



Legislative Fiscal Bureau

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May 27, 2009

Joint Committee on Finance

Paper #211

Milwaukee Child Welfare Improvements (DCF -- Children and Families)

[LFB 2009-11 Budget Summary: Page 133, #3]

CURRENT LAW

On June 1, 1993, the American Civil Liberties Union (ACLU) and Children's Rights Project (now Children's Rights, Inc.) filed an action in Federal District Court for the Eastern District of Wisconsin on behalf of approximately 5,000 children who were receiving, or should have been receiving, child welfare services in Milwaukee County. The complaint was a broad-based challenge to the administration of the Milwaukee County child welfare system, alleging that the county, among other things, failed to investigate complaints of abuse and neglect, failed to provide services to avoid unnecessary out-of-home placements, failed to provide appropriate out-of-home placements, and failed to terminate parental rights and secure permanent placements for children who could not be returned to their birth families. The complaint alleged that the state failed to adequately supervise and fund the Milwaukee County system.

In response to the lawsuit, the state assumed responsibility for providing child welfare services in Milwaukee County. Currently, the Department of Children and Families (DCF) administers child welfare services in Milwaukee County through the Bureau of Milwaukee Child Welfare (BMCW).

Ultimately, the action was resolved with a three-year settlement agreement, approved by the federal court in December of 2002. The settlement agreement requires specific outcomes for permanence, safety, and child well-being for children in out-of-home care in Milwaukee County. Attachment 1 describes these areas and the outcomes required under the settlement agreement. Attachment 2 shows a complete overview of the performance of BMCW on each of the settlement agreement factors during each of the three, one-year periods.

BMCW did not meet all of the outcomes required under the settlement agreement during the three-year period. BMCW is no longer subject to enforcement for the standards that were met at the end of the three-year period and were in compliance for the most recent two consecutive six-month intervals. However, BMCW continues to report on the progress of the standards that have not yet been met for two consecutive six-month intervals.

According to the BMCW 2008 annual report, the following standards continue to remain enforceable provisions of the settlement agreement: (a) at least 90% of children who were in out-of-home care for 15 of the past 22 months have a termination of parental rights petition filed on their behalf (the 2008 annual report shows that 91% did for the last six months of 2008); (b) no more than 0.60% of children have substantiated abuse or neglect allegations by a foster parent or staff member in a facility requiring licensing (the 2008 annual report shows that 0.39% did); (c) create adolescent diagnostic/assessment centers by December 31, 2003, and limit placement to 30 days, or 60 days if extended (the 2008 annual report shows that BMCW complied with the creation of the centers, but only 76% met the timeliness requirement); (d) at least 90% of children in out-of-home care have three or fewer placements (the 2008 annual report shows that 78% did for the last six months of 2008); and (e) at least 71% of children who enter into out-of-home care be reunified with their families within 12 months (the 2008 annual report shows that 61% were for the last six months of 2008).

GOVERNOR

Provide \$2,558,100 (\$2,393,900 GPR and \$164,200 FED) in 2009-10, \$3,161,900 (\$2,905,500 GPR and \$256,400 FED) in 2010-11, and 16.56 GPR positions and 1.44 FED positions, beginning in 2009-10, to fund a variety of initiatives to improve the performance of BMCW.

Mobile Urgent Treatment Team -- Treatment Foster Families. Provide \$250,000 GPR in 2009-10 and \$500,000 GPR in 2010-11 to develop additional crisis intervention, stabilization, and support services for youth placed by BMCW in treatment foster homes. In addition, provide crisis intervention services to children and care-taking relatives in court-ordered kinship care cases.

Career Ladder for Contracted Ongoing Case Managers. Provide \$370,500 (\$292,700 GPR and \$77,800 FED) in 2009-10 and \$741,000 (\$585,400 GPR and \$155,600 FED) in 2010-11 to increase the 192 contracted ongoing case managers, eight mentors, and 32 ongoing case management supervisory staff salaries. Under this initiative, all employees listed would receive an across-the-board increase based on their level of experience and education.

On-Call Reimbursement. Provide \$59,200 GPR in 2009-10 and \$60,400 GPR in 2010-11 to provide additional reimbursement for salaried state-employed service managers and region managers for after hours on-call rotation to be available for consultation in the event of urgent or

emergency situations. As salaried staff, service managers and region managers do not receive reimbursement for overtime hours.

Technical Assistance for Supervisors of Initial Assessments. Provide one-time funding of \$198,000 GPR in 2009-10 to develop professional competency among region managers and initial assessment service managers to effectively supervise the implementation of the initial assessment function.

Nurses. Provide \$600,000 GPR annually for nurses to provide home visits to children to provide consultation services for all BMCW child welfare program areas, including initial assessment.

Additional Child Protective Services Staff. Provide \$1,080,400 (\$994,000 GPR and \$86,400 FED) in 2009-10, \$1,260,500 (\$1,159,700 GPR and \$100,800 FED) in 2010-11, and 16.56 GPR and 1.44 FED positions, beginning in 2009-10, to increase the number of social workers and supervisors dedicated to child protective services in BMCW. Funding would support 15 additional social worker positions and three additional site supervisors as follows: (a) salaries (\$566,100 GPR and \$49,200 FED in 2009-10 and \$754,800 GPR and \$65,600 FED in 2010-11); (b) fringe benefits (\$266,400 GPR and \$23,200 FED in 2009-10 and \$355,200 GPR and \$30,900 FED in 2010-11); and (c) supplies and services (\$161,500 GPR and \$14,000 FED in 2009-10 and \$49,700 GPR and \$4,300 FED in 2010-11).

DISCUSSION POINTS

1. The Governor's BMCW improvement measures would address some of the settlement agreement requirements that relate to permanence, safety, and well-being of children placed in out-of-home care. The measures would also provide an incentive to attract and retain higher quality employees. Finally, in response to recent deaths of children in foster care in Milwaukee County, the measures would attempt to prevent the circumstances that could lead to a similar outcome.

Mobile Urgent Treatment Team

2. Currently, the mobile urgent treatment team (MUTT) consists of psychologists, social workers, nurses, case managers, and consulting physicians and provides crisis intervention services on a 24-hour basis to families enrolled in the Wraparound Milwaukee program.

3. Wraparound Milwaukee offers services to families with a child who has serious emotional or mental health needs. A family-centered team approach addresses the strengths and needs of the family and provides community and home-based services that best meet the needs of a particular family. To participate in Wraparound Milwaukee, a child must meet the following criteria: (a) be diagnosed with a severe emotional disturbance; and (b) be at risk of being placed in a residential care center, an inpatient psychiatric hospital, or a correctional facility.

4. When a Wraparound child is experiencing a mental health crisis and when the behavior risks the removal of the child from his or her home, school, or other setting, the MUTT team goes to where the crisis is occurring. The MUTT team then assesses the situation and determines whether the child's behavior or mental health condition can be met with interventions in the home or whether temporary placement in a crisis group home or other emergency setting is required. The MUTT team also assesses whether the child's behavior constitutes a danger to the child or others such that psychiatric inpatient hospitalization is required. The MUTT team can also provide short-term case management and link the child and the family to other community services. Finally, MUTT oversees the operation of an eight-bed crisis group home, which can serve as an alternative to inpatient hospitalization or as a transitional placement before placement into the inpatient facility. The following table shows placement outcomes for children involved in the MUTT program for calendar years 2005 through 2008.

TABLE 1

**MUTT Placement Outcomes
Calendar Years 2005 through 2008**

<u>Year</u>	<u>Remained in Placement or Planned Change</u>	<u>Percent of Total</u>	<u>Unplanned Placement Change</u>	<u>Percent of Total</u>
2005	12	92.3%	1	7.7%
2006	114	89.1	14	10.9
2007	64	100.0	0	0.0
2008	<u>78</u>	96.3	<u>3</u>	3.7
Total	268	93.7%	18	6.3%

5. AB 75 would provide \$250,000 GPR in 2009-10 and \$500,000 GPR in 2010-11 to expand the MUTT program to children placed in treatment foster care and with court-ordered kinship care relatives, as well as their families (Alternative A1). DCF indicates that this expansion would: (a) increase stability in treatment foster care and court-ordered kinship care placements; (b) increase appropriate mental health care; (c) improve the level of functioning and assessment of need for children in treatment foster care and court-ordered kinship care placements; and (d) increase satisfaction of treatment foster care and court-ordered kinship care families.

6. Increasing the MUTT program to include children in treatment foster care and court-ordered kinship care is intended to address settlement requirements that at least 90% of children in out-of-home care have three or fewer placements and at least 71% of children who enter into out-of-home care be reunified with their families within 12 months. With crisis intervention services, mental health and behavioral issues could be addressed such that removal from the out-of-home placement could be prevented. In addition, the children involved with the MUTT program could

see an improvement such that reunification with the family could occur sooner. DCF also indicates that the need for more expensive group home and residential care center placements could be avoided with the services provided by the MUTT team.

7. Although the expansion of the MUTT program is intended to address requirements imposed under the settlement agreement, the settlement agreement does not specifically require the MUTT program to be implemented. The Committee could eliminate funding for this expansion (Alternative A3). As a result, BMCW would be required to meet the settlement agreement requirements in some other manner with less funding available.

8. Alternatively, the Committee could provide half of the funding requested, \$125,000 GPR in 2009-10 and \$250,000 GPR in 2010-11, to begin implementation of the MUTT program for children in treatment foster care or court-ordered kinship care (Alternative A2). DCF could then assess the success of the program with regards to the settlement criteria and request additional funds in future biennia if the program is determined successful.

Career Ladder

9. The career ladder initiative would provide salary increases for contracted ongoing case management, mentor, and ongoing case management supervisory staff to attempt to be more competitive within the child welfare market. All employees would receive an across-the-board increase based on years of employment. Future increases in salaries would be based on performance, with the average annual increases between 2.5% and 3%. Currently, there are 192 ongoing case managers, eight mentors, and 32 ongoing case management supervisory staff positions. The increase would first apply to the calendar year 2010 contract, which would require additional funding for six months in 2009-10 and for all of 2010-11.

10. Case management services are provided for ongoing cases of children in out-of-home care and their families. Under the contracts, there must be one case manager for every 11 family cases and one supervisor for every six staff members. Ongoing case management services include: (a) continually reassessing threats to child safety; (b) conducting a family assessment and developing a case plan to assemble services necessary to ameliorate any results of abuse or neglect; (c) assisting the family in changing core conditions that create safety and risk concerns with the family; (d) developing and implementing a plan to work toward reunification with the family or placement in another permanent home environment; and (e) preparing all necessary documentation for permanency plan reviews, extensions of out-of-home placement, court orders, and prosecution of termination of parental rights cases.

11. Currently, the pay structure has three tiers based on the number of years of experience. The first tier consists of new hires or employees who have between one and three years of experience. The second tier consists of employees who have between four and seven years of experience. The third tier consists of employees who have between eight and 12 years of experience. The pay rate for an employee who has an approved master's degree in the first tier would start at the pay rate for an employee who has an approved bachelor's degree in the second

tier. In other words, a new hire who has a master's degree would start at the same pay rate as an employee who has a bachelor's degree plus four years of experience. An approved bachelor's degree includes a degree in social work, sociology, psychology, criminal justice, or human services. An approved master's degree includes a degree in social work, sociology, psychology, or marriage and family therapy.

12. The following table shows the current pay rates and the proposed pay rates based on education and level of experience in each tier.

TABLE 2

BMCW Annual Pay Structure Under Current Law and AB 75

Experience	Bachelor's Degree			Master's Degree		
	Current Rate	Proposed Rate	% Difference	Current Rate	Proposed Rate	% Difference
Tier 1						
New Hire	\$32,325	\$34,825	7.73%	\$35,681	\$38,181	7.01%
1 Year	33,133	35,633	7.55	36,573	39,073	6.84
2 Years	33,961	36,461	7.36	37,487	39,987	6.67
3 Years	34,810	37,310	7.18	38,424	40,924	6.51
Tier 2						
4 Years	35,681	38,181	7.01	39,385	41,885	6.35
5 Years	36,573	39,073	6.84	40,369	42,869	6.19
6 Years	37,487	39,987	6.67	41,379	43,879	6.04
7 Years	38,424	40,924	6.51	42,413	44,913	5.89
Tier 3						
8 Years	39,385	41,885	6.35	43,474	45,974	5.75
9 Years	40,369	42,869	6.19	44,560	47,060	5.61
10 Years	41,379	43,879	6.04	45,674	48,174	5.47
11 Years	42,413	44,913	5.89	46,816	49,316	5.34
12 Years	43,474	45,974	5.75	47,987	50,487	5.21

The new rates increase each category by \$2,500 annually.

13. AB 75 would provide \$370,500 (\$292,700 GPR and \$77,800 FED) in 2009-10 and \$741,000 (\$585,400 GPR and \$155,600 FED) in 2010-11 to fund these pay increases (Alternative B1). Given the current economic situation and the pay freeze for state employees, the Committee could delete funding for this initiative (Alternative B3).

14. However, DCF indicates that this pay increase would be more in line with state-employed initial assessment workers. In addition, it may be more difficult to attract and retain qualified employees without the pay increases.

15. Alternatively, the Committee could provide half of the requested increase of \$185,300 (\$146,400 GPR and \$38,900 FED) in 2009-10 and \$370,500 (\$292,700 GPR and \$77,800 FED) in 2010-11 to partially fund pay increases for contracted ongoing case management, mentors, and ongoing case management supervisory staff (Alternative B2). It is estimated that each pay level in each tier would increase by \$1,250, rather than \$2,500. The following table shows the current pay rates and the proposed pay rates based on education and level of experience in each tier under this alternative.

TABLE 3

BMCW Annual Pay Structure Under Current Law and Alternative B2

<u>Experience</u>	<u>Bachelor's Degree</u>			<u>Master's Degree</u>		
	<u>Current Rate</u>	<u>Proposed Rate</u>	<u>% Difference</u>	<u>Current Rate</u>	<u>Proposed Rate</u>	<u>% Difference</u>
Tier 1						
New Hire	\$32,325	\$33,575	3.87%	\$ 35,681	\$ 36,931	3.50%
1 Year	33,133	34,383	3.77	36,573	37,823	3.42
2 Years	33,961	35,211	3.68	37,487	38,737	3.33
3 Years	34,810	36,060	3.59	38,424	39,674	3.25
Tier 2						
4 Years	35,681	36,931	3.50	39,385	40,635	3.17
5 Years	36,573	37,823	3.42	40,369	41,619	3.10
6 Years	37,487	38,737	3.33	41,379	42,629	3.02
7 Years	38,424	39,674	3.25	42,413	43,663	2.95
Tier 3						
8 Years	39,385	40,635	3.17	43,474	44,724	2.88
9 Years	40,369	41,619	3.10	44,560	45,810	2.81
10 Years	41,379	42,629	3.02	45,674	46,924	2.74
11 Years	42,413	43,663	2.95	46,816	48,066	2.67
12 Years	43,474	44,724	2.88	47,987	49,237	2.60

After Hour On-Call Reimbursement

16. After hour on-call reimbursement would provide additional funds for salaried state-employed service managers and region managers for their consultation services in the event of urgent or emergency situations that occur after business hours. The BMCW after hour on-call rotation policy and procedures require an initial assessment service manager and a region manager to be available for consultation in these situations. As salaried staff, service managers and region managers do not receive reimbursement for overtime hours.

17. Between the hours of 12:30 am and 8:00 am Monday through Friday and on Saturday, Sunday, and holidays, BMCW contracts with All City Communications to receive all incoming reports of possible child abuse or neglect. The vendor shares the information gathered from the referral source with an on-call state-employed social worker, who then determines whether

the referral is an emergency and requires an immediate response or can be addressed the following business day. During Monday through Thursday, there is one supervisor and two access/initial assessment social workers to respond to urgent calls. On the weekends and holidays, a rotation is used so that one supervisor and four access/initial assessment social workers are on-call for each weekend/holiday shift. Shifts run in a 12-hour block. The supervisors and access/initial assessment social workers are on-call on a rotating basis.

18. DCF indicates that providing additional funds for salaried state-employed service managers and region managers for their consultation services in the event of urgent or emergency situations that occur after business hours would recognize the service managers and region managers for their work as well as lessen the effect of salary compression between the social workers and service managers. Social workers are eligible for overtime for their after hour on-call rotations.

19. The proposal would provide reimbursement as follows: (a) an initial assessment service manager would receive two additional hours of pay for each seven hours of an on-call shift while on-call Monday through Friday during the hours of 1:00 am through 8:00 am; (b) an initial assessment service manager would receive three additional hours of pay for each 12 hours of an on-call shift Saturday through Sunday; (c) an initial assessment service manager would receive three additional hours of pay for each 12 hours of an on-call shift during holidays; (d) a back-up initial assessment service manager would receive three additional hours of pay for each 12 hours of an on-call shift during holidays; and (e) region managers would receive one additional hour of pay for each 24 hour on-call shift. Reimbursement for (b) through (d) could be through direct pay or compensatory pay. Compensatory pay could not accumulate beyond 20 hours. Any compensation beyond 20 hours would have to be reimbursed as direct pay to the service manager.

20. The current hourly rate for a service manager is \$35.631. DCF estimates a cost of: (a) \$17,887 for 502 hours annually for week night on-call shifts; (b) \$22,234 for 624 hours of weekend on-call shifts; (c) \$1,924 for 54 hours of holiday on-call shifts; and (d) \$1,924 for 54 hours of back-up holiday on-call shifts. The current hourly rate for a region manager is \$41.675. DCF estimates a cost of \$15,211 for 365 hours of on-call shifts.

21. AB 75 would provide \$59,200 GPR in 2009-10 and \$60,400 GPR in 2010-11 (representing a 2% increase over 2009-10) to provide this reimbursement (Alternative C1). Given the current economic situation, the Committee could eliminate funding for this purpose (Alternative C3). However, it could be difficult to retain managers without additional incentives.

22. Alternatively, the Committee could provide half of the funding, \$29,600 GPR in 2009-10 and \$30,200 in 2010-11 to provide a smaller amount of additional compensation to managers for their services provided after hours (Alternative C2).

Technical Assistance for Initial Assessment Supervisors

23. This proposal would provide consultation and technical assistance to develop

professional competency among region managers and initial assessment service managers, such that these managers would be able to effectively supervise the implementation of the initial assessment function.

24. An evaluation completed in June, 2008, the comprehensive assessment process (CAP) implementation progress evaluation, indicated that workers are often not provided with consistent supervision and oversight from initial assessment service managers regarding fundamental practice objectives and decision-making. The evaluation found that there is varied perception and competency among initial assessment service managers regarding their role in structuring, directing, and supporting worker interventions through consultative supervision. Competency building, practice objectives, protocol, and process of initial assessment activities need improvement. In addition, increasing the ability of service managers to provide structured criteria-based consultation, which balances oversight and practice regulation with the promotion of worker critical thinking and analysis, is needed to increase the quality of supervision.

25. AB 75 would provide one-time funding of \$198,000 GPR in 2009-10 to contract with two consultants to work with BMCW to develop consultation and technical assistance plans and provide hands-on instruction, modeling, technical advice, intervention analysis and guidance, and support (Alternative D1). Funding would support preparation and management of the project, on-site technical assistance, off-site technical assistance, and travel expenses.

26. The goal of these consultation and technical assistance plans is to ensure that managers have sufficient knowledge and skill for consistent intervention across regions, units, and workers, that initial assessment practice is occurring as intended, and that decision-making is criteria-based and accurate. The objectives include: (a) reinforcing ownership among managers for advancing CAP implementation; (b) clarifying and defining the role and/or function of managers for supporting initial assessment practice and decision-making; (c) developing and implementing individual competency plans for managers; (d) building competency associated with initial assessment as an intervention process; (e) building competency regarding fundamental initial assessment practice concepts and decision-making criteria; (f) enhancing the ability of managers to recognize effective and ineffective interventions and proactively regulate practices; (g) assuring the consistent application of state initial assessment and safety intervention standards; (h) developing the ability to provide structured consultative supervision that corresponds with the initial assessment process and consistently utilizes standardized decision-making criteria; (i) enhancing the ability of region managers to create an organizational climate and culture that encourages inclusion and openness among service managers and supports their ability to provide consultative supervision to staff; and (j) enhancing the ability of service managers to use consultation as a way to effectively build competency among staff in their units and promote analytical thinking and decision-making.

27. Implementation of these objectives would occur over a period of 30 weeks in three phases. Objectives (a) through (c) would be implemented in the first phase and would involve a three-day onsite visit every other week for the first three weeks and off-site development of the consultation plans during weeks four and five. The second phase would involve a three-day onsite visit every third week, beginning with week six through week 18, to implement objectives (d)

through (g). The third phase would involve a three-day onsite visit every fourth week, beginning at week 22 and ending with week 30, to implement objectives (h) through (j).

28. The Committee could delete funding for this initiative (Alternative D2). However, this initiative is designed to enhance quality and consistency at the management level for managers who oversee the initial assessment process of children who are alleged to be abused or neglected in Milwaukee County.

Nurses

29. This proposal provides funding to contract with nursing staff to provide home visits to children and consultation services to all BMCW program areas, including initial assessments. The number of home visits for a child would depend on the child's situation.

30. AB 75 would provide \$600,000 GPR annually to contract with nursing staff. Since introduction of the budget, it was determined that these expenses are eligible for federal matching funds under medical assistance (MA). As a result, the bill should be modified to reflect that \$177,300 GPR and \$422,700 PR in 2009-10 and \$206,700 GPR and \$393,300 PR in 2010-11 would be needed in DCF to fund this proposal. In addition, the Department of Health Services (DHS) should be provided \$422,700 FED in 2009-10 and \$393,300 FED in 2010-11 to reflect MA matching funds that would be transferred to DCF (Alternative E1).

31. This initiative is in response to the death of a child in foster care in Milwaukee County. Having nurses provide home visits and consultation services would provide a child with a more thorough physical examination than a case worker might be able to provide.

32. The Committee could delete funding for this proposal (Alternative E3). Findings made by DCF in the above-mentioned case included the ongoing case manager failing to confirm scheduled medical appointments were kept, medical treatment in response to specifically identified injuries and health concerns was received, and routine well child health care was received. In addition, DCF found that contracted staff failed to conduct personal observations of child/caregiver interactions and relied upon relative and foster family reports to determine placement of the child. It could be argued that if ongoing case management staff had properly confirmed medical information regarding the child that nursing home visits would not be necessary.

33. On the other hand, nurses could have the training and experience necessary to determine the status of a child's physical health. Alternatively, the Committee could provide \$375,000 annually. Compared to the bill, funding in DCF would be reduced by \$489,200 GPR in 2009-10 and \$470,800 GPR in 2010-11 and increased by \$264,200 PR in 2009-10 and \$245,800 PR in 2010-11. In addition, funding in DHS would increase by \$264,200 FED in 2009-10 and \$245,800 FED in 2010-11 to reflect federal MA matching funds that would be transferred to DCF (Alternative E2). The administration indicates that \$600,000 annually is equivalent to the amount of funding necessary to hire 8.0 FTE nursing staff. Funding of \$375,000 would fund the equivalent of 5.0 FTE nursing staff.

Additional Child Protective Services Staff

34. This proposal would provide an additional 18.0 FTE positions for the initial assessment units. Each of the three regions in Milwaukee has a unit of state-employed staff who conduct initial assessments on families that are the subject of a child abuse or neglect referral. Each region has 24 to 28 state-employed social workers and six state-employed supervisors to make these determinations. Three support staff provide clerical assistance to each region.

35. The initial assessment units 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.

36. DCF indicates that the average caseload of initial assessment workers in Milwaukee is much higher than the average caseload per worker in other urban counties. DCF states that the current workload situation for initial assessments makes it difficult for BMCW to track down families, make initial face to face contacts, and complete investigations within the 60-day statutory requirement. As a result, the assessments focus on the alleged incident, rather than on the needs, functioning, and protective capacities of the parents and caregivers. In addition, this limited ability to fully assess a family contributes to difficulties encountered by safety services and ongoing case management workers because the limitations and needs of a family are not fully known. Finally, DCF notes that the limited ability to do thorough assessments is a contributing factor cited in child fatality reviews where BMCW had contact with the family but left the children in the family home, and the child subsequently died due to maltreatment. DCF believes that additional staff would allow BMCW to manage the workload more effectively and give initial assessment staff time to do thorough assessments. Currently, BMCW initial assessment social workers receive, on average, 16 new cases per worker per month. With the requested positions, the average number of new cases would be nine per worker per month.

37. AB 75 would provide \$1,080,400 (\$994,000 GPR and \$86,400 FED) in 2009-10, \$1,260,500 (\$1,159,700 GPR and \$100,800 FED) in 2010-11, and 16.56 GPR and 1.44 FED positions, beginning in 2009-10, to increase the number of initial assessment social workers and supervisors dedicated to child protective services in BMCW (Alternative F1). Funding would support 15 additional social worker positions and three additional site supervisors as follows: (a) salaries (\$566,100 GPR and \$49,200 FED in 2009-10 and \$754,800 GPR and \$65,600 FED in 2010-11); (b) fringe benefits (\$266,400 GPR and \$23,200 FED in 2009-10 and \$355,200 GPR and \$30,900 FED in 2010-11); and (c) supplies and services (\$161,500 GPR and \$14,000 FED in 2009-10 and \$49,700 GPR and \$4,300 FED in 2010-11).

38. The Committee could delete this provision given the current economic situation

(Alternative F3). However, higher caseloads for social workers in Milwaukee may not only decrease the ability to do a thorough assessment, but could also contribute to the inability to attract or retain quality employees. In addition, as noted above, the lack of a thorough assessment by investigating only the incident and not the overall safety of the child could contribute to further maltreatment of a child.

39. Alternatively, the Committee could provide fewer positions for BMCW. The Committee could provide nine additional social worker positions (three for each region), and three additional site supervisors (one for each region). Under this option, the Committee could reduce funding by \$305,700 (\$281,200 GPR and \$24,500 FED) in 2009-10 and \$407,600 (\$375,000 GPR and \$32,600 FED) in 2010-11, and position authority by 5.52 GPR positions and 0.48 FED position beginning in 2009-10 (Alternative F2).

ALTERNATIVES

A. Mobil Urgent Treatment Team

1. Approve the Governor's recommendation to provide \$250,000 GPR in 2009-10 and \$500,000 GPR in 2010-11 to expand the MUTT program to children placed in treatment foster care and with court-ordered kinship care relatives.

2. Modify the Governor's recommendation to provide half of the funding, \$125,000 GPR in 2009-10 and \$250,000 GPR in 2010-11 to expand the MUTT program.

ALT A2	Change to Bill Funding
GPR	- \$375,000

3. Delete provision.

ALT A3	Change to Bill Funding
GPR	- \$750,000

B. Career Ladder

1. Approve the Governor's recommendation to provide \$370,500 (\$292,700 GPR and \$77,800 FED) in 2009-10 and \$741,000 (\$585,400 GPR and \$155,600 FED) in 2010-11 to fund pay increases for contracted ongoing case management, mentor, and ongoing case management supervisory staff positions.

2. Modify the Governor's recommendation to provide \$185,300 (\$146,400 GPR and

\$38,900 FED) in 2009-10 and \$370,500 (\$292,700 GPR and \$77,800 FED) in 2010-11, which would represent half of the funding provided under AB 75 for pay increases for contracted case management, mentor, and ongoing case management supervisory staff positions.

ALT B2	Change to Bill Funding
GPR	- \$439,000
FED	- <u>116,700</u>
Total	- \$555,700

3. Delete provision.

ALT B3	Change to Bill Funding
GPR	- \$878,100
FED	- <u>233,400</u>
Total	- \$1,111,500

C. After Hour On-Call Reimbursement

1. Approve the Governor's recommendation to provide \$59,200 GPR in 2009-10 and \$60,400 GPR in 2010-11 for reimbursements for salaried state-employed service managers and region managers for consultation services for urgent or emergency situations that occur after business hours.

2. Modify the Governor's recommendation to provide \$29,600 GPR in 2009-10 and \$30,200 GPR in 2010-11, which represents half of the funding recommended under AB 75.

ALT C2	Change to Bill Funding
GPR	- \$59,800

3. Delete provision.

ALT C3	Change to Bill Funding
GPR	- \$119,600

D. Technical Assistance for Initial Assessment Supervisors

1. Approve the Governor's recommendation to provide one-time funding of \$198,000 GPR in 2009-10 for consultation and technical assistance to develop professional competency among region managers and initial assessment service managers.

2. Delete provision.

ALT D2	Change to Bill Funding	
GPR	- \$198,000	

E. Nurses

1. Modify the Governor's proposal to provide \$600,000 annually to contract with nursing staff to provide home visits to children and consultation services to all BMCW program areas by reducing funding by \$422,700 GPR in 2009-10 and \$393,300 GPR in 2010-11 and increasing funding by \$422,700 PR in 2009-10 and \$393,300 PR in 2010-11 in DCF. In addition, increase funding in DHS by \$422,700 FED in 2009-10 and \$393,300 FED in 2010-11 to reflect federal MA matching funds.

ALT E1	Change to Bill Funding	
	DCF	DHS
GPR	- \$816,000	\$0
FED	0	816,000
PR	<u>816,000</u>	<u>0</u>
Total	\$0	\$816,000

2. Modify the Governor's recommendation to provide \$375,000 annually for nursing staff. Reduce funding in DCF by \$225,000 (-\$489,200 GPR and \$264,200 PR) in 2009-10 and by \$225,000 (-\$470,800 GPR and \$245,800 PR) in 2010-11. In addition, increase funding in DHS by \$264,200 FED in 2009-10 and \$245,800 FED in 2010-11 to reflect federal MA matching funds.

ALT E2	Change to Bill Funding	
	DCF	DHS
GPR	- \$960,000	\$0
FED	0	510,000
PR	<u>510,000</u>	<u>0</u>
Total	- \$450,000	\$510,000

3. Delete provision.

ALT E3	Change to Bill Funding	
GPR	- \$1,200,000	

F. Additional Child Protective Services Staff

1. Approve the Governor's recommendation to provide \$1,080,400 (\$994,000 GPR and \$86,400 FED) in 2009-10, \$1,260,500 (\$1,159,700 GPR and \$100,800 FED) in 2010-11, and 16.56 GPR and 1.44 FED positions, beginning in 2009-10 to increase the number of initial assessment social workers by 15 (five per region in Milwaukee County) and the number of site supervisors by three (one per region in Milwaukee County).

2. Modify the Governor's recommendation to reduce funding by \$305,700 (\$281,200 GPR and \$24,500 FED) in 2009-10 and \$407,600 (\$375,000 GPR and \$32,600 FED) in 2010-11, and by 5.52 GPR positions and 0.48 FED position, beginning in 2009-10, to reflect nine additional initial assessment social workers (three per region in Milwaukee County) and three site supervisors (one per region in Milwaukee County). Funding would total \$774,700 in 2009-10 and \$852,900 in 2010-11.

ALT F2	Change to Bill	
	Funding	Positions
GPR	- 656,200	- 5.52
FED	- 57,100	- 0.48
Total	- \$713,300	- 6.00

3. Delete provision.

ALT F3	Change to Bill	
	Funding	Positions
GPR	- \$2,153,700	- 16.56
FED	- 187,200	- 1.44
Total	- \$2,340,900	- 18.00

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Attachment

ATTACHMENT 1

Settlement Agreement Requirements

Permanence. There were five permanency standards that BMCW was required to meet under the settlement agreement as follows:

a. The settlement required BMCW to negotiate in good faith as soon as practicable with the Milwaukee County District Attorney to ensure adequate legal representation for the prosecution of termination of parental rights (TPR) petitions, consistent with federal Adoption and Safe Families Act (ASFA) requirements. By January 1, 2004, 65% of children in out-of-home care in Milwaukee County who had been in care for 15 of the last 22 months must have had a TPR petition filed on their behalf, or an exception documented in their case, by the end of the 15th month in care. The percentages increased to 75% by January 1, 2005, and to 90% by January 1, 2006.

b. For children who have been in out-of-home care for more than 15 of the last 22 months, and for whom a TPR petition has not been filed or an exception has not been documented in their case, a TPR petition must have been filed on their behalf or an exception documented in their case according to the following percentages: (a) 75% by January 1, 2004; (b) 85% by January 1, 2005; and (c) 90% by January 1, 2006.

c. If the state obtained a federal Title IV-E waiver allowing subsidized guardianship before January 1, 2003, no more than the following percentages of children in BMCW out-of-home care were allowed to be in care for more than 24 months: (a) 40% by January 1, 2004; (b) 30% by January 1, 2005; and (c) 20% by January 1, 2006. Since the state obtained a Title IV-E waiver after January 1, 2003, the percentages were 40%, 35%, and 25% respectively.

d. In 2004, 65% of children who were reunified with their parents had to be reunified within 12 months of entering out-of-home care. This percentage increased to 71% in 2005.

e. By January 1, 2004, at least 20% of children for whom an adoption was finalized must have exited BMCW out-of-home care within 24 months after their removal from their homes. This percentage increased to 25% by January 1, 2005, and 30% by January 1, 2006.

Safety. There were two safety standards that BMCW was required to meet under the settlement agreement as follows:

a. By January 1, 2004, no more than 0.70% of children in out-of-home care would be victims of substantiated abuse or neglect allegations by a foster parent or staff of a licensed facility. The percentages fell to 0.65% by January 1, 2005, and 0.60% by January 1, 2006.

b. Increase the use of independent investigations for allegations of abuse or neglect

by foster parents or staff of a licensed facility. By January 1, 2004, at least 80% of the allegations of abuse or neglect by foster parents or staff of a licensed facility must have been: (a) referred for an independent investigation within three business days; and (b) assigned to an independent investigator within three business days of the receipt of the referral. In addition, a substantiation determination had to have been made within 60 days of the receipt of the referral to the independent investigation agency for 80% of these cases. These percentages increased to 85% by January 1, 2005, and 90% by January 1, 2006.

Child Well-Being. There were three child well-being standards that BMCW was required to meet under the settlement agreement as follows:

a. Caseloads of ongoing caseworkers may not exceed an average of 11 family cases per case-carrying caseworker per site. This was phased in incrementally and became fully effective on January 1, 2004, and enforceable on April 1, 2004. BMCW is required to include a holdback provision in the caseworker contracts if the caseworkers do not meet 90% compliance with monthly face-to-face visits with the children in BMCW's custody.

b. No children may be placed in a shelter care facility after December 31, 2003. Diagnostic/assessment centers for children over 12 years of age who need additional assessment to determine the appropriate placement had to be developed by December 31, 2003. Placement in these centers cannot exceed 30 days, but may be extended for another 30 days as long as the total duration of the placement does not exceed 60 days.

c. At least 80% of children were required to have three or fewer placements after January 1, 1999, during an episode in BMCW custody. By January 1, 2005, the required percentage increased to 82% and by January 1, 2006, 90%.

ATTACHMENT 2

BMCW Performance Regarding Permanence, Safety, and Well-Being Standards

	Period 1 (2003)		Period 2 (2004)		Period 3 (2005)	
	Standard	Actual	Standard	Actual	Standard	Actual
Permanence						
TPR by 15th month for children in out-of-home care for 15 of last 22 months	≥ 65.0%	76.8%	≥ 75.0%	88.2%	≥ 90.0%	29.0%*
TPR by end of period, for children in out-of-home care 15 of last 22 months and didn't get TPR by 15th month	≥ 75.0%	88.5%	≥ 85.0%	92.9%	≥ 90.0%	92.0%
Children in out-of-home care for more than 24 months	≤ 40.0%	44.2%*	≤ 35.0%	30.2%	≤ 25.0%	23.0%
Reunification within 12 months of entry into out-of-home care	monitor	45.0%	≥ 65.0%	63.0%*	≥ 71.0%	72.0%
Exit out-of-home care within 24 months for children with finalized adoptions	≥ 20.0%	14.2%*	≥ 25.0%	15.5%*	≥ 30.0%	21.7%*
Safety						
% of children with substantiated abuse or neglect allegations by a foster parent or staff member	≤ 0.70%	0.57%	≤ 0.65%	0.85%*	≤ 0.60%	0.81%*
Alleged abuse and neglect reports referred to independent investigation agency within three days	≥ 80.0%	99.8%	≥ 85.0%	99.4%	≥ 90.0%	99.0%
Permanence						
Assign a staff person within three days of investigation agency's receipt of referral	≥ 80.0%	99.6%	≥ 85.0%	99.8%	≥ 90.0%	99.0%
Make determination within 60 days of investigation agency's receipt of referral	≥ 80.0%	97.6%	≥ 85.0%	98.1%	≥ 90.0%	99.0%
Well-Being						
Number of families per caseworker	≤ 13.0	9.8	≤ 11.0	10	≤ 11.0	10
Children in out-of-home care who have monthly face-to-face contact with their case manager	≥ 90.0%	90.0%	≥ 90.0%	97.0%	≥ 90.0%	97.0%
Children in out-of-home care shall have three or fewer placements	≥ 80.0%	75.9%*	≥ 82.0%	72.1%*	≥ 90.0%	72.0%*

*Indicates area in which BMCW did not meet the standard.