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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. These 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, counties administer most child welfare services, in compliance with state and federal law and policies established by the state Department of Children and Families, (DCF). However, the DCF Division of Milwaukee Child Protective Services (DMCPS) administers these services in Milwaukee County. All county and state child welfare systems operate under the same federal and state laws, regulations, and standards.

Each county has its own child welfare system that includes the county department of human or social services (except in Milwaukee County), the courts, and other agencies that provide services to children and their families. The CPS unit in each county department is responsible for providing services to abused and neglected children. County human services departments and juvenile courts share the responsibility for care of children in the child welfare system. Tribal social services departments provide child welfare services to Native American children.

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 law, regulations, and policy.

The U.S. Department of Health and Human Services (DHHS), Administration on Children

and Families (ACF) ensures that states comply with federal child welfare law and policies. ACF administers funding authorized under Title IV of the Social Security Act, which includes major sources of funding for child welfare programs and services. Under Part E of Title IV, ACF provides matching funds for certain costs of out-of-home care and related services. Under Part B of Title IV, ACF provides several block grants for prevention of child abuse and neglect and other interventions.

Child Protective Services

Under s. 48.02 of the statutes, "abuse" is defined as:

- Physical injury inflicted on a child, other than by accidental means;
- 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;
- Certain sex crimes involving a child, such as sexual assault, sexual exploitation of a child, sex trafficking, or allowing a child to engage in prostitution or solicitation;
- Manufacturing methamphetamine under specified 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 to obtain the necessary treatment or to take steps to ameliorate the symptoms, for reasons other than poverty.

"Neglect" is defined as failure, refusal, or inability, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care, or shelter that seriously endangers the physical health of the child.

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. Employers may not fire, discipline, or otherwise discriminate, or threaten such treatment, against an employee for reporting abuse or neglect.

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. These "mandatory reporters" include doctors, counselors, juvenile correctional officers, mental health professionals, and teachers. Clergy members are mandatory reporters in cases of suspected or threatened sexual abuse.

A report of child abuse or neglect initiates the CPS process. The process consists of three basic stages: (1) access; (2) initial assessment; and (3) ongoing services.

Access. Sheriffs and police departments must refer most cases to the county CPS agency within 12 hours after they receive them. In cases where the alleged maltreater is not a caregiver for the child, the sheriff or police department may, but is not required to, refer the report to the CPS agency. 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.

Once the CPS agency receives a referral, 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 CPS agency assesses the information in the report based on the totality of circumstances (including information from any previous CPS reports), and evaluates it based on a "reasonable person" standard. This decision typically centers on whether the alleged scenario would meet the definition of abuse or neglect if it did occur.

If an allegation does not rise to this level, the CPS agency screens out the report. In such cases, 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 maltreatment meeting the statutory definition of abuse or neglect has occurred (or is likely to occur), the report moves on to the next stage: the initial assessment.

Initial Assessment of Allegations. For each screened-in report, the CPS 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 CPS agency must conduct the investigation in accordance to standards established by DCF.

The requirements of the assessment vary, depending on who the alleged maltreater is. The CPS agency conducts primary assessments for parents, caregivers, household members and unknown maltreaters. The CPS agency conducts secondary assessments for individuals who have provided care to the child in or outside the child's home or exercised temporary control over the child. The CPS agency may, at its option, conduct non-caregiver assessments for individuals outside of the family.

The CPS agency will substantiate a report if, based on credible information, it is more likely than not that every element of the definition of the alleged type of maltreatment has been met. This preponderance of evidence standard is lower than the standard 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.

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 caseworker cannot find the subjects of the report, or the caseworker is unable to determine whether an incident happened.

Regardless of whether the CPS unit substantiates a specific allegation, it may open a case if it determines that a child is not safe in the home or the family needs services. The CPS unit does not need to substantiate a case in order for the CPS unit to obtain a CHIPS petition, or for the child welfare agency to begin providing services to the child and family. However, substantiating a case has 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. A substantiated maltreater has the right to appeal the findings.

In cases where the report identifies the maltreater, CPS agencies follow a uniform process for substantiating the report, including required notification of the alleged maltreater and opportunity for them to review evidence and contest a determination. In other cases, a 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.

Ongoing Services. If the CPS agency determines that the child is not safe or is at risk of further abuse and neglect, 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 the CPS staff determine 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. Several programs providing these services, and related services for children without any reported maltreatment, are described in the next section, "Child Abuse and Neglect Prevention Programs."

If staff determine that a child cannot remain safely at home, the child is removed from the home and placed in out-of-home care. This process is described in the third section of this paper, "Out-Of-Home Care."

Child Abuse and Neglect Data. The statutes require DCF to prepare an annual report to the Governor and Legislature containing specified information on child abuse and neglect in Wisconsin and other child welfare information. The most recent report, dated December, 2022, contains calendar year 2021 data.

DCF reports that in 2021, CPS agencies received 75,059 referrals alleging maltreatment of children, of which 51,373 (68.4%) were screened out in the access phase (no reason to suspect maltreatment meeting the statutory definition of abuse or neglect) and 23,686 (31.6%) were screened in.

Screened-in reports can include allegations of maltreatment of more than one type and of more than one child. In 2021, CPS units completed determinations under the initial assessment phase for 43,166 individual maltreatment allegations

involving 31,528 children. After subtracting the number of allegations that were addressed through alternative response assessments, the remaining reports contained 37,853 maltreatment allegations, of which 4,736 (12.5%) were substantiated. Of these substantiated cases, 3,060 (64.6%) involved neglect, 1,029 (21.7%) involved sexual abuse, 599 (12.6%) involved physical abuse, and 48 (1.0%) involved emotional damage or emotional abuse.

Statewide substantiation rates have fallen significantly since 1996, when approximately 38% of cases were substantiated. This decrease may be due to several factors, including: (a) state and federal requirements associated with appeal rights for substantiated maltreaters, which have resulted in a more rigorous application of substantiation decision-making; (b) enactment of the state's caregiver background requirements, which prohibit a person who was previously substantiated of child abuse or neglect from engaging in certain types of employment, including working in child care centers and nursing homes; (c) a clarification of DCF policy relating to mutual sexual contact between teenage peers, which resulted in more requests for child protective services, but fewer CPS reports; and (d) in 2005, the elimination of a requirement that CPS agencies complete an initial assessment in situations where the alleged maltreater is not a caregiver for the child.

DCF has issued guidelines for CPS agencies to use in determining whether to substantiate an allegation. However, the determination or substantiation of a case can vary from county to county within those parameters.

Recent Program Initiatives

Alternative Response Program. Provisions of 2009 Wisconsin Act 28 established a pilot program that authorized participating county departments 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 program, in cases where a participating CPS agency determines that there is no immediate threat to the safety of the child, the agency may conduct an alternative response assessment, resulting in findings of either "services needed" or "services not needed."

DCF first implemented the pilot project in 2010 and eventually implemented it in 22 CPS agencies. After evaluating the pilot alternative response program, DCF announced in 2020 that the agency no longer plans to implement it statewide, and will phase out the pilot projects.

Volunteer Host Families. Pursuant to provisions enacted in 2015 Act 55, nonprofit 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 statutes (such as delinquency, guardianship, or children in need of protective services), nonprofit volunteer host families may only be used as approved by the juvenile court.

Child Abuse and Neglect Prevention Programs

DCF administers a comprehensive home visiting program and several other programs that provide services to families to prevent child abuse and neglect. In addition, the Child Abuse and Neglect Prevention Board (Prevention Board) administers several programs with this purpose. This section describes these programs.

Family Foundations Comprehensive Home Visiting Program. The Wisconsin Family Foundations Home Visiting (FFHV) program provides grants to local agencies to provide voluntary home-visiting services to at-risk families to prevent child abuse and neglect.

DCF provides FFHV grants to county agencies, cities, nonprofit agencies, and tribal organizations. Many programs are collaborations involving multiple agencies, with a primary contractor and one or more subcontractors. Attachment 1 lists the name of each local agency that received grant funding in FFY 2023, the counties, tribes, and bands they serve, and the funding each agency had to support the program, including the state grant and local contribution amounts.

The agencies in Wisconsin that offer home visiting services currently use five evidence-based models, as described below.

The *Early Head Start-Home Based Option* (EHS-HBO) targets low-income pregnant women and families with children from birth to age three, most of whom live in families with income below the federal poverty level or who are eligible for Part C services under the federal Individuals with Disabilities Education Act. The model provides early, continuous, intensive, and comprehensive child development and family support services. EHS programs include home- or center-based services, a combination of home- and center-based programs, and family child care services (services

provided in family child care homes). EHS-HBO services include weekly 90-minute home visits and two group socialization activities per month for parents and their children. Home visitors are required to have a minimum of a home visitor child development associate or comparable credential, or equivalent coursework as part of an associate's or bachelor's degree.

Healthy Families America (HFA) goals include reducing child maltreatment, improving parent-child interactions and children's social-emotional well-being, and promoting children's school readiness. Local HFA sites select the target population they plan to serve and offer hour-long home visits at least weekly until children are six months old, with the possibility of less frequent visits thereafter. Visits begin prenatally or within the first three months after a child's birth and continue until children are between three and five years old. In addition, many HFA sites offer parent support groups and father involvement programs. Sites also can develop activities to meet the needs of their specific communities and target populations. HFA includes (1) screenings and assessments to determine families at risk for child maltreatment or other adverse childhood experiences; (2) home visiting services; and (3) routine screening and assessment of parent-child interactions, child development, and maternal depression. In addition, many HFA sites offer services such as parent support groups and father involvement programs. HFA encourages local sites to implement additional services such as these that further address the specific needs of their communities and target populations.

The *Parents as Teachers* (PAT) program is designed to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness. The PAT model includes one-on-one home visits, monthly group meetings, developmental screenings, and linkages and connections for families to needed resources.

Parent educators conduct the home visits using structured visit plans and guided planning tools. Local sites offer at least 12 hour-long home visits annually with more offered to higher-need families. PAT serves families for at least two years between pregnancy and kindergarten. PAT affiliate programs select the target population they plan to serve and the program duration.

The *Nurse-Family Partnership* (NFP) provides home visiting services to first-time, low-income mothers and their children. It includes one-on-one home visits by a trained registered professional nurse to participating clients. The visits begin early in the woman’s pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the woman’s child turns two years old. The program's goal is to improve prenatal and maternal health and birth outcomes, child health and development, and families’ economic self-sufficiency and maternal life course development.

Family Spirit is an evidence-based program tailored to serve Native American parents from pregnancy to three years post-partum with in-home parent training and support from paraprofessional aides (i.e., trained, but not licensed professionals). This model uses one-on-one home-based parent training lessons over 52 home visits to help mothers to: (1) provide consistent, responsive care that avoids coercive parenting; (2) avoid drug use; and (3) attain coping and life skills to overcome personal and environmental stressors. The aides are trained to establish a strong, consistent interpersonal bond to facilitate mothers’ progress towards goals.

DCF is budgeted \$1,985,700 GPR in 2022-23 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 Temporary Assistance for Needy Families (TANF) funds and federal grants provided by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

program administered by the Health Resources and Services Administration under Title V of the Social Security Act. Table 1 lists the FFHV funding sources for 2022-23.

Table 1: 2022-23 FFHV Funding Sources

MIECHV	\$8,564,700
TANF	6,212,100
Local Match (Estimate)	4,067,200
General Purpose Revenue	<u>1,985,700</u>
Total	\$20,829,700

Not included in Table 1, Wisconsin received two supplemental MIECHV awards in 2021 under the American Rescue Plan Act (ARPA). DCF intends to use these funds, available for expenditure through September of 2024, to provide supplemental supplies such as diapers and grocery cards to enrolled families, additional training for home visitors, and hazard and incentive pay related to COVID-19 for home visitors. Wisconsin received \$964,300 in FFY 2021 and \$1,927,400 in FFY 2022.

Table 2 lists Wisconsin's annual MIECHV grant awards, from FFY 2012 through FFY 2022. These grants support needs assessments, home visitor training and professional development, implementation and operation of local home visiting programs, program evaluation, administration, and the creation and maintenance of data collection and review systems.

Table 2: MIECHV Grants to Wisconsin

FFY	Competitive	Formula
2012	\$3,124,700	\$1,600,300
2013	6,727,600	1,628,600
2014	6,681,600	1,536,500
2015	9,400,000	1,666,600
2016	0	8,653,900
2017	0	8,584,700
2018	0	8,801,700
2019	0	8,784,000
2020	0	8,588,000
2021*	0	9,558,700
2022*	0	10,492,100

* Includes supplement under ARPA.

MIECHV grants include a \$1 million allocation for each state, plus an additional amount based on the population of pregnant women and children younger than age five living at or below 100% of the federal poverty level. Previously, ACF had awarded additional MIECHV grants on a competitive basis for developing and expanding home visiting programs. In FFY 2016, ACF began awarding formula grants proportionally based on previous MIECHV competitive grants awarded from FFY 2013, FFY 2014, and FFY 2015. Certain innovation awards are available on a competitive basis.

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.

Brighter Futures Initiative. The Brighter Futures Initiative is a statewide program that is intended 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 youths between the ages of 12 and 21, in or at risk of entering the child welfare system.

By statute, the Brighter Futures Initiative distributes at least \$2.1 million in grants each fiscal year to nonprofit organizations and public agencies in Milwaukee County and distributes at least \$1.2 million each fiscal year to county

departments in the rest of the state. DCF awards the grants on a competitive basis for a three-year period.

In 2022-23, the Brighter Futures Initiative is budgeted \$4,382,400, consisting of the following: (a) \$1,575,000 FED from substance abuse prevention and treatment block grant (SAPTBG) funds transferred from DHS; (b) \$865,000 GPR from DHS as maintenance of effort for the SAPTBG; (c) \$500,000 FED TANF allocated to fund substance abuse and prevention grants; (d) \$577,500 FED TANF allocated to child abuse and neglect prevention services; and (e) \$864,900 GPR. Table 3 shows the Brighter Futures grant recipients for 2022.

Table 3: Brighter Futures Initiative Grant Recipients Calendar Year 2022

Grant Recipient	Grant Amount
Community Advocates*	\$1,075,000
Running Rebels Community Org.	400,000
Employ Milwaukee, Inc.	396,900
Ashland County	375,000
Red Cliff Band of Lake Superior Chippewa	356,000
Wood County	351,800
Washington County	225,300
Kenosha County	220,000
Racine County	196,300
Dunn County	158,400
Outagamie County	150,000
Washburn County	140,900
Adams County	115,200
Diverse and Resilient, Inc.	55,000
Barron County	<u>47,100</u>
Total	\$4,262,900

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

TANF Child Abuse and Neglect Prevention Grants. Beginning in 2019, DCF has been budgeted \$500,000 in TANF funds annually to support grants to expand prevention services that reduce the contact families have with the child welfare system and prevent the removal of children from their homes. Eligible recipients include counties, tribes, and nonprofit organizations. Grant

recipients must provide matching funds equal to 9.89% of the grant amount.

In 2022-23, DCF awarded grants of approximately \$75,000 each to each of the following: Dane County, Family & Childcare Resources of N.E.W., Parents Place, Inc., The Parenting Network, and The Parenting Place.

Child Abuse and Neglect Prevention Board.

The Child Abuse and Neglect Prevention Board (the Prevention Board) is an independent state agency, attached to the Department of Children and Families for administrative purposes, that supports several primary child abuse and neglect prevention services. The Prevention Board also administers the Children's Trust Fund.

The agency's governing 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 (DPI), 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 statutes assign the Prevention Board several responsibilities, including awarding grants, assisting local child abuse and neglect prevention programs, promoting public awareness, and making recommendations, in coordination with DCF and the Department of Public Instruction, regarding changes in state programs, statutes, policies, budgets and rules to: (a) reduce the problems of child abuse and neglect; (b) improve coordination among relevant state agencies; (c) promote individual, family, and community support for children and families; (d) build parenting skills; and (e) provide community support for children and families.

Specifically, the statutes require the Prevention Board to (a) promote statewide educational and public awareness campaigns and materials; (b) encourage professionals and groups to recognize and deal the problems of child abuse and neglect; (c) disseminate information about the problems of, and methods of preventing child abuse and neglect; (d) encourage the development of community child abuse and neglect prevention programs; and (e) provide educational and public awareness materials and programming that emphasize the role of fathers in the primary prevention of child abuse and neglect.

Funding. Under 2021 Act 58 (the 2021-23 biennial budget act) in 2022-23, the agency is budgeted \$3,221,200, including \$995,000 in general purpose revenue (GPR), \$661,200 in federal funds (FED), \$1,550,000 in program revenues (PR), and \$15,000 from the segregated Children's Trust Fund (SEG). These funds support grant programs and the agency's operations costs, including prevention research, program evaluation and reporting, and several other contracted services.

The ongoing 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 primarily available from the sale of duplicate birth certificates. Under state law, the Prevention Board receives \$7 of the \$20 fee for each duplicate copy of a birth certificate issued by the Wisconsin Department of Health Services Vital Records Office or county Registers of Deeds office.

Grant Programs. Under Act 58, \$2,195,600 (\$995,000 GPR, \$750,600 PR, and \$450,000 FED) is budgeted annually in 2021-22 and 2022-23 for the agency's grant programs, although the agency received additional one-time, supplemental federal funding under the federal American Rescue Plan Act (ARPA). Grantees are required by statute to provide a 20% or 25% match to the

state grant award, either through funding or in-kind services.

During the past several years, the Prevention Board has awarded grants for child sexual abuse prevention, abusive head trauma prevention, parent education, and grants that support family resource centers (FRCs). FRCs are community-based organizations that provide services to strengthen families. These services include assisting parents in finding resources to address basic needs, parent education services, parenting groups, lending libraries, and drop-in services, among others.

In 2022-23, the agency offered grants to FRCs to strengthen their infrastructure, standards for service delivery, and organizational structure to improve the quality of services FRCs provide.

Attachment 2 lists the grants the Prevention Board awarded in 2022-23.

Celebrate Children Foundation. The Celebrate Children Foundation is a non-stock, nonprofit 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 governed by a nine-member board, which includes the chair and four members of the Prevention Board, and four additional members recommended by the Foundation's Board and approved by the Prevention Board.

The Celebrate Children Foundation receives funding from private donations and revenue from the sale of "Celebrate Children" license plates issued by the Department of Transportation. The Foundation's endowment fund receives revenue from a \$25 annual fee paid by individuals who purchase the Celebrate Children license plate. The Foundation cannot spend the revenue from the sale of these license plates, but may expend the interest that accrues to the endowment fund.

In 2021-22, the endowment fund received \$54,700 from revenue from license plate sales. In 2021-22, the Foundation provided the Prevention Board with \$100,000 to support the public awareness campaign and training and technical support for parent education programs. The Foundation has committed to provide the agency \$75,000 in 2022-23 to support training and technical assistance and other primary prevention programs.

Out-Of-Home Care

When preventative and in-home services are not sufficient to ensure a child's safety, the child may be placed in out-of-home care. Child welfare agencies conduct safety assessments in cases of maltreatment involving the child's primary caregivers. If, after investigating an allegation of abuse or neglect, the CPS agency 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.

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, in cases where a court determines that the removal of a child from their 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, in cases where a court determines that a child has demonstrated certain behaviors, including being uncontrollable, running away, or truancy; (c) a delinquency court order, in cases where a child has engaged in 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.

Chapter 48 of the statutes (the Children's Code) governs the CHIPS process, while Chapter 938 of the statutes (the Juvenile Justice Code) 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.

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

CHIPS Process for Removal from Home. 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. The court may also find probable cause for the child if another child in the home meets either criteria. Further, the court may continue a custody order if the court determines that there is probable cause to believe that the child will run away or be taken away and would 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 when an expectant mother uses alcohol or drugs. Physical custody may continue if a CPS intake worker determines that there is probable cause to believe that: (a)

there is a substantial risk that the physical health of the fetus, 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 court may request the parent, 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. Once located, these individuals, along with certain adult relatives of the child, must be notified that the child has been removed from the custody of the child's parent within 30 days, and given information related to participating in the placement and care of the child.

The county or state must file a CHIPS petition at this hearing. A county may transfer authority to represent the public interest in CHIPS proceedings to or from the district attorney and corporation counsel, provided the county notifies the Department of Administration on or before January 1 of the year the change is to take effect. 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;

- 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 use disorder, 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 petition, 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 proven 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. Pursuant to 2017 Act 253, the court may appoint counsel for birth parents and certain other parties.

If, after the conclusion of the hearing, the fact finder determines that the allegations are not proven, 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.

At any time before the entry of the dispositional order, the parties may agree to the entry of a consent decree that places the child under supervision in the home. The court may later amend this decree to change the child's placement.

In preparation for the dispositional hearing, the court designates a child welfare agency to submit a report to the court 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 old, and

transferring legal custody to a relative, DCF, a county department, or other licensed child welfare agency. A court may order additional services, depending on the child's needs.

If the child is removed from their home, the dispositional order placing a child in out-of-home care must include a finding that: (a) continued placement of the child in their home would be contrary to the welfare of the child; (b) the child welfare agency has made reasonable, or, in the case of an Native American 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.

Except for Native American children, the finding that reasonable efforts have been made is not required if (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; or (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. A child who is in out-of-home care and

who has an individualized education program (IEP) may continue in out-of-home care until the child is granted a high school diploma or its equivalent, up to age 21, if the child is a full-time student at a high school or its vocational or technical equivalent, the child is at least 17 years old 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 on new information before or 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 may help develop their own permanency plans and select up to two members of the case planning team who are not foster parents or caseworkers of the child.

The agency must file a permanency plan with the court within 60 days after the child is removed from the 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 through a voluntary-transition-to-independent-living agreement.

The permanency plan identifies the goal for a permanent placement for the child and the services the child and family will receive 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) adoption; (d) permanent guardianship; and (e), if the child is at least 16 years old, 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 the goal described under (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.

A court or an administrative review panel must review a permanency plan no later than six months after the child is removed 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 of the permanency plan.

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 4 shows the number of children in statewide out-of-home care, by placement type, as of December, 2022.

Foster Care. As of December, 2022, 70.8% of children who were in out-of-home care statewide were in licensed foster care. Licensed foster care and kinship care are the least restrictive out-of-home placements. Under foster care, a family provides care and maintenance for four or fewer

children. Up to seven children may be placed in the family's home if necessary to enable: (a) a sibling group, or minor parent and their child to remain together; (b) the return of a child from a trial reunification; or (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 the placement is necessary to keep siblings together or a minor parent and their children together.

Under the current 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. Each higher level of care requires additional experience, letters of reference, and training.

Level One certification applies to a foster home with a child-specific license, which 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* certification applies to moderate treatment foster homes. *Level Four* certification applies to specialized treatment foster homes. *Level Five* certification applies to exceptional treatment foster homes.

Wisconsin law requires foster parents to receive training in the care and support needs of

Table 4: Statewide Out-of-Home Care (OHC) Placements as of December, 2022

	Number	% of Total
Foster Home, Level 1 or 2	3,418	52.8%
Treatment Foster Home (Level 3–5)	1,165	18.0
Kinship Care	1,021	15.8
Residential Care Center	240	3.7
Group Home	223	3.4
Trial Reunification	146	2.3
Missing From Out-of-Home Care	66	1.0
Detention	59	0.9
Shelter	45	0.7
Institutions	57	0.9
Supervised Independent Living	<u>39</u>	<u>0.6</u>
Total	6,479	100.0%

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 the certified level of foster care into which 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. As of September, 2022, 51% of children in foster homes had supplemental rates and 45% had exceptional rates. The current maximum monthly foster care payment for a child is \$2,000.

The basic maintenance rate is a fixed monthly payment that is intended 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 public adoption program's foster care program. Table 5 shows the statutory basic maintenance rates for 2023.

Table 5: Basic Maintenance Payments and Initial Clothing Allowance -- Calendar Year 2023

	Monthly Amount	Max Initial Clothing Allowance
Level One	\$300	\$0
Levels Two and Above		
Up to Age Five	\$420	\$225
Ages Five through 11	460	263
Ages 12 through 14	522	300
Ages 15 and Over	545	300

Placing agencies may also 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 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 *Level 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 one-time clothing allowance when a 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 5. Counties may reimburse a foster parent once 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.

2017 Act 260 created a program under which DCF provides grants to counties, nonprofit organizations, and tribes to support foster parents and provide normalcy for children placed in out-of-home care. Grantees may use this funding to support a broad range of costs, including incentives to retain foster parents, enhancing foster parent education, and reimbursing foster parents for foster care-related expenses. Beginning in 2018-19, DCF has been budgeted \$400,000 GPR annually to fund these grants.

Kinship Care. As an alternative to foster care and other out-of-home placements, the kinship care program provides financial assistance to adults to support costs of caring for their relative children. The program is not used when another placement is in the child's best interests. The state assumes financial responsibility for kinship care payments in every county, using TANF funding.

Under the program, a relative does not necessarily assume guardianship of the child. Rather, kinship care is a living arrangement for the child in the relative's household.

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 \$300 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;
- 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 they (and their 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-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. The child welfare agency may extend this period to up to four months from the time it received the completed application if there is a delay in the licensing determination that is 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.

Group Homes and Residential Care Centers. As of December, 2022, 3.4% of children in out-of-home care statewide were in group homes, and 3.7% were in secured residential care centers (RCCs) for children and youths. These placements are more restrictive than foster homes and kinship care placements.

Group homes provide care and maintenance for five to eight children, excluding 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 nonprofit or proprietary corporation that operates one or more group homes.

RCCs provide treatment and custodial services for children, youths, 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 the placement is made under a juvenile court's jurisdiction. An RCC may not have 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 Act 335 required these rates to be set using a performance-based contracting system.

For group homes and RCCs, 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 youths. 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 *Level 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.

By November 1 of each year, DCF sets new maximum rates for the next calendar year, 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 6 shows the maximum administrative daily rates as set by DCF for group homes, RCCs,

and child placement agencies for calendar year 2023.

Table 6: Maximum Administrative Daily Rates for Group Homes, RCCs, and Child Placement Agencies, 2023

Child-Placing Agency	\$91.00
Group Home	338.09
Parenting Teen Group Home	368.09
Residential Care Center	575.34

Table 7 shows the median daily rates for group homes and RCCs and the range of rates for these facilities in 2022.

Table 7: Median and Range of Daily Rates for Group Homes and RCCs, 2022

	Median	Range
Group Home	\$260.12	\$160.00 to \$395.90
Parenting Teen Group Home	276.55	269.95 to 298.02
Residential Care Center	550.06	307.03 to 729.82

Shelter Care Facilities. Shelter care facilities licensed by DCF offer temporary care and physical custody for children. A child may be held in a shelter care facility if they have been taken into custody under the Children's Code or the Juvenile Justice Code, have been ordered by the juvenile court to be held in temporary physical custody, or need a transitional placement when emergency conditions necessitate an immediate change in placement.

A child may be placed in a shelter care facility under a voluntary agreement for up to 20 days. The following persons and agencies may place a child in a shelter care facility under a voluntary agreement: (a) the child's parent, guardian, or Indian custodian; (b) DCF; (c) the Department of Corrections; (d) a county department of human or social services; and (e) a child welfare agency licensed to place children in shelter care facilities.

Further, pursuant to 2019 Act 22, unaccompanied minors aged 17 years old who are not in the custody of a parent or guardian are considered competent to contract for admission to a shelter

facility (or a transitional living program). The minor must be confirmed to be unaccompanied, homeless, and not under supervision of a social services agency.

Out-of-Home Care Caseloads. Table 8 shows the out-of-home care caseloads as of December 31, from 2011 through 2021, by placement type. The table shows a marked increase in the number of children in out-of-home placements between 2013 and 2018. According to DCF, parental drug abuse contributed significantly to this rise in child welfare cases, including out-of-home placements. The COVID-19 pandemic contributed to the more recent decrease in caseload. The pandemic disrupted many of the settings, such as schools and activities, where children who are abused or neglected at home interact with other adults who may report that maltreatment.

As of August, 2022, there were 7,036 children in out-of-home care in Wisconsin, including 1,931 in Milwaukee County, 4,718 in the other counties of the state, and 387 in state foster care. About 27% of the state's children in out-of-home care were in Milwaukee County. These figures exclude Native American children placed in out-of-home care by a tribal court and whose payments are being paid for by the tribe.

Placements for Victims of Sex Trafficking. Victims of sex trafficking require specialized treatment for serious physical and mental health needs. DMCPs contracts with Lad Lake, a nonprofit organization serving at-risk youths, to provide out-of-home residential treatment to victims of sex trafficking in Milwaukee County.

As for the balance of the state, DCF is budgeted \$3.0 million GPR in 2021-22 and 2022-23 to fund the costs of out-of-home placements, services, and treatment for children and youths who have experienced, or are at risk of sex trafficking. In 2021, DCF reimbursed county and tribal agencies \$1.3 million for the costs of out-of-home care for youths who have experienced

Table 8: Out-of-Home Care Caseloads as of December 31 -- 2011 through 2021

Year		Court-Ordered			Residential		Total
		Kinship Care	Foster Homes	Group Homes	Care Centers	Other Placements*	
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
2016	Milwaukee County	333	1,461	149	64	152	2,159
	All Other Counties	846	3,704	146	298	329	5,323
	Wisconsin Total	1,179	5,165	295	362	481	7,482
2017	Milwaukee County	460	1,177	143	70	331	2,181
	All Other Counties	999	3,268	144	287	918	5,616
	Wisconsin Total	1,459	4,445	287	357	1,249	7,797
2018	Milwaukee County	447	1,180	142	55	289	2,113
	All Other Counties	916	3,384	139	293	987	5,719
	Wisconsin Total	1,363	4,564	281	348	1,276	7,832
2019	Milwaukee County	407	1,252	142	54	117	1,972
	All Other Counties	826	4,019	130	281	327	5,583
	Wisconsin Total	1,233	5,271	272	335	444	7,555
2020	Milwaukee County	384	1,226	125	51	122	1,908
	All Other Counties	819	3,726	110	266	274	5,195
	Wisconsin Total	1,203	4,952	235	317	396	7,103
2021	Milwaukee County	381	1,132	133	44	149	1,839
	All Other Counties	757	3,675	107	230	279	5,048
	Wisconsin Total	1,138	4,807	240	274	428	6,887

*Primarily includes children living with unlicensed relatives and non-relatives and children in secured facilities.

**Foster home caseloads in 2011 only partially include levels one through five foster care homes because the levels of care foster care licensing system was not fully in effect until September 1, 2011. Prior years include only foster homes and treatment foster homes.

substantiated sexual abuse that involved sex trafficking.

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 state's administrative code specifies licensure requirements for foster homes (DCF 56), group homes (DCF 57) and RCCs (DOC 347). The foster care rules indicate who may apply for a license, the application process, 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 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, and the age and gender of the children who may be placed. A foster home license may be issued for up to two years. Licenses for child welfare agencies, group homes, and RRCs are reviewed every two years, but do not expire unless they are 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 structured analysis family evaluation (SAFE). Effective October 1, 2016, all counties in Wisconsin use 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. The compact ensures that Wisconsin children placed in other states receive the same protections afforded to children placed within Wisconsin.

The compact also: (a) facilitates uniform data collection and information sharing among member states; (b) 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 (c) provides guidelines, in collaboration 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 previously noted, 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 their home from out-of-home care, although the court order may continue, and services may be continued in the home. Reunification occurs 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. Of the 4,111 discharges from out-of-home care made in 2021, there were 2,304 reunifications with the child's parent or primary caretaker. The median length of out-of-home care before reunification was nine months, with 24% of reunifications occurring after 18 months or longer 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 periods of seven consecutive days, for up to 150 total 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 re-entry into out-of-home care.

As of December, 2022, there were 146 placements in trial reunifications.

Guardianship

Guardianship for Children in Need of Protective Services. 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.

A court can grant an adult 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 their parents, but the guardian is generally responsible for the care and well-being of that child.

Subsidized Guardianship. The 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 Native American 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 that was made on behalf of the child 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 appropriate to also place the sibling in the home of the guardian, regardless of whether the sibling meets the eligibility requirements described below.

In order for a guardian to receive payment, the child must: (a) have been removed from the home under a voluntary agreement or court order containing a finding that continued placement in the home would be contrary to the welfare of the child; (b) have been residing in the home of the guardian for at least six consecutive months; (c) demonstrate a strong attachment to the guardian; and (e) have been consulted regarding the guardianship arrangement, if over the age of 14. In addition, the placing agency must have determined that

neither the child's return to the home or adoption is in the child's best interest.

Further, the guardian must: (a) be a relative of the child or, prior to or during the child's placement in out-of-home care, have a significant emotional relationship with the child or the child's family that is similar to a familial relationship; (b) have a strong commitment to caring permanently for the child; (c) have been licensed as the child's foster parent for at least six consecutive months immediately before being named guardian and must meet, along with all adults residing in the home, background check requirements; and (d) have 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 the amount 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.

Upon 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 2021, 708 children were discharged to guardianships, of whom 223 entered the subsidized guardianship program. Of the total number of children that were discharged to guardianship, 668 children had a relative guardian and 40 children had a nonrelative guardian.

Private Guardianship. In addition to the

appointment of guardians for children in need of protection or services under the CHIPS process outlined above, Wisconsin law also provides for the appointment of guardians via a petition to court by any person. Provisions of 2019 Act 109 removed guardianship of a minor from the probate process under Chapter 54 of the statutes, which mainly focusses on adults, and instead created four types of private guardianship under the children's code in Chapter 48 -- full, limited, temporary, and emergency guardianship.

Any person, including a parent or child aged 12 years or older, may petition the court for an appointment of a guardian. Act 109 provides for various procedures and timelines, including for a fact-finding and dispositional hearing if the petition is contested. If the allegations in the petition are proven with clear and convincing evidence, the court will immediately proceed to determine the appropriate disposition by considering various factors, including any nomination of a guardian made by the parent or child and their opinions as to what is in the child's best interest.

Appointment of a guardian under this process does not bring the child into the public child welfare system. Thus, such placements do not qualify for subsidized guardianship payments. If a CHIPS (or JIPS) action is pending, the court must stay proceedings under Act 109 until the petition is resolved.

Delegation of Power by Parent. In lieu of petitioning the court for the appointment of a guardian for their 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 up to one year, unless it is 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 their 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 of up to \$10,000 or imprisonment of up to nine months, or both.

Youths Aging Out of Out-of-Home Care

Under state law, a youth can remain in an out-of-home care placement until they are 18 years of age, or, if 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.

A full-time student with an IEP may continue in out-of-home care under a voluntary transition-to-independent-living agreement, or an extended dispositional order of the juvenile court, until a youth 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 youths 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 than other youths. To avoid such outcomes, DHHS allocates funding to states to provide independent living services to

youths who age out of out-of-home care and youths between the ages of 18 and 23 who were formerly in out-of-home care. Participation in the program is voluntary.

In Wisconsin, a youth is eligible under CFCIP if they: (a) are currently in an out-of-home care placement and have been in the placement for at least six months after age 15; (b) are currently in subsidized guardianship or long-term kinship and had been in out-of-home care for at least six months after age 15; (c) were 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 or older. 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), they are 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, they are referred to the independent living program. Each youth referred to the program receives an assessment of their 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 youth ages out of out-of-home care (including terminations of independent living agreements), the youth 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 youth; (b) be as detailed as the youth directs; and (c) include specific options for obtaining housing, health care, education, mentoring and continuing

support services, and workforce support and employment services. DCF's 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 their 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 23rd 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.

Wisconsin received \$2,335,300 in federal fiscal year (FFY) 2022 under the CFCIP. States may use CFCIP 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.

The DCF Bureau of Youth Services contracts with seven transitional resource agencies to provide in-person independent living services for youths over 17 and a half years old. Table 9 lists the regional agencies. In 2022, these contracts totaled \$1,769,800.

Specialized services unique to older youths can include employment development and achieving the youth's independent living goals. DCF has

Table 9: Transitional Resource Agencies

Region	Agency
North	Wood County Human Services Department
Northeast	Bay Area Workforce Development Board
Milwaukee	SaintA, Inc.
Southeast	Kenosha Human Development Services
SW & Central	Workforce Development Board
West	Family and Children's Center
Northwest	Workforce Resource, Inc.

established expected outcomes for participating 18- to 23-year-olds for housing, education, health, well-being, and employment. The regional service agencies are the primary point of contact for achieving the expected outcomes.

States may use CFCIP funds for room and board expenses for youths between 18 and 23 years old who were in out-of-home care until their 18th birthday. However, states may use no more than 25% of the total CFCIP allocation for this purpose. Regional agencies use most of the funds to support independent living coordinators and direct services to youths.

Tribal child welfare agencies can also apply to DCF receive funding to provide independent living services to eligible children as young as 14 in their care. In 2022, DCF awarded a total of \$224,700 in CFCIP funding to five tribes and bands.

County agencies are responsible for permanency planning, educational success, and other independent living preparatory services for all children under the age of 18 in their care. These services can be supported by county tax levy, children and family aids, or any other appropriate fund source.

Runaway and Homeless Youth Program. Six programs provide residential, counseling, and other services on a regional basis to protect runaway and homeless youths and, when possible, reunite them with their families. DCF is budgeted \$400,000 GPR in 2021-22 and 2022-23 to award grants for these services, and awarded an additional \$350,000 FED from the state's grant under the Stephanie Tubbs Jones Child Welfare Services Program in 2022.

Several other organizations that did not receive these grants provide similar services in the state. Most of these programs, as well as the DCF-funded programs, are also supported through other grants and funding sources, such as federal Family

and Youth Services Bureau runaway and homeless youth grants.

Education and Training Vouchers Program (Brighter Star). The federal education and training voucher (ETV) program, funded under Title IV-E of the Social Security Act, helps youths transition to self-sufficiency and receive the education, training, and services they need to obtain employment. The funding supports vouchers for post-secondary education and training available to youths who have aged out of out-of-home care. Wisconsin received \$742,800 from the ETV program for FFY 2022.

Youths 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 they 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 their 21st birthday, is enrolled in a post-secondary education or training program, and is making satisfactory progress toward completion of that program, the youth can remain eligible for ETV-funded services until they reach the age of 23. A youth may participate in the ETV program prior to high school graduation if they have senior standing and are enrolled in a certificate program that is directly connected to employment that can be obtained without a high school diploma, such as 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 (IL) services. The IL plan developed for each youth eligible for the IL program must include an education plan. Therefore, the IL plan for a youth eligible for the ETV program should address: (a) a plan for successful completion of secondary education; (b) communication with secondary or

postsecondary educational counselors, officials, and support personnel; (c) a plan for completion of required applications, tests, and financial aid forms; (d) a plan for providing support during post-secondary educational or training attendance; and (e) a plan for applying for other financial aid. Youths must participate in designing their program activities. In addition, an IL plan may place certain additional requirements on the youth, such as maintaining satisfactory progress toward the plan's goals and meeting procedural requirements, as a condition of remaining in the program.

All ETV funds are awarded under the Brighter Star program through the transitional resource agencies. Eligible youth receive up to \$5,000 per school year in financial aid for the costs of attending an accredited school for a four-year degree, two-year degree, technical diploma, apprenticeship, or professional certification. Funds may be available for up to five academic years.

The awards may be used for the costs of attendance, including (but not limited to) tuition, fees, room and board, and transportation for youths who have been approved to attend a post-secondary education or vocational program. A student is eligible if they: (a) are at least 17.5 years old and are likely to remain in a court-ordered out-of-home care placement until the age of 18 (or older); (b) were adopted or entered guardianship under the Children's Code at the age of 16 or older following a court-ordered out-of-home care placement; or (c) are older than 18 but younger than 14 years of age and aged out of an out-of-home care placement.

The federal Consolidated Appropriations Act of 2021 provided supplementary funding and flexibilities during the COVID-19 pandemic. The act raised the maximum age of eligibility to 26 through September 30, 2021, and increased the maximum ETV award amount from \$5,000 per youth per year to \$12,000 per youth per year

through September 30, 2022. Wisconsin received \$895,000 in supplementary funding.

Re-entry into Out-of-Home Care. DCF administrative rules provide conditions and procedures for youths to re-enter out-of-home care after they age 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 re-enter 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 re-enter out-of-home care at least two times, but may use discretion to deny re-entry 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 re-enter 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.

Adoptions

When a child is removed from their home and enters the child welfare system, they are in the physical custody of their county or tribe. In a CHIPs proceeding, the district attorney (or the

corporation counsel or other appropriate person designated by the county board of supervisors) must file a petition for a TPR if certain circumstances apply. These circumstances include when a child has been placed in out-of-home care for 15 of the most recent 22 months, when a child has been abandoned, and when the child is the victim of certain violent felonies committed by the parent. In other circumstances the counsel or guardian ad litem for a parent, relative, guardian or child may file a petition.

There are several statutory grounds for a court to grant a petition for a TPR, including: (a) abandonment; (b) relinquishing custody of a newborn; (c) continuing need of protective services for a cumulative total period of six months or longer; (d) child abuse; (e) failure to assume parental responsibility; and (f) prior involuntary termination of parental rights to another child. 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 county, child welfare agency or DCF, 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 public adoption program.

DCF and counties apply a uniform structured analysis family evaluation (SAFE) home study investigation of all potential adoptive parents (except for stepparents, for whom other screening standards apply). 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, child abuse and 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. Adoptive parents may also elect to receive six additional hours of post-adoptive training. However, people who adopt children from relative parents and people who adopt a child in a foreign jurisdiction and then register the adoption in Wisconsin are not required to complete this training.

After adoption, the child's birth certificate is revised, and the legal relationship with the birth parents is severed. The adoptive family assumes all the rights, duties, and legal consequences of a parent-child relationship.

As for foreign adoption orders, an adopted child automatically acquires citizenship upon admission to the United States. Pursuant to 2015 Act 380, "readoption" under state law is not required for such children. Instead, the adoptive parent only needs to register the foreign adoption order with a Wisconsin court within 365 days to receive a certification of birth data, which has the full force and effect of a birth certificate.

Public Adoption Program. The public adoption program provides services for children under the guardianship of DCF, a county

department, or a tribal child welfare department. DCF administers the program, under which state and contracted staff provide case management and adoptive placement services.

The public adoption program is administered on a regional basis. Table 10 lists the region, the location of the regional offices, and the current contracted agency assigned to each region.

Table 10: Public Adoption Program

<u>Contracted Agency</u>	<u>Region</u>	<u>Office Location</u>
Lutheran Social Services	Northwestern	Eau Claire
	North-Central	Wausau
	Northeastern	Madison
Children's Hospital of Wisconsin Community Services	South-Central	Madison
	Southeastern	Wauwatosa
	Milwaukee Co.	Milwaukee
Wellpoint Care Network (formerly SaintA)	Milwaukee Co.	West Allis

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 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, a permanency plan may include reunification with

the birth parents, but may also include planning for a potential adoption. State permanency consultants 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. 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.

In federal fiscal year (FFY) 2022, 708 children were adopted under the public adoption program in Wisconsin. The median time between removal and TPR was 32 months. The median time from TPR to the finalized adoption was six months. Approximately 19% of children were adopted within 24 months after they were removed from their home.

Table 11 shows the number of public adoptions finalized in each year from 2012 to 2022.

Table 11: Number of Finalized Public Adoptions

Federal Fiscal Year	Non-Milwaukee Counties	Milwaukee County	Statewide Total
2012	525	234	759
2013	517	242	759
2014	457	230	687
2015	396	217	613
2016	432	240	672
2017	463	254	717
2018	479	276	755
2019	484	229	713
2020	528	222	750
2021	530	183	713
2022	508	200	708

If a child has been in the state's custody for two years in the public adoption program but 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 2021-22 DCF expended \$5,484,300 (\$3,594,100 GPR and \$1,890,200 FED) for maintenance payments on behalf of an average of 343 children.

Adoption Assistance Payments. DCF makes monthly adoption assistance maintenance payments to the adoptive or proposed adoptive parents of a child with special needs when DCF has determined that the assistance is necessary to assure the child's adoption. These payments are intended to assist in the cost of care for that child.

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 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 payments, a child must have at least one of the following special needs at the time of the adoption: (a) the child is seven 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 two or more children who must be placed together; (c) the child has, or is at high risk of developing, 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; (d) the child belongs to a minority race in which children of that race cannot be readily placed due to lack of appropriate placements; or (e) the child is Native American. Most children available for adoption through the state adoption system meet one or more of these criteria.

Adoptive parents may continue to receive adoption assistance payments until the child reaches age 18, or until age 19 if the child is enrolled as a full-time student in high school. Further, these payments may continue until the child reaches 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. Payments are discontinued when the adoptive parent or parents no longer support the child, such as when the child marries or joins the armed forces.

In 2022-23, DCF is budgeted \$91,595,800 (\$44,783,900 GPR and \$46,811,900 FED) to fund adoption assistance payments. The federal funding is available under Title IV-E as reimbursement for a portion of the costs of the payments. In June, 2022, DCF made adoption assistance payments on behalf of 8,028 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. Further, most children for whom DCF makes adoption assistance payments receive health care coverage under the state's medical assistance (MA) program, which pays for eligible medical expenses not covered by the family's health insurance. Some adopted children are covered under MA even though their adoption assistance payment is \$0.

Tax Benefits. Tax benefits for adoption expenses are available under state and federal law. Wisconsin provides a deduction, and the federal government allows a credit, for adoption expenses. A separate deduction for employer-provided adoption benefits is also available under federal law. For more information on tax benefits for adoption, please refer to the Legislative Fiscal Bureau's Informational Paper entitled, "Individual Income Tax."

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 public adoption process, and information on post-adoptive services, and identifies available resources on adoption that are available for loan.

Adoption and Permanency Support. The Wisconsin adoption and permanency support (WiAPS) program provides supportive services,

information, and education to adoptive and guardianship families, birth families, and adult adoptees. These services include operating a toll-free telephone service to provide immediate access to support specialists, online and in-person peer-to-peer support, short-term in-home support, educational workshops and conferences for foster, adoptive and guardianship families, online directories of mental health professionals and local support groups, and offering information to families through a variety of media.

DCF currently contracts with Catholic Charities of the Diocese of La Crosse to provide these services, which operates regional offices in Eau Claire, Green Bay, La Crosse, Madison, Milwaukee and Wausau. DCF will expend \$806,600 under this contract in 2022-23, supported fully by GPR.

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 to 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.
- The most recent names and addresses of birth parents on file when the birth parents have filed affidavits allowing the release of that information.
- The 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 through 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.

Funding Sources for Child Welfare Services

Counties support the costs of providing child welfare and child protective services with a combination of state, federal, and local funds.

Children and Family Aids. Under the children and family aids (CFA) program, DCF distributes state and federal funds to counties to support services related to child abuse and neglect (including prevention, investigation, and treatment services), child welfare services to families, and community-based juvenile justice services.

In 2022-23, DCF was budgeted \$101,162,800 to fund the CFA, consisting of: (a) \$45,692,500

GPR; (b) \$45,465,900 FED from state foster care reimbursement claims under Title IV-E of the Social Security Act; (c) \$2,748,300 FED from funds the state receives under Title IV-B, subpart 1 of the Social Security Act; (d) \$3,957,200 FED from the federal Social Services Block Grant (SSBG); and (e) \$3,298,900 FED from TANF block grant funds transferred to the SSBG. State law requires counties to match a portion of the CFA. In practice, most counties provide funding above the match requirement.

Additional information about the CFA and related programs can be found in the Legislative Fiscal Bureau's informational paper, "Community Aids/Children and Family Aids."

Title IV-E. Title IV-E of the Social Security Act provides reimbursements to states for costs of providing foster care, adoption assistance, and kinship and guardianship assistance. With the exception of CFCIP, for which states receive sum certain funding allocations, Title IV-E provides an open-ended entitlement to reimbursement. This means that there is no limit on the amount of claims that states may submit for reimbursement. However, funds are available only for specified shares of 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 support 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 is usually about 60%. However, provisions in the federal Families First Coronavirus Response Act increased the IV-E reimbursement rate by 6.2 percentage points, beginning January 1, 2020, and continuing during each calendar quarter that the COVID 19 national public health emergency was in effect. Under the federal 2023 Consolidated Appropriations Act enacted in

December, 2022, this enhanced reimbursement rate will be phased down during calendar year 2023, as follows: (a) 6.2 percentage points in the first calendar quarter; (b) 5.0 percentage points in the second calendar quarter; (c) 2.5 percentage points in the third calendar quarter; and (d) 1.5 percentage points in the fourth calendar quarter.

Title IV-E reimbursement funds 50% of the costs of administrative and placement services and up to 75% of certain training costs. Administrative activities include the costs of recruiting adoptive homes and placing children into them, 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.

Reimbursability. The agency managing a child's case and the court must meet certain IV-E procedural requirements for costs associated with the child to be reimbursable. For example, the child's placement must be of an approved type, such as a licensed foster home, group home, RCC, or subsidized guardianship. Services provided to children that qualify for SSI benefits are not Title IV-E reimbursable.

For certain groups of children, the state may claim reimbursement for administrative costs even for cases that do not meet the requirements to be fully reimbursable. This applies to Title IV-E eligible children who are SSI recipients, missing from care, in trial reunifications, or in out-of-home placements with relatives who are undergoing the foster care licensing process.

Eligibility. Title IV-E eligibility is determined when the child leaves the home of their 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. Table 12 shows the share of children in out-of-home care who were Title IV-E eligible in the most recent quarter, as well as the shares for children who's parents receive adoption assistance payments and children in subsidized guardianship.

Table 12: Title IV-E Eligibility Rates, July–September 2022

<u>Setting</u>	<u>Quarterly Average Number of Children</u>	<u>Percent Eligible for Title IV-E</u>
Out-of-Home Care	6,681	50.1%
Adoption Assistance	9,398	81.0
Subsidized Guardianship	1,722	63.3

Once a child is initially determined eligible, Title IV-E eligibility must be re-determined annually for the child over the duration of the out-of-home care episode. An exception is made for children ineligible based on their family's income at removal; they remain ineligible for the duration of the out-of-home care episode. A new IV-E eligibility determination must be conducted if the child re-enters 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 voluntary placement agreement (VPA), the judge must find that the voluntary placement is in the child's interest before the earlier of: (a) the expiration of the VPA; or (b) 80 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 aid to families with dependent children (AFDC) program. The requirements include that the child: (a) was living in the home of a parent, or certain other relatives before removal; (b) had been deprived of parental support; and (c) and is financially "needy," based on the household's income and resources. 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.

Recent federal law changes are gradually eliminating the AFDC-related financial requirements for adoption assistance. Through June 30, 2024, the income test will only apply to children younger than the age of two when the adoption assistance agreement is signed, or the last day of the fiscal year in which that agreement is signed. Beginning July 1, 2024, the income test will no longer be used.

Table 13: Title IV-E Funding Claimed in FFY 2021

Expense Category	FED Claim (\$ in Millions)
Adoption Assistance Maintenance Payments	\$50.3
Adoption Assistance Administration	3.2
Out-of-Home Care (OHC) Maintenance Payments	26.3
OHC Administration, incl. IV-E Eligibility Determinations	46.9
Other, incl. Subsidized Guardianships, eWiSACWIS, and Training Provided by UW	<u>18.8</u>
Total	\$145.5

Funding. Table 13 provides information on the state's Title IV-E claims in FFY 2021, including the categories of services for which the federal funds were claimed. For that year, Wisconsin received \$145.5 million in Title IV-E funds.

Federal funding claimed on expenditures in each of the following categories is budgeted directly to support future expenditures in the same category: (a) adoption assistance maintenance payments, (b) the public adoptions program administration and services, (c) maintenance payments for children in state foster care awaiting adoptions, (d) subsidized guardianship maintenance payments, and (e) maintenance and administrative payments for DMCPs. Appropriations of federal and GPR funding supporting each of these are re-estimated in every biennial budget to reflect changes in caseloads, costs, the federal matching rate (FMAP), and IV-E eligibility and reimbursability.

Other Title IV-E revenue, including from out-of-home care maintenance payments made by county agencies, out-of-home care administration, and other services, is distributed based on fixed allocations or other methods. Revenue claimed from expenditures of one type may be used to support expenditures of another.

In 2022-23, \$45.5 million in federal Title IV-E revenue is budgeted for children and family aids. This amount is determined through the state

budget process, not by the actual amount of funding the state claims for out-of-home care expenditures made by county agencies.

In addition, Title IV-E revenue is distributed: (a) to counties through the youth aids program allocation on behalf of children in the juvenile justice system; (b) to the University of Wisconsin through the training partnerships program; and (c) to counties for local operational costs related to the electronic Wisconsin statewide automated child welfare information system (eWiSACWIS), foster parent training, and legal services including support for child welfare state-employed assistant district attorneys located throughout the state.

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 much of the accumulated surplus in 2016-17. Pursuant to 2017 Act 59, DCF distributed much of the remaining surplus funds to counties by increasing children and family aids allocations.

Family First Programs. The federal Family First Prevention Services Act provides reimbursement under Title IV-E for two additional types of services when they adhere to models with demonstrated evidence of effectiveness. Services intended to prevent entry into out-of-home care are described in the section below, and the section on Title IV-B, Subpart 2, describes kinship navigator programs.

Title IV-E—Family First Prevention Services Act. The Family First Prevention Services Act, enacted as part of the federal Bipartisan Budget Act of 2018 (P.L. 115-123) included several policy changes that limit federal reimbursement for congregate care and favor child

placements in family foster homes. The act also provides uncapped Title IV-E funding for a portion of the costs of up to 12 months of services that are intended to prevent the need for children to enter out-of-home care.

A state may elect to delay the provisions of the Family First Act regarding the limitation of reimbursement for congregate care. By doing so, the provisions for federal reimbursement of prevention services are similarly delayed. DCF requested delayed implementation of these provisions for two years, until October 1, 2021.

Congregate Care and Foster Care. Effective October 1, 2019 (or as delayed by request), states may claim Title IV-E reimbursement for only up to two weeks of out-of-home care maintenance payments paid on behalf of an eligible child placed in a child care institution. This includes any private or public group home or care center that serves 25 or fewer children. (Placements larger than 25 are prohibited under federal law.) States may continue to claim administrative expenses after the two-week limit expires on maintenance payments.

Pre- and post- adjudication juvenile justice facilities are exempt from the two-week limitation. In order to remove any incentive states would have to increase Title IV-E revenues by arresting more children, states must certify in their Title IV-E plans that they will not enact policies that will significantly increase the state's juvenile justice population in response to the new restrictions on federal Title IV-E support for child care institutions.

Placements in certain child care institutions are exempt from the two-week limitation on maintenance claims. These include: (a) a setting specializing in providing prenatal, post-partum, or parenting supports for youth; (b) supervised settings in which youths ages 18 or older live independently; (c) high quality residential care

services for victims (or youths at risk) of sex trafficking; and (d) qualified residential treatment programs (QRTP). A QRTP is a licensed, accredited program that uses a trauma-informed treatment model, has nurses on staff or on call, provides discharge planning and family-based after care for at least six months after a discharge, and to the extent appropriate, documents and facilitates outreach to and participation from a child's family members.

An assessment by a trained professional or licensed clinician who is not an employee of the child welfare agency must be conducted within 30 days of a placement into a QRTP to review the needs of the child, develop child specific mental and behavioral health goals, and determine which placement setting is appropriate for the child. If the appropriate placement is not in a family home, the assessment must specify the reasons why the child's needs cannot be met by their family or in a foster family home. A shortage of family foster homes is not an acceptable reason to find that the needs of the child cannot be met in a family foster home.

If the assessment is not completed within 30 days of the placement at the QRTP, no claim may be made for Title IV-E reimbursement of maintenance payments.

Within 60 days of the start of such a placement, a family, tribal, or juvenile court must independently consider the assessment and approve or disapprove the placement. In doing so, the court must determine whether the child's needs can be met in a foster family placement home. If not, the court must determine whether placement into a QRTP provides the appropriate level of care for the child in the least restrictive environment, consistent with the short- and long-term goals of the child specified in the permanency plan. As long as a child remains in a QRTP placement, in order to continue to claim Title IV-E maintenance

reimbursement at each permanency hearing, there must be evidence of the services provided to the child, that ongoing assessment continues to support the appropriateness of the placement in the QRTP, and the efforts made to prepare the child for a return home or placement with a relative, guardian, adoptive parent, or family foster home.

States may continue to claim Title IV-E reimbursement for maintenance at a QRTP for a transition period of up to 30 days after the assessment determines that the QRTP placement is not appropriate, the court disapproves the placement, or the child returns to a family home setting.

If a placement at a QRTP exceeds 12 consecutive months or 18 non-consecutive months (or six months consecutive or nonconsecutive for children younger than 13), the state Title IV-E agency must approve the continued placement.

Title IV-E - Family First Prevention Services Act - Prevention Services. Effective October, 2019 (or as delayed by request), uncapped Title IV-E funding becomes available for a portion of the costs of up to 12 months of services intended to prevent the need for children to enter out-of-home care. This includes substance abuse and mental health treatment services and in-home parent skills based programs, such as home visiting, parent training, and individual and family therapy.

Prevention services may be provided to three groups of people: (a) children identified as candidates for out-of-home care; (b) youths in out-of-home care who are parents or are pregnant; and (c) parents or kin caregivers of such children and youths. Services are reimbursable without regard to whether the child would be Title IV-E eligible, meaning there is no income test for prevention services.

DHHS maintains a clearinghouse of prevention services program models and evidence

supporting the use of each. Models are rated as well-supported by the evidence, supported, promising, or not meeting the fundamental criteria. To be eligible for reimbursement, state programs must adhere to a model listed on the clearinghouse as meeting the fundamental criteria. Beginning in FFY 2024, at least 50% of expenditures must be for well-supported programs.

States must submit a five-year prevention services plan identifying the programs for which the state intends to claim Title IV-E reimbursement. Under Wisconsin's plan, approved by DHHS in 2022, DCF indicates three program models the state will use. These are the Nurse-Family Partnership, Parents as Teachers, and Healthy Families America models under the state's Family Foundations Home Visiting program.

States are required to maintain a written prevention plan listing the programs and services that will be provided in order for a child to remain safely at home, live temporarily or permanently with a related caregiver, or to prepare a parenting foster youth to be a parent (and describe the prevention strategy for any child born to that youth). Further, all services must be trauma informed and provided in accordance with general practice requirements.

Prevention services may be provided for a period of up to 12 months. If the child or family is re-identified as a candidate for out-of-home care, services may be provided under a new 12-month prevention plan.

Through October 1, 2026, the federal reimbursement rate for prevention services will be 50% of eligible costs. Afterwards, the reimbursement rate will equal the state's federal medical assistance percentage (FMAP) matching rate. Training and administrative costs associated with prevention services will continue to be reimbursed at 50%.

The federal act requires states electing to provide Title IV-E prevention services to maintain the same level of state foster care prevention expenditures as the state and local child welfare agencies in the state made in FFY 2014. This includes state funding used for prevention services and activities and federal funding made available under Title IV-B, the TANF block grant, and the SSBG. DCF has determined that no state-level programs in place at that time meet the requirements to be included in the MOE, but programs operated by nine counties qualify, with total expenditures in FFY 2014 of \$353,900.

Title IV-E—Chafee Foster Care Independence and Education and Training Voucher Funds. As previously indicated, the Chafee Foster Care Independence and Education and Training Voucher funds support costs of preparing youths to live independently after leaving out-of-home care and to provide transitional services to these youths.

Unlike other Title IV-E funding, 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 2022, Wisconsin received \$2,335,300 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 \$742,800 FED in FFY 2022 in ETV funds.

Title IV-B, Subpart 1—Stephanie Tubbs Jones Child Welfare Services Program. Title IV-B, Subpart 1 of the Social Security Act provides 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.

In FFY 2022, Wisconsin received \$4,691,700 FED under Title IV-B, Subpart 1. Of this amount, DCF allocated: (a) \$2.7 million to counties as part of the children and family aids allocation; (b) \$0.8 million to counties under the youth aids program; (c) \$0.4 million to the homeless and runaway youth program; and (d) \$0.8 million to support other child welfare programs and state administrative costs. The state's match requirement was satisfied by locally-funded county child welfare agency expenditures required under the children and family aids program.

Title IV-B, Subpart 2—MaryLee Allen Promoting Safe and Stable Families (PSSF) Program. 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 benefits under the supplemental nutrition assistance program (SNAP). 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 2022, Wisconsin received \$4,840,800 under PSSF. DCF allocated \$3,159,700 of this funding to counties and tribes to operate family preservation, support, and temporary reunification services. Attachment 3 to this paper identifies the PSSF allocations to counties in calendar year 2023. The remainder of the federal award supports public adoptions services, the Wisconsin Adoption and Permanency Support (WiAPS) program, and other state operations.

In addition, in FFY 2022, Wisconsin received

\$238,900 under Title IV-B, Subpart 2, to develop and enhance current kinship navigator programming. DCF uses this funding to further develop resources available to relative caregivers, including: (a) information and referral guides regarding frequently asked questions and initial steps to access services; (b) caregiver education through a web-based training curriculum and development of a Wisconsin relative caregiver summit; (c) development of a web-based caseworker training curriculum; (d) community outreach and communication; and (e) creation and maintenance of caregiver support groups.

Temporary Assistance for Needy Families (TANF). TANF is a federal block grant that states use to support a wide variety of public assistance programs. With limited exceptions, states may not use TANF funding to support foster care maintenance payments claimed under Title IV-E.

States may use TANF funding 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. Under 2021 Act 58, the state budgeted \$49.5 million in TANF funds in 2022-23 to support: (a) kinship care maintenance payments and assessments (\$31.4 million); (b) child welfare safety services (\$10.3 million); (c) child welfare prevention services (\$6.8 million); (d) substance abuse prevention (\$0.5 million); and (e) grants for the prevention of child abuse and neglect (\$0.5 million).

Safety services are available to families in Milwaukee County and 42 other counties and one tribe 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 and substance abuse prevention funding support the Brighter Futures and Family Foundations Home Visiting programs described previously.

Adoption and Legal Guardianship Incentive Program. Federal law provides states with incentive payments for successful adoptive and guardianship placements. States have 36 months to expend the funds, and must use them to supplement, rather than 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 FFY 2007.

Currently, federal law 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 under age nine in 2023 would be 429 if there were 500 such adoptions in 2022, 3,500 children in foster care at end of 2021, and 3,000 children in

foster care at the end of 2022 (429 = 3,000 * 500/3,500). Thus, if there were 500 adoptions under age nine in 2021, the corresponding adoption assistance payment would be \$355,000 (\$5,000 for each adoption exceeding 429).

Under the current program, Wisconsin received adoption incentive funds totaling \$571,500 in FFY 2020, \$529,000 in FFY 2021, and \$295,000 in FFY 2022. This funding is available for general state operations, including supporting statewide and inter-state collaboration, conferences, and training. As of November, 2022, the federal program has not been reauthorized to continue beyond awards based on placements in FFY 2021.

Social Services Block Grant (SSBG). The SSBG is a federal block grant states use to fund 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 to support health services and the low-income home energy assistance program.

States may use SSBG funds to support social services to individuals, regardless of their income. However, if a state transfers TANF funds to support SSBG-supported programs, the services funded with the transferred TANF funds must be provided to families with income at or below 200% of the federal poverty level (e.g. at or below \$3,838 per month for a family of three in 2022). 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 FFY 2022 DHS received \$28.3 million in federal SSBG funds. In 2022-23, DHS will transfer \$4.0 million to DCF to support children and family aids and \$2.1 million for state operations in DCF. An additional \$3.3 million in FED TANF funding is budgeted to support children and family aids by transferring TANF funds to the SSBG.

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 settlement agreement on September 2, 2002, effectively closing the case, although the state remained subject to arbitration or court intervention if non-compliance issues arose. The settlement required the state to attain 19 specified outcomes for permanence, safety, and child well-being for children in out-of-home care in Milwaukee County. On September 29, 2021, the court approved a joint request from DCF and the plaintiffs fully dismissing the case. At that time, the state had met 18 of the 19 performance outcomes.

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. DMCPs 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 provide planning advice, 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 their 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 an 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 operates similar to county child welfare agencies as described previously in this paper. DMCPs relies on state staff to perform some of these functions, such as initial assessments, while contracting for other services, such as case management. In 2022-23, DMCPs is budgeted 189.87 positions. Many are split-funded between GPR and Title IV-E revenue; overall 91% of the position authority is GPR while 9% is FED. Some staff, such as legal counsel, and some funding, such as Medical Assistance reimbursements, is shared between DMCPs and other divisions in DCF.

Access Unit and FISS. 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. In 2022-23 the unit is budgeted 24.5 positions

Children can also enter DMCPs's caseload when a parent seeks a petition for the court to assume authority for a youth age 12 through 17 under CHIPS criteria. These situations involve adolescents whose parents consider them to be uncontrollable. CHIPS courts require parents to use the Family Intervention Support and Services (FISS) program prior to petitioning the court for intervention.

The FISS program is administered by Milwaukee County, with partial funding from DMCPs. The program assesses adolescents who are experiencing behavioral problems, truancy issues, school or academic related problems, runaway behavior, and conflicts with parents. Based on the

assessment and the family's level of need, the family and adolescent may: (a) receive services from community-based resources; (b) return to Milwaukee County Children's Court for additional pre-CHIPS or pre-delinquent services; or (c) be referred to DMCPs for additional services.

Initial Assessment Bureau. Referrals screened into the system by the access unit are either referred to the initial assessment bureau for further assessment, or are referred to an agency that performs independent assessments under contract with DCF, currently Community Impact Programs. 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.

The initial assessment bureau is budgeted 113.0 positions in 2022-23. Initial assessment specialists 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 in-home services, or if the child needs to be removed and placed in out-of-home care. Otherwise, if staff determine the child is safe, the case is closed. Referrals may be made for community services.

In-Home Services. Intensive in-home services, and services provided through the Stronger Families Milwaukee program beginning in April, 2022, are available to families where threats to child safety have been identified, but the initial assessment has determined that the child can remain at home safely with appropriate services. 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 to provide in-home services. These agencies are responsible for developing a network of providers that deliver 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 responsible for coordinating 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. Currently, the two intensive in-home vendors are Children's Hospital of Wisconsin Community Services and Wellpoint Care Network. The primary contractor for the Stronger Families Milwaukee program is Community Advocates Inc. These services are supported entirely with TANF funds.

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.

Out-of-Home Placement Referrals. When an initial assessment determines a child must be removed from the home, the case is referred to an

agency contracted by DCPS to provide out-of-home care placement referral services, currently Professional Services Group, Inc. 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) identifying appropriate placement resources in RCCs, group homes, and level Three to Five foster homes; (c) completing background checks on relatives who are under consideration as placements; (d) providing 24-hour placement referral services; and (e) conducting searches to provide names and addresses of potential relatives.

Out-of-Home Care Maintenance Payments. In December, 2021, 1,839 children in Milwaukee County were in out-of-home care, consisting of temporary centers during assessments, kinship care, subsidized guardianships, foster care, group homes, residential care centers, and supervised independent living arrangements. For each type of placement, DMCPs pays maintenance payments or subsidies for the costs of providing room, board, and basic care for the child. For kinship care, DCF makes these payments statewide using TANF funding. Kinship care payments for Milwaukee County children totaled \$7,585,400 in 2021-22. Amounts budgeted for DMCPs in 2022-23 for each other type of placement are shown in Table 14, totaling \$40,145,000 in all funds.

Out-of-Home Case Management and Services. When a child is placed in out-of-home care, their case is assigned to a contracted agency to provide case management and ongoing services to the child and their family. Currently, DMCPs contracts with Children's Hospital of Wisconsin Community Services and Wellpoint Care Network for these services.

The contracted 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. Out-of-home case management services include the following:

Table 14: Milwaukee Child Welfare Budget, 2022-23

	State	FED	Total
Out-of-Home Maintenance Payments			
Assessment Centers	\$3,956,500	-	\$3,956,500
Subsidized Guardianship	4,696,900	\$2,737,600	7,434,500
Foster Care Level 1 & 2	5,322,900	2,713,200	8,036,100
Treatment Foster Care (Levels 3-5)	2,910,700	1,483,700	4,394,400
Group Homes	7,874,000	1,298,400	9,172,400
In-State RCCs	4,266,900	212,700	4,479,600
Out-of-State RCCs	2,323,300	115,800	2,439,100
Sup. Independent Living	4,188,900	-	4,188,900
Subtotal	\$35,540,100	\$8,561,400	\$44,101,500
Contracted Services			
FISS Intake (TANF)	\$153,200	\$394,000	\$547,200
Independent Investigations	346,100	-	346,100
In-Home Services (TANF)	-	3,637,900	3,637,900
Out-of-Home Placement	1,263,200	223,800	1,487,000
Out-of-Home Placement Recruitment	603,500	107,000	710,500
Out-of-Home Case Mgmt. & Services	36,594,900	3,824,200	40,419,100
Substance Abuse Case Mgmt. (SABG)	-	1,583,000	1,583,000
Wraparound Milwaukee	9,255,400	433,800	9,689,200
Wraparound Mobile Crisis Team	692,000	-	692,000
Treatment Foster Care Admin.	5,288,300	1,874,900	7,163,200
Wendy's Wonderful Kids (One-Time)	185,700	114,300	300,000
Domestic Violence Services	365,000	-	365,000
Caregiver & Staff Training (UW Milw.)	1,340,500	1,153,400	2,493,900
Milwaukee County DA (TPR Process)	876,100	572,200	1,448,300
Milwaukee County Clerk of Courts	689,300	122,100	811,400
Trust Fund Accounts (Maximus)	611,200	-	611,200
Misc. Other Contracts	573,500	47,200	620,700
Subtotal	\$58,837,900	\$14,087,800	\$72,925,700
Total Aids Funding	\$94,378,000	\$22,649,200	\$117,027,200
State Staff & Other Operations Funding			
	\$20,254,400	\$4,328,500	\$24,582,900
Grand Total	\$114,632,400	\$26,977,700	\$141,610,100

- 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.

The agencies are also contracted to provide ongoing services to support families in achieving safety and permanence for their children. These 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. The agencies are also responsible for engaging families in the case planning process and measuring progress related to enhancing parent and caregiver protective capacities and eliminating safety-related issues.

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. The agencies assume responsibility for providing 12 months of post-reunification services to all reunified families as well.

When children are in the public adoption

process, they continue to receive case management services. DMCPs also contracts for the same agencies to provide additional adoption placement services, including (a) 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; and (b) 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.

Wraparound Milwaukee. DMCPs separately contracts for services for families and children with serious mental health needs. Administered by Milwaukee County, the Wraparound Milwaukee program coordinates mental health care services and delivers a range of supportive services specific to the child's mental, emotional, and behavioral needs at school, at work, and with family. This can include services to enable a child to remain in a home setting rather than a group home, residential care center, or psychiatric hospital. The county also provides crisis response via a mobile crisis team and 24/7 phone line.

Quality Operations Bureau. The DMCPs Quality Operations Bureau conducts contract monitoring and performance measurement. In 2022-23, the Bureau is budgeted 28.5 positions.

They 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.

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 for child welfare services in Milwaukee County in 2022-23. The federal funding (\$27.0 million) is supported by Title IV-E revenue (\$21.4 million), except where the source is noted as TANF (\$4.0 million) or the Substance Abuse Prevention and Treatment block grant (SABG)(\$1.6 million). State revenues (\$114.6 million) consist of general purpose revenue (\$90.8 million), a transfer from Milwaukee County's shared revenue allocation (\$20.1 million), and third-party program revenue (PR) collections of child support and SSI payments received for children in out-of-home care (\$3.5 million).

Aids funding supports maintenance payments and vendor contracts for case management and ongoing services, adoption and out-of-home care placement services, TPR-related services, independent investigations, and other child welfare services. Operations funding primarily supports the costs of state staff, including the Initial Assessment Bureau, Quality Operations Bureau, and access unit. Operations funding also supports DMCPs'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 reduced various local assistance payments to Milwaukee County by \$58.9 million annually when the state assumed the costs of providing these services. This amount includes the shared revenue transfer noted above.

Federal Reviews

DHHS conducts federal child and family services reviews (CFSRs) to determine each state's conformance with federal requirements under parts B and E of Title IV of the federal Social Security Act. If a state is found to be in nonconformance, DHHS can assess financial penalties by withholding funds the state would otherwise receive. Funding is 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 penalties. For each item for which a state is found to be in noncompliance, DHHS can assess a 1% penalty against the pool of federal funds, which continues until the state comes into conformance. The penalty increases to 2% and then 3% per item if nonconformance continues following subsequent federal reviews.

DHHS conducted reviews in 2003 and 2010 and a third review in 2018, which included a review of 65 cases (40 foster care and 25 in-home) in Barron, Brown, and Milwaukee counties. The CFSR assessed statewide performance with regard to seven child and family outcomes and seven systemic factors. DCF received the CFSR findings in September, 2018.

Overall, DHHS determined that Wisconsin was out of conformance with all of the seven outcome areas and one of the seven systemic factors. The CFSR report found an increase in reports of

maltreatment related to parental substance abuse, but that achieving permanency was affected by a lack of family engagement and an inadequate array of services, including wait lists for inpatient and outpatient substance abuse treatment, housing, transportation, and visitation facilitators. Further, the report identified a severe shortage of foster homes and noted that the number of residential beds in Wisconsin to care for children with complex needs has decreased, increasing the need to send children out of the state to receive services.

In response to the CFSR, DCF developed a program improvement plan (PIP) to address the areas identified as needing improvement. In the PIP, DCF states that the increase in workload and

caseloads on child welfare workers was the major root cause of any weaknesses in performance on case practice items identified in the third round of the CFSR. Parental drug abuse, of methamphetamines and opioids in particular, was the most significant contributing factor to the rise in child welfare cases. Cases of parental drug abuse are more complex than other cases and the marked increase in parental drug abuse has substantially increased both the number of cases and the amount of time and services needed for each case. The PIP was approved as final by DHHS on May 5, 2020,

An explanation of the CFSR process, the 2018 CFSR report, and the state's PIP is available on DCF's website (<https://dcf.wisconsin.gov/cfsr>.)

ATTACHMENT 1

Family Foundations Comprehensive Home Visiting Program Funding - FFY 2023

<u>Local Implementing Agencies</u>	<u>Counties, Tribes, and Bands Served</u>	<u>DCF Grant</u>	<u>Agency Match</u>	<u>Total Contract</u>
Adams County Health Department	Adams, Juneau, and Sauk Counties	\$994,900	\$248,700	\$1,243,600
Children's Hospital of Wisconsin Community Services (CHW-CS) for Northwoods Healthy Families	Forest, Langlade, Lincoln, Oneida, and Vilas Counties	642,200	160,600	802,800
CHW-CS for Milwaukee County	Milwaukee County	579,400	144,800	724,200
CHW-CS for Western Wisconsin	Jackson and Trempealeau Counties	411,700	102,900	514,700
CHW-CS for Rock County	Rock County	516,200	129,100	645,300
Easter Seals Southeast Wisconsin	Milwaukee, Walworth, Waukesha, and Jefferson Counties	1,003,900	251,000	1,254,900
Family and Children's Center	La Crosse and Vernon Counties	563,600	140,900	704,500
Family Resource Center St. Croix Valley	St. Croix, Pierce, and Polk Counties	410,800	102,700	513,500
Family Services N.E.W.	Brown and Winnebago Counties	2,004,100	501,000	2,505,100
Great Lakes Inter-Tribal Council	Bad River Band of Lake Superior Chippewa, Sokaogon Chippewa Community, St. Croix Chippewa Indians of Wisconsin, Lac du Flambeau Band of Lake Superior Chippewa, and Burnett County	1,499,700	374,900	1,874,600
Indianhead Community Action Agency	Clark, Rusk, Sawyer, Taylor, and Washburn Counties	637,300	159,300	796,700
Kenosha County Division of Health Services	Kenosha County	1,538,300	384,600	1,922,800
Lac Courte Oreilles Mino Maajisewin Home Visitation Program	Lac Courte Oreilles Band of Lake Superior Chippewa	507,400	126,800	634,200
Lakeshore CAP	Manitowoc County	328,000	82,000	409,900
Milwaukee City Health Department	Milwaukee County	1,391,600	347,900	1,739,500
Next Door	Milwaukee County	457,200	114,300	571,500
Public Health Madison & Dane County	Dane County	338,000	84,500	422,500
Racine County Human Services	Racine County	952,000	238,000	1,190,000
Reach Dane for Green County	Green County	324,900	81,200	406,200
Red Cliff Band of Lake Superior Chippewa	Red Cliff Band of Lake Superior Chippewa	397,000	99,300	496,300
Southwestern Wisconsin Community Action Program	Iowa, Grant, Lafayette, and Richland Counties	357,400	89,400	446,800
Western NFP Collaborative	Chippewa, Eau Claire, and Dunn Counties	<u>414,400</u>	<u>103,600</u>	<u>518,000</u>
Total	40 Counties and 6 Tribes and Bands	\$16,268,700	\$4,067,200	\$20,335,900

ATTACHMENT 2

Child Abuse and Neglect Prevention Board Grants State Fiscal Year 2022-23

<u>Agency</u>	<u>Counties Served</u>	<u>Prevention Board Budgeted Funding</u>	<u>Limited-Term Supplemental Federal Funding*</u>	<u>Required Match</u>
Parent Education (Required Match is 25%)				
Bayview Community Center of Milwaukee, Inc.	Greater Milwaukee	\$150,000	\$75,000	\$56,300
Children’s Hospital and Health System, Inc.	Greater Milwaukee	150,000	0	38,400
Family & Childcare Resources of N.E.W.	Brown, Oconto, Shawano	150,000	75,000	58,000
Family Resource Center, Inc.	Eau Claire	105,000	0	26,300
Lakeland Family Resource Center	Barron, Burnett, Douglas, Rusk, Sawyer, and Washburn	150,000	75,000	56,300
Kenosha County Dept. of Human Services	Kenosha	128,700	0	33,000
The Parenting Network	Greater Milwaukee	150,000	75,000	57,100
The Parenting Place	La Crosse, Monroe, Vernon	150,000	75,000	57,100
Watertown Family Connections	Dodge and Jefferson	150,000	22,700	44,100
Subtotal		<u>\$1,283,700</u>	<u>\$397,700</u>	<u>\$426,500</u>
Family Resource Center Infrastructure (Required Match is 20%)				
Burnett County Family Resource Center, Inc.	Burnett	\$47,800	\$25,000	\$14,600
Children’s Service Society of Wisconsin	Jackson and Trempealeau	60,000	25,000	18,400
Family & Childcare Resources of N.E.W.	Brown, Oconto, and Shawano	60,000	25,000	17,000
Family Connections of Southwest Wisconsin	Grant and Lafayette	60,000	25,000	17,000
Family Resource Center of Sheboygan County	Sheboygan	60,000	25,000	17,000
Family Resource Center St. Croix Valley	Pierce, Polk, and St. Croix	60,000	25,000	17,000
Family Resource Center, Inc.	Eau Claire	60,000	25,000	17,000
Northwest Connection Family Resources	Sawyer and Washburn	60,000	25,000	17,000
The Parenting Network	Milwaukee	55,000	30,000	17,000
The Parenting Place	La Crosse, Monroe, and Vernon	60,000	25,000	17,000
Subtotal		<u>\$582,800</u>	<u>\$255,000</u>	<u>\$169,000</u>
Child Sexual Abuse Prevention (Required Match is 25%)				
Children’s Service Society of Wisconsin	Statewide	\$150,000	\$0	\$37,500
Abusive Head Trauma Prevention				
Children’s Hospital and Health System, Inc.	Statewide	\$17,500	\$0	\$4,400
Children’s Hospital and Health System, Inc.	Milwaukee	19,500	0	0
Lakeshore CAP	Manitowoc	3,500	0	0
Subtotal		<u>\$40,500</u>	<u>\$0</u>	<u>\$4,400</u>
Other Grants Supported by ARPA Supplemental Funding				
34 Organizations and Native American Tribes and Bands	Statewide	\$0	\$2,322,300	\$555,800
Grand Total		\$2,057,000	\$2,975,000	\$1,193,200

* Supplemental funding consists of funding under the federal Preschool Development Grant (available through SFY 2022-23) and supplements authorized under the American Rescue Plan Act (ARPA) to both the Child Care and Development Block Grant (available through SFY 2023-24) and Title II of CAPTA (available through SFY 2024-25).

ATTACHMENT 3

Promoting Safe and Stable Families (Title IV-B, Subpart 2) County Allocations Calendar Year 2023

County	Amount	County	Amount
Adams	\$33,300	Manitowoc	\$52,300
Ashland	33,300	Marathon	57,100
Barron	42,800	Marinette	42,800
Bayfield	33,300	Marquette	33,300
Brown	66,600	Menominee	33,300
Buffalo	33,300	Milwaukee	0
Burnett	33,300	Monroe	42,800
Calumet	42,800	Oconto	42,800
Chippewa	42,800	Oneida	42,800
Clark	42,800	Outagamie	66,600
Columbia	42,800	Ozaukee	52,300
Crawford	33,300	Pepin	33,300
Dane	95,200	Pierce	42,800
Dodge	52,300	Polk	42,800
Door	38,100	Portage	52,300
Douglas	42,800	Price	33,300
Dunn	42,800	Racine	66,600
Eau Claire	52,300	Richland	33,300
Florence	33,300	Rock	57,100
Fond du Lac	52,300	Rusk	33,300
Forest	33,300	St. Croix	47,600
Grant	42,800	Sauk	42,800
Green	42,800	Sawyer	33,300
Green Lake	33,300	Shawano	42,800
Iowa	38,100	Sheboygan	57,100
Iron	33,300	Taylor	38,100
Jackson	33,300	Trempealeau	38,100
Jefferson	47,600	Vernon	42,800
Juneau	38,100	Vilas	33,300
Kenosha	57,100	Walworth	52,300
Kewaunee	38,100	Washburn	33,300
La Crosse	57,100	Washington	57,100
Lafayette	33,300	Waukesha	95,200
Langlade	38,100	Waupaca	42,800
Lincoln	42,800	Waushara	38,100
		Winnebago	57,100
		Wood	<u>47,600</u>
		Total	\$3,159,700