

Entry into Out-of-Home Care. Children may be placed in out-of-home care as a result of one of four types of actions: (a) a CHIPS court order, generally when the removal of a child from his or her home and placement into out-of-home care is necessary to assure the child's safety; (b) a juvenile in need of protection or services (JIPS) court order, as a result of certain behaviors, including being uncontrollable, running away, or truancy; (c) a delinquency court order, as a result of a criminal act; or (d) a voluntary placement agreement (VPA) between a parent and a caregiver and involving the child welfare agency. Under state law, VPAs require placement in a licensed foster home, group home, or shelter care facility. VPAs are limited to 180 days for foster home placements, 15 days for group home placements, and 20 days for shelter care facilities.

The Children's Code (Chapter 48 of the statutes) governs the CHIPS process and the Juvenile Justice Code (Chapter 938 of the statutes) governs the JIPS and juvenile delinquency processes. In addition, tribal courts place children in out-of-home care pursuant to the procedures included in each tribe's children's code. Information on programs available for juveniles that are adjudicated delinquent because they were found to have committed a criminal offense can be found in the Legislative Fiscal Bureau's informational paper entitled, "Juvenile Justice and Youth Aids Program."

Except under a VPA, a child is placed in out-of-home care under a court order. Before that order is made, however, a number of steps occur. This section details the steps in the CHIPS process, but the JIPS process is similar.

CHIPS Process for Removal from Home. A child can be removed from his or her home under s. 48.19 of the statutes for a variety of reasons, including the child's safety.

After a child is taken into custody, the matter comes before a juvenile court intake worker to determine whether legal grounds exist to continue to hold the child in custody. Under s. 48.205 of the statutes, a child can be held in custody if there is probable cause to believe that: (a) the child will self-inflict injury or will be subject to injury by others; or (b) the parent, guardian, or legal custodian is neglecting, refusing, unable, or unavailable to provide adequate supervision and care and that services to ensure the child's safety and well-being are not available or would be inadequate. Probable cause may also be found for the child at issue if another child in the home meets either criteria. Further, custody may be continued if there is probable cause to believe that the child will run away or be taken away so as to be unavailable for court proceedings. The intake worker must make every effort to release the child to the parent, guardian, or custodian where appropriate.

Local law enforcement and child protection agencies may also intervene to protect an unborn child of an expectant mother. Physical custody may be continued if there is probable cause to believe that: (a) there is a substantial risk that the physical health of the unborn child, and of the child when born, will be seriously affected or endangered by the expectant mother's habitual lack of self-control in the use of alcohol or drugs; and (b) the expectant mother refuses or has not made a good faith effort to participate in any substance abuse treatment services offered to her.

Court Process. If the child or expectant mother is not released from custody, a court hearing must be held within 48 hours from the time when the decision to hold the child in custody was made. The judge must determine whether the child should remain in the custody of the county or state, based on a finding of probable cause of any of the criteria identified above.

At this hearing, the parent will be requested, if present, to identify three relatives of the child or other individuals 18 years of age or over whose homes the parent wants the court to consider as placements for the child. A diligent search must be made to locate them. These individuals, along with certain adult relatives of the child, must be notified within 30 days after the child is removed from the custody of the child's parent: (a) that the child has been removed; (b) of the options to participate in the care and placement of the child; (c) of the requirements to obtain a foster home license, receive kinship care or long-term kinship care payments, and of the additional services and supports available for children placed in one of these placements; (d) that they may incur additional expenses if the child is placed with them and that some of those expenses may be reimbursed; and (e) of the name and contact information of the agency that removed the child.

The county or state must file a CHIPS petition at this hearing. If a court does not hold a hearing within 48 hours or a CHIPS petition is not filed at the hearing, the court may order that the child be held for up to an additional 72 hours if certain conditions exist.

The CHIPS petition must state that the court has exclusive original jurisdiction over a child alleged to be in need of protection or services, and that any of the following apply:

- The child has no parent or guardian or has been abandoned;
- The child's parents have relinquished

custody of an infant younger than 72 hours old under s. 48.195 of the statutes;

- The child has been the victim of abuse or is at substantial risk of becoming a victim of abuse, including injury that is self-inflicted;
- The child's parent or guardian is unable or needs assistance to care for the child;
- The child has been placed for care or adoption in violation of law;
- The child is receiving inadequate care while a parent is missing, incarcerated, hospitalized, or institutionalized;
- The child is at least age 12, signs the petition requesting the court's jurisdiction, and is in need of special treatment or care which the parent, guardian, or legal custodian is unwilling, neglecting, unable, or needs assistance to provide;
- 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 care, or shelter, or is at substantial risk of doing such things, so as to seriously endanger the physical health of the child;
- The child is suffering emotional damage for which the parent, guardian, or legal custodian has neglected, refused, or been unable, and is neglecting, refusing, or unable, for reasons other than poverty, to obtain necessary treatment or to take necessary steps to ameliorate the symptoms;
- The child is suffering from an alcohol or other drug abuse impairment, exhibited to a severe degree, for which the parent, guardian, or legal custodian is neglecting, refusing, or unable to provide treatment; or
- The child has not been immunized and has not been exempted from such immunizations.

Within 30 days after filing the CHIPS peti-

tion, the court conducts a plea hearing to determine whether any party wishes to contest the allegations made in the petition. If no one wishes to contest the CHIPS petition, the court sets a date for a dispositional hearing within 30 days, or immediately goes forward with that hearing if all parties consent. If any party wishes to contest the CHIPS petition, a date is set for a fact-finding hearing within 30 days, where the court will determine if the allegations in the CHIPS petition are proved by clear and convincing evidence. The parties may request a jury trial for the fact finding hearing at any time before or during the plea hearing.

If, after the conclusion of the hearing, the fact finder determines that the allegations are not proved, the case is dismissed and the child returns home. If the fact finder determines that there is clear and convincing evidence, the court will hold a dispositional hearing within 30 days or immediately if all parties consent.

Any time before the entry of the dispositional order, the parties may agree to the entry of a consent decree which places the child under supervision in the home. This decree may be later amended to change placement of the child.

In preparation for the dispositional hearing, the court designates a child welfare agency to submit a report that describes the social history of the child, outlines the needs of the child, and details a plan for ensuring appropriate services for the child. Dispositions of a CHIPS case may range from counseling the child or parent to placing the child in out-of-home care. Dispositions may also include placing the child in the home under the supervision of a child welfare agency, educational programming, supervised independent living if the child is at least 17 years of age, and transferring legal custody to a relative, DCF, a county department, or other licensed child welfare agency. Additional services may be ordered depending on the specific child's needs. The dispositional order must be in writing and must con-

tain the specific services to be provided to the child and the child's family.

If the child is removed from his or her home, the dispositional order placing a child in out-of-home care must include a finding that: (a) continued placement of the child in his or her home would be contrary to the welfare of the child; (b) the child welfare agency has made reasonable, or, in the case of an Indian child, active efforts, to prevent the removal of the child from the home, while assuring that the child's health and safety are the paramount concerns; and (c) if a permanency plan has been previously prepared, the child welfare agency has made reasonable efforts to achieve the permanency goals of the permanency plan.

The finding that reasonable efforts have been made is not required if one of several exceptions is met. These exceptions, which do not apply in the case of a Native American child, include: (a) the parent has subjected the child to aggravated circumstances (such as abandonment, chronic abuse, torture, or sexual abuse); (b) the parent has committed, aided, or abetted one of several serious criminal offenses; (c) the parental rights of the parent to another child have been involuntarily terminated; (d) the parent has been found to have relinquished custody of the child when the child was 72 hours old or younger (that is, infant relinquishment under s. 48.195 of the statutes); and (e) the child's parent was convicted of the crime of child sex trafficking the child.

Generally, a dispositional order that places or continues placement of the child in an out-of-home placement, unless the judge specifies a shorter period of time, terminates on the latest of the following dates: (a) the day the child reaches 18 years of age; (b) one year after the order is entered; or (c) the day the child is granted a high school or high school equivalency diploma or, if earlier, the day the child reaches 19 years of age.

Extended placement can be provided through

a court order or a transition-to-independent-living agreement. 2013 Wisconsin Act 334 permits a child who is in out-of-home care and who has an individualized education program (IEP) to continue in such care until the child is granted a high school diploma or its equivalent or until he or she reaches 21 years of age, whichever occurs first, if: (a) the child is a full-time student at a high school or its vocational or technical equivalent; and (b) the child is 17 years of age or older when the order is entered and the child (or the child's guardian) agrees to the order. When executing a transition-to-independent-living agreement, the child welfare agency must petition the court for a hearing to determine whether placement in out-of-home care is in the best interest of the child.

The parties may request changes in a child's placement based upon new information both before and after the court's final disposition. The court may also propose a change on its own motion. For requests made by a child welfare agency, district attorney, or court intake worker, the court must order a change in placement without a hearing unless the child's parent (or guardian, guardian ad litem, or other persons entitled to notice) objects within 10 days.

Permanency Plans. For each child placed in out-of-home care, the agency assigned responsibility for placing or providing services to the child must prepare a written permanency plan. Children age 14 and older are authorized to help develop their own permanency plans and to select up to two members of the case planning team who are not foster parents of or caseworkers of the child.

The permanency plan must be filed with the court within 60 days after removal from the child's home. Permanency plans are also required for children placed in the home of a relative under a court order and for those placed outside the home via a voluntary-transition-to-independent-living agreement.

The permanency plan identifies the goal for a permanent placement for the child and the services to be provided to achieve the permanence goal. The permanence goal can include: (a) reunification with the child's family; (b) permanent placement with a fit and willing relative; (c) placement of the child for adoption; (d) placement of the child with a guardian; and (e) if the child is 16 years of age or older, some other planned permanent living arrangement that includes an appropriate, enduring relationship with an adult. The permanency plan may contain concurrent permanency goals if there are efforts to work simultaneously towards achieving more than one of the permanency goals. If the stated permanency goal is (e), another concurrent goal under (a) through (d) must be pursued as well.

If the child's age and developmental level are sufficient, courts must consult with the child regarding the child's permanency plan and any other matters the court finds appropriate. Courts must also consider an out-of-state placement, if appropriate.

Permanency plans must be reviewed no later than six months after removal from the home and every six months thereafter for as long as the child is placed outside of the home. The court (in the county where the most recent dispositional order was issued) is required to hold a permanency hearing within 12 months after removal and at least every 12 months thereafter. This hearing may be held either in place of, or in addition to, a review.

Types of Out-of-Home Care Placements.

Out-of-home care placements can range from a home setting to a more restrictive, institutional setting. Reasonable efforts must be made to place siblings together. Table 3 shows the number of children in statewide out-of-home care by placement type.

Shelter Care Facilities. Shelter care facilities offer temporary care and physical custody for

Table 3: Statewide Out-of-home Care (OHC) Placements as of September 30, 2016

	Number	% of Total
Detention	61	0.8%
Foster Home	4,419	60.4
Group Home	298	4.1
Institutions	74	1.0
Kinship Care	958	13.1
Residential Care Center	338	4.6
Shelter	65	0.9
Supervised Independent Living	39	0.5
Treatment Foster Home	867	11.8
Trial Reunification	139	1.9
Missing From Out-of-Home Care	<u>62</u>	<u>0.8</u>
Total	7,320	100.0%

children and are licensed by DCF. A child may be held in a shelter care facility if he or she has been taken into custody under the Children's Code or the Juvenile Justice Code, has been ordered by the juvenile court to be held in temporary physical custody, or needs a transitional placement when emergency conditions necessitate an immediate change in placement.

2013 Wisconsin Act 335 permits a child to be placed in a shelter care facility under a voluntary agreement for no more than 20 days. The following persons may place a child in a shelter care facility: the child's parent, guardian, or Indian custodian; DCF; the Department of Corrections; a county department of human or social services; or a child welfare agency licensed to place children in shelter care facilities.

Kinship Care. The kinship care program is designed to help support a child who resides outside of the home with a relative, rather than placing the child in foster care or other out-of-home placement. However, this program is not designed to be used when another placement is in the child's best interests.

A relative does not necessarily assume guardianship of the child under kinship care. Kinship care is a living arrangement for the child in the relative's household. The state recognizes this

relationship as being in the best interests of the child by funding kinship care payments.

If a placement is with a relative, other than a parent, and the relative is not a licensed foster parent, then the relative may qualify for the kinship care program. Kinship care relatives who provide care and maintenance for one or more children may receive a kinship care payment of \$232 per child per month if:

- The kinship care relative applies to the county, tribe, or DCF for kinship care payments and, if the placement is court-ordered, applies for a foster home license as well;
- The county, tribe, or DCF determines that there is a need for the child to be placed with the kinship care relative and that the placement with the relative is in the best interests of the child;
- The county, tribe, or DCF determines that the child meets, or would be at risk of meeting, one or more of the CHIPS or JIPS criteria;
- The county, tribe, or DCF conducts a background investigation to determine if the kinship care relative (and employees, prospective employees, and adult household residents who would have regular contact with the child) had any arrests or convictions that could adversely affect the child or the kinship care relative's ability to care for the child;
- The kinship care relative states that he or she (and employees, prospective employees, or other adults in the residence) have no arrests or convictions that could adversely affect the child or the ability to care for the child;
- The kinship care relative cooperates with the application process, including applying for other forms of assistance for which the child may be eligible;

- The kinship care relative is not receiving any other kinship care, foster care, subsidized guardianship, or interim caretaker payment with respect to the same child; and

- The child for whom the kinship care relative is providing care and maintenance is not receiving supplemental security income (SSI) benefits.

Under the program, a "child" is defined as (a) any person under the age of 18; (b) a youth between 18 and 19 years of age who is a full-time student in good academic standing at a secondary school (or its vocational or technical equivalent) who is reasonably expected to be granted a high school diploma or its equivalent; or (c) a youth between 18 and 21 years of age, who is a full-time student in good academic standing at a secondary school (or its vocational or technical equivalent) if an IEP is in effect for the person and so long as the child is placed in the home of the kinship care relative under a court order or voluntary transition-to-independent-living agreement.

For court-ordered kinship care, payments may be made for up to 60 days from the time a completed application for a foster home license is received while the application is pending. This time frame may be extended to up to four months from the time the completed application is received if there is a delay in the licensing determination not due to an act or omission from the kinship care provider. If the foster home license is not approved, then the court may order that the child remain in the kinship care provider's home if all other requirements of the kinship care program are met and the following information is provided to the court: (a) the background investigation; (b) an assessment of the safety of the kinship care provider's home and the ability of the provider to care for the child; and (c) a recommendation that the child remain in the kinship care relative's home.

At least every 12 months, the county, tribe, or DCF reviews the case to determine if the conditions under which the case was initially determined eligible still exist. If those conditions no longer exist, the county, tribe, or DCF discontinues making the kinship care payments.

Foster Care. As of September, 2016, most children (about 60.4%) in out-of-home care statewide were in licensed foster care. Licensed foster care is the least restrictive out-of-home placement. Under foster care, a family provides care and maintenance for four or fewer children who are unable to live with their families due to issues of abuse or neglect. Up to seven children may be placed in the family's home if necessary to enable: (a) a sibling group or minor parent/minor child placement to remain together; (b) the return of a child from a trial reunification; and (c) a child to enter a voluntary transition to independent living. Exceptions may be granted to place eight or more children in a foster home if necessary to keep siblings together or a minor parent and minor children together.

Provisions of 2009 Wisconsin Acts 28 and 71 established a "levels of care" system for foster care licensing. Previously, applicants would be licensed as either foster parents or treatment foster parents (which provided a higher level of care at an increased payment rate). Under the new licensing system, a foster home is certified in one of five levels commensurate with the foster parent's knowledge, skills, training, experience, and relationship to the child. This new system took full effect on September 1, 2011.

Each level of care requires additional experience, letters of reference, and training. Level one certification applies to a foster home with a child-specific license. A "child-specific license" is a license that is issued to a relative of a child or an individual who has a previous existing relationship with the child or the child's family. Level two certification applies to basic foster homes. Level three applies to moderate treatment foster

homes. Level four applies to specialized treatment foster homes. Level five applies to exceptional treatment foster homes.

Wisconsin law requires foster parents to receive training in the care and support needs of children who are placed in foster care. Each foster parent must complete pre-placement, initial licensing, and ongoing training required for the foster home's level of care certification.

When placing a child in foster care, a placing agency uses a standardized assessment tool to assess the needs and strengths of the child and the needs of the child's foster parent. The results of the assessment are used to determine into which certified level of foster care the child will be placed, what services will be provided, and what payment the foster parent will receive.

Placing agencies disburse a basic maintenance payment to foster parents and may provide supplemental and exceptional payments. The current maximum monthly foster care payment for a child is \$2,000. About 70% of children in foster homes have supplemental rates and about 59% have exceptional rates.

The basic maintenance rate is a fixed monthly payment designed to reimburse a foster parent for the usual and customary costs of caring for a foster child (such as food, clothing, housing, basic transportation, and recreation). The payments are made by counties and tribes for children in out-of-home care or by DCF for children in Milwaukee County or in the state special needs adoption program's foster care program. Table 4 shows the statutory basic maintenance rates.

Placing agencies may also may provide a supplemental payment or an exceptional payment for foster homes certified at level two or higher. The supplemental rate provides an additional monthly payment intended to cover the costs of caring for a child whose needs exceed normal limits of care and supervision for that child's age. The amount

Table 4: Basic Maintenance Payments and Clothing Allowance -- Calendar Year 2017

	Monthly Amount	Maximum Clothing Allowance
Level One	\$232	\$0
Levels Two and Above		
Under Age 5	\$384	\$225
Ages 5 through 11	420	263
Ages 12 through 14	478	300
Ages 15 and over	499	300

of the payment depends on the needs of the child. A supplemental payment must also be made if a foster home's level of care certification is higher than the level of need of a child placed in the foster home and the foster home has a level three or four certification.

The placing agency may also provide an exceptional payment to: (a) enable the child to be placed or remain in a foster home instead of a more restrictive setting; (b) enable the placement of siblings or minor parent and minor children together; (c) assist with transportation costs to the school the child was attending prior to placement in out-of-home care; (d) replace a child's basic wardrobe that has been lost or destroyed through other than normal wear; or (e) for a child placed in a foster home before February 21, 2011, and who remains placed in that foster home, equalize the total payment that would have been received under rules in effect prior to the current method determining supplemental payments based on the standardized assessment.

In addition to the monthly foster care payments, the county or DCF may provide a clothing allowance when the child is initially placed in out-of-home care (for a level two placement or higher). The maximum clothing allowance amounts are shown in Table 4. Counties may reimburse a foster parent one time for the actual costs of the clothing purchases up to the maximum allowance.

A placing agency may also provide a monthly

retainer fee to a foster parent to maintain openings in a foster home for emergency placements.

Group Homes and Residential Care Centers. As of September, 2016, 4.1% of the children in out-of-home care statewide were in group homes, and 4.6% were in residential care centers (RCCs) for children and youth. Both of these placements are more restrictive than foster homes.

Group homes provide care and maintenance for five to eight children (not including children of minors). Group homes may be: (a) family-operated group homes, where the licensee is one or more individuals who operate only one group home; (b) agency-operated group homes, where the licensee is a public agency other than DCF; or (c) corporation-operated group homes, where the licensee is a non-profit or proprietary corporation that operates one or more group homes.

RCCs provide treatment and custodial services for children, youth, and young adults. RCCs are typically licensed private child welfare agencies. Placement into an RCC must be made before the child reaches age 18, unless under juvenile court jurisdiction. An RCC is prohibited from having five or more young adults age 18 or older at its facilities at one time unless it is also licensed as a community-based residential facility.

Under previous state law, group homes and RCCs established their own rates and reported them to DCF for publishing. Provisions of 2009 Wisconsin Act 28 directed DCF to phase in the regulation of rates charged by group homes and RCCs, as well as certain administrative rates charged by child welfare agencies. 2009 Wisconsin Act 335 required these rates to be set using a performance-based contracting system.

For group homes and residential care centers, the regulated rate is a per-client rate that each facility may charge for costs associated with room, board, administration, service provision, and

oversight of youth. For child-placing agencies, the regulated rate is a per-client administrative rate that each agency may charge for the administrative portion of its services for foster homes with a Level 3 or 4 certification under the foster care levels of care system. A private child-placing agency is a child welfare agency licensed to place children in adoptive homes, licensed family foster homes, or licensed group homes.

DCF sets new maximum rates annually by November 1, after reviewing proposed rates submitted by providers.

In addition to the rate established by DCF, group homes and RCCs may request extraordinary payments for a specific child to cover unreimbursed costs of service needs that are not accounted for in the maximum per-client rate.

Table 5 shows the maximum administrative daily rates as set by DCF for group homes, RCCs, and child placement agencies for 2011, 2013, 2015, and 2017. Table 6 compares the rates approved by DCF in 2012 and 2016 to the rates charged in 2010 by group homes and RCCs. Pursuant to Act 28, 2012 was the first full calendar year for which DCF set the rates and 2010 was the last year set by group homes and RCCs.

Out-of-Home Care Caseloads. Table 7 shows the out-of-home care caseloads from 2005 through 2015 for each type of placement (court-ordered kinship care, foster homes, group homes, RCCs, and other placements). Since the new levels of care foster care licensing system was not fully in effect until September 1, 2011, the foster home caseloads shown in Table 7 only partially include levels one through five foster care homes in the 2011 data. Prior years included only foster homes and treatment foster homes.

As of October 31, 2016, there were 7,395 children in out-of-home care in Wisconsin: 2,216 in Milwaukee County and 5,179 in the rest of the state. About 30% of the state's children in out-of-home care are in Milwaukee County. Not includ-

Table 5: Maximum Administrative Daily Rates for Group Homes, RCCs, and Child Placement Agencies, 2011 - 2017

	July-Dec 2011	2013	2015	2017
Child-Placing Agency	\$73.15	\$63.50	\$64.90	\$70.02
Group Home	206.97	194.90	197.55	231.04
Parenting Teen Group Home	n/a	232.45	227.55	261.04
Residential Care Center	351.04	306.80	335.52	378.97

Table 6: Average and Range of Daily Rates for Group Home and RCCs Calendar Year 2010, 2012, and 2016

	2010		2012			2016	
	Ave.	Range	Ave.	Range	Ave.	Range	
Group Home	\$202.03	\$106.73-\$335.01	\$185.80	\$116.95 - \$192.10	\$193.06	\$128.00 - \$190.28	
Parenting Teen Group Home	n/a	n/a	217.87	155.00 - 228.46	225.94	220.28 - 225.94	
Residential Care Center	312.58	204.07-688.00	232.71	232.71 - 467.25	365.88	263.26 - 483.25	

ed in these numbers are Native American children placed in out-of-home care by a tribal court and whose payments are being paid for by the tribe.

Licensing Requirements. Counties, tribes, DCF, and child welfare agencies license foster homes. DCF licenses child-placing agencies, group homes, shelter care facilities, and RCCs. The requirements for licensure and the procedures and policies are specified in state administrative code and include who may apply for a license, how to apply, the required qualifications of the licensee, the requirements for the physical environment of the licensed home or agency, safety requirements, principles for the care of children, rate determination, and training for care providers. For group homes and RCCs, the administrative rules also specify requirements relating to staff and the maintenance of child records.

Each license specifies the maximum number of children that a home or agency may receive, the age of the children, and the gender of children who may be placed there. A foster home license may be issued for up to two years. Licenses for child welfare agencies, group homes, and RCCs are reviewed every two years but do not expire unless revoked or suspended. DCF, in conformance with Title IV-E, requires all licensed group

homes, shelter care facilities, residential care centers and private child-placing agencies to conduct caregiver background checks on specified employees, contractors, and interns that have direct caregiving responsibilities.

Pursuant to 2015 Act 378, DCF adopted a standardized home study assessment process for all foster care licensing, known as the SAFE home study. Effective October 1, 2016, all counties in Wisconsin utilize standardized SAFE questionnaires, interviews, reports, and trainings.

Interstate Compact for the Placement of Children. The Interstate Compact for the Placement of Children is a uniform law enacted by all 50 states to provide for uniform administrative and legal procedures for interstate placement of children. This enables out-of-home placement across state lines and ensures that such children receive the same protections given to children placed within Wisconsin.

The compact also facilitates uniform data collection and information sharing among member states; promotes coordination between this compact, the Interstate Compact on Adoption and Medical Assistance, and other compacts that affect the placement of and provision of services to children; and provides guidelines, in collabora-

Table 7: Out-of-Home Care Caseloads on December 31, 2005, through 2015

Year		Court-Ordered			Residential		Total
		Kinship Care	Foster Homes	Group Homes	Care Centers	Other Placements	
2005	Milwaukee County	784	1,755	132	70	116	2,857
	All Other Counties	710	3,109	331	372	277	4,799
	Wisconsin Total	1,494	4,864	463	442	393	7,656
2006	Milwaukee County	771	1,583	110	57	143	2,664
	All Other Counties	708	3,011	272	383	287	4,661
	Wisconsin Total	1,479	4,594	382	440	430	7,325
2007	Milwaukee County	841	1,574	142	77	140	2,774
	All Other Counties	776	2,975	258	359	277	4,645
	Wisconsin Total	1,617	4,549	400	436	417	7,419
2008	Milwaukee County	724	1,588	174	75	148	2,709
	All Other Counties	795	2,898	239	384	299	4,615
	Wisconsin Total	1,519	4,486	413	459	447	7,324
2009	Milwaukee County	509	1,425	185	94	109	2,322
	All Other Counties	755	2,743	226	316	206	4,246
	Wisconsin Total	1,264	4,168	411	410	315	6,568
2010	Milwaukee County	416	1,323	164	83	216	2,202
	All Other Counties	552	2,677	214	317	547	4,307
	Wisconsin Total	968	4,000	378	400	763	6,509
2011	Milwaukee County	359	1,254	163	93	219	2,088
	All Other Counties	452	2,740	217	302	651	4,362
	Wisconsin Total	811	3,994	380	395	870	6,450
2012	Milwaukee County	289	1,282	133	89	148	1,941
	All Other Counties	481	3,011	193	294	332	4,311
	Wisconsin Total	770	4,293	326	383	480	6,252
2013	Milwaukee County	358	1,400	149	75	202	2,184
	All Other Counties	553	3,012	168	276	327	4,336
	Wisconsin Total	911	4,412	317	351	529	6,520
2014	Milwaukee County	434	1,429	154	100	159	2,276
	All Other Counties	565	3,316	174	263	275	4,593
	Wisconsin Total	999	4,745	328	363	434	6,869
2015	Milwaukee County	348	1,481	151	81	196	2,257
	All Other Counties	708	3,470	154	284	295	4,911
	Wisconsin Total	1,056	4,951	305	365	491	7,168

tion with tribes, for interstate cases involving Indian children as permitted by federal law.

Exiting Out-Of-Home Care

Each CHIPS, JIPS, and delinquency dispositional order and permanency plan identifies the permanence goal for a child in out-of-home care. As noted above, some of the permanency plan goals can include: (a) reunification; (b) transfer of legal guardianship, which may include subsidized monthly payments; (c) adoption; or (d) if over the age of 16, some other planned permanent living arrangement that includes an enduring relationship with an adult, such as long-term foster care. For children age 18 and over, the permanency plan must also include a transition to independent living.

Reunification. Family reunification occurs when the child returns to his or her home from out-of-home care, although the court order may continue and services may be continued in the home. This takes place when the court finds that the goals of the permanency plan were achieved, that the safety and well-being of the child can be met in the care of the parent, and that the reasons for the removal of the child from the home and the CHIPS, JIPS, or delinquency order are no longer valid. In state fiscal year 2015-16, 72.4% of children were reunified with their primary caretaker within 12 months of placement in out-of-home care.

Trial Reunification. A trial reunification is a continuation of out-of-home placement in the child's home to assist in determining the appropriateness of family reunification. Children in out-of-home care placements may return home for a period of seven consecutive days up to 150 days. At the end of the trial reunification period, the child welfare agency must: (a) return the child to the previous out-of-home placement with

notice to the court and participants; (b) request a change of placement to place the child in a new out-of-home placement; or (c) request a change of placement to reunify the child. Terminating a trial reunification is not considered a reentry into out-of-home care.

From January 1, 2016, through October 31, 2016, there were an overall total of 622 placements in trial reunifications. Of these placements, 403 resulted in permanent reunification with the family, 149 were still receiving reunification services, 69 have either returned to an out-of-home placement or been discharged from the child welfare system, and one was discharged due to aging out of the placement.

Post-Reunification Services Waiver. On September 28, 2012, the federal Department of Health and Human Services (DHHS) approved Wisconsin's request for a five-year Title IV-E waiver demonstration project. The waiver allows DCF to use federal Title IV-E funds to expand a program statewide that provides post-reunification services to families for a period of one year. DCF anticipates that additional services will reduce the rate of reentry of children into out-of-home care placements, and therefore save both state and federal funds for out-of-home care placements.

Under the program, case managers develop a 12-month post-reunification plan that takes into consideration the needs of each child and family. Counties receive a monthly case rate of \$1,100 per enrolled child to fund case management services, including: trauma-informed services, crisis stabilization, in-home therapy, alcohol and drug assessment and treatment for parents, mental health services for parents, respite care, transportation, and connection to community services.

The waiver program is operated statewide. As of September 30, 2016, a total of 688 children have been enrolled in the waiver program and 288 children have completed the full 12 months

of program participation. On average, children have been in the program for 242 days.

DCF is currently evaluating whether the program will continue after the waiver demonstration period ends.

Guardianship. A person appointed by the court to be the guardian of a child has the duty and authority to make important decisions in matters having a permanent effect on the life and development of the child and the duty to be concerned about the child's general welfare, including but not limited to: (a) the authority to consent to marriage, enlistment in the U.S. armed forces, major medical, psychiatric, and surgical treatments, and obtaining a driver's license; (b) the authority to represent the child in legal actions and make other decisions of substantial legal significance concerning the child (but not the authority to deny the child the assistance of counsel as required under the Children's Code); (c) the right and duty of reasonable visitation of the child; and (d) the rights and responsibilities of legal custody, except under certain situations when legal custody has been vested in another person or when the child is jailed or incarcerated.

An adult can be granted guardianship of a child without the termination of the child's parents' rights (TPR). Without a TPR, the child is still legally the child of his or her parents, but the guardian, in general, is responsible for the care and well-being of that child.

Delegation of Power by Parent. In lieu of petitioning the court for the appointment of a guardian for his or her child, a parent may delegate certain parental powers to an agent, for up to one year, without court involvement. With a properly executed power of attorney, any of the parent's powers regarding the care and custody of the child may be delegated to an agent, except the agent cannot provide consent for: (a) the child to marry or adopt; (b) the performance or inducement of an abortion on or for the child; (c) the

termination of parental rights to the child; or (d) enlistment of the child in the U.S. armed forces. This delegation of power also cannot supersede actions that require a court order, such as placement into out-of-home care, or investigations of child abuse or neglect.

A delegation of power by a parent may remain in effect for no longer than one year unless made to a relative of the child or approved by a court. A power of attorney may be revoked by the parent at any time by executing a written revocation and notifying the agent in writing of the revocation. Any person who delegates his or her powers regarding the care and custody of a child for longer than one year without first obtaining the approval of the juvenile court is subject to a fine not to exceed \$10,000 or imprisonment not to exceed nine months, or both.

Subsidized Guardianship. The statewide subsidized guardianship program provides payments to guardians if a subsidized guardianship agreement is entered into before the guardianship order is granted and the court either terminates a CHIPS order or dismisses any CHIPS proceeding. The subsidized guardianship program also applies to tribal children under substantially similar tribal law.

The initial amount of the monthly payment is based on the circumstances of the guardian and the needs of the child but may not exceed the monthly foster care payment received in the month immediately preceding the guardianship order. Subsidized guardianship payments must also be provided for a sibling of the child if it is determined that it is appropriate to also place the sibling in the home of the guardian, regardless of whether the sibling meets the eligibility requirements described below.

To be eligible, a child must meet all of the following conditions: (a) has been removed from the home under a voluntary agreement or court order containing a finding that continued place-

ment in the home would be contrary to the welfare of the child; (b) has been residing in the home of the guardian for not less than six consecutive months; (c) neither return to the home nor adoption is in the child's best interest; (d) demonstrates a strong attachment to the guardian; and (e) if over age 14, has been consulted with regarding the guardianship arrangement.

Further, the guardian must meet all of the following conditions: (a) is a relative of the child or, prior to or during the child's placement in out-of-home care, has a significant emotional relationship with the child or the child's family that is similar to a familial relationship; (b) has a strong commitment to caring permanently for the child; (c) has been licensed as the child's foster parent for not less than six consecutive months immediately before being named guardian and meets, along with all adults residing in the home, background check requirements; and (d) has entered into a subsidized guardianship agreement.

The subsidized guardianship agreement must specify a number of terms and conditions, such as the amount of the monthly payment and the manner in which it may be adjusted based on changed circumstances and any additional assistance for which the child or guardian are eligible (including medical assistance). The agreement may also provide for up to \$2,000 of nonrecurring costs. Such agreements remain in effect without regard to the state of residence of the guardian.

On the death or incapacity of a guardian or the termination of guardianship, the monthly subsidized guardianship payments may be made to an eligible interim caretaker for up to 12 months to allow for the interim caretaker to become a licensed foster parent. Eligibility for federal guardianship assistance funding is not affected by the replacement of a guardian with a successor guardian named in the guardianship agreement.

In 2015, 630 children were discharged to guardianships, of whom 199 entered the subsidi-

dized guardianship program. Of the total children that discharged to guardianship, 595 children had a relative guardian and 35 children had a nonrelative guardian.

Adoption. When a child is removed from his or her home and enters the child welfare system, the child is in the physical custody of the county or tribe. If the court terminates a child's parents' rights, the child is legally available for adoption.

The court may transfer guardianship and custody of the child pending adoptive placement to: (a) a county department authorized to accept guardianship; (b) a child welfare agency licensed to accept guardianship; (c) DCF; (d) a relative with whom the child resides, if the relative has filed a petition to adopt the child, is a kinship care relative, or is receiving foster care payments; (e) an individual who has been appointed guardian of the child by a court of a foreign jurisdiction; or (f) the guardian if the court appoints a guardian. Another option for the court is to transfer guardianship to (a) through (c) above, but transfer custody to an individual in whose home the child has resided for at least 12 consecutive months immediately prior to the termination of parental rights or to a relative.

Proper court venue and jurisdiction for a petition for adoption is in the county in which the TPR petition was filed or the county where the child or proposed adopted parent resides. Adoptions may be: (a) by relatives or stepparents; (b) through licensed private adoption agencies; (c) international adoptions through licensed private adoption agencies; and (d) from out-of-home care. For children legally available for adoption, but for whom it is difficult to find an adoptive home, the state provides case management services through the special needs adoption program.

DCF and counties apply a uniform SAFE home study investigation of all potential adoptive parents (except for stepparents, for whom other screening standards apply). Further, all proposed

adoptive parents who have not previously adopted a child must receive 25 hours of training before the adoption is finalized, including training on trauma, neglect, and sexual abuse. Six hours of training must be in person and six hours must be appropriate to the specific needs of the child. In addition, adoptive parents may also elect to receive six more hours of post-adoptive training.

In state fiscal year 2015-16, 632 children were adopted in Wisconsin. The average time between removal and TPR was 26.0 months. The average time from TPR to the finalized adoption was 8.3 months. Only 34.0% of children were adopted within 24 months of removal from their home.

After adoption, the child is given a new birth certificate and the legal relationship with the birth parents is severed. The adoptive family is given all the rights, duties, and legal consequences of a parent-child relationship. As for foreign adoption orders, pursuant to the federal Child Citizenship Act of 2000, an adopted child automatically acquires citizenship upon admission to the United States under an IR-3 or IH-3 visa. Pursuant to 2015 Act 380, "readoption" under state law is not required for such children. Instead, the adoptive parent need only to register the foreign adoption order with a Wisconsin court within 365 days to receive a certification of birth data having the full force and effect as a birth certificate.

Special Needs Adoption Program. The special needs adoption program provides adoptive services for children with special needs for whom it is difficult to find an adoptive home. DCF administers the program, under which state and contracted staff provide case management and adoptive placement services.

The special needs adoption program is organized by regions throughout the state. Table 8 shows the region, the location of the regional offices, and the contracted agency assigned to each

Table 8: Special Needs Adoption Program

Region	Regional Office Location	Lead Contracted Agency
Eastern	Green Bay	Lutheran Social Services
Southern	Madison	Children's Services Society of Wisconsin
Western	Eau Claire	Lutheran Social Services
Milwaukee	West Allis Milwaukee	Children's Services Society of Wisconsin SaintA

region. Currently, the contract agency in the eastern region subcontracts with one other vendor to handle some of the workload.

DCF administers the program in the Division of Safety and Permanence and also contracts with private vendors in three regions for caseworkers and supervisors. The amount budgeted for the contracts in 2016-17 totals \$4,167,800. DMCPs contracts to provide similar services for children with special needs in Milwaukee County through its ongoing services case management contracts with SaintA and with Children's Hospital of Wisconsin-Community Services.

The state staff includes regional supervisors and social workers who consult with counties to identify children for whom adoption is an appropriate permanency option, to assist in the permanency planning for each child before TPR, and to search for adoptive families for these children. The contracted staff provide case management services for children who are in the state's custody and guardianship, provide services to the court, identify potential adoptive parents, and conduct home studies of these parents. In addition, they provide adoption readiness and training services for pre-adoptive families and children.

In addition to the caseworker and supervisor positions, central office state adoption program managers ensure that appropriate services are provided to cases while adoptions are being finalized.

Federal and state law emphasizes specified timelines for providing permanence for children.

Timely permanence for children is supported with concurrent permanency goals. For example, reunification with the birth parents and adoption may be simultaneously sought and planned for. State permanency consultants who are social workers develop and maintain working relationships with local and tribal child welfare agency staff, court representatives, service providers, and families so that they can identify children who may be in need of permanent placement and potential resources to address this need. These consultation activities include reunification, guardianship, and adoption. Consultation activities are intended to decrease the time between the TPR and the finalized adoption.

In 2015, the average time between the TPR and the finalized adoption in the special needs adoption program was 7.8 months statewide (including Milwaukee County). The current federal child and family services review performance measures require each state to demonstrate that children in out-of-home care are adopted within 24 months after they are removed from their homes.

Table 9 shows the number of special needs adoptions finalized over the period from 2005 to 2015. In 2015, 613 adoptions were finalized, including 217 in Milwaukee.

Table 9: Number of Finalized Special Needs Adoptions Statewide 2005-2015

Year	Non-Milwaukee Counties	Milwaukee County	Statewide Number	% Change
2005	480	422	902	-11.9
2006	455	271	726	-19.5
2007	476	248	724	-0.3
2008	481	218	699	-3.5
2009	463	248	711	1.7
2010	460	281	741	4.2
2011	503	277	780	5.3
2012	525	234	759	-2.7
2013	517	242	759	0.0
2014	457	230	687	-9.5
2015	396	217	613	-10.8

If, after being in the state's custody for two years in the special needs adoption program, a child has not been adopted (and there is no agreement for subsidized guardianship), DCF may petition the court to transfer legal custody of the child back to the county. The state maintains guardianship, and state adoption social workers continue to search for an adoptive placement for the child, but the county administers all daily case management and has financial responsibility for the case.

State Foster Care Payments for Children with Special Needs. When the state gains legal custody of a child and the child is in an out-of-home care placement, DCF assumes responsibility for the monthly payments to the out-of-home care provider. In 2016-17, \$2,842,700 (\$1,942,800 GPR and \$899,900 FED) is budgeted for DCF to make these payments. In August, 2016, DCF made payments on behalf of 322 children in the state foster care program.

Adoption Assistance Payments for Children with Special Needs. DCF makes monthly adoption assistance maintenance payments to the adoptive or proposed adoptive parents of a child after an adoption agreement has been signed and the child is placed in their home. These payments are intended to assist in the cost of care for that child. Adoption assistance can only be provided for a child with special needs and when DCF has determined that such assistance is necessary to assure the child's adoption.

Monthly adoption assistance payments range from \$0 to \$2,000. The circumstances of the adoptive parents and the needs of the child are considered in determining the amount of assistance. The amount of the maintenance payment is based on the applicable uniform foster care rate in effect at the time the adoption agreement was made and on the care needs of the child.

Under administrative rule, DCF must consider various family circumstances in determining the

amount of the monthly adoption assistance payment. Under federal law, states cannot use a means test to determine adoptive parents' eligibility for the adoption assistance program, but may consider the adoptive parents' circumstances in determining the amount of the assistance payment. In addition, states cannot reduce the assistance payment because of a change in the adoptive parents' income without the adoptive parents' agreement.

To be eligible for adoption assistance, a child must have at least one of the following special needs at the time of the adoption: (a) the child is 10 years of age or older, if age is the only factor in determining eligibility; (b) the child is a member of a sibling group of three or more children who must be placed together; (c) the child has, or is at high risk of developing, a total of five or more moderate or intensive needs due to adjustment to trauma, life functioning (including physical, mental, and dental health; relationships with family members; and social skills), functioning in a child care or school setting, behavioral and emotional needs, or risk behaviors; or (d) the child belongs to a minority race in which children of that race cannot be readily placed due to lack of appropriate placements. Most children available for adoption through the state adoption system meet one or more of these criteria.

Adoption assistance may continue until the child reaches age 18 or until age 19 if the child is enrolled as a full-time student in high school. Further, it may continue to age 21 if the child is in high school (or its equivalent) and that child either has an IEP or a mental or physical handicap. Payment will stop when the adoptive parent(s) no longer support the child (for example, when the child marries or joins the armed forces). The adoptive family may request that the adoption assistance be reduced or terminated at any time.

In 2016-17, \$91,081,000 (\$48,930,300 GPR and \$42,150,700 FED) is budgeted for adoption

assistance payments. The federal funding is available under Title IV-E as reimbursement for a portion of the costs of the payments. This partial reimbursement is available for payments made on behalf of children who meet certain eligibility criteria as determined by DCF. In August, 2016, DCF made adoption assistance payments on behalf of 8,095 children in Wisconsin.

In addition to monthly adoption assistance payments, families may be eligible for reimbursement for one-time adoption expenses, such as legal or agency fees, up to \$2,000 per child. Also, most children for whom DCF makes adoption assistance payments remain eligible for medical assistance, which pays for eligible medical expenses not covered by the family's health insurance.

Other Adoption Resources. DCF contracts with the Coalition for Children, Youth & Families (CCYF) to administer the state adoption information center and adoption exchange center. These centers provide information to prospective adoptive families on all types of adoption, to birth parents on the adoption process, to adoptive families after adoption, and to professionals and the general public. The CCYF website showcases children available for adoption in Wisconsin, and promotes the adoption of children through newspaper columns, television feature stories, and posters. The adoption resources website provides information on children available for adoption, information on the special needs adoption process, and information on post-adoptive services, and identifies available resources on adoption that can be loaned out. In 2015-16, DCF allocated \$676,000 to CCYF to provide these services.

Post-Adoption Resource Centers. The post-adoption resource centers (PARCs) are agencies that: (a) provide education, support activities, and services to adoptive families; (b) improve community awareness of and promote a positive image of adoption; (c) create a better understanding of unique issues facing adoptive families among

Table 10: PARC Regions and Administering Agencies

Region	Agency
Milwaukee	Adoption Resources of Wisconsin
Southeastern	Adoption Resources of Wisconsin
Southern	Catholic Charities, Diocese of Madison
Southwestern	Catholic Charities, Diocese of Madison
Northern	Catholic Charities, Diocese of La Crosse
Northwestern	Catholic Charities, Diocese of La Crosse
Northeastern	Family Services of Green Bay

public and private human service providers, schools, and medical care providers; (d) increase availability of services for adoptive families; and (e) establish collaborative efforts among public and private organizations and the general public to address the needs of adoptive families. DCF allocates an annual federal grant to each center that ranges from \$92,500 to \$110,000. The federal funding is available under Title IV-B, Subpart 2. Additionally, under 2015 Act 55 \$225,000 GPR annually (\$37,500 per PARC) supports the federal grants. The seven Wisconsin regions served by each administering agency are shown in Table 10.

Each PARC has a toll-free telephone number to respond to questions or concerns from families who have adopted. The PARCs provide services in their region, but each service is available to families statewide. PARCs provide: (a) training on a variety of issues that affect families with adopted children; (b) access to community resources; (c) referrals to adoption-related support groups, recreational and educational opportunities, and resources; and (d) opportunities to meet with other adoptive families.

Adoption Record Search Program. In general, all records pertaining to adoption proceedings are closed after an adoption. The adoption record search program assists adopted persons and birth parents whose rights have been terminated obtain certain information about themselves and their birth relatives. This information includes:

- Nonidentifying social history information (such as age of birth parents, nationality, race, education, and general physical appearance).
- Medical and genetic information about birth parents and other family members.
- Most recent names and addresses of birth parents on file when the birth parents have filed affidavits allowing the release of that information.
- Most recent names and addresses of adopted persons on file when the adopted person has filed an affidavit allowing the release of that information.
- A copy of the impounded birth certificate, if the birth parent authorizes release of the original birth certificate at the time of adoption.

If DCF does not have medical or genetic information on file, upon request of an adopted person (or the adoptive parent), DCF will attempt to obtain needed medical and genetic information from the birth parents.

If one or both birth parents are deceased, an adopted person may request medical and identifying information from DCF. DCF may release such information only of the deceased birth parent unless the other birth parent consents. If both birth parents are deceased, in addition to such information DCF must also release a copy of the original birth certificate.

Adoption Dissolution. A finalized adoption may be dissolved via a termination of parental rights pursuant to a court order. Parental rights may be terminated voluntarily or involuntarily. A court will not terminate parental rights unless the termination is in the best interest of the child.

2013 Act 314 made several alterations to Wisconsin law to prevent custodial caregivers

from avoiding the court process by "re-homing" their adopted child via unauthorized delegations of parental rights. As discussed above, any person who delegates their parental powers for longer than one year without court approval is subject to a fine not to exceed \$10,000 or imprisonment not to exceed nine months, or both. Further, unauthorized interstate placement of a child is now a Class A misdemeanor. Act 314 also expanded existing prohibitions against advertising adoptive placement to include other forms of permanent physical placement. Such prohibitions now include communications by any computerized communication system, such as by email or internet forums.

Youth Aging Out of Out-Of-Home Care. In 2015, 297 youth were discharged from out-of-home care for reaching the age of majority. Under state law, a child can remain in an out-of-home care placement until he or she is 18 years of age, or, if the youth is expected to graduate from high school or its equivalent, 19 years of age (or 21 if an IEP is in effect). After this time, the youth "ages out" of out-of-home care and is expected to begin to live independently and, unless the youth pursues higher education, to enter the job force.

Changes introduced by 2013 Wisconsin Act 334 permit a full-time student with an IEP to continue in out-of-home care under a voluntary transition-to-independent-living agreement, or an extended dispositional order of the juvenile court, until that child earns a high school or high school equivalency diploma or reaches 21 years of age, whichever occurs first.

Chafee Foster Care Independence Program (CFCIP). Research indicates that youth who age out of the child welfare system are at much higher risk of adverse economic and social outcomes, including homelessness, higher unemployment rates, lower educational enrollment, and higher rates of criminal involvement. To avoid such outcomes, CFCIP allocates funding to states to pro-

vide independent living services to youth aging out of out-of-home care, as well as youths between the ages of 18 and 21 who were formerly in out-of-home care. Participation by youth in the program is voluntary.

In Wisconsin, a youth is eligible under CFCIP if he or she: (a) is currently in an out-of-home care placement and has been in the placement for at least six months after age 15; (b) is currently in subsidized guardianship or long-term kinship care if the youth had been in out-of-home care for at least six months after age 15; (c) was adopted or had a guardian appointed after age 16 from an out-of-home care placement, subsidized guardianship, or long-term kinship care; or (d) aged out of an out-of-home care placement, subsidized guardianship, or long-term kinship care at age 18. If a youth leaves out-of-home care for any reason other than aging out of care (such as incarceration or reunification prior to age 18) he or she is no longer eligible for independent living services. Title IV-E eligibility is not required in order to receive services.

If a youth has been in out-of-home care for at least six months after the age of 15, he or she is referred to the independent living program. Each youth referred to the program receives an assessment of his or her independent living skills. Using the results of the assessment, the independent living caseworker, with the youth's input, develops an independent living (IL) plan. IL plans become part of the permanency plan and are reviewed at minimum every six months. The IL plan can be updated at any time.

During the 90 days immediately before the child ages out of out-of-home care (including terminations of independent living agreements), the child must also receive assistance and support in developing a plan for making the transition from out-of-home care to independent living. The plan must: (a) be personalized at the direction of the child; (b) be as detailed as the child directs; and (c) include specific options for obtaining

housing, health care, education, mentoring and continuing support services, and workforce support and employment services. DCF indicates that its policy is to have the planning phase begin when the youth is age 17 years and six months and to have the transition plan approved and signed by the youth 90 days prior to the youth's 18th birthday or 90 days prior to the date that the 18-year-old leaves care. A youth may leave care even if the goals of the plan are not fully met.

After the youth ages out of care and until their 21st birthday, the youth may continue to receive services through the regional, county, or tribal independent living program. The level of service is determined by the needs of the youth.

Attachment 2 provides information on the independent living program for 2015, including the number of eligible youths, the number of assessments and plans completed, the number of youths receiving services, and the number of youths receiving funding for room and board expenses.

States can use these federal funds in any way that allows them to achieve the general purpose of the program, which is to help eligible children make the transition to self-sufficiency through services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities.

DCF previously allocated CFCIP funding to counties, DMCPs, and tribes as part of the child welfare contract with DCF. However, inefficient expenditure, inadequate youth engagement, and inconsistent application of program requirements lead to a policy review by DCF. For example, as of May, 2014, only 41% of eligible youth received independent living services.

In order to improve the delivery of independent living services, the Office of Youth Services

Table 11: Youth Services Regions and Administering Agencies

Region	Agency
North	Wood County Human Services Department
Northeast	Bay Area Workforce Development Board
Milwaukee	TBD in 2017 [currently served by Lad Lake]
Southeast	TBD in 2017 [currently served by counties]
SW & Central	Workforce Development Board Southcentral
West	Family and Children's Center
Northwest	Workforce Resource, Inc.

was created in DCF to focus on older youth in the child welfare system. Further, DCF has restructured the delivery of independent living services by contracting with seven regional service agencies to provide in-person services for youth over the age of 17½. Table 11 shows the regional agencies.

County agencies will continue to be the primary point of contact for permanency planning and educational success for all children under the age of 18. However, seven regional service agencies will have the primary responsibility for specialized services unique to older youth, such as employment development and achieving the youth's independent living goals. DCF has set expected outcomes for those aged 18 to 21 for housing, education, health, well-being, and employment. The regional service agencies will be the primary point of contact for achieving the expected outcomes.

Wisconsin received \$2,149,767 in federal fiscal year (FFY) 2015 under the Chafee independent living program. DCF allocates this funding to regional agencies, counties, and tribes on an annual basis. These funds must be used for independent living services for youths who were placed in out-of-home care for at least six months between the ages of 15 and 18, for as long as they remain in care, and until age 21 for youth that age out of care at age 18.

Although funds may be used for a wide range of services to assist youth in becoming self-

sufficient, DCF has identified skill areas that must be addressed. The funds may also be used for room and board expenses for youth between 18 and 21 years old who were in out-of-home care until their 18th birthday. However, no more than 25% of the total allocation may be used for this purpose. Regional agencies, counties, and tribes use most of the funds to support independent living coordinators and direct services to youth.

Counties and tribes are required to provide a 20% match, either in cash or in-kind services, for the federal funds. The cash match may include funding from community aids, children and family aids, local tax levy, Title IV-E incentive funds, or other local or state funds that are not used as match for other federal dollars. Matching funds are no longer required from a county once the youth services have transferred to the regional agency (the match is instead provided by the regional agencies and other sources).

Education and Training Vouchers Program. The federal education and training voucher (ETV) program helps youths transition to self-sufficiency and receive the education, training, and services necessary to obtain employment. ETV is federally funded under the Title IV-E of the Social Security Act. The funding is used to support vouchers for post-secondary education and training available to youths who have aged out of out-of-home care.

Wisconsin received \$717,000 from the ETV program for FFY 2016. These funds are distributed to counties, tribes, DMCPs, and used by DCF for the scholarship program. In 2015, the authorized funding level for DCF scholarships was originally \$455,200 FED but only \$240,000 was ultimately issued for eligible services. These funds were used by counties, tribes, and DMCPs with the remainder carrying forward into the funding level for 2016.

Youth may receive services funded under

ETV if they meet state eligibility criteria for the independent living program and federal ETV eligibility requirements. A youth is eligible for the ETV program if he or she exited an out-of-home care or court-ordered kinship care placement at age 18 or went into court-ordered guardianship or was adopted after the age of 16.

If a youth is participating in the ETV program on his or her 21st birthday, is enrolled in a post-secondary education or training program, and is making satisfactory progress toward completion of that program, he or she can remain eligible for ETV-funded services until he or she reaches the age of 23. A youth may participate in the ETV program prior to high school graduation if he or she has senior standing and is enrolled in a certificate program that is directly connected to employment that can be obtained without a high school diploma, such as a certified nursing assistance.

The ETV funds must be used to help establish, expand, or strengthen post-secondary educational assistance for youths eligible for independent living services. The IL plan developed for each youth eligible for the independent living program must include an education plan. Therefore, the IL plan for a youth eligible for the ETV program should address: a plan for successful completion of secondary education; communication with secondary or postsecondary educational counselors, officials, and support personnel; a plan for completion of required applications, tests, and financial aid forms; a plan for providing support during post-secondary educational or training attendance; and a plan for applying for other financial aid. Youth participation is required in designing their program activities. In addition, certain requirements, such as maintaining satisfactory progress and other procedural requirements, can be placed on the youths to remain in the program.

The total amount of ETV and DCF scholarship (described below) expenditures for which a

youth is eligible cannot exceed the total cost of attendance at an institution of higher education per year (and may not exceed \$4,000 per year).

DCF Scholarship Program. DCF awards scholarships of up to \$5,000 for youth who have been in out-of-home care and are entering a degree, license, or certificate program. The scholarship awards may be used for tuition, fees, and books for youth who have been approved to attend a post-secondary education or training institution. A youth is eligible if he or she: (a) has been in out-of-home care in Wisconsin (includes foster home, treatment foster home, group home, RCC, or court-ordered kinship care) for at least six months after the age of 15 and left the placement at age 18; (b) has been in out-of-home care in Wisconsin for at least six months after the age of 15 and adopted after the age of 16; or (c) has been in an out-of-home care placement in another state but becomes a Wisconsin resident before attending a Wisconsin post-secondary institution. In addition, the individual must be accepted into an institution of higher education at the time the application is submitted and be no more than 20 years of age, unless he or she is enrolled in a post-secondary program on his or her 21st birthday, in which case the individual remains eligible until he or she is 23 years old. Youths may apply and receive funding more than one time over the course of their education or training.

In 2015, 140 youth were determined eligible for services under the scholarship program totaling \$455,200. Of this amount, a total of \$240,000 was actually issued for services to 108 youth. Local ETV funds were used for scholarships for 135 youth totaling \$135,200. Twelve students were denied funds because they were not eligible and ten applications were returned because they were incomplete. The federal funds are available under the ETV federal grant award.

Reentry into Out-of-Home Care. Pursuant to 2013 Act 334, DCF promulgated administrative rules that provide conditions and procedures for

reentry into out-of-home care after aging out. A youth who was discharged from out-of-home care either by termination of, or failure to enter into, a voluntary transition-to-independent-living agreement may be eligible to reenter out-of-home care if the youth has an IEP, is between 18 and 21 years old, and is a full-time student at high school or high-school equivalent. A child welfare agency must allow an eligible youth to reenter out-of-home care at least two times, but may use discretion to deny reentry thereafter. The agency may consider such factors as whether the youth is, or is at risk of becoming, homeless, is pregnant or parenting, or has significant mental health issues.

A child welfare agency must determine the youth's eligibility within five working days of a request to reenter out-of-home care. If the youth is not in school, the agency must assist the youth with enrollment. If the youth is eligible, the agency will enter into a new voluntary transition-to-independent-living agreement with the youth as soon as practicable. The youth is placed into out-of-home care within 24 hours and into a long-term placement within 10 days. If ineligible, the agency must notify the youth of its decision in writing and provide information on the youth's right to appeal the decision to the agency's director within 10 days. Further appeals may be made to the DCF Division of Safety and Permanence.

Funding to Support Costs of Providing Child Welfare Services

Counties support the costs of providing child welfare and child protective services with a combination of state, federal, and local funding. In 2015, counties and DMCPs reported all funds spending of \$337.2 million for services for children and families.

Children and family aids, formerly part of

community aids, is the primary source of state and federal funding to counties for child welfare services, other than services provided in Milwaukee County. DCF also allocates funding to counties and tribes under the kinship care program for children placed in the care of a relative and for whom no foster care payment is made. In addition, other federal funds support families and support youth as they age out of the out-of-home care system. These funding sources are described in further detail below. Funding for child welfare services (not including juvenile justice) in Milwaukee County is discussed in the DMCPs section of this paper.

Children and Family Aids. The children and family aids (CFA) program is comprised of state and federal funds that are distributed by DCF to counties for the provision of services related to child abuse and neglect and to unborn child abuse, including prevention, investigation, and treatment services.

In 2016-17, DCF is budgeted \$68,327,900 to fund the CFA, including: (a) \$25,658,600 GPR; (b) \$32,472,600 in federal funds from state foster care reimbursement claims under Title IV-E of the Social Security Act; (c) \$2,900,000 in federal funds the state receives under Title IV-B, subpart 1 of the Social Security Act; (d) \$4,006,900 in federal funds from the Social Services Block Grant (SSBG); and (e) \$3,289,800 in federal funds from temporary assistance for needy families block grant (which are transferred to the SSBG and used for the CFA).

State law requires counties to match a portion of the CFA. In practice, most counties provide funding above the match requirement. Counties reported spending \$433.0 million in county tax levy for human services in calendar year 2015. Of this amount, \$107.6 million was reported for abused and neglected children and for children and families.

Additional information about the CFA and

related programs can be found in the Legislative Fiscal Bureau informational paper entitled, "Community Aids / Children and Family Aids."

Title IV-E. Title IV-E of the Social Security Act provides reimbursements to states for the cost of providing foster care, adoption assistance, and kinship and guardianship assistance. Title IV-E provides an open-ended entitlement to reimbursement (except for the independent living program). There is no cap on the number of claims that can be submitted for reimbursement. However, as described below, funds are available only for certain reimbursable expenses made for children meeting the eligibility requirements.

Reimbursement. Reimbursement is provided for three main categories of costs: maintenance, administration, and training. Maintenance payments cover the costs of caring for a child, such as food, shelter, clothing, supervision, liability insurance, and school supplies. Maintenance costs are reimbursed at the same rate as most services provided under the state's medical assistance program, which currently is approximately 58.5%.

Title IV-E reimbursement is also provided to fund 50% of the costs of administration and placement services and up to 75% of certain training costs. Administrative activities include the costs associated with recruitment of and placement into adoptive homes, case management and supervision prior to adoption, and related overhead costs. Reimbursable training costs include training that increases the ability of foster parents, adoptive parents, guardians, staff members, institutions, and attorneys to provide support and assistance to foster and adopted children.

Claims for reimbursement are based on information reported by counties, tribes, and DMCPs. Administrative activities are determined through a random moment time study.

A child must be both Title IV-E eligible and reimbursable for a state to claim maintenance costs. If the child is eligible, but not reimbursable, only the administrative costs related to the following are claimable: SSI recipients, children missing from care, trial reunifications, and out-of-home placements with relatives who are undergoing the foster-care licensing process.

Reimbursability. The agency managing the child's case and the court must meet certain IV-E procedural requirements for the child to be reimbursable. For example, the child's placement must be with a reimbursable placement (such as a licensed foster home, group home, RCC, or with a subsidized guardian). Additionally, children receiving SSI benefits are not Title IV-E reimbursable.

Eligibility. As of September of 2016, approximately 54.3% of children in out-of-home care were Title IV-E eligible. Title IV-E eligibility is determined when the child leaves the home of his or her parents or caretaker and enters the care of a child welfare agency. The state eligibility unit and the Milwaukee eligibility unit, which are operated under contracts with DCF by MAXIMUS, Inc., recommend each child's eligibility based on information available from counties and tribes and in court documents. DCF staff review and approve the recommendations.

Once a child is initially determined eligible, Title IV-E eligibility (except for the AFDC eligibility standard described below) must be re-determined annually for the child over the duration of the out-of-home care episode. If a child is determined not eligible, then the child is not IV-E eligible for the duration of the out-of-home care episode. A new IV-E eligibility determination must be conducted if the child reenters out-of-home care after being discharged from another out-of-home care placement.

A child in foster care or subsidized guardianship is Title IV-E eligible if the following two

conditions are met. First, the child must have been removed from the home with judicial approval. In the case of a VPA, the judge must find that the voluntary placement is in the child's interest before the earlier of expiration of the VPA or 180 days from the day of the placement. In the case of involuntary removal, a judge must find: (a) in the removal order, that the child's home was contrary to the welfare of the child; (b) within 60 days after the removal from the child's home, that reasonable efforts were made to prevent the removal of the child and preserve the family; and (c) within 12 months from the child's entry in to foster care, that the state is making reasonable efforts to obtain a permanent home for the child

Second, the child must meet several requirements that were in effect in July of 1996 under the former AFDC program. This includes that the child was living in the home of a parent (or certain other relatives) before removal, has been deprived of parental support, and that the child is financially "needy" based upon the household's income and resources (such as a resource limit of \$10,000). Furthermore, the child must be a U.S. citizen or qualified alien and must be under the age of 18 or between the ages of 18 and 21 and participating in certain education or work programs (or incapable of participating for medical reasons).

A special needs child is Title IV-E eligible for adoption assistance if one of the following conditions is met: (a) the child qualifies under the eligibility requirements identified above; (b) the child (or the child's sibling) has been in an out-of-home care placement for 60 consecutive months; (c) the child is eligible for SSI; (d) the child's parent is a minor in foster care receiving Title IV-E maintenance payments; or (e) the child was eligible for Title IV-E adoption assistance payments in an adoption that was dissolved or ending due to the death of the adoptive parent. Furthermore, federal law is gradually eliminating the AFDC requirements for special needs adop-

Table 12: FFY 2015 Wisconsin Title IV-E Funding

<i>Expense Category</i>	<i>Allocation Type</i>	<i>2015 Claim (millions)</i>	<i>Budget Use</i>
<i>Adoption assistance maintenance costs</i>	• Adoption program	\$42.9	• Adoption assistance budget
<i>Adoption assistance administrative costs</i>	• DMCPs • Adoption program	\$5.1	• DMCPs operations • State operations
<i>Out of home care (OHC) maintenance costs</i>	• DMCPs OHC costs • State OHC (pre- adoptive)	\$19.3	• DMCPs OHC budget • State foster care budget • Children & families allocation
<i>OHC administrative costs, including IV-E eligibility determination</i>	•DMCPs operations •State operations	\$32.3	•DMCPs operations •State operations •Children & families allocation •Legal services pass through
<i>Other IV-E Claiming:</i> •Enhanced training •eWiSACWIS •Subsidized guardianship	• Professional development system and training partnerships •Stipend programs •Foster parent training •eWiSACWIS operations •Subsidized guardianship	<u>\$11.6:</u> \$7.2 \$3.3 \$1.1	•Contracts with UW system and counties •eWiSACWIS state budget and pass-through to counties •DMCPs OHC budget

tions. The AFDC eligibility requirements no longer apply to special needs adoptions of children aged two or older in 2017, and will no longer apply at all in 2018.

Funding. Table 12 shows the \$111.2 million Wisconsin received for Title IV-E funding in 2015. As shown in Table 12, the state receives Title IV-E funds on behalf of children with special needs awaiting adoption or who have been adopted. These Title IV-E funds are budgeted directly for the state foster care and adoption assistance programs and the federal amount for both of these programs is based on projected caseloads. In addition, some Title IV-E revenue is distributed to counties through the youth aids program allocation on behalf of children in the juvenile justice system; to the University of Wisconsin through the training partnerships program; and to counties for local operational costs related to the electronic Wisconsin statewide automated child welfare information system (eWiSACWIS), foster parent training, and legal services includ-

ing support for child welfare state-employed assistant district attorneys located throughout the state.

In 2016-17, \$32.5 million in federal Title IV-E funds are budgeted in the CFA. This amount is determined through the state budget process based on the total funding need for community aids and children and family aids (and not on the number of children in out-of-home care). For costs incurred on behalf of children in Milwaukee County, Title IV-E funds are budgeted directly in the appropriation for DMCPs.

Counties, excluding Milwaukee County, may receive additional Title IV-E funds if the state collects more Title IV-E funds than the amounts budgeted for children and family aids and other budgeted commitments. Title IV-E matching funds have increased since the 2011-13 biennium, with a surplus of Title IV-E funds in most years. However, federal audits required repayment of the accumulated surplus in 2016-17. As a

result, no additional funds have been distributed to counties since calendar year 2009.

Title IV-B, Subpart 1 - Stephanie Tubbs Jones Child Welfare Services Program. Title IV-B, Subpart 1 of the Social Security Act is a federal block grant that can be used for a broad range of child welfare services. States are required to provide a 25% funding match to the federal grant.

Federal law limits the amount of the grant and matching funds that can be used for foster care maintenance payments and adoption assistance payments to the amount expended for such purposes in 2005. Wisconsin did not make any such expenditures in 2005 and hence does not use Title IV-B, Subpart 1 funding for foster care maintenance payments.

In FFY 2016, Wisconsin received approximately \$4.8 million FED under Title IV-B, Subpart 1. Of this amount, DCF distributed approximately \$2.9 million to counties as part of the children and family aids basic county allocation and \$0.1 million to tribes in calendar year 2015. Approximately \$0.8 million was distributed to counties under the youth aids program. DCF allocated \$0.7 million to the runaway program and retained approximately \$0.3 million to support other child welfare programs and state administrative costs. Wisconsin provided the required state matching funds through county child welfare agency expenditures required by the CFA.

Temporary Assistance for Needy Families (TANF). TANF is a federal block grant that can be used to support a wide variety of public assistance programs. States may not use TANF funding to take the place of foster care maintenance payments provided under Title IV-E. A state may use TANF to support out-of-home care activities if it did so before the 1996 welfare reform law under the pre-1996 emergency assistance program. Wisconsin did not use TANF funding for such purposes and thus is not permitted to do

so today.

TANF funding may, however, be used to provide assistance that addresses a child's needs during a period of temporary absence from the home or for a child welfare program that furthers the goals of TANF (such as providing assistance to needy families so that children can be cared for in their own homes). In 2016-17, the biennial budget provides approximately \$5.4 million for child welfare safety services, approximately \$1.4 million for child welfare prevention services in Milwaukee County, and \$21.4 million for kinship care.

Safety services are available to families in Milwaukee County and 17 other counties where abuse and neglect issues have been identified but the CPS agency determines that the child can remain at home safely. These services may 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 screening and treatment services; (d) family crisis counseling; (e) routine and emergency mental health services; (f) respite care; (g) housing assistance; and (h) transportation.

The prevention services funded by TANF are the brighter futures program and home visiting services in Milwaukee County. These programs are described in more detail below under "Child Abuse and Neglect Prevention Programs."

Kinship care payments are funded with federal TANF block grant funds. Counties (other than Milwaukee County) and most tribes are reimbursed for the costs of kinship care payments separately from children and family aids. In Milwaukee County, DCF makes kinship care payments to eligible relatives.

To the extent TANF funds are not sufficient to fund kinship care costs, counties and tribes can either support these costs from other state aids,

the local property tax, or other funds or place cases on waiting lists. However, by administrative rule, a court order for placement with a relative cannot be placed on a waiting list.

The kinship care program was created under provisions of 1995 Wisconsin Act 289, which created the Wisconsin Works program to replace the former AFDC program. Under AFDC, non-legally responsible relatives who provided care for children were eligible for an AFDC payment based on the income of the child.

With the transition to the levels of care foster care licensing system, court-ordered kinship care parents are required to apply to become licensed foster care parents. As kinship care parents convert to licensed foster care parents, children and family aids will fund the licensed foster care providers, rather than TANF. TANF continues to fund these placements until the placement converts to a licensed foster care placement and to fund those that do not convert to a licensed foster care placement.

Title IV-B, Subpart 2 - Promoting Safe and Stable Families (PSSF). Funding available under Title IV-B, Subpart 2 of the Social Security Act is intended to promote safe and stable families through family preservation, family support services, family reunification, and adoption promotion and support services. DHHS allocates funding to states based on each state's relative share of children whose families receive supplemental nutrition assistance. Each state must meet a 25% match requirement.

States are required to allocate at least 20% of their Title IV-B, Subpart 2 funding to each of the four categories of activities: family preservation, family support, family reunification, and adoption promotion and support.

In FFY 2016, Wisconsin received \$5.0 million in PSSF funding. DCF allocated approximately 19% of PSSF funds for state-level adop-

tion promotion and support services activities (\$957,000), approximately 6% for state operations, including training and technical assistance to counties and tribes (\$299,700), approximately 9% to fund two programs with statewide impact, Project GAIN and the Wisconsin Trauma Project (\$440,300), and the remaining 66% to counties (\$3,011,300) and tribes (\$343,900) to fund family support, preservation, and reunification programs. Attachment 3 to this paper identifies the PSSF allocations to counties in calendar year 2017.

In addition, in FFY 2016 Wisconsin received \$320,100 in Title IV-B, Subpart 2 monthly caseworker funds, which were used to provide training activities for county workers.

Title IV-E - Chafee Foster Care Independence Funds. Federal funding is also provided to states to prepare youth to live independently after leaving out-of-home care and to provide transitional services to youth aging out of out-of-home care. The independent living program is described above.

Unlike the Title IV-E funding described above, Chafee Foster Care Independence funds are a capped entitlement. Each state receives funding based on its share of the nation's out-of-home care population. Each state is required to provide matching funds equal to 20% of the federal allocation. In FFY 2016, Wisconsin received approximately \$2.2 million in independent living funds.

In addition to independent living funds, Title IV-E funds are also provided to the Chafee Educational and Training Voucher program to help youths transition to self-sufficiency through the education and training voucher program. Wisconsin received approximately \$0.7 FED in FFY 2016 in ETV funds for distribution to counties, tribes, and DMCPs and for the DCF scholarship program.

Adoption and Legal Guardianship Incentive Program. Federal law provides states with incentive payments for successful adoptive and guardianship placements. States are given 36 months in which to expend the funds, which must be used to supplement (but not supplant) spending for services under Title IV-B or IV-E.

Previous federal law awarded payments to states for each adoption that exceeded that state's number of adoptions in federal fiscal year 2007. Wisconsin received adoption incentive funds in the amount of \$312,000 for FFY 2010, \$136,000 for FFY 2011, no incentive funds for FFY 2012, \$292,000 for FFY 2013, and \$420,000 for FFY 2014.

Federal law now provides incentive payments for improvement in the rates of adoptions and guardianships. States receive the following incentive payments for each placement exceeding the expected number of placements: \$4,000 for each guardianship, \$5,000 for each adoption, \$7,500 for each guardianship or adoption of children between the ages of nine and 14, and \$10,000 for each guardianship or adoption of a child older than 14.

The expected number of placements is determined by multiplying the previous year's foster care population by the base performance rate for the previous year or the average of the previous three years. The base performance rate is the number of placements in the performance year divided by the number of children in foster care in the year preceding the performance year.

For example, the expected number of adoptions in 2017 would be 429 if there were 500 adoptions in 2016, 3,500 children in foster care at end of 2015, and 3,000 children in foster care at the end of 2016 ($429 = 3,000 * 500/3,500$). Thus, if there were 500 adoptions in 2017, the adoption assistance payment would be \$355,000 (\$5,000 for each adoption exceeding 429).

Under the current program, Wisconsin received adoption incentive funds in the amount of \$756,500 in FFY 2015.

Social Services Block Grant (SSBG). The SSBG is a federal block grant that can be used to support a wide variety of social service programs. Federal law establishes five broad goals for the use of SSBG funding: (a) economic self-support; (b) self-sufficiency; (c) prevention of neglect and abuse; (d) preventing inappropriate institutional care; and (e) supporting appropriate institutional care. States may transfer up to 10% of their allotment for health services and the low-income home energy assistance program.

There are no eligibility criteria for SSBG participants. However, there is an income limit of 200% of the federal poverty level for recipients if the service is funded by TANF funds that were transferred to SSBG. Further, federal law places various prohibitions and restrictions on the use of SSBG funds, including for: (a) land purchases and construction; (b) non-emergency subsistence and room and board expenses; (c) educational services generally provided by public schools; (d) most medical care; and (e) social services provided in hospitals, nursing homes, and prisons.

In 2015-16, \$28.5 million in federal SSBG funds was budgeted in DHS, of which \$4.0 million was transferred to DCF to support children and family aids and \$2.2 million was budgeted for state operations in DCF. An additional \$3.3 million in FED TANF funding was used to support children and family aids by way of transferring the TANF to SSBG.

Other Funding Sources. In addition to the funding sources already identified in this section, children in the child welfare system may receive services funded through other programs or sources. For example, children in out-of-home care are eligible for medical assistance, which pays for the child's health services. Many children in the child welfare system have develop-

mental, physical, emotional, or mental disabilities. Some of the costs of care for these children are supported by programs that serve people with these disabilities, including the community integration program, the Family Care program, and SSI. Additional information on these programs can be found in two other informational papers prepared by the Legislative Fiscal Bureau entitled, "Medical Assistance and Related Programs (BadgerCare Plus, EBD Medicaid, Family Care, and SeniorCare)," and "Supplemental Security Income."

Some case management activities conducted by child welfare caseworkers are not eligible for reimbursement under Title IV-E, but previously were reimbursable under federal Title XIX medical assistance. Medical assistance payments for these services are referred to as "targeted case management" (TCM) funds. Under the federal Deficit Reduction Act of 2005, TCM funds are no longer available for child welfare activities and Wisconsin no longer claims them.

Instead, DHS has implemented a new health care program, Care4Kids, to improve the quality, timeliness, and access of health services for children and youth in out-of-home care. The targeted case management services that counties previously provided have been replaced with this program. The program was launched on January 1, 2014, in six Southeastern Wisconsin counties: Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha. These counties serve approximately 3,000 children.

Community-Based Juvenile Justice

Pursuant to 2015 Act 55, administrative responsibility for community-based juvenile delinquency-related services transferred from the Department of Corrections to DCF in January, 2016. This includes oversight of the community youth

and family aids program, contracts with counties for delivery of services, consultation and technical assistance for counties, and development of program standards.

The community youth and family aids program (youth aids) provides each county with an annual allocation of state and federal funds to pay for juvenile delinquency-related services, including out-of-home placements and non-residential, community-based services for juveniles. Additional information regarding youth aids and the juvenile justice system can be found in the Legislative Fiscal Bureau's informational paper entitled, "Juvenile Justice and Youth Aids Program."

Division of Milwaukee Child Protective Services (DMCPS)

Beginning January 1, 1998, the state became responsible for administering child welfare services in Milwaukee County. Previously, the Milwaukee County Human Services Department had this responsibility. The state took over this role as required by legislation enacted in the 1995 and 1997 legislative sessions in response to a lawsuit filed against the state and Milwaukee County. The suit alleged that the state and the county were in violation of federal law and that the administration of child welfare services in Milwaukee County failed to keep children safe.

The federal court approved a three-year settlement agreement on September 2, 2002, effectively closing the case, although the state is subject to arbitration or court intervention if non-compliance issues arise. The settlement required the state to attain specified outcomes for permanence, safety, and child well-being for children in out-of-home care in Milwaukee County. A progress report for the first six months of 2015 indicates that DMCPS has met all but one standard under the settlement. The settlement required that

at least 90% of children in out-of-home care have three or fewer placements, but only 88% did. This standard will continue to be monitored.

Oversight and Administration of DMCPs.

Previously known as the Bureau of Milwaukee Child Welfare (BMCW) in the DCF Division of Safety and Permanence, pursuant to 2015 Act 55 DMCPs is now a division within DCF. Services are provided from a central administrative site located in the City of Milwaukee. DCF also contracts with private vendors to provide services to families in the child welfare system.

Milwaukee Child Welfare Partnership Council. The Milwaukee Child Welfare Partnership Council makes recommendations to DCF and the Legislature regarding child welfare services in Milwaukee County. DCF must prepare a response to the recommendations submitted by the Council within 60 days of receiving the Council's report. DCF must transmit the Council's report and DCF's response to the Governor and to the appropriate standing committees of the Legislature.

The Council must hold at least one public hearing each year at which it must encourage public participation and solicit public input. The Council must also advise DCF in planning, and provide technical assistance and capacity-building to support, a neighborhood-based system for the delivery of child welfare services in Milwaukee County.

The Council consists of: (a) three members of the Milwaukee County Board nominated by the Milwaukee County Executive; (b) two state representatives, one appointed by the Speaker of the Assembly and one appointed by the Assembly Minority Leader; (c) two state senators, one appointed by the Senate President and one appointed by the Senate Minority Leader; (d) 10 state residents, no fewer than six of whom are residents of Milwaukee County; (e) the Milwaukee County district attorney (or his or her designee);

and (f) the presiding judge of the children's division of the Milwaukee County circuit court. The Governor appoints the chairperson of the Council from the 10 public members. Members from the Milwaukee County Board and public members are appointed for three-year terms.

In addition to the executive committee, the Council has three subcommittees: (a) adoption and out-of-home care; (b) critical incident review; and (c) health and education. Further, ad hoc committees may be formed for specific purposes. The subcommittees meet as necessary. The full Council meets every other month.

Organization of Child Welfare Services in Milwaukee County. The child welfare system in Milwaukee County runs parallel with the systems in the other counties in the state. Table 13 compares the two systems.

Attachment 4 to this paper illustrates the decision-making process for child welfare cases in Milwaukee County. The system and processes in DMCPs are described in the next sections.

Access Unit. The access unit receives all incoming reports of possible child abuse or neglect and gathers information from the referral source. If there is reason to suspect possible child maltreatment, the access unit will screen in the referral. Referrals screened into the system by the access unit are either referred to the initial assessment unit for further assessment, or are referred to Community Impact Programs, the agency that performs independent assessments under contract with the state. Independent investigations are conducted if there is a possibility of a conflict of interest in cases where DMCPs conducts the assessment. For example, a report alleging abuse or neglect in a foster home would be referred for independent investigation.

From January through September of 2016, the access unit received an average of 1,233 reports of child abuse and neglect per month. The access

Table 13: Comparison of the Child Welfare System in Wisconsin Between Milwaukee County and Non-Milwaukee Counties

	Counties other than Milwaukee County	Milwaukee County
Child Welfare	County Human or Social Services Department	DCF, DMCPs
Funding Sources	Community Aids, Independent Living funds, Title IV-B (2) funds, county funds	GPR and federal funds (including Title IV-E, Independent Living, Title IV-B (2), and TANF funds), Milwaukee County's contribution
Adoption Unit	Special Needs Adoption Program (state)	Adoption unit in DMCPs

unit screened 44.2% (545 per month) into the system for further assessment. The remaining referrals were screened out for various reasons, including referrals that did not meet the statutory criteria for child abuse and neglect.

Family Intervention Support and Services (FISS). DMCPs provides services when a parent, rather than the state or county, seeks a petition for the court to assume authority for an adolescent (age 12-17) under CHIPS criteria. These situations involve adolescents who are considered uncontrollable by their parents. CHIPS courts require parents to utilize the FISS program prior to petitioning the court for intervention.

The legislation enacting the transfer of child welfare services to the state did not specify that DMCPs would provide access services for these cases. However, the Milwaukee County Children's Court found the statutory language unclear regarding responsibility for these adolescents and ordered DMCPs to provide intake services.

The FISS program is designed to assess and provide services to these families who are experiencing difficulties with their adolescent children. As of July 1, 2016, the FISS program is administered by the Milwaukee County Behavioral Division, which provides the access and assessment portion of the program. The access and assessment portion is designed to assess adolescents who are experiencing behavioral problems, truancy issues, school or academic related problems,

runaway behavior, and parent/child conflicts. Direct services are not provided in the access and assessment portion of the FISS program.

Based on the assessment, and the family's level of need, the family and adolescent may: (a) receive services from general community resources; (b) return to Milwaukee County Children's Court for additional pre-CHIPS or pre-delinquent services; (c) be referred to DMCPs for additional services; or (d) be referred to the on-going FISS services unit administered by the Milwaukee County Behavioral Health Division. Between January and June of 2016, the FISS services unit, on average, received eight referrals per month, had seven families complete services each month, and had 25 cases open at the end of each month.

Initial Assessment Unit. Initial assessment specialists, who receive referrals from the access unit, are responsible for determining: (a) if child abuse or neglect has already occurred, who did it, and the extent and the severity of the abuse or neglect if it has occurred; (b) the level of impending danger to a child in the family of future abuse or neglect; and (c) the types of services to be included in a safety plan for a child 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.

If staff determines that a child is not safe and is at risk of further abuse or neglect, the case is opened and staff determines whether the child can remain at home if the family receives intensive in-home services, or if the child needs to be removed and placed in out-of-home care. Otherwise, if staff determines the child is safe, the case is closed. Referrals may be made for community services. Cases with children removed and placed in out-of-home care are referred to one of two agencies for ongoing case management.

As discussed above, state law requires the initial assessment investigations to be completed within 60 days of receiving the referral. However, a large backlog of untimely initial assessments began to accumulate from 149 in February, 2013, up to 2,918 in June, 2014. Of these cases, 2,400 were pending for more than 90 days as of the end of June, 2014. DCF indicates that the backlog that developed over 2013 and 2014 was due to a higher than expected caseload of screened-in referrals and an unusually high amount of employee turnover in the former BMCW.

BMCW substantially increased the completion of assessments through the end of 2014 through the use of an outside consultant and additional recruitment of initial assessment specialists. Thereafter, 2015 Act 55 restructured the Bureau of Milwaukee Child Welfare as DMCPWS and provided additional funding for employee retention and compensation.

Between January and June of 2016, the initial assessment unit timely completed assessments of 1,254 cases within the statutory mandated 60 days and completed assessments for an additional 2,176 cases, albeit untimely. As of June 30, 2016, there were 1,012 cases within the 60-day timeframe that were pending for assessment and an additional backlog of 631 cases which had not been assessed within the 60-day timeframe.

Intensive In-Home Services. Intensive in-home services (formerly known as safety services) are available to families where threats to child safety have been identified, but the initial assessment unit has determined that the child can remain at home safely if appropriate services are provided to the family. Families receive intensive in-home services until parents can demonstrate sufficient protective behaviors and threats to child safety are significantly reduced or eliminated.

DCF contracts with private agencies for intensive in-home service delivery. These agencies are responsible for developing a network of providers that provide the services identified in each family's safety and change plan. The agencies assign each referral to an intensive in-home case manager, who is then responsible for coordinating the provision of services among the vendor's network of providers. The intensive in-home case manager is also responsible for conducting weekly assessments and reassessments of threats to child safety of the families using a specific safety evaluation tool. The two intensive in-home vendors are Children's Hospital of Wisconsin-Community Service and SaintA.

Intensive in-home services may 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 screening and treatment services; (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 situations based on the safety plan and needs.

Between January and June of 2016, the intensive in-home services program received 61 referrals from the initial assessment unit, and, on average, ten new cases were opened each month. From January through June of 2016, 112 families received intensive in-home services. In 2015, 113

families received such services. In 2015, the average cost for intensive in-home services purchased by a vendor was \$962 per family, not including any services billed to MA. This amount does not include the cost for in-house, agency-provided services. The average period during which the family received intensive in-home services in 2015 was 234 days.

Ongoing Services. DCF contracts with vendors to serve as lead agencies in a county-wide approach to providing ongoing services. The contract includes funds for case management, ongoing services, and administration. The ongoing case management vendors are Children's Hospital of Wisconsin-Community Services and SaintA. Ongoing case management is defined as family-centered assessment, case planning, service procurement, coordination and monitoring, court appearances, adoptions, and other necessary services for children in out-of-home care, children at home under court supervision, and their families. Successful ongoing case management ensures the identification and implementation of services and evaluation of family outcomes that bring a child to a safe and supportive permanent home through timely reunification, adoption, or guardianship.

Each contracted agency is responsible for ongoing services until the case is closed. A case closes when the child is successfully reunified with the family, a transfer of guardianship is made and the CHIPS case is dismissed by the court, or when there has been a termination of parental rights and subsequent adoption is expected to occur. Contracted agencies are responsible for providing case management services, including the provision of ongoing services necessary to achieve the objectives of the permanency plan. In addition, contracted agencies are responsible for ensuring a child's safety while in out-of-home care, as well as assuming responsibility for providing 12 months of post-reunification services to all reunified families.

Case Management Services. Case manage-

ment services are provided for ongoing cases of children in out-of-home care and their families. The contract agencies are required to provide enough case managers such that there is one staff member for every 15 children. In addition, the agencies must ensure that there is one supervisor for every six staff members. Ongoing case management services include the following:

- Continually re-assessing threats to child safety and when a child is found unsafe, determining the level of intervention required to control and manage those threats, including the need for an in-home safety plan, out-of-home safety plan, or a safety plan that combines in-home and out-of-home options;
- Conducting a family assessment and developing a case plan to reduce the threats to child safety and enhance the protective capacities of the parents and caregivers so that the family can assure child safety without CPS intervention;
- Assisting the family by engaging parents and caregivers in a process to reduce safety and risk concerns with the family, including, at a minimum, monthly face-to-face contact with all children in out-of-home care;
- Developing and implementing a plan to work toward reunification with the family or placement in another home environment; and
- Preparing all necessary documentation for safety assessment, permanency plan reviews, extensions of out-of-home care placement, court reports for transfer of guardianship, or termination of parental rights cases.

Ongoing Services. Ongoing services are provided to children and their families when a child is found to be unsafe and the threats to child safety cannot be fully managed by family members or informal supports. The primary role of ongoing services is to support families in achieving safety and permanence for their children, which

includes: (a) evaluating the existing safety plan developed during the initial assessment; (b) managing and assuring child safety through continuous assessment, oversight, and adjustment of safety plans; (c) engaging families in a case planning process that will identify services and supports to address threats to child safety by enhancing parent and caregiver protective capacities; and (d) measuring progress related to enhancing parent and caregiver protective capacities and eliminating safety-related issues.

Ongoing services include: (a) parenting education, non-professional support and counseling, basic home management, and life skills education; (b) mental health, substance abuse, family, individual, group, and marital counseling; (c) substance abuse treatment; (d) child care; (e) respite care; (f) transportation; and (g) youth-related activities and mentoring programs.

Between January and June of 2016, an average of 1,436 families received ongoing services each month. In 2015, 1,973 families received ongoing services and, for the period beginning January 1 through June 30, 2016, 1,686 separate families had received these services.

Contract Provisions. Under the terms of the contract, DCF reimburses the lead agencies at a per-case rate based on the number of open cases at the end of the month. DCF may change the referral ratio of a contractor that fails to meet performance expectations.

Out-of-Home Care Placement Costs. Between February and July of 2016, an average of 2,238 children in Milwaukee County were in out-of-home care each month. Children removed from their homes can be placed in foster homes, group homes, RCCs, or with relatives. The out-of-home care budget for 2016-17 is approximately \$10.5 million for the wraparound program (Wraparound Milwaukee, which provides services for families and children with serious mental health needs), \$1.8 million for assessment centers, and

\$40.2 million for foster care, group homes, and RCCs. In 2016-17, kinship care benefits in Milwaukee County are budgeted at approximately \$7.6 million and kinship care assessments are budgeted at \$0.9 million. Some of this funding, however, will cover payments for children who are eligible for kinship care but are not placed with the relative under a court order (referred to as non-court-ordered kinship care).

Placement Referral Unit. DMCPS contracts with Professional Services Group, Inc. to provide out-of-home care placement referral services. These services include: (a) referring children and families to an appropriate child-placing agency for out-of-home care placement or intensive in-home services; (b) identification and placement authorization for assessment center placement; (c) identification of appropriate placement resources in RCCs, group homes, and level three to five foster homes; (d) completing background checks on relatives being considered as a placement resource; (e) providing 24-hour placement referral services; and (f) implementing family finding software searches to provide names and addresses of potential relatives.

Between January and June of 2016, there were an average of 717 active foster homes in Milwaukee County. During the same period, 174 homes were newly licensed and 163 foster homes were closed.

Adoption Placement Unit. DMCPS contracts with SaintA and Children's Hospital of Wisconsin-Community Services to provide special needs adoption placement and case management services as part of the ongoing case management contract. Child cases continue to be maintained by the ongoing case manager through the adoption finalization process. Special needs adoption case management services include concurrent planning, recruitment of potential adoptive families, home studies and assessments of potential adoptive families, background checks, licensure of potential foster care providers with approval to

adopt; provision and management of services for children available for adoption, identification and selection of appropriate adoptive homes for children waiting for adoption, and supervision and support to an adoptive family during the adoption finalization period. In addition, the agency submits a completed adoption assistance packet, for review and approval, for the payment of adoption assistance for eligible children. This contract is combined with the contract under the out-of-home care placement unit described above, and the employees for adoption placement are included in the totals above.

From January through June of 2016, there were 140 TPRs granted and 102 adoptions finalized in Milwaukee County. In 2015, there were 253 TPRs granted and 227 adoptions finalized.

Contract Monitoring and Performance Measurement. Quality assurance is provided by nine program evaluation managers (PEMs), who are responsible for: (a) monitoring the implementation of management policies for all DMCPs programs; (b) reviewing work of child welfare staff; (c) evaluating program performance and recommending remedial action when required; (d) monitoring child welfare services with local agencies and courts; (e) monitoring compliance with state and federal laws and policies; (f) evaluating program effectiveness; (g) recommending improvements, as necessary; (h) planning and monitoring consultation services; and (i) maintaining and reporting program data. PEMs work as a team with DMCPs management to address issues and develop work products.

DCF's Bureau of Performance Management, Performance Review and Evaluation Section assists in the responsibilities of the program and policy analysts for contract monitoring and performance measurement.

Funding for DMCPs. Table 14 identifies funding budgeted for DCF to administer child welfare services in Milwaukee County in 2016-17. Federal revenues (FED) in the amount of

Table 14: Milwaukee Child Welfare Funding Summary, 2016-17

	State*	FED	Total
Placement Costs			
Foster Care - Level 1 & 2	\$5,244,100	\$2,163,500	\$7,407,600
Foster Care Level 3 & 4 Admin	6,292,800	2,596,200	8,889,000
Foster Care Level 3 & 4 Maint	4,767,300	1,966,900	6,734,200
RCCs	7,649,400	425,700	8,075,100
Out-of-State RCCs	1,425,300	79,400	1,504,700
Group Homes	7,277,200	1,324,000	8,601,200
Supervised Independent Living	921,700	0	921,700
Assessment Centers	<u>1,488,100</u>	<u>296,900</u>	<u>1,785,000</u>
Subtotal	\$35,065,900	\$8,852,600	\$43,918,500
Service Costs			
Wraparound Services	\$9,829,100	\$670,900	\$10,500,000
In-Home Services	<u>0</u>	<u>4,031,900</u>	<u>4,031,900</u>
Subtotal	\$9,829,100	\$4,702,800	\$14,531,900
Vendor Costs			
Case Management Contract	\$34,996,400	\$3,755,800	\$38,752,200
Out-of-Home Placement Contracts	1,839,100	325,900	2,165,000
UW-Milwaukee Training	1,340,500	1,153,400	2,493,900
FISS Unit (Intake)	206,000	0	206,000
Independent Investigations	284,700	0	284,700
TANF Prevention Contracts	0	812,100	812,100
Milwaukee County DA	362,300	947,600	1,309,900
TANF Prevention - Brighter Futures	0	577,500	577,500
Milwaukee County Clerk of Courts	731,900	0	731,900
Trust Fund Accounts (Maximus)	558,100	0	558,100
Domestic Violence Services	365,000	0	365,000
Foster Parent Crisis Intervention	692,000	0	692,000
Other	<u>598,000</u>	<u>51,400</u>	<u>649,400</u>
Subtotal	\$41,974,000	\$7,623,700	\$49,597,700
Total Aids Funding	\$86,869,000	\$21,179,100	\$108,048,100
Total Operations Funding	\$17,879,600	\$4,025,000	\$21,904,600
Grand Total	\$104,748,600	\$25,204,100	\$129,952,700

*Includes GPR funding, third-party collections, and match revenues

\$25.2 million include funding received under Title IV-E (\$19.8 million), except for in-home services and TANF prevention service contracts, which are funded with federal TANF block grant funds (\$5.4 million). State revenues consist of general purpose revenue (GPR) in the amount of \$80.2 million and third-party program revenue (PR) received for children in out-of-home care (\$20.1million). In 2016-17, DCF is also allocated approximately \$4.5 million PR from third-party collections, which is revenue received for the support of children in out-of-home care, such as child support and SSI payments.

Aids funding supports placement costs, service costs, and vendor contracts for case management and ongoing services, adoption and out-of-home care placement services, TPR-related services, independent investigations, prevention services, and other child welfare services. Operations funding supports the costs of state staff, DMCP's portion of eWiSACWIS, rent, training, supplies and services, and other expenditures.

Milwaukee County Contribution. To offset the costs of the state providing child welfare services in Milwaukee County, state statutes reduce various local assistance payments to Milwaukee County in the amount of \$58.9 million.

eWiSACWIS

States are required to collect reliable and consistent information on children served by child welfare systems. The electronic Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS) is the state automated child welfare system that assists case workers and administrators in managing child welfare services. The system maintains information on intake, assessment, eligibility determination, case management, court processing, financial reporting, adoption status, and administration.

Ongoing operations costs are supported with federal, state, and county funds. DHHS reimburses states for the ongoing data collection activities, regardless of whether the systems are used for children in out-of-home care and adopted children who are not eligible for Title IV-E. The reimbursement for ongoing operating costs is determined based on cost allocation procedures.

In 2016-17, \$7.9 million is budgeted for ongoing eWiSACWIS costs. Of this total funding, 40% is from federal Title IV-E funds, 7% is supported with TANF funds, 7% is supported with

payments from counties, and the remaining funding (46%) is state funds.

Federal Reviews

DHHS reviews each state's Title IV-E claiming practices and child welfare system. States are required to pass both reviews, and there are financial penalties if a state does not pass a review.

Title IV-E Review. In March of 2002, DHHS conducted a state Title IV-E program review in Wisconsin to determine if the state was properly claiming federal funding. The review found that Wisconsin had an unacceptably high error rate, and the state was required to implement a program improvement plan to correct the problems identified in the review. Three subsequent reviews were conducted in 2005, 2008, and 2011, all of which found Wisconsin to be in substantial compliance.

Child and Family Services Review. DHHS conducts a federal child and family services review (CFSR) in all 50 states to examine conformance with federal requirements under Titles IV-B and IV-E of the federal Social Security Act. If a state is found to be in nonconformance, DHHS can assess financial penalties against the funds received by the state under Titles IV-B and IV-E. Penalties are withheld pending successful completion of a program improvement plan, including achievement of federally-approved performance improvement targets. Following the end of the program improvement period, DHHS conducts a close-out process to determine if the state has met its obligations. The close-out period can take up to one year.

Penalties may be assessed against a pool of federal funds that includes a state's Title IV-B award and 10% of a state's Title IV-E claims for administrative costs in the years subject to penal-

ties. For each item for which a state is found to be in noncompliance, a 1% penalty could be assessed against the pool of federal funds and continue until the state comes into conformance. The penalty increases to 2% and then 3% per item if nonconformance continues following subsequent federal reviews.

In 2003, all 50 states were found to be in nonconformance with some portion of the federal requirements. The CFSR in Wisconsin consisted of: (a) an on-site review of 50 cases in three counties, which were intended to represent performance across the state; (b) focus groups with key stakeholders; (c) analysis of program outcome data; and (d) a state self-assessment. Overall, DHHS determined that Wisconsin was not in substantial conformance with many of the outcome areas and systemic factors. The state received its CFSR findings from DHHS in January of 2004, and was given 90 days to produce a statewide program enhancement plan in response.

The state was required to implement the action steps in the enhancement plan over a two-year period and show progress toward meeting the improvement goals during the period. After some modifications, DHHS approved Wisconsin's enhancement plan on November 1, 2004. Wisconsin's enhancement plan was found to be successful.

DHHS conducted a second CFSR in April, 2010, which included 65 cases in Milwaukee, La Crosse, Columbia, and Sauk Counties to assess the extent of the system improvements, as agreed upon in the enhancement plan. The process was similar to the first CFSR. Overall, DHHS determined that Wisconsin was not in substantial conformance with all seven outcome factors and with three of the seven systemic factors. The state received its CFSR findings from DHHS in June of 2010, and was given 90 days to produce a statewide program improvement plan (PIP). In December of 2010, the PIP was approved by the Administration for Children and Families.

DCF successfully completed all of the action steps required within the PIP, but did not pass three of the nine performance items. DCF was assessed and paid \$1.9 million in penalties by DHHS on these items.

A third CFSR is expected to be conducted in Wisconsin in FFY 2018. DCF is reviewing current procedures and performance areas in order to avoid future penalties.

Child Abuse and Neglect Prevention Programs

Most state-funded activities to prevent child abuse and neglect in Wisconsin are administered through the Child Abuse and Neglect Prevention (CANP) Board. In addition, DCF administers a comprehensive home visiting program and other programs that provide services to families in Milwaukee County. This section describes these programs.

Child Abuse and Neglect Prevention Board. The CANP Board supports services to prevent child abuse and neglect through partnerships and investments. The Board administers the Children's Trust Fund (CTF) and is required to solicit and accept contributions, grants, gifts, and bequests for CTF. These funds are available for expenditure by the Board.

The Board consists of 20 members, including 10 members from state government (the Governor, the Attorney General, the DHS Secretary, the State Superintendent of Public Instruction, the Department of Corrections Secretary, the DCF Secretary, and one member of the majority and minority party from each House of the Legislature, or their designees) and 10 public members, who are appointed on the basis of expertise, experience, leadership, or advocacy in the prevention of child abuse and neglect. The Governor appoints the 10 public members for staggered,

three-year terms.

The Board is required biennially to develop a plan for awarding grants and providing technical assistance to child abuse and neglect prevention programs and to submit this plan to the Governor and both Houses of the Legislature. These programs must be distributed throughout all geographic areas of the state and in both urban and rural communities.

In addition, the Board works with state agencies to recommend changes in state laws and programs to reduce the problems of child abuse and neglect; improve coordination among relevant state agencies; promote public awareness of child abuse and neglect; encourage professionals to recognize and deal with problems of child abuse and neglect; disseminate information about abuse and neglect to the public and organizations concerned with those problems; and encourage the development of community programs.

Funding for CANP Board. In 2016-17 the Board is budgeted \$3,041,200 (\$995,000 GPR, \$632,700 FED, \$1,398,500 PR, and \$15,000 SEG from CTF) annually to support grant programs and the Board's operations costs. The federal funding is available under Title II of the Child Abuse Prevention and Treatment Act (CAPTA), which supports networks of community-based, prevention-focused family resource and support programs. The program revenue funding is available from the sale of duplicate birth certificates (under state law, the Board receives \$7 of the \$20 fee for a duplicate birth certificate) and from fees charged by the Board for providing state mailings, special computer services, training programs, printed materials, and publications relating to child abuse and neglect prevention services.

In 2015-16, the Board expended \$629,800 (\$453,300 PR, and \$176,500 FED) to support its operations costs. This includes providing technical assistance to programs throughout the state,

increasing public awareness of child abuse and neglect prevention, and supporting six full-time staff. Staff includes an executive director, an associate director, a policy advisory, a strategy and fund development coordinator, an education coordinator, and an executive staff assistant. The Board contracts for additional services as needed.

Public Education and Awareness. In 2015-16, the CANP Board provided \$90,000 to support Awareness to Action, a child sexual abuse prevention campaign, which provides group-based education to parents and other adults using a curriculum called "Stewards of Children." The campaign provides training and technical support to youth serving agencies to ensure the agencies' facility and procedures keep the children in their care safe. The Children's Hospital of Wisconsin – Community Services provided an additional \$80,846 in matching funds for this campaign.

The Board also: (a) provides materials and training to hospitals, child care providers, and schools on shaken baby syndrome prevention; (b) provides technical assistance and training for family support workers; (c) disseminates professional development portfolios that allow family support professionals to keep track of their training and continuing education to achieve core competencies in the field of family support; (d) offers materials that provide advice for parents on a variety of subjects, such as discipline and prevention of sexual abuse; and (e) maintains the CANP Board website.

Grant Programs. In 2016-17, \$2,295,600 (\$995,000 GPR, \$850,600 PR, and \$450,000 FED) is budgeted for CANP Board grant programs. The CANP Board may award grants to an organization that agrees to match at least 25% of the amount received through money or in-kind services. These grants are awarded under a statewide, competitive process.

CANP Board grants are awarded for commu-

nity-based family resource and support programs, non-custodial parent access and visitation programs, special project grants, and research and innovation projects. Attachment 5 shows the 2016-17 grant awards.

As shown in Attachment 5 community support grants are awarded in the following areas: abusive head trauma prevention (2 grants), evidence-informed parent education (6 grants), community response program and evaluation (7 grants), and child sexual abuse prevention (1 grant). Additional grants for community response programs and access and visitation programs aim to prevent child abuse and facilitate non-custodial parents' access to and visitation with their children.

Also listed in Attachment 5, are special projects and innovation grants awarded for 2016-17. Special project grants support pilot programs to fill an identified need or gaps in local communities. An innovation grant of approximately \$30,000 was awarded to the Dane County Department of Health Services for evaluation of the early childhood initiative voluntary home visiting program. The special projects and innovation grants are scheduled to end in 2017. No new special projects or innovation grant opportunities are scheduled for release in 2016-17.

Finally, \$120,000 was awarded to the Social Development Commission for Project GAIN, an economic intervention focused community response program that works on a voluntary basis with families whose cases have been closed after an initial assessment.

Celebrate Children Foundation. The Celebrate Children Foundation is a non-stock, non-profit corporation that assists fundraising efforts for child abuse and neglect prevention. The foundation supports statewide efforts and directs investments to early childhood and family development programs. The foundation is directed by a nine-member board, including: the chair and

four members of the CANP Board, and four additional members recommended by the foundation board and approved by the CANP Board.

The Celebrate Children Foundation is funded in part by private donations and through special "Celebrate Children" license plates issued by the Department of Transportation. For each plate the Department issues, a \$25 annual fee (a tax-deductible donation) is deposited in the Celebrate Children Foundation endowment fund. The foundation cannot spend the revenue from the sale of these license plates. The foundation may only expend the interest that accrues to the endowment fund. In 2015-16, \$92,825 was deposited into the endowment fund from issuing "Celebrate Children" license plates.

Family Foundations Comprehensive Home Visiting Program. The Wisconsin Family Foundations Home Visiting (FFHV) program identifies at-risk communities through a comprehensive needs assessment and provides voluntary home-visiting services to those communities to prevent child abuse or neglect before it occurs. Home visitors, such as nurses, social workers, and teachers, generally meet weekly with program participants. Activities focus on: access to prenatal care; screenings and assessments; health education; connecting to community resources; and offering strategies for parents to support their child's development.

FFHV grants are provided to county agencies, cities, non-profit agencies, and tribal organizations. Many programs are collaborations involving multiple agencies, with a primary contractor and one or more subcontractors. FFHV currently consists of 13 evidence-based home visiting programs that operate in 16 counties and four tribal communities. Attachment 6 lists the programs currently operating and their funding amounts.

These programs seek to reduce child maltreatment, improve school readiness and achievement, and improve maternal and child

health. Programs must also focus on improvements in family stability, economic self-sufficiency, parenting skills related to child development, and the coordination of and referrals to other community resources, services, and supports. Finally, the programs must reduce family violence and hospital emergency department visits.

DCF is budgeted \$985,700 GPR in 2016-17 to distribute as competitive grants for the prevention of child abuse and neglect, under s. 48.983 of the statutes. DCF funds the FFHV program with these funds in combination with TANF funds, and federal grants provided by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program under Title V of the Social Security Act. DCF must allocate 10% of the GPR funds to counties, private agencies, or tribes that have not previously received a family foundation grant. Table 15 lists the FFHV funding sources for SFY 2016-17. Funds may be used for case management and for flexible funds to families in order to achieve the outcomes and goals of the comprehensive home visiting program.

Table 15: SFY 2016-17 FFHV Funding Sources

MIECHV	\$8,653,900
General Purpose Revenue	985,700
TANF	<u>812,100</u>
Total	\$10,451,700

Table 16 lists the MIECHV grants awarded to Wisconsin. Funds awarded under MIECHV support needs assessments, home visitor training and professional development, implementation and operation of local home visiting programs, program evaluation, and administration, and creation and maintenance of data collection and review systems. MIECHV grants are awarded to states on a "formula" basis of a base \$1 million allocation for each state plus an additional amount based upon the population of pregnant women and children younger than age five living at or

below 100% of the federal poverty level. Previously, MIECHV grants were also awarded on a competitive basis for developing and expanding home visiting programs. Starting in FFY 2016, additional formula grants are awarded proportionally based on previous MIECHV competitive grants awarded from FFY 13, FFY 14, and FFY 15.

Table 16: MIECHV Grants to Wisconsin

FFY	Competitive	Formula
2010	\$0	\$1,212,698
2011	3,124,700	1,600,310
2012	3,124,700	1,600,310
2013	6,727,566	1,628,586
2014	6,681,600	1,536,448
2015	9,400,000	1,666,553
2016	0	8,653,908

Seventy-five percent of MIECHV funding must be used for evidence-based home visiting programs and up to twenty-five percent may be used for implementation and evaluation of promising practices. MIECHV grantees are required to demonstrate measurable improvement among eligible families participating in the program in at least four of the six following benchmark areas: (a) maternal and newborn health; (b) prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits; (c) school readiness and achievement; (d) crime or domestic violence; (e) family economic self-sufficiency; and (f) coordination and referrals for other community resources and supports.

States may not use MIECHV funds to supplant state funding and must maintain non-federal funding levels with respect to formula funding (Wisconsin's maintenance-of-effort amount is \$1,258,200).

Grants are subject to the condition that the state assigns service priority to families residing in at-risk communities as identified by a statewide needs assessment. Pursuant to 2015 Act

172, DCF no longer applies a formula to determine need and instead considers the needs and capacity of counties, cities, private agencies, and tribes.

Milwaukee County Prevention Services. As indicated above, DCF provides \$812,000 in TANF funds to the City of Milwaukee Health Department for home visiting services, known as the Empowering Families Milwaukee program. DCF also provides \$577,500 in TANF funds to the Milwaukee Brighter Futures Initiative. These services funded with TANF are known as prevention services in the TANF budget.

Brighter Futures Initiative. The Brighter Futures Initiative is a statewide program that seeks to prevent and reduce youth violence and other delinquent behavior, youth alcohol and other drug use and abuse, child abuse and neglect, and non-marital pregnancy. The target population is youth between the ages of 12 and 21, in or at risk of entering the child welfare system.

By statute, the Brighter Futures Initiative distributes approximately \$2.1 million in grants each fiscal year to nonprofit organizations and public agencies in Milwaukee County and distributes more than \$1.1 million each fiscal year to county departments in the rest of the state. The grants are awarded on a competitive basis for a three-year period.

In 2016-17, the Brighter Futures Initiative is budgeted \$864,900 GPR and \$3,156,300 FED. The federal funds consist of \$1,575,000 from the substance abuse block grant, \$716,300 in TANF funds, and \$865,000 in Title V abstinence education grant funds. Table 17 shows grant recipients of these funds in 2016.

SAFE Milwaukee Initiative. SAFE Milwaukee is a short-term, behaviorally oriented family therapy program targeted to youth ages 10 to 18 with severe behavior problems, chronic delinquency, and at risk for delinquency. Academic

studies indicate that such therapy reduces recidivism and drop-out rates, and is more cost effective when compared to other juvenile offender programs.

Table 17: Brighter Futures Initiative Grant Recipients Calendar Year 2016

Grant Recipient	Grant Amount
Barron County	\$127,700
Dane County	250,000
Diverse & Resilient, Inc. (Madison)	55,000
Kenosha County	250,000
La Causa Crisis Nursery (Milwaukee)	189,700
Community Advocates (Milwaukee)*	2,300,000
Outagamie County	113,300
Portage County	197,400
Red Cliff Tribe	162,000
Washington County	<u>145,000</u>
Total	\$3,790,100

*Community Advocates, Inc. is the fiscal agent for the funds distributed to community-based agencies in the Milwaukee area.

Services are provided by clinicians from SaintA, a local mental health provider, who are trained in functional family therapy. Referrals are made to SaintA clinicians through the Milwaukee Police Department, the court system, child welfare agencies, and neighborhood centers.

Funding of \$850,000 is provided from targeted case management funds received for 2013-14 to operate the program in 2017. DCF indicates that this level of funding will support 80 to 100 families annually.

Summary

In Wisconsin, counties, tribes, and the state administer a wide range of programs that are intended to keep children safe, prevent child abuse and neglect, support families, and serve children

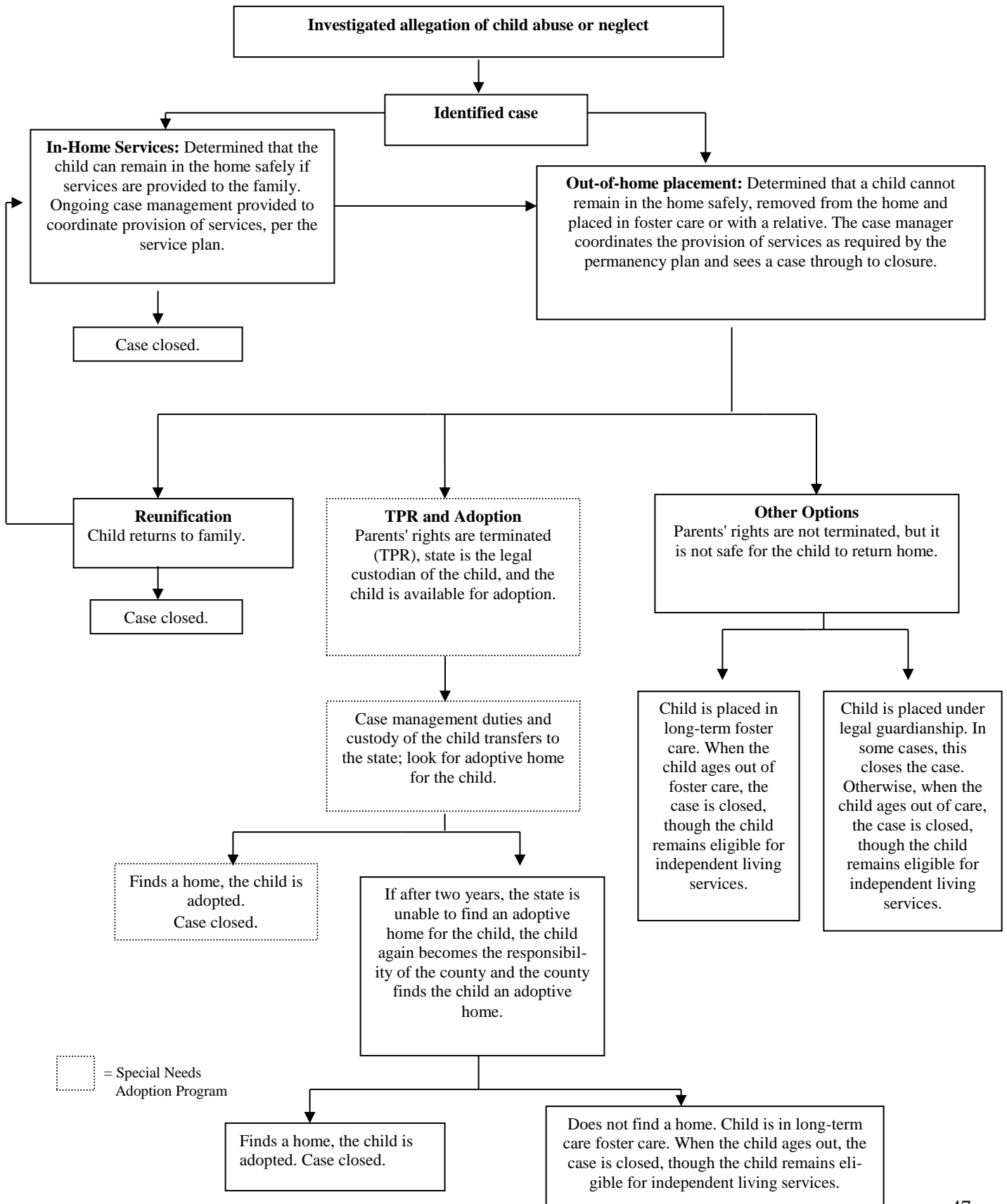
who are in need of protection and services. Child welfare services are provided by state, local, tribal, or contracted employees. Federal law, state law, and the courts all have a significant impact on the child welfare system.

Funding for child welfare services is provided from a combination of state, federal, tribal, and local funds through numerous state and federal programs, many of which are targeted to provide specific services to targeted populations. This funding mix reflects the shared responsibility of federal, state, tribal, and local governments to keep children safe and protect them from harm.

Attachment 1 to this paper presents an overview of the child welfare system in Wisconsin. Attachment 2 shows the number of individuals receiving independent living services by counties in 2015. Attachment 3 lists the 2017 county allocations of Title IV-B, Subpart 2 funding. Attachment 4 provides information on the case decision making process in DMCPD. Attachment 5 shows the 2016-17 CANP Board grants. Attachment 6 shows the agencies receiving funding under the family foundations home visiting program.

ATTACHMENT 1

Overview of the Child Welfare System in Wisconsin



ATTACHMENT 2

2015 Independent Living (IL) Summary

County/ Tribe	Number of Youth Eligible	IL Assessments Completed	IL Service Plans Completed	Transition Plan Completed	Youth Receiving Services	Youth Receiving Room and Board Expenses
Adams	16	15	15	6	14	2
Ashland	9	5	4	0	6	0
Barron	24	21	17	2	8	0
Bayfield	11	8	8	3	8	1
Brown	80	50	47	10	18	1
Buffalo	5	4	4	0	4	0
Burnett	6	5	5	1	5	0
Calumet	6	6	6	2	6	0
Chippewa	20	11	10	1	4	0
Clark	10	7	7	3	6	0
Columbia	16	11	9	3	8	1
Crawford	9	8	8	6	2	1
Dane	187	127	122	18	65	6
Dodge	39	37	37	5	25	0
Door	9	9	9	1	8	4
Douglas	6	5	5	1	4	0
Dunn	19	14	14	2	11	0
Eau Claire	81	38	34	8	16	0
Florence	5	5	5	1	5	1
Fond Du Lac	56	49	49	9	45	0
Forest	1	0	0	0	0	0
Grant	20	16	16	7	8	1
Green Lake	15	13	11	0	11	0
Green	14	8	6	0	5	0
Iowa	4	4	4	2	3	0
Iron	5	5	3	2	5	0
Jackson	17	16	15	4	15	1
Jefferson	26	24	25	10	22	0
Juneau	4	4	4	1	4	0
Kenosha	129	91	91	11	74	32
Kewaunee	11	4	5	0	6	1
La Crosse	52	39	35	14	28	0
Lafayette	4	4	3	0	3	0
Langlade	15	9	8	2	7	1
Lincoln	4	3	3	1	1	0
Manitowoc	31	23	21	5	15	0
Marathon	79	59	57	16	15	0
Marquette	12	8	7	3	5	0
Marquette	9	9	9	4	8	0
Menominee	8	8	8	2	5	0
Milwaukee	985	827	817	180	745	31
Monroe	21	17	17	3	14	0
Oconto	20	15	15	3	9	0
Oneida	17	12	12	4	7	0
Outagamie	42	33	34	8	21	0

ATTACHMENT 2 (continued)

2015 Independent Living (IL) Summary

County/ Tribe	Number of Youth Eligible	IL Assessments Completed	IL Service Plans Completed	Transition Plan Completed	Youth Receiving Services	Youth Receiving Room and Board Expenses
Ozaukee	22	18	19	3	16	2
Pepin	2	2	2	0	2	0
Pierce	9	9	8	2	8	0
Polk	23	19	19	3	14	0
Portage	33	23	22	8	10	2
Price	20	17	18	3	14	0
Racine	97	59	58	8	25	1
Richland	10	7	6	0	6	0
Rock	73	52	55	26	25	0
Rusk	8	8	8	3	5	0
Saint Croix	11	11	11	2	7	0
Sauk	24	21	20	4	17	1
Sawyer	19	7	7	2	6	1
Shawano	4	3	2	0	3	0
Sheboygan	42	34	33	8	27	2
State	30	0	0	0	0	0
Taylor	9	8	8	3	6	3
Trempealeau	7	4	3	0	4	0
Vernon	5	5	5	2	4	0
Vilas	9	6	6	1	3	0
Walworth	28	23	23	7	14	0
Washburn	6	5	4	0	4	0
Washington	36	31	31	8	24	1
Waukesha	70	61	62	9	61	6
Waupaca	19	15	14	1	13	0
Waushara	8	8	8	3	2	0
Winnebago	65	58	57	13	53	0
Wood	<u>69</u>	<u>63</u>	<u>63</u>	<u>16</u>	<u>37</u>	<u>0</u>
Total	2,917	2,263	2,213	499	1,714	103

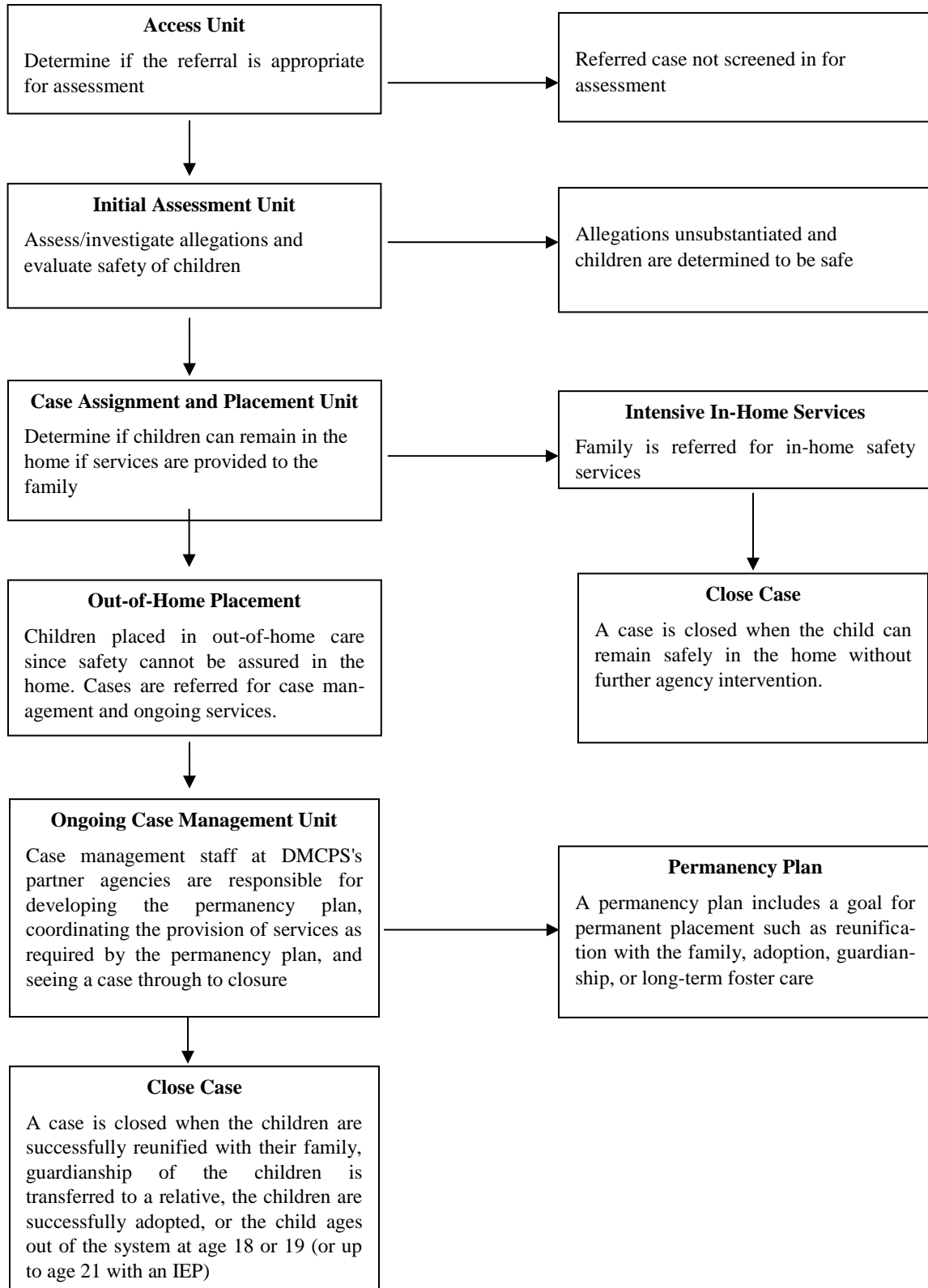
ATTACHMENT 3

**Promoting Safe and Stable Families (Title IV-B, Subpart 2) County Allocations
Calendar Year 2017**

County	Amount	County	Amount
Adams	\$33,310	Manitowoc	\$52,345
Ashland	33,310	Marathon	57,103
Barron	42,827	Marinette	42,827
Bayfield	33,310	Marquette	33,310
Brown	66,620	Menominee	0
Buffalo	33,310	Milwaukee	0
Burnett	33,310	Monroe	42,827
Calumet	42,827	Oconto	42,827
Chippewa	42,827	Oneida	42,827
Clark	42,827	Outagamie	66,620
Columbia	42,827	Ozaukee	52,345
Crawford	33,310	Pepin	33,310
Dane	95,172	Pierce	42,827
Dodge	52,345	Polk	42,827
Door	38,069	Portage	52,345
Douglas	42,827	Price	33,310
Dunn	42,827	Racine	66,620
Eau Claire	52,345	Richland	33,310
Florence	33,310	Rock	57,103
Fond du Lac	52,345	Rusk	33,310
Forest	33,310	St. Croix	47,586
Grant	42,827	Sauk	42,827
Green	42,827	Sawyer	33,310
Green Lake	33,310	Shawano	42,827
Iowa	38,069	Sheboygan	57,103
Iron	33,310	Taylor	38,069
Jackson	33,310	Trempealeau	38,069
Jefferson	47,586	Vernon	42,827
Juneau	38,069	Vilas	33,310
Kenosha	57,103	Walworth	52,345
Kewaunee	38,069	Washburn	33,310
La Crosse	57,103	Washington	57,103
Lafayette	33,310	Waukesha	95,172
Langlade	38,069	Waupaca	42,827
Lincoln	42,827	Waushara	38,069
		Winnebago	57,103
		Wood	<u>47,586</u>
		Total	\$3,126,400

ATTACHMENT 4

Division of Milwaukee Child Protective Services Case Decision-Making Process



ATTACHMENT 5

Child Abuse and Neglect Prevention Grants State Fiscal Year 2016-17

<u>Agency Name</u>	<u>Counties</u>	<u>Program Description</u>	<u>Match Amount</u>	<u>Total Contract</u>
Children's Hospital of Wisconsin – Community Services	Brown, La Crosse, Manitowoc, and others TBD	Child Sexual Abuse Prevention	\$50,000	\$200,000
Children's Hospital of Wisconsin – Community Services (Northwoods)	Langlade, Oneida, Vilas	Evidence-based Parent Education	39,810	159,200
Indianhead Community Action Agency	Northern Wisconsin	Evidence-based Parent Education	39,285	157,100
Kenosha Department of Health Services	Kenosha	Evidence-based Parent Education	38,005	152,000
Family & Childcare Resources of Northeast Wisconsin	Brown, Oconto	Evidence-based Parent Education	38,987	155,900
The Parenting Place	LaCrosse	Evidence-based Parent Education	43,290	173,200
Parenting Network	Milwaukee	Evidence-based Parent Education	33,750	135,000
Children's Health and Hospital System	Milwaukee	Abusive Head Trauma Prevention	12,500	50,000
Family Resources of St. Croix Valley	St. Croix, Pierce	Abusive Head Trauma Prevention	3,441	13,800
Children's Service Society of Wisconsin	Lincoln, Langlade, Vilas	Community Response Program	25,000	100,000
Children's Service Society of Wisconsin	Rock, Kenosha	Community Response Program	26,250	105,000
Children's Service Society of Wisconsin	Milwaukee	Community Response Program	25,000	100,000
The Parenting Place	LaCrosse	Community Response Program	25,000	100,000
Green Lake County DHHS	Green Lake, Adams, Marquette, Waushara	Community Response Program	25,000	100,000
Northwest Connection Family Resources	Sawyer, Washburn	Community Response Program	27,500	110,000
Lakeshore Community Action Agency	Manitowoc	Community Response Program	27,500	110,000
Social Development Commission	Milwaukee	Project GAIN	0	120,000
Dane County	Dane	Innovation Grant	0	30,000
Women's Resource Center of Racine	Racine	Access and Visitation	0	28,000
Children's Hospital of Wisconsin	Wausau	Access and Visitation	0	28,000
Children's Hospital of Wisconsin	Milwaukee	Access and Visitation	0	28,000
Family Support Center	Chippewa Falls	Access and Visitation	0	28,000
Family Services of NEW	Oshkosh	Access and Visitation	0	28,000
The Parenting Place	LaCrosse	Access and Visitation	0	28,000
Northwest Connection Family Resources	Sawyer, Washburn	Special Project	9,087	10,000
The Parenting Place	LaCrosse	Special Project	<u>5,340</u>	<u>10,000</u>
		Total	\$494,744	\$2,259,200

ATTACHMENT 6

**Family Foundations Comprehensive Home Visiting Program
Federal Fiscal Year 2017**

<u>Local Implementing Agencies</u>	<u>Serving</u>	<u>DCF Grant</u>	<u>Agency Match</u>	<u>Total Contract</u>
Adams, Juneau, Sauk Counties	Adams County Juneau County Sauk County	\$850,179	\$196,156	\$1,046,335
Children's Hospital (CSSW) - Northwoods	Forest County Langlade County Lincoln County Oneida County Vilas County	618,081	148,220	766,301
Children's Hospital (CSSW) - Rock	Rock County Walworth County	500,000	111,574	611,574
City of Milwaukee Health Department- Empowering Families Milwaukee	City of Milwaukee	1,181,026	1,094,850	2,275,876
Dane County	City of Madison	184,248	100,686	284,934
Easter Seals	City of Milwaukee Waukesha County Walworth County	304,567	77,543	382,110
Family and Children's Center	La Crosse County	80,488	32,246	112,734
Family Services of Northeast Wisconsin	Brown County Outagamie County	1,258,100	315,525	1,573,625
Great Lakes Inter-tribal Council	Bad River Tribe Lac du Flambeau Tribe Sokaogon Tribe St. Croix Tribe Burnett County	1,267,054	420,220	1,687,274
Indianhead CAP Agency	Clark County Taylor County Rusk County Sawyer County	400,008	84,055	484,063
Kenosha County	Kenosha County	1,222,552	306,648	1,529,200
Lac Courte Oreilles	Lac Courte Oreilles Tribe	436,821	109,205	546,026
Racine County	Racine County	901,921	243,704	1,145,625
SET Ministry	City of Milwaukee	<u>300,000</u>	<u>75,254</u>	<u>375,254</u>
Total		\$9,505,045	\$3,315,886	\$12,820,931