

**A Vision and Plan for Improving Child Well Being
and Strengthening Families in Wisconsin
using Service Integration as the Path**

The Milwaukee Child Welfare Philanthropy Group

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Introduction

From a growth perspective, America's Child Protection and Child Welfare System is an impressive achievement. Since its national initiation just over 30 years ago, federal, state and local government agencies have committed billions of dollars in staff and program resources to create a standardized system designed to respond to and investigate millions of child abuse and neglect reports. While this commitment reflects unprecedented progress in protecting children from abuse and neglect, there is broad acknowledgement that many, many, children are still not safe. Particularly in urban areas where poverty, substance abuse, and neighborhood deterioration create tremendous pressure on families, Child Welfare systems are routinely overwhelmed by demand. This pressure is increasing as the weak economy and declining government financial support for social services in general and children's services in particular makes their twin marks. Underfunded systems can address only the most severe cases of neglect with fewer families receiving the support they need to create and maintain a safe environment for their children. Where child welfare systems have failed to address the needs of abused and neglected children, child advocates have often responded by initiating lawsuits on their behalf. Such is the case in Milwaukee County.

A Brief History: Child Welfare Services in Milwaukee County

In 1993, Children's Rights, a national child advocacy organization initiated a lawsuit on behalf of abused and neglected children in Milwaukee County. The purpose of the litigation was to force the State of Wisconsin and Milwaukee County to comply with federal child welfare laws that mandate specific procedural responses to reports of abuse and neglect. By virtually everyone's admission, including Milwaukee County's leadership, the local child welfare system was broken and in need of major repair.

Finally in 1998, following many legal and political delays, as well as a great deal of discussion and debate, the State of

Wisconsin assumed responsibility for Milwaukee County's Child Welfare System. At the same time, funding for the system was significantly increased in an effort to create a system that would comply with minimal federal requirements. During the past four years, the Department of Health and Family Services, working with both county and contracted service providers, developed a Child Welfare delivery system consisting of safety services, case management for families with children placed in out-of-home care, foster care, and adoption services. The system emphasizes safety services designed to keep at-risk families together by providing critical supports to keep children safe in their own homes. Through the ongoing case management program, the system also provides safety for children through placement in foster care while case managers work to either reunify these children with their families or, failing that, proceed towards adoption.

During the first four years of the development of Milwaukee County's state-administered Child Welfare System, the focus has been primarily and appropriately on improving the capacity of the public and private sectors charged with caring for abused and neglected children. Public policy and program development have been driven by the requirements of federal law as articulated by the court. However, as the county found the struggle to meet federal mandates difficult, so too will the state. The statewide federal compliance review scheduled for this August is expected to show that Wisconsin, like virtually every other state in the country, must improve in several areas in order to meet federal requirements. In this regard, Milwaukee's current child welfare service system remains very much a work in progress.

Both the lawsuit and the federal Adoption and Safe Families Act have resulted in the development of some process indicators to measure the system's performance. Monitoring of these process indicators and the safety of children in the system is useful. Certain of these process measures, such as limits on caseload size, are undeniably important to maintain. However, with the lawsuit settlement in place, the increased privatization of the services provided, the change in administration from Governors Thompson/McCallum to Governor Doyle, and the unprecedented state budget deficit, there is a critical need to develop a leadership agenda for the next phase in the development of Milwaukee's Child Welfare System. Following the example of Child Welfare Services reform efforts nationally, ***this leadership agenda must include public policy and service design changes that would do more to prevent children and families from entering the publicly mandated system and, once they have left it, do more to keep them from***

returning to it. To accomplish the goal of assuring safety and permanence for children at risk over time, rather than simply during the time of government intervention, community partnerships with families, schools, community-based agencies, health care systems, and housing and employment resources are essential.

National Trends in Child Welfare System Improvements

Throughout the nation, communities and state agencies are experimenting with new ways to improve the well being of children in their communities and the systems they use to keep them safe. Local and state governments are realizing that broader community involvement in child well being is critical to creating the type of safety net that protects children and supports families if they are to provide the best for their children. Creating a less stigmatized, more permeable system of services and supports that families can consult as needed is the goal of many reform efforts. An important step for most systems is to increase collaboration by traditional government child welfare agencies and community-based organizations. Many jurisdictions are creating neighborhood centers that co-locate all the service agencies a family might need, including emergency food, housing, domestic violence, and parenting support. In addition to co-location of services, many jurisdictions are co-locating representatives of governmental agencies such as police, school, and child welfare. Many jurisdictions have reached the conclusion that co-location is not enough. To be effective, these system representatives must work together on one plan for a family. Critical to the effectiveness of one family plan is flexible funding and an attitude of complete cooperation between all system representatives. Some jurisdictions have moved beyond cooperation between systems to complete integration of systems -- especially the Child Welfare and Temporary Assistance for Needy Families (TANF) systems -- to further increase the flexibility of funding and response to family needs. Finally, for many systems, the most important shift in their approach is **giving families the lead in designing its own plan**. When families take the lead, the plan is more likely to reflect what they really need and to be a plan that they are invested in and will work on.

Historically, families in the Child Welfare System have been regarded as problems to be solved by professional intervention. These professionals, virtually all of whom have had real contributions to make, have been charged with telling each parent

what is wrong with both them personally and with what they do as parents. They have been charged with prescribing what will fix each broken family. A family's success in this system has been based, then, primarily on compliance with outside opinion. This approach is expensive and ineffective. It undervalues the greatest possible resource in making a family work--the parents. It ignores the simple fact that the greatest single factor in abuse and neglect is poverty itself.

In recent years, the Child Welfare field has become more humble. It has realized that the state, no matter how well intentioned, makes a very poor parent indeed. It has realized that the bonds between parent and child are stronger and longer lasting than most professional interventions. It has had to admit that the cultural biases of systems and their employees have led to children of color being removed from their families at disproportionate rates. Finally, the Child Welfare field has come to realize that by working with parents, by listening to their assessments of their own family's needs, by following the parents' lead and investing in their strong points, more children can live safely in their own homes.

A Model that Works

The El Paso County, Colorado model is one that considers families partners in creating safe and secure homes for children. Their model acknowledges the strong links between poverty and child maltreatment. It successfully integrates both the child welfare and income security programs (TANF, food stamps, Medicaid, etc.) into a single delivery system. Overlap between child welfare and income security program enrollments is the statistical rule rather than the exception. El Paso County's success in caring for these children more effectively through service integration is evident in the fact that children living in poverty in El Paso County are three times less likely to be placed in foster care than poor children living in Milwaukee County. ***In other words, poor children in El Paso County are three times more likely to remain safely with their families as are poor children in Milwaukee County.***

In Milwaukee County, 80% of families involved with the child welfare system are also eligible for Wisconsin Works (W-2), which is Wisconsin's TANF program. In addition, a study of W-2 families published in 2002 found that nearly 50% had been investigated for abuse and neglect.¹ Finally, it is important to note that nearly 80% of children on W-2 are in Milwaukee.

El Paso County, Colorado's statistics concerning overlap between children in the two systems are comparable. El Paso County, which includes Colorado Springs, is a racially mixed community of about 510,000 residents. In 2000, nearly 28 percent of its residents

¹ M.Courtney, I.Piliavin, A.Dworsky, and A. Zinn, *Involvement of TANF Applicants with Child Protective Services: An Update*. (Chicago, Illinois: Chapin Hall Center for Children at the University of Chicago, 2002).

were 17 years of age or younger and 14 percent of those young people lived in poverty. Their analysis shows that historically 60% of children in foster care are from Temporary Assistance to Needy Families (TANF) families receiving cash assistance and 70-90% of children who receive child welfare services, while remaining with their families, are in TANF families receiving cash assistance.

In 1997, the new El Paso County Human Services director, David Berns, examined these facts and decided to work with the County Board on an appropriate response to them and the Board's question on how to reduce County costs, especially for children in foster care. It is noteworthy that El Paso County is very conservative, with a County Board that is staunchly conservative. The director encouraged the Board to examine the root causes of out-of-home placement. After months of discussion, the Board adopted a vision of eliminating poverty for children in their county and supported the Human Services Department decision to implement a full integration of child welfare and TANF systems in order to act on the Board's goal. The new orientation resulted in a complete culture change that fostered a new working relationship with families, the attitude that work must pay better than cash assistance, and the attitude that families' failures reflect the system's inability to successfully engage them. Co-location and cross training of workers in both systems were critical to creating the new culture of collaboration.

El Paso County administrators now view TANF as the primary entry point for families who need support of some type whether it is financial assistance or assistance in finding employment. Intensive, strength-based family assessment is a focus of the intake process. A worker, it could be a TANF worker, a domestic violence worker or a child welfare worker, depending on who *the family has chosen* to be its team leader, will engage in a three to four hour strength-based assessment with the family. They will be sure to review with them the efforts they have made to provide for their family and all that they have done to keep their family together. After acknowledging these strengths, the worker will help the family articulate their wishes and their goals to better provide for their family. They will discuss what support the family would like. A job or a path that leads to employment is nearly always part of a family's goals at this point. The team will then address how it can support them in the accomplishment of their goals. About one-half of families applying for TANF are diverted to employment, but also offered non-financial support to facilitate their movement into the workforce.

The following case examples illustrate the effectiveness of the El Paso team approach of helping families develop plans that work for themselves.

Michelle

"Michelle is a young mother who's been arrested on drug charges. Following Michelle's arrest, her six-year-old daughter is placed with Michelle's mom. Michelle is referred to Direct Link. The program provides in-patient services to parents and their families in their own homes. In this case, there is a team comprised of a child welfare caseworker, a mental health worker, a substance abuse counselor, a TANF worker, a former probation officer, and the mom. They meet as a team at least weekly, and Michelle works with individual team members 14 to 20 hours per week. Michelle is able to see her daughter daily, while she attends substance abuse treatment and complies with the conditions of probation. Michelle noted that she'd recently been in court on her child welfare case and had come in and sat down at the table with her team members. Her lawyer arrived and told her to sit at the other table and not talk to the folks with whom she has been working. She was truly puzzled by this and said, 'But they're my team. They're helping me. Why can't I talk to them?' Michelle clearly saw her team, including the child welfare worker, as allies. Typically parents involved with the child welfare system see child welfare workers as adversaries."²

² Rutledge Q. Hutson, *A Vision for Eliminating Poverty and Family Violence: Transforming Child Welfare and TANF in El Paso County, Colorado* (Washington, DC: Center for Law and Social Policy, January, 2003).

Bill & Liz

"Bill and Liz, a young unmarried couple who have just had a baby with serious medical needs, have been referred to Direct Link. Bill has gone to in-patient substance abuse treatment - expressing to the team that he thought this was the only way things would work for him. Liz has been in a rehabilitation center recovering from a head injury and figuring out how to function with that injury and her substance abuse issues. The baby has been placed with a foster family that can handle her extensive medical needs, about an hour from Colorado Springs. The team feels frequent visitation is critical. They want mom to see and hold the baby at least twice a week. The child welfare worker notes that her schedule is making it difficult to facilitate those visits, so the TANF worker offers to handle one of the visits each week, which entails driving out and picking up the baby, monitoring the visit, encouraging Liz to bond with the child, and then returning the baby to her foster home. The program director marvels that the TANF agency has provided such a worker to help with any number of issues, from child care and Medicaid, to job training and cash assistance, to providing transportation for visitations believed to be crucial to successful family reunification.

*The intensive efforts to help Liz bond with her daughter demonstrate how the Department has used the flexibility of TANF to offer meaningful reunification services very early in a child welfare case. The hope is that these services will shorten the time the newborn spends in foster care - either by speeding the process of reunification or by moving towards adoption more quickly by accurately assessing the viability of reunification early in the process."*³

³ Ibid.

TANF funding of assessments, work supports, job training and post-employment work supports are viewed as an investment in a family that will save the county money over time. ***As their human services director constantly reminds politicians and staff, a \$360 per month TANF payment to a family is worth the money if it avoids a \$2,000 per month bill for an out-of-home placement of one child from the family.***

Pre-employment and post-employment supports are considered critical to extending workers' tenure in the job market. On the other hand, sanctions against workers for TANF program violations are considered undesirable and regarded as a failure by the system. To avoid such failures, El Paso County has developed Sanction Teams that work with families to understand why they are unable to meet their goals and how TANF workers can support them in meeting their goals. TANF workers consider their low sanction rate (3.3 percent) a measure of success.

In sharp contrast, Wisconsin's W-2 program uses sanction rates as a positive measure of contract performance. In Milwaukee County, sanction rates are as high as 21.6 percent and are higher than the statewide average rate for sanctions (14.6 percent).⁴

The philosophy of the El Paso County program is further exemplified in what are referred to as the "Seven Ps."

Protection - TANF is a protective services and economic needs program.

Prevention - If families fail to receive economic supports, they will move further into the child welfare program. In this sense TANF is a prevention activity.

⁴ Additional comparisons between the Milwaukee and El Paso County programs are provided in the Comparison Chart at the end of this report. This chart lists primary program features in El Paso County, then examines whether these are evident in Milwaukee's child welfare or W-2 programs. For many items, there is no comparable program requirement, activity or flexibility in Milwaukee's program. In some cases, Milwaukee has elements of the El Paso model in place or has experimented with pilot projects that include service integration. Where applicable, these elements are noted in the chart.

Preservation - It is important to keep families together and safe.

Placement - Low out-of-home care placement rates are important to having the time to do good casework.

Permanency - Moving children out of foster care and getting them back home in safe situations is also important.

Partnerships - Eliminating poverty and family violence is too large a task for Child Welfare, TANF and the County - it requires the whole community.

Proficiency - Cultural competency, cross training, and measuring success are among the indicators to monitor to ensure continuous quality improvement.

In addition to these guidelines, the El Paso County program engages TANF families with the following slogan: **Get a Job; Get a Better Job; Get a Career**. Thus families are encouraged to work in the short-term, but also encouraged to work on a long-range plan that moves them toward a career with sustaining wages.

These and other strength-based approaches to families have resulted in a smaller, more focused child welfare system. Court involvement and program worker time spent on other legal proceedings are generally viewed as less productive than time spent with the family and tailoring supports to improve their ability to attain the goals of their plan. If a family is on track with its plan, there is little or no need for time-consuming and expensive legal proceedings. With an integrated system in place, court-ordered services, including all of the social work, judicial, and law enforcement resources necessary to make them work well, are reserved for those fewer families that truly require being compelled by force of law.

In summary, El Paso County's focus is on investing in parents and assisting them in meeting their goals for caring for their families. As they continue this work and focus on the vision of eliminating poverty for their families, they continue to make progress in reducing the size of their court-ordered child welfare program while realizing better outcomes for the children and families in their community. The bottom line, again, is that

children living in poverty in El Paso County are three times less likely to be placed in foster care as poor children living in Milwaukee County. During the years 1999-2002, El Paso achieved a 34% reduction in children entering foster care. Milwaukee County, by comparison, achieved a 24% reduction. Given the historically lower levels of placement in El Paso County, the larger reduction by El Paso County is very significant indeed.

Clearly, by drawing upon the proven integrated services strategies developed in El Paso County, we can do much more to keep Milwaukee County's children safe and with their families.

The Opportunity

Integrating child welfare and income security services brings together large numbers of families, children, and public funds. In Milwaukee County alone, over 3,000 families, including 5,400 children, are involved with the child welfare system each year at a total cost of well over \$110 million. The W-2 system serves over 11,000 families, including 23,000 children, at a cost of nearly \$200 million annually.

Given that 80% of the child welfare families and as many as 92% of child welfare children are W-2 eligible, it is evident that a good portion of this \$300 million of spending is for families qualifying for both programs. For families participating in both of these programs and related health, nutrition and child care support programs, a substantial amount of money is expended each year. Families participating for a full year in each of these programs cost the government about \$75,600. Of course, some families do not require, or are not in a position to use, all of these services and would be less costly. On the other hand, some families with children in out-of-home care will use far more and some children with substantial medical issues will cost more than the average Medicaid payment. ***The \$75,600 figure offers a benchmark to think about the level of investment that is being made in families and the importance of spending that money efficiently and achieving better outcomes for the children.***⁵

The culture change necessary to create and sustain healthy, well-functioning families that assure their children's safety, by overcoming the challenges of poverty, family violence, and substance abuse through service integration requires full participation by a wide variety of stakeholders, including community leaders, parents, schools, law enforcement, public service agencies and private social service agencies. Each of

⁵ For a detailed discussion of this cost estimate, see the Estimated Income Support Expenditures per Family in Milwaukee table in Appendix A on Page 27.

these stakeholders must come to see parents as leaders and key resources in the well being of their own children.

There are four important reasons to seize the opportunity to develop a much more integrated approach to Child Welfare and economic security programs in Wisconsin.

Wisconsin Already Has Service Integration Experience

First, such an initiative would build on a solid base of integration service initiatives from localities around the state. Across Wisconsin, there have been many efforts to develop more integrated services for children and families. To the extent that these programs and their underlying principles have been adopted, they create a base from which to launch a complete integration of Child Welfare and W-2 and culture of collaboration between these systems and the others necessary to create better support for the families in need of their services.

Examples of service integration initiatives include the Milwaukee Family Services Coordination Initiative that provided an integrated service network for dependent and vulnerable families. To launch this initiative, three divisions of the Department of Health and Family Services and the Department of Workforce Development's Economic Support division collaborated. Also, the Wraparound Milwaukee program for children with severe emotional disturbance has combined Medicaid, Community Aids and other local dollars into one fund to allow for the integration of medical, mental health, support, and case management services. Again, multiple divisions of the Department of Health and Family Services coordinate with local providers and governments to develop an integrated service network. Finally, the Coordinated Service Team Initiative brings multiple state agencies, local governments, providers and consumers together to achieve better outcomes for families.

There have been important collaboration efforts in other counties as well. Dodge County, in partnership with more than a dozen other counties, has contracted with a private nonprofit agency to manage a similar integrated services program for children and families in their area. Dane County created flexible funding streams for its Joining Forces for Families program integrating income support, workforce attachment and other support services into one program. In LaCrosse County, another nonprofit agency initiative for

families at risk of child abuse and neglect has developed into a program that offers medical case management along with assistance in negotiating housing assistance programs, W-2, Food Stamps and other support programs.

While none of these programs approximates the breadth and depth of the change necessary for a complete integration of Child Welfare and W-2, each offers a glimpse into the type of cooperation necessary to achieve full integration. Staff who have had the experience of working in these systems are usually impressed with the gains that families with substantial barriers can make when they are supported by this type of program.

Community Leaders Prefer Collaborative Service Delivery

A second reason to adopt an integrated W-2 and Child Welfare service system is that there is strong support from community leaders for a more collaborative approach to human services. United Way of Dane County and Community Foundations in other counties have been urging organizations they support to collaborate with one another and to more rigorously measure the effect they have on the individuals they serve. In Dane County, for example, United Way recently played an active role in the merger of two community-based organizations serving adolescents. Funders who are already using their resources to encourage collaboration at the local level without government leadership are likely candidates for partnership in advancing system integration.

Counties Support Service Integration

Third, there is active County support for greater integration. Many Wisconsin counties have similar child welfare/Wisconsin Works overlap statistics and are interested in better outcomes for the children in these families, in increasing the efficiency of family services and in building on pilot programs in service integration. The Wisconsin County Human Services Association (WCHSA) has been interested in the El Paso County systems integration model and has invited its officials to come to Wisconsin to present their approach. Although they have not formally endorsed the model, WCHSA's interest in the proposal demonstrates that many county leaders are looking for more effective models for supporting low-income families involved in child welfare and W-2.

The funding cuts that will result from the state biennial budget deficit will no doubt have county leaders looking for more effective ways to promote family stability in order to minimize their demands on county services over time. Given the many challenges facing counties, encouragement and support from state leaders will be critical to their decision to commit to system change. For example, increasing program and fiscal flexibility to facilitate Child Welfare and W-2 service integration will be important. Support for county efforts to creatively use existing staff in these programs to achieve better outcomes for families will also increase the likelihood that counties will increase their efforts along these lines. Leaders should be aware, however that first wave savings associated with this type of service integration are likely to occur in other systems. For example, reduction in the number of families entering the court system in such a scenario do represent a substantial savings. Yet, those savings will not be reflected as a direct reduction in the costs of W-2/Child Welfare. W-2/Child Welfare service integration will increase **positive outcomes**, but the approach will likely be **cost neutral** at least until out of home placement rates decline substantially in a mature, integrated system.

State Policy Makers Embrace the Need for Service Integration

And finally, fourth, there is a need articulated by many state policymakers for improvements in the W-2 and child welfare systems. Wisconsin Works was one of the first programs in the country to reorganize the approach to supporting families in poverty. While some of its strategies have proven useful, the downturn in the economy has made it difficult for many to remain employed and there are families enrolled in W-2 for whom there has been no successful path out of poverty. Child welfare programs, the Milwaukee program in particular, have instituted improvements including a renewed focus on services essential to keeping children safely in their homes with the parents. Yet, many children are still removed from their homes and placed in foster care or other out-of-home situations because preventive services are not provided in a timely manner. As the recession deepens, the challenges facing families and government continue to grow and require a more creative, intensive approach. Leadership from several sectors, including top-level state government, will be essential to accomplishing a reengineering of these systems.

In summary, moving forward with a W-2/Child Welfare systems integration plan at makes sense for many *social reasons*, including:

- √ Child well-being in several communities throughout the state will improve;
- √ Children and their communities will be safer; and,
- √ Families will be stronger and better served by government.

In addition to the human imperative to go forward, there are several *strategic reasons* to move forward with a W-2/Child Welfare system integration now:

- √ Wisconsin Works and Milwaukee Child Welfare contracts are up for renegotiation for the contract period beginning in January, 2004 creating a critical opportunity for system change through the appropriate design of services, performance measures, and incentive structures;
- √ The state's ability to meet requirements of both the Children's Rights lawsuit against the state and the federal Adoption and Safe Families Act will be improved;
- √ The corrections and juvenile justice systems' reform plans will both be more successful if they are underpinned by stronger families and a coherent W-2/Child Welfare system;
- √ The efficiency and effectiveness of state government efforts and services for families can be improved without increasing costs; and
- √ The Greater Milwaukee Philanthropic Community is poised to offer its strategic and influential support to this effort.

Moving Forward

Integrating Child Welfare and economic security programs for children and families in Milwaukee, and elsewhere in the state, will require a new, shared commitment to a culture of collaboration and quality improvement by leaders in government, non-governmental agencies, and local communities. While the El Paso model gives us important direction, it is essential that we translate the goals and strategies of that experience in ways that will work in Wisconsin. To jump start this translation process, public agency, non-governmental agency, and philanthropic stakeholders need to do three things at both state and local levels:

1. Share the vision,
2. Develop implementation plans to achieve it, and
3. Initiate pilot projects based on this planning.

At a local level, stakeholders can begin by distributing this paper and the original resource materials used to develop it (identified in Appendix B: Resources) to all interested policy makers, agency staff, and community leaders. Public and non-governmental agencies and associations, foundations, and other community groups could then discuss and debate the implementation of an integrated services approach from their own perspectives, based on the El Paso model. Planning and implementation should include:

- √ Developing public agency, non-governmental agency and philanthropic foundation strategic plans that prioritize integrated services initiatives for families and children at risk of entry or re-entry into the Child Welfare system;
- √ Revising public/private agency contracts and foundation requests for proposals and selection criteria to reflect this priority;

-
- √ Creating data-based methodologies to measure ongoing quality improvement with regard to increased child well being and child safety achieved through families overcoming the challenges of poverty, family violence, and substance abuse; and,
 - √ Piloting of innovative integrated services projects based on this implementation planning.

At the state level, the dynamic of vision sharing, planning, and piloted implementation would greatly benefit by technical assistance from a national resource on service integration and Child Welfare, such as the Annie E. Casey Foundation. A technical assistance process could include a partner-to-partner match with El Paso County. Under this model, learning objectives would be defined by the Doyle Administration and other stakeholders, a team would be assembled for an on site visit to El Paso County, and follow-up consultation would be provided to implement effective pilot projects. This effort would be expected to include a focus on the Child Welfare reform activities that are currently being considered in El Paso County as the next phase of the development of that system.

Acting now, at the beginning of a new administration and before the next Biennial Budget, could lead to many years of consistent leadership for reform and new hope for Wisconsin's most impoverished and threatened families. Inspired, focused leadership for this progressive agenda could lead to stronger families and reduced institutional expenses. By sharing the vision and offering a plan to achieve it, we hope to provide the opportunity for this leadership to emerge.

A Vision and Plan for Improving Child Well Being and Strengthening Families in Wisconsin using Service Integration as the Path

The Vision

To create and sustain healthy, well-functioning families that ensure their children's safety, by overcoming the challenges of poverty, family violence, and substance abuse.

Quality Improvement Goals

- √ Children do not enter, or return to, the court-ordered child welfare system because they thrive in well-functioning families and supportive communities.
- √ Families occasionally rely on Wisconsin Works (W-2) for job training, career counseling, child care and other supports, but achieve economic security without W-2 cash assistance.
- √ Family members access and engage successfully in mental health, substance abuse, domestic violence, health, housing, parenting and related services that support their ability to create and sustain healthy families.

The Model: Integration of Child Welfare and Wisconsin Works

The model for achieving the vision is to fully integrate Child Welfare and Wisconsin Works into a new system with a ***culture of collaboration*** that is evident in how the system works with its partners -- families, workers, service providers and the community -- to achieve improved family functioning with improved outcomes for children. Additional system partners include the courts, law enforcement, schools, health care systems, faith-based organizations and philanthropy.

Under this model, Child Welfare becomes an anti-poverty program; Wisconsin Works becomes a child abuse and neglect prevention program.

Child Welfare workers help families achieve economic security; Wisconsin Works staff help families keep their children safe.

Substance Abuse, Mental Health and Domestic Violence providers incorporate job preparation and child safety principles into treatment plans.

All partners collaborate on one family plan that defines the family's engagement in treatment and employment or preparation for employment.

Appendix A: Tables

Child Welfare and Kinship Care Families and Children in Milwaukee December, 2002

Category	Number
Child Welfare Children and Families	
Safety Services	431
Ongoing Case Management	2,535
Total Safety Services and Ongoing Case Management	2,996
Children (estimated number)	6,229
Average Number of Children per Case	2.1
Kinship Care Children	
Court-Ordered	976
Voluntary (non-court-ordered)	4,095
Total Children in Kinship Care	5,071

Source: DHFS Child Welfare data, December 2002.

**Milwaukee County Child Welfare Projected Revenues
(2003-2004)**

Source of Revenue	Amount (millions)
Aids (Services for Families)	
State General Purpose Revenues	\$64.6
Federal IV-E	17.6
Federal Temporary Assistance to Needy Families	8.9
Substance Abuse Prevention and Treatment Block Grant	1.6
Federal Adoption Incentive Funds	1.0
Sub-Total (Services for Families)	\$93.7
 Operations (Administration and Contracts)	
State General Purpose Revenues	\$12.6
Federal IV-E	2.2
Federal Temporary Assistance to Needy Families	6.0
Sub-Total (Administration and Contracts)	\$20.8
 Grand Total Milwaukee County Child Welfare	 \$114.4

Note: Amounts based on Governor's 2003-05 Biennial Budget recommendation

Definitions:

State General Purpose Revenues (GPR) are state tax dollars

Federal IV-E equals federal dollars for children in out-of-home care

Federal Temporary Assistance to Needy Families (TANF) are federal dollars for low-income families

Substance Abuse Prevention and Treatment Block Grant are federal funds that are passed on to counties for use with families and individuals in need of such services. Federal Adoption Incentive Funds are federal funds passed on to counties for the purpose of increasing the number of special needs adoptions

**Milwaukee County W-2 Participants
Compared to Statewide W-2 Participants
January, 2003**

	W-2 Participants	Adults in W- 2 Families	Children in W-2 Families	Children as a % of All W-2 Participants
Milwaukee	11,080	11,589	22,951	66%
Statewide	14,312	14,982	28,957	66%
Milwaukee as a % of Statewide Total	77%	77%	79%	

Source: Department of Workforce Development data

**Milwaukee County W-2 Contract Amounts
2002-2003**

	Benefits	Services & Administration	Amount (millions)
Region 1: YW Works	7.4	18.6	26.0
Region 2: United Migrant Opportunity Service	11.7	18.0	29.7
Region 3: Opportunities Industrialization Center	13.8	19.1	32.9
Region 4: YW Works	13.8	19.4	33.2
Region 5: Employment Solutions	11.3	20.6	31.9
Region 6: Maximus, Inc.	15.8	19.1	34.9
Sub-Total Milwaukee	73.8	114.8	188.6
Statewide Total	99.5	197.6	297.1
Milwaukee as a % of Statewide Total	74%	58%	63%

Source: Department of Workforce Development data

**Children in Poverty, Temporary Assistance to Needy Families
(TANF), and Child Welfare
in Milwaukee County, WI and El Paso County, CO**

Category	Milwaukee County	El Paso County
Demographic Data		
Ages 0-17	271,600	142,800
As a % of County Population	20%	28%
Percentage Living in Poverty*	21%	14%
Number in Poverty	56,102	19,992
As % of State's TANF Caseload	80%	17%
Child Welfare 2001 Program Data		
Child Welfare Referrals	14,960	9,800
Entering Out-of-Home Placement	1,520	192
In Foster Care	4,700	510
Child Welfare as a % of Children in Poverty		
Child Welfare Referrals	26.7%	49.0%
Entering Out-of-Home Placement	2.7%	1.0%
In Foster Care	8.4%	2.6%

Data Sources:

Milwaukee: Population: Department of Administration Demographics; Department of Workforce Development W-2 data; Department of Health and Family Services Child Welfare data

El Paso: CLASP paper and El Paso County Human Services 2002 Annual Report

Of the total number of children in poverty in Milwaukee County, 93% live in the City of Milwaukee. The poverty rate for children in the city is 33%. Source: Greater Milwaukee Foundation Report by Sammis White.

**Estimated Income Support Expenditures per Family
in Milwaukee**

Category	Annual Amount/Number
Child Welfare	\$38,7750
W-2	\$17,096
Medicaid	\$5,184
Child Care	\$12,804
Food Stamps	\$1,980
Estimated Total Income Support Expenditure per Family*	\$75,634
Frequency of Child Welfare Children in W-2 Caseload	
Child Welfare Families (Safety Services and Ongoing Case Management)	2,996
Program Overlap: 80% of Child Welfare Families are W-2 Eligible	2,373
Child Welfare Children	5,390
W-2 Families	11,032
W-2 Children (2.1 per family)	22,969
Estimated Child Welfare Children in W-2 Eligible Families	4,983
Percent of Child Welfare Children in W-2 Caseload	92.4%
Estimated Expenditure per Child in Both Child Welfare and W-2	\$18,367

To calculate a rough estimate of how much money is spent per family to provide these programs, the total services and administration budgets of the Milwaukee CHILD WELFARE and W-2 programs can be divided by the total number of families in each program. These calculations result in an average expenditure of \$38,570 for each Child Welfare family and \$17,096 for each W-2 family. The families in both these programs have, on average 2.1 children. These low-income families are also likely to be eligible for Medicaid, Child Care and Food Stamps. The average annual expenditure for a family with one parent and two children can be calculated for each of these programs. The Medicaid health maintenance organization capitation rate for the family equals approximately \$144 per month or \$5,184 for twelve months. Child care for two children, excluding the required co pay amount, would be \$12,804 annually. The average Food Stamp allocation to this size family is approximately \$165 a month or \$1,980 for twelve months. In total, families participating for a full year in each of these programs would cost the government about \$75,600. Of course, some families do not require, or are not in a position to use, all these services and would be less costly. On the other hand, some families with children in out-of-home care will use far more and some children with substantial medical issues will cost more than the average Medicaid payment. ***The \$75,600 figure offers a benchmark to think about the level of investment that is being made in families and the importance of spending that money efficiently and achieving better outcomes for the children.***

Data Notes:

Child Welfare revenues of \$114.4 million budgeted for 2003-04; Child Welfare families includes 2,535 in Ongoing Case Management and 431 in Safety Services as of December, 2002. Source: Department of Health and Family Services.

W-2 Contract amounts of \$188.6 million are for state fiscal year 2002-03; W-2 Participants are as of December, 2002. Source: Department of Workforce Development.

Medicaid Expenditures: Estimated using average capitation amount for family coverage for calendar year 2003 for Milwaukee County is \$144. Source: Legislative Fiscal Bureau

Child Care Expenditures: Estimated amount per family with two children in care in March, 2003, excluding \$87 family co-pay. Source: Wisconsin Council on Children and Families Budget Project

Food Stamp Expenditures: Average allotment for a one-parent family in December, 2002 is \$165. Source: Department of Health and Family Services

Appendix B: Resources

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Appendix C: Participating Philanthropies

*Davis Family Fund	Linda Davis, Chair
*Faye McBeath Foundation	Sarah Dean
*Greater Milwaukee Foundation	Jim Marks
*Greater Milwaukee Foundation	Jane Moore
*Weiss Family Foundation	Richard L. Weiss
*Elizabeth Brinn Foundation	Rick Wiederhold
*CSA Philanthropy	JoAnn Weishan
The Johnson Foundation	Christopher Beem
Charles D. Jacobus Foundation	Missy Champion
Annie E. Casey - Making Connections	Eloisa Gomez
Jane Bradley Pettit Foundation	Cecelia Gore
The Brico Fund	Anne Summers

***Funders of this Research Paper**