



Governor Tony Evers
115 East, State Capitol
Madison WI 53702

VIA EMAIL

RE: Sustaining Critical Human Services through COVID-19 Public Health Emergency

Dear Governor Evers:

As representatives of Wisconsin's human services sector, WAFCA members are proud to be among the essential workers providing critical behavioral health and child welfare services during this public health emergency. In partnership with state and county government, we are continuing to offer care, comfort and support to thousands of Wisconsin's children and families.

We are grateful for the rapid response of our federal and state leaders to keep our communities safe and healthy. The funding initiatives and regulatory waivers provided through the diligent and responsive efforts of your state administration have been critical for the continuation of behavioral health access and sustaining child welfare services.

While the initial funding and regulatory responses have been admirable, we face the reality that community-based human services organizations are at risk during this public health emergency. Following decades of underfunded rates and caps on reserves and profits, this sector operates with minimal margins, leaving critical behavioral health and foster care services at risk of folding under the weight of increased expenses and unpredictable losses. Human services agencies are more than just another Wisconsin business sector, we are a critical partner with government contributing to the infrastructure that keeps our children and families safe and strong.

Our agencies have been nimble and resilient throughout this challenging time. We have rapidly shifted from community-based behavioral health to telehealth. We have found new, creative ways to support our foster families, parents and children in care. Our dedicated workforce in our 24/7 youth residential care and group care settings have continued to leave the safety of their own homes each day to provide care and compassion to hundreds of children who need them. However, in the absence of further targeted funding supports, many of these organizations may not survive this pandemic at a time when we need them more than ever.

We know that your administration values us as crucial partners, and with that partnership in mind, we request your consideration of the following targeted funding priorities for resources available under the federal CARES Act.

1) Workforce Supports for Group Home and Residential Care Staff (supplemental pay). Prior to the public health emergency, residential and group home providers were struggling to recruit and retain workers. The emergency leave options and unemployment options enacted by the federal government in response to this emergency are likely to compound the challenge - making it even more difficult for agencies to recruit staff to provide quality care for youth in our 24/7 care settings. Providers have already implemented hourly wage increases and additional compensation for overtime and shifts where a worker is assigned to care for youth in isolation due to illness. We appreciate the efforts of the Department of Children and Families to fund our additional expenses for March and April. In the absence of a more sustained financial commitment, providers will be unable to maintain critical workforce supports as the health risks and increased supervision demands persist.

We request continuation of the EPR COVID funding enhancement established by DCF through the end of December 2020. The enhanced rate calculation tool developed by DCF will enable providers and the state to set reasonable reimbursement of COVID-related costs that may vary in coming months as risks and service expectations return to pre-COVID levels. In addition, this funding tool relieves counties of bearing the burden of increased costs driven by the pandemic. Based on the costs funded through March and April, we project that an allocation of approximately \$6 million is needed to support these ongoing expenses.

2) Emergency Foster Care and Kinship Care Rate Increases. Last week the Department of Children and Families took action to acknowledge the additional costs and expectations faced by foster homes during this public health crisis. By approving a one-month increase of up to \$300 per home in April, the Department showed licensed foster families across the state that their service is valued, and recognized the increased stressors they face as in-person therapy services, parental visitation, respite and school-based supports have fallen away. Our committed foster parents have stepped up to the challenge to serve as teacher, therapist and caregiver for the children in their homes. In some instances, foster parents have been forced to step away from work, while also incurring additional costs to facilitate school at home and increases in basic needs like food. These additional costs are being borne by kinship caregivers also. Over the past few years, the number of kinship homes caring for children who cannot live safely with their parents has grown significantly. These caregivers also deserve financial recognition for the extra care they are providing at this critical time. Counties and foster parents should not have to individually negotiate on a case-by-case basis for additional exceptional rate support – the state should continue stepping up to increase the basic support for these homes as long as public health restrictions continue.

We request continuation of emergency foster care and kinship care payments of at least \$300/home per month for as long as social distancing policies are in place and children are unable to attend school or engage in summer camps and other activities.

3) Emergency extension for youth in care. As this public health emergency continues, some youth in out-of-home care are aging out of the system. Many states have taken action to ensure that youth can safely remain in their current foster homes or group homes until it is safe to transition. The current business closures and restrictions on movement create barriers to youth securing housing, employment and other necessities for living independently. In addition, youth who may have had secure employment could be facing job loss at this time which would further inhibit their ability to successfully transition out of care.

We recommend executive action to permit youth to remain in care throughout the duration of the public health emergency and for a minimum of sixty days following the termination of the public health emergency. With the current “safer at home” order in place, agencies are unable to properly prepare youth for transition to independence. This extension of care would be a permissive option made available to youth. In addition, we request state funding to support counties who have youth extending in care due to the public health emergency.

4) Medicaid rate increases for behavioral health. Behavioral health providers have stepped up to adjust to the challenges of this current crisis and many have pivoted to telehealth service delivery. The expansion of teletherapy is a sea change that will fundamentally change the way we support individuals, families and children into the future, and we are eager for many of these temporary changes to be made permanent. Nevertheless, while community-based organizations moved quickly to engage children and families in telehealth services, the historical insufficiency of Medicaid rates coupled with the cessation of in-home and other in-person services generated immediate losses for many agencies. These losses highlighted long-standing weaknesses in the contractual and funding relationship between community-based organizations and county and state government. We are committed to collaborating for future systemic changes that form a more robust and resilient human services system; however, to see us through this critical moment, our providers need an increase in the behavioral health Medicaid rates to help them rebound.

Some community-based organizations have received increased financial support from MCOs and counties in recognition of the importance of sustaining a robust network of service providers. In addition, some organizations have leveraged the federal Paycheck Protection Program, which is a valuable though flawed funding resource. Despite these various investments, the losses in the behavioral health sector persist and the sector will continue to be strained as service needs increase. We request a 30% increase in behavioral health Medicaid rates, applied retroactively to the beginning of the public health emergency. This rate increase will move behavioral health services closer to recovering the true cost of care and facilitate the critical pivot to the “new normal” for delivering behavioral health services.

5) Child Care Supports for Critical Workforce. Child welfare services employees are essential services providers. Early estimates showed that 70-80% of our workforce have young children at home. With reduced day care options and schools closed, our workers should not be forced to choose between caring for their own children and caring for the children being served by the child welfare and delinquency systems. We appreciated the rapid action of the Department of Children and Families to facilitate connections to childcare resources, and some of our 24/7 residential and group home settings are also offering childcare payment subsidies to help sustain sufficient staff through the public health emergency. The state could further support the child welfare sector by enabling more employees to qualify for state childcare subsidies which would help reduce costs and create more favorable conditions for sustaining our workforce.

We support the funding changes proposed by the Department of Children and Families to grant additional flexibility to use federal CARES Act funds and, specifically, CCDBG dollars to provide childcare subsidies and supports for essential workers.

This pandemic has revealed significant weaknesses in the fabric of our human services support system. Coming into this crisis, beyond funding issues, we were facing workforce shortages and increasing concerns around liability risks in an ever-shrinking insurance market for our sector. We were particularly disappointed that we were not included in the COVID-19 liability protections extended to the health

care and long-term care sector in 2019 WI Act 185 and we would ask your consideration for any action that you may take to extend those civil liability protections to our operations.

As we look ahead, we are eager to collaborate with government partners and other stakeholders to build a better, more resilient system in the future. With those future collaborations in mind, we support the request for a state commitment of 30% of the CARES Act relief dollars targeted to county government. The human services system in Wisconsin is heavily reliant on county financial resources and we trust that this infusion of resources to our county partners will be invested to sustain critical services that keep Wisconsin's children and families safe. Stronger county budgets mean stronger systems to help all of us sustain through this challenging time.

We would be remiss if we did not reiterate our immense gratitude for the unrelenting efforts of your state administrative team to actively listen and respond to the innumerable challenges that have emerged throughout this pandemic. We believe that your responses along with the actions of our federal leaders and state legislature have laid a foundation that will enable our state to recover from the many losses we are experiencing through this unprecedented time.

Thank you for considering the unique contributions and needs of Wisconsin's human services sector and continuing to respond to our requests for support as we help Wisconsin move through this current crisis and into a brighter future.

Sincerely,

Kathy Markeland, Executive Director, WAFCA

WAFCA Board of Directors

Mechele Shipman, CEO
Anu Family Services

Ricardo Cisneros, Chief Operating Officer
Catholic Charities of Milwaukee

Derek Cortez, CEO
Chileda

David Fritsch, CEO
Clinicare Corporation

Oriana Carey, CEO
Coalition for Children, Youth & Families

Ryan Good, President/CEO
Foundations Health & Wholeness, Inc.

Lynn Brady, President & CEO
Journey Mental Health Center

Daniel Magnuson, CEO
Lad Lake, Inc.

Joe Arzbecker, COO
Lutheran Social Services of Wisconsin and Upper MI

Mark Elliott, Executive Director
Northwest Passage

Kelli Kamholz, President/CEO,
Positive Alternatives, Inc

Scott Strong, Executive Director,
RISE Wisconsin

Ann Leinfelder Grove, President/CEO,
SaintA

Rosangela Berbert, Executive Director,
The Samaritan Counseling Center of the Fox Valley

WAFCA is a member association that works to improve the lives of families and children in Wisconsin. Our member agencies provide a wide array of prevention and supportive services such as foster care, in-home support, counseling, and mental health treatment. WAFCA represents over 50 child and family serving agencies and leaders in the field and advocates for the more than 225,000 individuals and families that they serve each year.