

Wisconsin's Federal Title IV-E Demonstration Request:

Promoting Child Permanency and Well-Being

July 6, 2012

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Administering Agency

The administering agency for this Title IV-E demonstration waiver is the Division of Safety and Permanence (DSP) within Wisconsin's Department of Children and Families (DCF). The Department is an umbrella agency headed by a Cabinet-level Secretary with responsibility for the human service areas associated with child welfare, child care, child support and family economic security. DSP is the organizational unit responsible for child and family services including those supported via Title IV-B, Title IV-E, Child Abuse Prevention and Treatment Act (CAPTA), and the Chafee Foster Care Independence Program (CFCIP).

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Background

The goals of the Wisconsin child welfare system, as articulated in the state child welfare practice model, are:

- Children are cared for in safe, permanent, and nurturing families who have the necessary skills and resources to provide for their physical and mental health, behavioral and educational needs.
- Through effective intervention, parents, caregivers, and families improve their ability to develop and maintain a safe, stable environment for their children.
- Children are safely maintained in their own home, families and communities with connections, culture, and relationships preserved and established. When it is necessary to place children in out-of-home care, it is a safe, short and stable experience.

These state child welfare goals are consistent with the purposes of the federal Child and Family Services Improvement and Innovation Act. Wisconsin is requesting a Title IV-E child welfare waiver demonstration project as a mechanism to advance the shared state and federal child welfare goals of protecting child safety, promoting timely and stable permanence, and strengthening child well-being.

Wisconsin has a state-supervised, county-administered child welfare system, with the exception of the largest county, Milwaukee, where the state directly administers child welfare services through the Bureau of Milwaukee Child Welfare (BMCW). As of May 2012, a total of 6,579 children are in out-of-home care in Wisconsin, of which 2,073 or 32% are in Milwaukee County.

Description of Proposal

Wisconsin's proposed project is intended to accomplish the following two federal statutory goals:

- Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children and youth; and
- Prevent child abuse and neglect and the re-entry of infants, children and youth into foster care.

Wisconsin proposes a Title IV-E child welfare demonstration project to reduce re-entry into the child welfare system and improve the safety and well-being of children who have reunified with their family after living temporarily in out-of-home care. Wisconsin plans to reduce re-entry by implementing a twelve month post-reunification support period into the child welfare casework and service delivery system.

During the twelve month post-reunification support period, child welfare case managers will develop and implement, in collaboration with the family, an individualized support plan that reflects the family's unique needs. The plan will be designed to:

- facilitate a smooth and successful transition for the family and child out of the child welfare system;
- solidify the child's return into the family home; and

- produce positive well-being outcomes for the child and family.

The post-reunification plan will include case management services and will have the flexibility to include other services and supports, including innovative evidence-based and evidence-informed practices such as Parent Child Interaction Therapy (PCIT), Child-Parent Psychotherapy (CPP), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), in-home therapy, and parent peer mentors.

To make the most effective use of demonstration waiver funds, the project will target the post-reunification support intervention to children at highest risk of re-entry. For this reason, as part of the waiver project, Wisconsin plans to develop a predictive risk model that identifies the family and child characteristics that are most closely related to re-entry.

Currently, case management and other support services for the child and family cease fairly abruptly at the point of reunification. At the time of reunification a family is relatively strong, having just concluded a period of tailored support services. Clinical experience in Wisconsin indicates that often, however, the family has not yet developed the capacity to successfully and safely manage the periodic and unexpected life stresses which arise over the subsequent months. The family has no supports from the child welfare system to assist in handling those post-reunification stresses effectively.

While experts assert the value of post-reunification services in reducing re-entry, there is limited empirical evidence to support this position. As such, Wisconsin's demonstration project will advance the field of child welfare practice in significant ways. The demonstration project will test the hypothesis that a twelve month post-reunification support period, during which the child is served in the family home either voluntarily or under court-ordered supervision, reduces re-entry and improves safety, permanency, stability, and well-being of children and families. Therefore, Wisconsin's project promises to contribute significantly to the evidence base in this area. In addition, the development of a predictive risk model for re-entry that is a planned outcome of this project has the potential to be a useful tool that could be replicated and used effectively in other states.

Wisconsin's Recent Performance and Problem Statement

Wisconsin's most recent Child and Family Service Review (CFSR) was conducted in April 2010. Wisconsin was not in substantial conformity with the entire array of CFSR outcome areas (safety, permanence, and well-being), and four of the seven systemic factors. The CFSR found re-entry to be an area of weakness and identified the following factors as contributing to Wisconsin's high out-of-home care re-entry rate:

1. Lack of a standardized, comprehensive assessment of children's' needs while in out-of-home care;
2. Inconsistent and insufficient casework practices associated with children in the family home, both prior to or following child placement, and;
3. Lack of individualized service planning and limitations associated with the accessibility or availability of needed services.

In response to the CFSR, Wisconsin developed a Program Improvement Plan (PIP), which was approved in December 2010 by the Administration for Children and Families (ACF).

Wisconsin's PIP is focused on the following five themes:

- Improving Pathways to Permanence;
- Improving Family Engagement and Well-Being;
- Improving Safety Timeliness and Response;
- Building Service Capacity; and
- Professional Development Enhancements.

All PIP measures are being implemented as required, consistent with the timelines established in the PIP. The state's PIP ends in December 2012, which is prior to the requested July 2013 start date for the demonstration waiver. For this reason, the proposed waiver will not impede or delay implementation of the state's PIP measures. The measures being undertaken through the PIP align with the purpose and goals of the proposed IV-E waiver.

The DCF monitors on an ongoing basis the performance of the state child welfare system on key outcome measures, including the federal CFSR measures, through a data-driven approach called "KidStat". Quantitative data used as part of KidStat, combined with qualitative data from the case-level quality service reviews, produces a robust array of information to assess the strengths and weaknesses of Wisconsin's child welfare system. Wisconsin's strengths include:

- Protecting the safety of children in out-of-home care: 99.97% of children in out-of-home care are free from abuse or neglect while in out-of-home care, which exceeds the federal benchmark of 99.68%.
- Maximizing placement stability while in out-of-home care: Wisconsin consistently exceeds the federal benchmark for all three placement stability measures on a monthly basis and has the 9th highest placement stability rate of all states (ACF Wisconsin Data Profile 2011B12A).
- Completing adoptions on a timely basis: Wisconsin consistently exceeds the federal benchmark for timeliness of adoptions and is ranked the 6th highest performing state in the timeliness of adoptions measures. (ACF Wisconsin Data Profile 2011B12A).
- Reunifying children on a timely basis: 48.8% of children, as measured by the entry cohort, reunify in less than 12 months after re-entry, which meets the federal benchmark of 48.4%.

With respect to weaknesses, Wisconsin's most challenging area is re-entry into out-of-home care. For the March 2011 to April 2012 period, 20.1% of children who were in out-of-home care in Wisconsin re-entered the child welfare out-of-home care system within 12 months of their discharge from out-of-home care. Wisconsin's re-entry rate is more than twice the federal benchmark of 9.9%. According to data provided by ACF on 5-year average re-entry rates by state, Wisconsin has the 5th highest re-entry rate of all states. Because this is Wisconsin's weakest area of performance and the area with the greatest potential for significant improvement, Wisconsin's IV-E waiver proposal targets reducing re-entry.

Re-entry into the child welfare system has a broad range of negative impacts on the safety and well-being of a child. Re-entry into out-of-home care subjects the child to the trauma of recurrence of maltreatment or neglect which precipitates a child's re-entry into out-of-home care

and another separation from his/her parent or relative caregiver. Scientific research has shown that trauma experienced in childhood creates a “toxic stress” that leads to immediate and lifelong impairments in behavior, cognitive development and learning, and mental and physical health. Children’s well-being is also jeopardized during out-of-home care stays. National and Wisconsin-based research indicates that children in out-of-home care tend to have poorer social, emotional, educational, and health outcomes than their peers, due to disruptions in school and/or child care settings, loss of close connections to family and friends, and other factors. Reducing re-entry will enhance child safety, reduce trauma, promote family stability, and produce more positive well-being outcomes for children and families.

Complementary State Policies and Initiatives

The proposed IV-E waiver project will leverage and benefit from complementary collaborative initiatives underway in other systems that support the well-being of children in out-of-home care. The Department of Children and Families has strong cross-system collaborative partnerships in place with the state health and education agencies. In collaboration with these partner agencies, DCF is undertaking a number of initiatives that strengthen the well-being of children who are in or have been in the child welfare system. These initiatives align with and will support the proposed demonstration project in producing positive well-being outcomes for children.

Health Services

DCF and the Department of Health Services (DHS) have been collaborating for over a year on the development of a Foster Care Medical Home, which is an innovative health services delivery approach that will improve the quality, access, and timeliness of health care services to children in out-of-home care. The foster care medical home will be responsible for providing coordinated and comprehensive physical, dental, and behavioral health services for the child. In collaboration with the child welfare case manager, the medical home provider will develop an individualized plan for each child that incorporates trauma-informed care and is based on the child’s unique needs. The medical home provider will be required to meet a range of requirements and health outcomes, which will be monitored through the state’s Medicaid management information system.

The foster care medical home will be required to meet certain standards designed to improve the health outcomes of children, including:

- A health screening within 48 hours of the child’s entry into out-of-home care;
- A comprehensive health examination within 30 days of the child’s entry into out-of-home care;
- Well child check-ups at the enhanced periodicity schedule recommended for foster children by the American Academy of Pediatrics and the Child Welfare League of America;
- Dental exam within three months of the child’s entry into out-of-home care and at specified intervals; and
- A formal behavioral health evaluation within 30 days if an evaluation is identified as being needed by the Child and Adolescent Needs and Strengths (CANS) tool administered by the child welfare worker after entry into out-of-home care.

In addition, a key responsibility of the foster care medical home will be managing and ensuring appropriate utilization of psychotropic medications for the foster child. A recent DHS analysis found that 8.5% of foster children currently use psychotropic medication, compared with only 1.9% of all Medicaid children. To address the risk of inappropriate and/or over utilization of medication, the medical home initiative will be required to follow the American Academy of Child Psychiatry best practice guidelines for use of psychotropic medications.

Children are eligible for enrollment in the medical home while in out-of-home care and for up to 12 months after discharge from out-of-home care, contingent on continued Medicaid eligibility. The twelve-month post-permanency enrollment period for the foster care medical home will coincide with the Title IV-E waiver twelve-month post-reunification support period, enabling the child welfare case manager and medical home provider to work with the family to ensure that the child's individualized health plan continues to be followed and all health needs continue to be fully met. Through the Title IV-E post reunification support period, the child welfare case manager can assist the parent in understanding the benefits of the foster care medical home, increasing the likelihood that the parent continues enrollment, and thereby preserves continuity of care and positive health outcomes for the child. Through the process and outcomes data reporting required from the medical home, the child welfare case manager will be able to monitor any changes in the child's health outcomes in the post reunification period in key areas, such as utilization of psychotropic medications, preventable emergency room visits, inpatient mental health hospitalizations, timeliness of immunizations, frequency of routine dental exams, and frequency of well-child check-ups and intervene with the medical home provider or parent, if needed, to address any health concerns that arise.

The foster care medical home is funded strictly with Medicaid funding. In November 2011, Wisconsin submitted a request for federal approval of a Medicaid state plan amendment to establish this medical home service delivery model for foster care children. The request is pending approval by the federal Centers for Medicare and Medicaid Services. Contingent on federal approval, Wisconsin intends to implement the foster care medical home in the first regional catchment area in fall 2012, to be followed by statewide implementation through a regional rollout plan.

Early Childhood Care and Education

Wisconsin has been a leader in the area of establishing strong connections between early childhood and child welfare services. Wisconsin was one of the first states to adopt the Strengthening Families model that aims to improve understanding and communication between child welfare and early childhood programs. In addition, Wisconsin was an early adopter of the Pyramid Model for Social and Emotional Foundations for Early Learning, an effective and intensive training and approach for meeting the social and emotional needs of young children.

An important mechanism that embodies and advances the commitment to cross-system collaboration is the Governor's Early Childhood Advisory Council (ECAC), which is dedicated to ensuring that all children and families in Wisconsin have access to high quality early childhood programs and services. Co-chaired by the State Superintendent of the Department of Public Instruction and the Secretary of the Department of Children and Families, the Council is composed of a broad range of public and private sector stakeholders. The ECAC has elevated the well-being of children in out-of-home care as a key recommendation for the state with the

following 2012 recommendation to: “improve connections between children in the child welfare system and high quality early education experiences.”¹

Current initiatives to increase positive early childhood well-being for children in out-of-home care include the collaboration among DCF, the Department of Public Instruction (DPI), Head Start Collaboration Office, Wisconsin Head Start Association and Head Start providers to increase enrollment of children in the child welfare system in Head Start and Early Head Start programs. National evaluations have shown that Head Start and Early Head Start programs are effective in strengthening social development skills and school readiness for at-risk children. Long term studies have shown that 2-year-old children with at least one year of Early Head Start outperform their peers who did not have this experience on cognitive, social and emotional development measures.² The more established program for 3-5 year olds has shown substantial long-term benefits in educational achievement and attainment as well as social behavior.³ Under federal regulations, foster care children are categorically eligible for Head Start and Early Head Start. Currently, approximately 30% of Wisconsin’s foster children aged 4-5 years old are enrolled in Head Start. The child welfare system in Milwaukee has signed a Memorandum of Understanding with each of the Head Start providers in Milwaukee to increase enrollment of foster children in Head Start by establishing a streamlined referral process, priority access for foster children, outreach to foster parents, and continued enrollment in Head Start after the child reunifies with his/her family. DCF and DPI are promoting similar collaboration between child welfare and Head Start programs in other counties.

Wisconsin is also well-positioned to strengthen the early childhood care outcomes for children during and post out-of-home care through its YoungStar quality rating system for child care providers. Established in 2011, YoungStar:

- Evaluates and rates the quality of care given by child care providers;
- Helps parents choose the best child care for their kids;
- Supports providers with tools and training to deliver high-quality early care; and
- Sets a consistent standard for child care quality

YoungStar evaluates the quality of care given by regulated child care providers and rates them from 1 to 5 stars, with 5 stars being the highest rating. A provider's star rating is based on: education qualifications and training, learning environment and curriculum, professional and business practices, and child health and well-being practices. YoungStar recognizes programs in the health and well-being category and has a focus on rewarding programs that incorporate child abuse prevention activities in their program. Points can be earned for documenting training and incorporation of practices in alignment with the Strengthening Families model, the Pyramid model and for receiving training using the Suspecting Child Abuse and Neglect—Mandatory

¹ Governor’s State Advisory Council on Early Education and Care, 2011 Report, “Building Blocks for Wisconsin’s Future: the Foundation for an Early Childhood System”, p. 15.

² Center for Law and Social Policy (CLASP), Supporting Our Youngest Children: Early Head Start Programs in 2010”, March, 2012, Brief Number 11.

³ Barnett, Steven, B., Hustedt, Jason, T., “Head Start’s Lasting Benefits”, *Infants and Young Children*, Volume 18, No. 1, pages 16-24, 2005.

Report Training. YoungStar also provides education and assistance to parents in selecting a child care setting.

Department analysis conducted in spring 2012 showed that of the foster children utilizing child care settings, 44% were in child care settings rated as 3 stars or better. The Department's goal is to increase the number and proportion of foster children in highly rated child care settings. Child welfare case managers are assisting foster parents in utilizing the YoungStar rating system to access high quality child care for children while in foster care. Under the proposed IV-E demonstration project, case managers will assist birth parents in utilizing Young Star to access high quality child care for their child after reunification as well.

Another important early childhood education state initiative that will strengthen the well-being of children is the establishment of a Kindergarten Entry Assessment beginning in the fall 2012. Wisconsin will be using the Phonological Awareness Literacy Screening (PALS) tool to assess the readiness of five-year olds entering the school system. Through this initiative, the cognitive and developmental needs of child welfare children, as well as all other children, will be identified early, at school entry.

The Departments of Children and Families, Public Instruction, and Health Services are collaborating on developing an early childhood longitudinal data set that will link data from child welfare, child care and other early childhood education programs, Medicaid, the IDEA Part C program for children with disabilities, and other health programs. This linked data system will enable case managers to monitor early childhood education and care during the post-reunification period and assist parents to achieve strong early childhood education outcomes for their children.

K-12 Education

As an outgrowth of the fall 2011 conference sponsored by DHHS/ACF and the federal Department of Education, DCF has developed a strong partnership with the state Department of Public Instruction (DPI) and the court system to strengthen the educational success of children in the child welfare system. A key collaborative effort has been the development of a data exchange between K-12 educational data and child welfare data to build an understanding of the educational experiences of child welfare children. In May 2012, the Departments developed and implemented the technical infrastructure and successfully executed the first data exchange, which provides the groundwork for identifying appropriate interventions that can improve the educational outcomes of child welfare children. As shown in the table below and Appendix A, educational outcomes are significantly worse for children in out-of-home care compared to the general school age population.

Educational Outcomes of Children in Out-of-Home Care (OHC)		
Measure	OHC Children	All Children
Attendance	85%	95%
Suspension	37%	6%
Expulsion	2.3%	0.2%
Grade Retention	6%	2%
3 rd Grade Reading – Proficient or Advanced	40%	79%
Children with an Individualized Education Plan (IEP)	43%	15%

In collaboration with DPI, DCF submitted a proposal “Wisconsin’s Educational Collaboration for Youth in Foster Care” in response to the recent ACF grant opportunity (ACF-ACYF-CO-0270). Under the proposal, Wisconsin would expand the data exchange and analysis that has begun, and establish a mechanism, a “web portal”, to provide child welfare case managers direct access to a child’s educational data on a real-time basis. This tool will enable the case manager to better understand a child’s educational status and needs and to more effectively collaborate with the school teachers, parents, and the child on a timely basis, to address school-related issues.

To the extent that the Title IV-E waiver covers children in the K-12 system, the data exchange work that is underway will enable the child welfare case manager to monitor the child’s educational outcomes in the post-reunification period and intervene on a timely basis with the parent, teacher, and school officials to address school issues that arise.

Collaboration with the Court System

The Department has a productive collaborative relationship with the court system. The Department and the Children’s Court Improvement Project (CCIP) work together on a number of joint projects, including trainings for members of the judiciary and legal community. DCF and CCIP jointly chair the Wisconsin Commission on Children and Families, which is composed of representatives from the judiciary, the Children’s Court Improvement Project (CCIP), county District Attorneys, and the Department of Children and Families and provides input on child welfare policy, programs, and statutory changes under consideration. The Permanency Workgroup, a subcommittee of the Commission, was instrumental in helping design recent statutory changes that incorporate a number of national best practices into Wisconsin law.

The Department has also partnered with the court system to establish cross-system teams that participated in the child welfare/education collaboration initiated through the DHHS/Department

of Education conference and the National Governors Association Three Branch Institute to Improve Outcomes for Adolescents in out-of-home care.

Child Welfare Program Improvement Policies

Of the child welfare program improvement policies specified in P.L. 112-34, the Child and Family Services Improvement and Innovation Act, Wisconsin has or will implement the following:

- Title IV-E Guardianship Assistance Program: Implemented statewide effective August 2011, which is within two years of the requested start date, July 2013, for the demonstration project waiver.
- Foster Care Medical Home: As described above, Wisconsin submitted in November 2011 a request for federal approval of a Medicaid state plan amendment to establish a medical home service delivery model for foster care children. The request is pending approval by the federal Centers for Medicare and Medicaid Services. Contingent on federal approval, Wisconsin intends to implement the foster care medical home in the first regional catchment area in fall 2012, to be followed by statewide implementation through a regional rollout plan.

Court Order in Effect

In 1993 the American Civil Liberties Union Children's Rights Project (now Children's Rights, Inc.) filed a lawsuit regarding the child welfare services in Milwaukee County. In 2002, Children's Rights and the state entered into a settlement agreement. The settlement agreement requires the Department to achieve 19 specific outcomes regarding the permanency, safety, and well-being of children in out-of-home care. To be released from a requirement, the Department must meet the outcome measure for two consecutive six-month periods.

The Department has made steady progress in meeting the outcome measures in the settlement agreement and has met and been released from all but two of the measures. One of the remaining measures relates to reunification; the Department has met this measure in the July-December 2011 period and will be released from the measure if it is met in the current January-June 2012 period. The other remaining measure relates to placement stability; the Department and plaintiff renegotiated the methodology for this measure effective July 2012 so that the measure more accurately reflects recent progress.

The proposed demonstration project will not impede the Department's efforts to meet the terms of the lawsuit agreement.

Scope and Type of Services

As noted above, the Department directly administers child welfare services in Milwaukee County through the Bureau of Milwaukee Child Welfare (BMCW). State staff employed at BMCW perform the access and initial assessment functions. BMCW contracts for case management and most other child welfare services, such as foster home recruitment and licensing. BMCW recently redesigned its contractual structure to increase contractor accountability and reduce service delivery fragmentation. The BMCW contract redesign, which became effective in January 2012, incorporates a number of innovative purchasing features, including:

- Case management agencies receive a capitated payment each month for each child served in out-of-home care;
- Case management agencies are required to provide twelve months of post-reunification services for each child who reunifies with his/her family after leaving out-of-home care, to help ensure the family is stable and transitions smoothly and successfully out of the child welfare system;
- Case management agencies do not receive any additional funding for case management for a child that re-enters out-of-home care, creating a strong fiscal incentive for the agency to ensure that the permanency outcome for each child is sound and stable; and
- Beginning in 2013, new cases will be assigned to the case management agency that has the strongest performance on a set of program process and outcome measures specified in the contract. This feature provides a financial incentive to the case management contractors based on the achievement of positive child outcomes.

The innovative purchasing features of the BMCW contract redesign are expected to reduce re-entry rates in Milwaukee.

To the extent that BMCW experiences success in reducing its re-entry rate, the IV-E demonstration project waiver will build on the successful experience in BMCW to replicate and expand post-reunification support to the 71 non-Milwaukee counties. Specifically, federal IV-E and state matching funds that are not utilized for maintenance costs in Milwaukee due to lowered out-of-home care caseloads will be reallocated to non-Milwaukee counties to fund the administrative and service costs of twelve months of post-reunification support. In this way, the Title IV-E waiver serves as a resourcing mechanism to expand statewide the establishment of post-reunification support and thereby reduce re-entry into out-of-home care.

In both BMCW and the balance of state, child welfare case managers will develop, in collaboration with the family, an individualized support plan that reflects the family's unique needs. The plan will be designed to facilitate a smooth and successful transition for the family and child out of the child welfare system and produce positive well-being outcomes for the child and family. The post-reunification plan must include case management services and will have the flexibility to include other services and supports, with special attention to trauma-informed services and evidence-based and evidence-informed practices.

Case Management Services

The Department has practices and policies in place to deliver high quality case management services to child welfare families. Child welfare case managers are trained through a regional Training Partnership with the University of Wisconsin. While specific training opportunities vary regionally, all case managers are trained in child welfare best practices, including family engagement, cultural competency, professional ethics, information collection, interviewing, court preparation and safety intervention. Training is competency-based and requires successful examination completion. After initial training, regular ongoing training is offered to include topics such as effects of maltreatment, trauma informed care, separation and permanence, domestic violence, and other relevant subjects.

Wisconsin case managers use the Protective Capacity Family Assessment (PCFA) model throughout the life of the case. The PCFA is designed to be an interactive model for achieving

caregiver engagement and collaborative partnership for solution-focused change, allow for caregivers to identify their own needs and the needs of their children, facilitate self-awareness and agreement regarding needed changes, and involve all necessary parties so that the changes are successful and longstanding while ensuring for the safety of the children involved.

DSP is invested in providing initiatives and programs that adhere to best practice models and current research. Trainings, additional education, mentoring and shadowing experiences are grounded in interacting with families in a manner that reflects current best practice. Through partnerships, projects and programming with Casey Foundation and National Resource Centers, as well as the Wisconsin Court System, the Department continues to build case managers and social workers skill sets in family-based casework practice, grounded in effective family engagement and partnering, and to enhance overall understanding of how to provide both safety and permanence for the children that we serve. Under Wisconsin's post-reunification waiver program, families will get the benefit of solution-focused case management services during the twelve month period following a child's reunification with his or her family.

Trauma Informed Care

Wisconsin is strongly committed to incorporating trauma informed principles and services into the child welfare system and other systems that serve children and families. Recent advances in brain research have found that neglect and abuse experienced by infants and young children creates a kind of "toxic stress"⁴ that has the potential to compromise most areas of development, including emotional, behavioral, and cognitive and health.⁵ Young children are highly vulnerable to maltreatment and other adverse experiences that harm developmental systems as they emerge.^{6,7} National research has shown that traumatic stress experienced in childhood has long lasting effects on physical, mental, and behavioral health and well-being. The Adverse Childhood Experiences (ACE) study, led by Drs. Robert Anda and Vincent Felitti in collaboration with Kaiser Permanente, identified expected correlations between adverse childhood experiences, or ACEs, and poor outcomes across a wide range of measures of adult health and well-being. Adults who reported experiencing more ACEs also reported increased mental health problems, substance use, suicide attempts, cardiovascular disease and obesity. In 2010, for the first time, Wisconsin collected ACE-related data through the Behavioral Risk Factor Survey (BRFS); the results closely mirror those of the original study, clearly demonstrating the widespread prevalence and long-term impact of early adverse childhood experiences and underscoring the need for adequate prevention and early intervention services.

The state has been involved in implementing trauma-informed services for a number of years, creating a base of trauma-informed service capacity. In the two largest urban areas of the state, Milwaukee and Dane Counties, a number of mental health providers are trained in the evidence-

⁴ Shonkoff, J. P., & Bales, S. N. (2011). Science does not speak for itself: Translating child development research for the public and its policymakers. *Child Development*, 82(1), 17-32.

⁵ Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *JAMA: Journal of the American Medical Association*, 301(21), 2252-2259.

⁶ Chazan-Cohen, R., Jerald, J., & Stark, D. (2001). A commitment to supporting the mental health of our youngest children. *Zero to Three*, 22(1), 4-12.

⁷ Institute of Medicine; Shonkoff, J.P. & Phillips, D.A. (Eds.). (2000), *From Neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

based trauma treatments Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Parent Child Interaction Therapy (PCIT) and treat children in the child welfare system. Both TF-CBT and PCIT are cited as evidence-based trauma interventions in ACF memos ACYF-CB-IM-12-04 and 05. DCF is currently engaged in a project to train child welfare mental health providers in the evidence-based TF-CBT, using a learning collaborative approach, in two northern rural counties and a Tribe and in a large urban county, Kenosha County. Concurrently the parents and community members are trained in childhood trauma to provide sensitivity to possible trauma triggers for the child. A leading mental health services provider in Wisconsin, St. Aemilian's Lakeside, is implementing neurosequential model (NMT) and brain mapping trauma treatment for children with very complex trauma histories who are in the Milwaukee child welfare system. This model uses sensory interventions to promote calming and create changes in neuro-pathways. Another leading mental health provider in the state, the Dane County Mental Health Center was selected as a National Child Traumatic Stress Network grantee and has implemented TF-CBT as well as other evidence-based interventions such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Structure Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS).

In 2011, Wisconsin implemented screening for all children entering out of home care, using the Child and Adolescent Needs and Strengths (CANS) assessment tool. The CANS tool is a validated and reliable assessment tool that includes questions to screen children for trauma exposure, as well as other domains associated with child functioning and well-being.

DCF is building on the existing base to further expand trauma informed service capacity to address children in the child welfare system. DCF submitted a proposal for the Child Welfare-Early Education Partnership ACF grant (ACF-ACYF-CO-0315) to enable the state to provide training on the effects of trauma and trauma-informed care to child care and other early childhood providers in Milwaukee and to expand the pool of mental health providers trained on Parent Child Interaction Therapy (PCIT) who can serve children in the child welfare system. The Department also submitted grant proposals for the National Child Traumatic Stress Initiative Category II and III grants (SM-12-006 and 007) to train a range of mental health providers in the state on Trauma Focused Cognitive Behavioral Therapy (TF-CBT) through a learning collaborative model and to develop assessments and interventions that are targeted to neglect-related trauma. The Department is planning to submit a proposal for the ACF Evidence-Based/Evidence-informed Behavioral Health Child Welfare grant (ACF-ACYF-CO-0279) to introduce universal screening for trauma, mental health and behavioral health needs and increase the number of mental health clinicians trained in evidence-based trauma interventions throughout each region of the state.

Wisconsin First Lady Tonette Walker has embraced as a priority initiative increasing public awareness of the adverse effects of childhood trauma and the importance of implementing trauma-informed approaches. In the spring of 2012 the First Lady hosted listening sessions throughout the state to hear from stakeholders the value and challenges of incorporating trauma sensitive principles into the child welfare and other systems. The First Lady's efforts and support is creating added momentum for the adoption of trauma-informed services and principles across all systems serving children and families.

The post-reunification support plans under the proposed Title IV-E waiver project would draw on the existing and growing network of trauma services to access trauma services, as appropriate,

for children and parents in the post-reunification period to help them remain stable and make progress in healing from past trauma experiences.

Other Services

As noted above, under the Title IV-E waiver project, the case manager will develop an individualized twelve months post-reunification plan that responds to the unique needs of each child and family. In addition to case management services and the trauma-informed services described above, services that may be included in the post-reunification plan and funded through the flexible IV-E waiver include Crisis Stabilization, In-Home Therapy, AODA and mental health services for parents, respite care, transportation, and linkages to community services.

A key objective of the post-reunification plan will be to strengthen the family's connections to the community. Two innovative mechanisms that are in place in Wisconsin that will be leveraged for this purpose are parent peer specialists and the parent café model. The state has a pool of trained and certified parent peer specialists with lived mental illness experience who can serve as mentors to reunified parents with mental illness. Parent peer specialists are parents or caregivers of a child with emotional or behavioral disorders who have been specifically trained to provide information, support and advocacy to other parents of children with mental health needs. Parents receiving peer specialist services experience improvement in their coping skills, emotional health and confidence and ability to manage their child's behavior, while their children experience better outcomes in terms of residential status, law enforcement contact, academic performance, and school attendance.

The parent café model, which will be operating in Milwaukee and Waukesha counties, is a forum where foster, birth, and other community parents gather to discuss parenting issues and approaches. Parent cafes serve to normalize the experiences and challenges faced by parents and provide a broad-based community support network. Wisconsin also has a strong network of Family Resource Centers that serve as a gateway to other potential resources for families, such as home visiting, parenting resources, and other supports to meet family needs. Linking families to established services in the community during the post-reunification period will be pursued, whenever possible, to ensure that families have supports that are sustainable and long-lasting beyond the twelve-month post-reunification support period.

Target Population

The following table summarizes the state's statistics regarding children who discharge from out-of-home care to reunification for calendar years 2010-11.

Age at Discharge to Reunification and Re-entry into Out-of-Home Care				
<i>2010-2011</i>				
Age at re-entry	Total children discharged to reunification	No re-entry within 12 months	Re-entered care within 12 months	Re-entry rate
0 to 5	1,133	916	217	19.2%
6 to 11	607	515	51	15.4%
12 to 14	495	401	94	19.0%
15+	755	542	213	28.2%
Total	2,990	2,374	616	20.6%

Because the youngest age cohort accounts for the largest number and one of the highest rates of re-entrants, the establishment of a twelve-month post-reunification support period under this waiver will be initially targeted to children aged 0 through 5 years old. The post-reunification support period will be expanded to the other age cohorts, if there is sufficient funding available during the 5-year waiver period.

The youngest age cohort is chosen as the target population because, as noted above, infants and children who have entered out-of-home care are particularly vulnerable to delays in emotional, social, and cognitive development as a result of the trauma associated with neglectful and abusive care. Infants and toddlers in foster care are often reported as developing atypically relative to their non-maltreated peers across most domains of functioning, including later achievement of developmental milestones (i.e. walking and talking), perceptions by caregivers as being hard to soothe, and greater likelihood of showing signs of “failure to thrive”. Traumatic experiences in early childhood have both an immediate and long-lasting effect on health, behavioral, and social well-being. The early childhood period provides an opportunity to build resilience and increase the probability of favorable developmental outcomes.

Of the 1,133 children aged 0-5 who discharged to reunification, 274 were from Milwaukee County, while 859 were from the balance of the state (BOS). DCF recently compiled a summary of the available Child and Adolescent Needs and Strengths (CANS) data to begin to build a profile of these children. Because matching profiles were not available for all children who discharged to reunification, CANS data from matching records were projected to the approximately 550 BOS children aged 0-5 who annually discharge to reunification. The charts in Appendix B estimate how many of these 550 children would score high for an individual category (“indicator total” column) as well as a combination of categories.

DCF will utilize the CANS as well as other data to identify characteristics that correlate most closely to re-entry. The Department plans to use the predictive risk factors that are identified to target the post-reunification intervention to those children who are predicted to be at high risk of re-entry. It is estimated that 1,944 children will be provided post-reunification supports during the 5 year waiver demonstration project period.

Administrative Components

Sections to be Waived

Wisconsin is requesting the following sections to be waived to enable the state to operate the proposed demonstration project:

- Section 472(a): Extended Eligibility: To allow the State to expend title IV-E funds for children and families who are not normally eligible under Part E of title IV of the Act as described in the Terms and Conditions.
- Section 474(a)(3)(E) and 45 CFR 1356.60(c)(3): Expanded Services: To allow the State to make payments for services that will be provided that are not normally covered under Part E of title IV of the Act; and to allow the State to use title IV-E funds for these costs and services as described in the Terms and Conditions, Section 2.0

Time Period and Geographic Coverage

Wisconsin is requesting a five year waiver with a start date of July 2013 to coincide with the start of the upcoming state biennial budget period, with the understanding that the DHHS Secretary has the authority to extend the waiver to 2019. The proposed IV-E waiver is based on statewide coverage.

Coverage of IV-E Costs

Wisconsin's proposed demonstration project waiver includes IV-E administrative and maintenance costs. Adoption assistance, subsidized guardianship, training, and information technology costs are not included in the waiver; reimbursement for these cost items will continue to be claimed under existing federal statutes and regulations.

Effect on the State Automated Child Welfare Information System (SACWIS)

DCF will enhance the Wisconsin SACWIS system (eWiSACWIS) as needed to automate tracking of cases for evaluation purposes. DCF will negotiate a data sharing agreement with the selected third-party contractor to evaluate the waiver demonstration project.

Health Insurance for Special Needs Adoption Assistance Children

Consistent with current state policy, DCF assures that all children for whom an adoption assistance agreement is in effect and have special needs as determined under sec. 473(C) will receive state-administered health insurance through the Medicaid program for the duration of the agreement.

Evaluation

Evaluation Design

DCF anticipates that the waiver demonstration project will fund post-reunification services that will significantly improve the stability of reunifications and improve the safety, health, and well-being of children that are discharged to reunification, resulting in a significant decrease in the

likelihood that these children will re-enter out-of-home care. To measure the effects of the waiver, DCF will conduct a rigorous and multi-dimensional evaluation of children who received services funded by the waiver program. The dimensions of the evaluation will include analyses of the waiver implementation process; program costs and cost neutrality; and safety, health, and well-being outcomes for the children receiving waiver-funded services and a comparable group of children who did not receive these services. The evaluation will utilize standard assessment tools that focus on measuring the direct and indirect effects of the waiver-funded services on the safety, health, and well-being of reunified children and their families.

DCF is currently considering an evaluation approach which relies on a comparison group analysis and a longitudinal study of outcomes associated with child safety, permanence, and well-being. In this analysis, the waiver group would consist of the children who received waiver-funded services, while the comparison group would consist of an equal number of children with similar characteristics to the waiver group who were eligible but did not receive the waiver services. DCF will work with ACF and the selected evaluator to determine the parameters for the comparison group using the most rigorous and scientifically sound methodology.

Wisconsin will contract with an independent evaluator to conduct the evaluation. DCF is strongly considering contracting with the Center on Child Welfare Policy and Practice (CCWPP), a collaboration between the University of Wisconsin's School of Social Work and Institute for Research and Poverty. The CCWPP has extensive experience conducting detailed child welfare studies using eWiSACWIS and other external data. DCF will consult with federal staff or authorized consultants to develop the request for services, and will ensure that the selected contractor develops a detailed evaluation proposal for federal review.

DCF will enhance the Wisconsin SACWIS system (eWiSACWIS) as needed to automate tracking of cases for evaluation purposes. The evaluation will make extensive use of existing reports and available eWiSACWIS data to support a thorough and comprehensive evaluation of child well-being outcomes.

DCF and the selected contractor will continually enhance the evaluation process by:

- Providing performance feedback that can be used for quality improvement;
- Documenting implementation successes, challenges, and lessons learned; and
- Establishing baseline measures for long-term tracking of trends and use in causal inference research.

Outcome Measurement

The evaluation will measure the impact of the waiver program on a variety of safety, health, and well-being outcomes. As Wisconsin proposes to focus its waiver program on post-reunification services, all of the key metrics are directed towards measuring post-permanency outcomes, such as whether children experience maltreatment recurrence or re-enter out-of-home care, and well-being outcomes of children and families after children discharge from out-of-home care. DCF proposes leveraging existing data infrastructure to measure a range of specific well-being outcomes. As explained in previous sections, due to the significant amount of cross-system data exchange work underway, Wisconsin is well-positioned and has the capability to access data on child welfare children in the state's health, child care, and educational data systems.

The specific measurements to be used to understand the waiver program effects on child safety, permanency and well-being outcomes proposed as part of this evaluation include the following:

Safety and Permanency Measures

Data from eWiSACWIS will be used to measure the following key safety and permanency measures:

- Recurrence of maltreatment;
- Placement stability; and
- Re-entry rate.

Child Well-Being Measures

Trauma Exposure and Healing

DCF's Child and Adolescent Needs and Strengths (CANS) process will be used to measure the pre- and post-reunification scores and response to individualized post-reunification services, such as PCIT on a wide range of child well-being measures. As shown in Appendix A, these measures include:

- Trauma exposure;
- Emotional functioning;
- Social functioning; and
- Behavioral functioning.

Health Outcomes

In addition to DCF data, the evaluation will measure the impact the waiver program has on health and educational outcomes. The Medicaid Management Information System (MMIS) will provide the following health-related well-being data:

- Well child check-ups;
- Dental check-ups;
- Age appropriate immunizations
- Preventable emergency room usage;
- Utilization of psychotropic medication; and
- Inpatient mental health hospitalization.

Early Care and Education Outcomes

Early Care and Education metrics that will be evaluated include:

- Enrollment in 3-, 4- and 5-star quality childcare centers;
- Head Start Enrollment; and

- Phonological Awareness Literacy Screening (PALS) tests for 5-year olds entering kindergarten.

Education Outcomes (when applicable)

- School attendance
- School suspension
- School mobility
- Standardized Test Scores

Financial Analysis and Components

Cost and Savings Analysis

Appendix C provides the state's projections of the costs and savings of maintenance and administrative costs with and without the IV-E demonstration waiver for the five-year waiver period. As described above, a reduction in re-entry is expected to occur initially in Milwaukee, given that a twelve-month post-reunification support period was established starting January 2012. Key calculations and assumptions in the Department's projection model are:

- Annual discharges to reunification (all ages) in Milwaukee is 575;
- Milwaukee's re-entry rate in the absence of the 12-month post-reunification period is 18.3%, which is equivalent to 105 children/year;
- The 12-month reunification support period is expected to prevent re-entry by 28 children, or 27% of the expected re-entrants, in year 1 of the waiver period and by 53 children, or 50% of the expected re-entrants, in years 2-5 of the waiver period compared to the baseline without the 12-month post reunification support period. A total of 243 children over the 5-year period are projected to avoid re-entry in Milwaukee.
- The reduced out-of-home caseload in Milwaukee results in savings of \$650,000 all funds (AF) in year 1, and \$1.2 million AF per year in years 2-5, for a total of \$5.5 million AF over the 5-year waiver period in Milwaukee.

The proposed Title IV-E demonstration project serves as a resourcing mechanism to support the establishment of a twelve month post-reunification period in non-Milwaukee counties. It is projected that post-reunification services will cost, on average, \$500 per month per child. Counties in the Balance of State (BOS) will be provided an allocation of \$6,000 per child served to support a twelve month reunification period.

- The savings generated in Milwaukee will be reinvested in BOS counties to support 108 reunified children in year 2. Savings from the prior year in Milwaukee and BOS counties will be invested in BOS counties to serve 355 children in year 3, 602 children in year 4, and 879 children in year 5. A total of 1,944 children over the five year waiver period will receive post reunification services.
- The waiver is expected to prevent re-entry in the balance of state for 54 children in year 2, 142 children in year 3, 241 children in year 4, and 351 children in year 5 for a total of 788 children.

- The reduced re-entry in balance of state results in out-of-home cost savings of \$13.3 million over the five year period. As noted above, these savings are reinvested in the child welfare system to expand the number of children that receive post-reunification supports.

For at least the first three years of the waiver period, the number of children that can be funded with the available savings from Milwaukee is less than the approximately 550 children aged 0-5 years old who annually discharge to reunification in the balance of the state. As noted earlier, through further analysis, the Department plans to identify risk factors that are predictive of a child's re-entry into out-of-home care, so that the intervention can be targeted to the high risk re-entry children. Through this type of targeting, the Department projects that 40% of the children receiving the intervention would have re-entered in the absence of the intervention and that the intervention successfully prevents them from re-entering. Savings that are generated in the balance of the state through reduced utilization of out-of-home care due to this intervention will be reinvested in the following year to expand the number of waiver slots. It is expected that by year 4 of the waiver period, the initiative could be expanded to age groups other than 0-5 years old.

Cost Neutrality

The state provides funding to counties for child welfare purposes through a state/county contract that sets the level of funding for each county. Under the Title IV-E demonstration project, the state will amend the state/county contract for those counties receiving waiver "slots", to reflect the amount of waiver funding and specify the conditions of use of the funding. DCF is considering a number of allocation options for the slots among counties, and will consult with counties to determine the final methodology. Criteria for awarding waiver "slots" may include a county's readiness, commitment, and current performance on OHC re-entry. The state will assure cost neutrality by limiting the amount of funding provided to non-Milwaukee counties for the service intervention to the amount of out-of-home care savings that was generated in Milwaukee and BOS counties in the previous year.

Additional Funding to Provide the Service Intervention in the Past Two Fiscal Years

A 12-month post-reunification support period has not been provided in the past two fiscal years.

Public Input

Prior to the July 9 submission date, input on the proposed demonstration project was solicited and received from the two cross-cutting stakeholder advisory councils for Wisconsin's child welfare system. Specifically, on June 20, the proposal was discussed with the Secretary's Advisory Council on Child Welfare. This Council includes representatives from counties, Tribes, advocacy groups, service and residential providers, foster parents, and other state agencies. On June 29, the proposal was discussed with the Milwaukee Child Welfare Partnership Council, which is composed of state legislators, elected Milwaukee County Board members, members of the judiciary and legal system, providers, advocates and medical experts. Both councils were supportive of the proposed IV-E waiver.

In July-August 2012, the Department plans to continue consultations with other key stakeholder groups, including:

- The Wisconsin County Human Services Association (WCHSA) through its Children Youth and Family Policy Advisory Committee meeting on July 13 and Board meeting on August 2.
- The eleven Tribal nations in Wisconsin through the Indian Child Welfare Directors at their meeting on July 24-25.
- The court system through the Children's Court Improvement Project and the Wisconsin Commission on Children and Families.

Letters of support from stakeholders and partners will be provided in a supplementary submission to ACF in the near future.

Additional planning needed to support implementation of this waiver program will be developed via formal letters of agreement with partners. These letters will identify specific needs and responsibilities associated with program implementation and will support the terms and conditions outlined for the demonstration project, including specifying the use of the funding and establishing conditions of receipt of funding, including reinvestment of out-of-home care savings into the child welfare system.

Appendix A – Educational Metrics

Educational outcomes of Children in Out of Home Care
2008 - 2009 school year

Measure	OHC kids (1351)	General Population	Milwaukee OHC (206)	Milw General Population
Attendance (% of days attended in the school year)	85%	96%	78%	88%
Retention - Current Year	6%	2%	9%	8%
Retention - Ever	16%	Not available	36%	Not available
Mobility (% of students served by more than one school)	44%	Not available	38%	Not available
Suspension - K-5 342 OHC kids	17%	4%	41%	19%
Suspension - 6-8 330 OHC kids	43%	8%	68%	49%
Suspension - 9 - 12 670 OHC kids	44%	10%	67%	56%
Suspension - All Grades	37%	6%	56%	46%
Expulsion - K - 5 342 OHC kids	N/A	0.0%	N/A	0.1%
Expulsion - 6 to 8 330 OHC kids	1.5%	0.2%	2.0%	0.7%
Expulsion - 9 - 12 670 OHC kids	3.8%	0.3%	2.9%	0.6%
Expulsion - All Grades	2.3%	0.2%	1.5%	0.5%
Children with an Individualized Education Plan	43%	15%	29%	19%
Testing Proficiency				
Grade level	Minimal	Basic	Proficient	Advanced
Third grade reading - OHC (75 kids)	17%	33%	27%	13%
Third grade reading - General Population	6%	15%	34%	45%
Third grade math - OHC Kids (75 kids)	40%	11%	27%	13%
Third grade math - General Population	14%	9%	41%	35%
Eighth grade reading - OHC kids (141 kids)	21%	21%	36%	12%
Eighth grade reading - General Population	6%	9%	42%	43%
Eighth grade math - OHC population (141 kids)	28%	18%	40%	5%
Eighth grade math - General Population	8%	13%	49%	29%

DCF and DPI data exchange, June 2012

Appendix B – Child and Parent CANS Matrices

CANS Profiles of Children Discharged to Reunification - Child Indicators																		
Child CANS Indicator	Indicator Total	Adjustment to Trauma	Affect Regulation	Aggressive Behavior	Anger Control	Anxiety	Attachment	Behavior	Communication	Daily Functioning	Impulsive/Hyperactivity	Increased Arousal	Maternal Availability (lifetime)	Oppositional	Reexperiencing the Trauma	Regulatory	Sleep	Traumatic Grief/Separation
Adjustment to Trauma	98	0	0	0	51	51	0	47	0	42	47	0	0	37	0	0	23	70
Affect Regulation	70	0	0	28	0	14	33	0	19	9	19	47	37	23	42	37	33	0
Aggressive Behavior	47	0	28	0	0	9	9	0	9	9	23	33	23	37	28	19	23	0
Anger Control	61	51	0	0	0	33	0	33	0	28	37	0	0	37	0	0	14	28
Anxiety	98	51	14	9	33	0	23	37	14	42	56	19	19	28	23	19	51	37
Attachment Behavior	61	0	33	9	0	23	0	0	23	9	23	37	23	14	33	33	28	0
Communication	61	0	19	9	0	14	23	0	0	14	19	23	19	14	19	23	19	0
Daily Functioning	75	42	9	9	28	42	9	28	14	0	33	14	5	33	9	14	28	28
Impulsive/Hyperactivity	112	47	19	23	37	56	23	37	19	33	0	42	33	51	28	19	33	33
Increased Arousal	89	0	47	33	0	19	37	0	23	14	42	0	37	37	47	33	37	0
Maternal Availability	117	0	37	23	0	19	23	0	19	5	33	37	0	19	33	23	28	0
Oppositional	89	37	23	37	37	28	14	23	14	33	51	37	19	0	33	23	51	28
Reexperiencing the Trauma	79	0	42	28	0	23	33	0	19	9	28	47	33	33	0	23	51	0
Regulatory	51	0	37	19	0	19	33	0	23	14	19	33	23	23	23	0	33	0
Sleep	117	23	33	23	14	51	28	19	19	28	33	37	28	51	51	33	0	23
Traumatic Grief/Separation	75	70	0	0	28	37	0	33	0	28	33	0	0	28	0	0	23	0

CANS Profiles of Children Discharged to Reunification - Parental Indicators

Parental CANS Indicator	Indicator Total	Accessibility to Child Care Services	Acculturation	Community Connection	Cultural Congruence	Developmental	Educational Attainment	Empathy with Child	Employment/Educational Functioning	Family Stress	Financial Resources	Involvement with Care	Knowledge	Legal	Mental Health	Organization	Physical Health	Problem Solving	Residential Stability	Self-Care /Daily Living	Social Resources	Substance Use	Supervision	Transportation
Accessibility to Child Care Services	121	0	16	73	16	16	97	8	89	73	89	57	81	65	97	57	49	89	65	24	97	49	105	49
Acculturation	24	16	0	16	24	0	8	8	16	8	8	16	24	16	8	16	0	16	16	0	16	8	24	8
Community Connection	267	73	16	0	24	24	129	105	194	162	194	162	154	186	113	65	178	138	81	226	105	170	97	
Cultural Congruence	32	16	24	24	0	0	8	16	24	16	16	24	32	24	8	24	0	24	24	8	24	16	24	16
Developmental	40	16	0	24	0	0	24	16	8	40	24	16	32	0	24	16	24	32	8	0	40	0	40	0
Educational Attainment	283	97	8	129	8	24	0	49	235	162	226	73	129	146	194	113	73	170	129	57	138	113	194	81
Empathy with Child	129	8	8	105	16	16	49	0	97	105	73	105	113	73	89	65	32	113	65	49	97	49	97	24
Employment/Educational Functioning	348	89	16	194	24	8	235	97	0	210	267	129	178	210	235	138	57	202	186	97	186	154	202	97
Family Stress	267	73	8	162	16	40	162	105	210	0	194	121	186	146	178	138	65	235	138	89	178	89	210	49
Financial Resources	372	89	8	194	16	24	226	73	267	194	0	97	146	251	218	129	57	186	235	57	194	146	210	121
Involvement with Care	186	57	16	162	24	16	73	105	129	121	97	0	146	105	121	97	40	138	97	65	162	65	113	73
Knowledge	243	81	24	162	32	32	129	113	178	186	146	146	0	121	146	129	57	210	105	65	186	65	186	57
Legal	307	65	16	154	24	0	146	73	210	146	251	105	121	0	178	121	40	146	218	40	154	162	146	105
Mental Health	291	97	8	186	8	24	194	89	235	178	218	121	146	178	0	89	65	178	146	81	186	154	202	73
Organization	178	57	16	113	24	16	113	65	138	138	129	97	129	121	89	0	49	154	97	40	129	65	129	65
Physical Health	81	49	0	65	0	24	73	32	57	65	57	40	57	40	65	49	0	65	24	24	73	32	65	24
Problem Solving	267	89	16	178	24	32	170	113	202	235	186	138	210	146	178	154	65	0	121	81	194	97	218	49
Residential Stability	251	65	16	138	24	8	129	65	186	138	235	97	105	218	146	97	24	121	0	40	138	105	138	97
Self-Care /Daily Living	97	24	0	81	8	0	57	49	97	89	57	65	65	40	81	40	24	81	40	0	73	40	73	32
Social Resources	267	97	16	226	24	40	138	97	186	178	194	162	186	154	186	129	73	194	138	73	0	97	186	97
Substance Use	194	49	8	105	16	0	113	49	154	89	146	65	65	162	154	65	32	97	105	40	97	0	81	65
Supervision	315	105	24	170	24	40	194	97	202	210	210	113	186	146	202	129	65	218	138	73	186	81	0	65
Transportation	129	49	8	97	16	0	81	24	97	49	121	73	57	105	73	65	24	49	97	32	97	65	65	0

Appendix C – Waiver Funding Model

Bureau of Milwaukee Child Welfare								
Key Assumptions								
Average Month Caseload (7/11 - 6/12)	2094	Expected Re-Entries Without Waiver	105					
2011 Discharges to Reunification	575	Expected Re-Entries With Waiver	53					
Re-Entry Rate	18.3%	Assumes Waiver Reduces Rate to ~ 9%						
				Without the Waiver				
	<u>Base Year - 2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>		
Average Monthly Caseload	2,094	2,094	2,094	2,094	2,094	2,094		
Yearly Total	25,133	25,133	25,133	25,133	25,133	25,133		
							Total OHC Costs	
Projected Total Expenditures	\$ 47,759,200	\$ 47,759,200	\$ 47,759,200	\$ 47,759,200	\$ 47,759,200	\$ 47,759,200	\$ 286,555,200	
Per Child Per Month	\$ 1,900	\$ 1,900	\$ 1,900	\$ 1,900	\$ 1,900	\$ 1,900		
				With the Waiver				
	<u>Base Year - 2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>		
Caseload Under the Waiver	2,094	2,066	2,041	2,041	2,041	2,041		
Yearly Total	25,133	24,791	24,492	24,492	24,492	24,492		
							Total OHC Costs	
Projected Total Expenditures	\$ 47,759,200	\$ 47,109,347	\$ 46,541,134	\$ 46,541,134	\$ 46,541,134	\$ 46,541,134	\$ 281,033,084	
Per Child Per Month	\$ 1,900	\$ 1,900	\$ 1,900	\$ 1,900	\$ 1,900	\$ 1,900		
							Total Savings	
Reduction in OHC Costs		\$ 649,853	\$ 1,218,066	\$ 1,218,066	\$ 1,218,066	\$ 1,218,066	\$ 5,522,116	

Balance of State							
Key Assumptions							
Average Monthly Service Cost	\$ 500.00	Services Purchased	108	355	602	879	
Number of Months for Services Provided	12	Success Rate	50%	40%	40%	40%	
Annual Per Child Service Cost	\$ 6,000.00	Caseload Decline	54	142	241	351	
Without the Waiver							
	<u>Base Year - 2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	
Average Monthly Caseload	4,374	4,374	4,374	4,374	4,374	4,374	
Yearly Total	52,487	52,487	52,487	52,487	52,487	52,487	
Projected Total Expenditures	\$ 73,672,600	\$ 73,672,600	\$ 73,672,600	\$ 73,672,600	\$ 73,672,600	\$ 73,672,600	Total OHC Cost \$ 442,035,600
Per Child Per Month	\$ 1,404	\$ 1,404	\$ 1,404	\$ 1,404	\$ 1,404	\$ 1,404	
With the Waiver							
	<u>Base Year - 2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	
Average Monthly Caseload	4,374	4,374	4,320	4,232	4,133	4,022	
Yearly Total	52,487	52,487	51,837	50,783	49,599	48,269	
Projected Total Expenditures	\$ 73,672,600	\$ 73,672,600	\$ 72,760,444	\$ 71,280,556	\$ 69,618,779	\$ 67,752,755	Total OHC Cost \$ 428,757,734
Per Child Per Month	\$ 1,404	\$ 1,404	\$ 1,404	\$ 1,404	\$ 1,404	\$ 1,404	
Reduction in OHC Costs	\$ -	\$ -	\$ 912,156	\$ 2,392,044	\$ 4,053,821	\$ 5,919,845	Total Savings \$ 13,277,866
BMCW + BOS Reduction Costs	\$ 649,853	\$ 649,853	\$ 2,130,222	\$ 3,610,109	\$ 5,271,887	\$ 7,137,911	\$ 18,799,982