

BMCW Community Meeting and Settlement Agreement Presentation

March 19, 2007, 1:30 – 4:30 p.m.
Children's Health Education Center

Response to Questions from Audience

1. Please explain how workers are made aware of the community resources that can be utilized by clients?

The private partner agencies hold quarterly resource fairs for their staff to become aware of community resources and their own network of providers. They also have resource directories and other written information about community resources available. The Ongoing Case Management supervisors and training team supervisors also inform case managers about available community resources. Agencies providing community resources can contact the Children's Family and Community Partnerships and La Causa, Inc., which provide case management services for the BMCW, to update and inform them about their programs.

2. Please explain how the public is made aware of the results of child deaths?

All deaths of children who have an open case with BMCW referred to the Child Fatality Review Panel for review. The panel consists of a group of cross-system representatives from agencies concerned with child welfare in Milwaukee County including health care, law enforcement, and others. The panel presents a summary report that includes findings and recommendations at one of the quarterly meetings of the Milwaukee Child Welfare Partnership Council. These meetings are open to the public; dates and agendas are posted on the BMCW web site.

A Pediatric Death Review Panel, also made of members from a variety of organizations, reviews all child deaths that come into the Medical Examiners office to identify trends and service needs.

3. Please explain how the community is made aware of steps taken to prevent teen suicides after one occurs?

Suicide deaths are investigated as are any other child death, as described above. Information specific to the case, however, remains confidential after the child's death according to federal and state statute.

Teen suicide is a serious concern of the BMCW, also affecting the general population and requires a community-wide effort to address the causes and prevention.

4. Is it the Milwaukee Child Welfare Partnership Council's role to call BMCW to see if there is a child death review completed on a child death or egregious incident?

No. The role of the Partnership Council is to act in an advisory capacity to assist the Department of Health and Family Services with developing policies and plans to improve child welfare services in Milwaukee County. It helps formulate evaluative measures, suggests funding priorities and opportunities, and identifies ways to provide for the needs of families receiving BMCW services.

The Partnership Council does, however, has an interest in any child death or egregious incident that occurs to children in BMCW care from the perspective of reviewing how such incidents can be prevented in the future. In this regard, BMCW management is working with legal counsel on developing a way information can be provided to the Partnership Council about cases in compliance with statutes governing confidentiality and without identifying information about the child and family.

5. Are kinship care providers covered under the medical home model?

Children placed with relatives on a Child in Need of Protection and Services (CHIPS) court-order will be covered. All children in the Kinship Care program are not placed with relatives under court-order; the majority is living with relatives through an arrangement within the family.

The Health Committee of the Partnership Council has identified concerns related to the availability of mental health care and the responsibility of the BMCW to make health care decisions for children in its care. Further dialogue with the Department of Health and Family Services is taking place.

6. What is the background of the BMCW's Chief Medical Director Dr. Michelle Urban?

Dr. Urban is double board certified in both Pediatrics and Physical Medicine and Rehabilitation. She served as the Medical Director for Pediatric Rehabilitation Services at Children's Hospital of Wisconsin for several years before joining the Department of Health and Family Services as the Chief Medical Officer for the Division of Health Care Financing in September of 2000. She assumed her current position as the Medical Director for BMCW in September 2006. She also remains an adjunct clinical faculty member of the Dept. of Physical Medicine & Rehabilitation at the Medical College of Wisconsin.

7. Will the BMCW coordinate with W-2?

Yes, the BMCW continues to be supportive of collaboration with Wisconsin Works (W2) agencies through a variety of projects. Currently, there are two pilot projects in Milwaukee County. LaCausa partners with United Migrant Opportunity Services (UMOS) and Children's Family and Community Partnerships partners with Maximus to collaborate and coordinate services to address specific family issues in cases common to both BMCW and W-2. The project identifies families that may be of risk of child abuse/neglect and provides services to prevent incidents from occurring.

Other coordinating efforts include the Milwaukee Service Integration Office of the Department of Health and Family Services, which is a new initiative to help enhance communication and coordination of services between W2, BMCW, and the Department of Corrections.

8. Are Mobile Urgent Treatment Team (MUTT) available to Kinship children?

MUTT is available to any family in Milwaukee County. The BMCW, however, has contracted for specific services for foster parents, including relatives who are licensed foster families, that focus on stabilizing the child within the placement. In addition to the immediate crisis stabilization, MUTT for Foster Families provides specific ongoing support to the foster parent to assist in managing the child's behavior and adjustment while placed in out-of-home care.

9. What is the caseload size for each MUTT worker?

The caseload size average four to five children per worker in order to personalize the treatment.

10. Are there situations where a child is kept in a detention facility, but has not committed a crime, due to lack of foster care placement resources?

There are isolated instances when a child served by BMCW is placed by court-order in a detention facility. This occurs when releasing the child would put him/her in an unsafe situation. Many of these adolescents are chronic runaways and cannot be safely maintained in a general foster home and access to higher level of care is not available at the time; most such situations occur after midnight. A hearing will be held the **next business day in** which the adolescent will participate and be represented by legal counsel.

11. What is in place for monitoring monthly face-to-face visits in the Ongoing Case Management program? Are there random reviews by the supervisor?

If a foster parent or kinship caregiver notices that monthly face-to-face visits between the Ongoing case manager and the child are not occurring, the foster parent should contact that case manager's supervisor. In addition to the eWiSACWIS reports (calculating face-to-face compliance) available to BCMW,

there is a random review of case notes to see that the notes support a face-to-face visit. Reviews of cases will also include caregiver interviews so information can be verified to ensure that face-to-face visits have occurred as documented.

12. Is the number 175 as indicated in the Settlement Report the number of children or number of instances of runaways?

The 175 runaway children are children who have run away; not instances of runaway episodes.

13. Can you actually say that you met the standard of reunification within 12 months when the re-entry rate was so high?

Yes, based on the provisions put forth in the Settlement Agreement, BMCW has met the standard for reunification within 112 months regarding compliance. Re-entry into care is a separate measurement in meeting compliance.

Re-entry of children is a concern because it causes us to question whether or not children are being reunified before the parent is prepared to ensure safety. The most frequent reason that children re-entered care in 2007 was the result of situations that are difficult to predict: parent's unstable living condition, relapse into mental illness/substance abuse, or domestic violence. Fifteen children re-entered care because the parent was incarcerated. Work across systems is needed to ensure families continue to get support once the case is closed with BMCW.

14. What was the number of adolescents in the BMCW system that committed suicide in 2006?

There was one death of a child by suicide while in BMCW custody in 2006.

15. Are the requirements to meet the Adoption and Safe Families Act (ASFA) resulting in an unintended consequence by terminating a parent's rights or reunifying too soon?

ASFA was legislated to require parents to be accountable for their actions and responsible for the care of their children in a timely manner. While the parent may not be taking court-orders seriously and doing what is necessary to be reunited with their children, the child's development is moving forward and that child deserve a permanent, safe living situation. The courts outline the requirements and timelines that a family needs to meet in order to have the children returned. BMCW assists parents by providing services and support, but it is ultimately up to the parent to make the necessary changes in their lifestyle and family environment in a timely manner.

Certain situations require the termination of parental rights to be fast-tracked, including egregious injury to a child by the parent, cases in which the parental

rights to other children were previously terminated, and cases where a parent was murdered by the other parent.

16. What role does the foster parent, BMCW, and the child play in multiple placements?

Everyone plays a part in placement stability. The BMCW works on matching the child to a caregiver who can meet his/her needs and providing services to the foster parent while the child is in care. The foster parent can utilize services provided, including training on how to meet the specific needs of a child, and work with BMCW staff and other professionals to ensure the child thrives in their home. The child must also adjust and accept the role of the foster family in his/her life.

17. What follow-up does the BMCW conduct regarding why a foster parent won't take children?

Children Service Society of Wisconsin (CSSW) will follow up with a foster parent who refuses placement of a child to learn why the parents are hesitant to take placement. It will also follow up with families who request temporary holds on placement to ensure they keep their licensing current, provide training, and help them feel that they remain part of the community serving BMCW children while they are taking a break from fostering.

18. This is the first community meeting I have attended and I found it very interesting and educational. It would be good to get the word out to "line staff" (i.e. case managers) so they know they can attend. I would think it would be good to ask supervisors to promote attending or find a way to share the information from this meeting. The only issue was the time since it went long and many people left at break.

It was nice this was an open forum for people to give input and ask questions. It was nice to have power point handouts to go along with segments of the presentation. Asking for introductions with names of attendees was also a good way to put names with faces.

BMCW presents the same Settlement Agreement report to staff at meetings scheduled in the regional offices for their convenience. Although staff are welcome to attend the community meeting, space limitation prevents us from issuing a general invitation to all 500+ BMCW affiliated staff members. Staff also often find it difficult to make the meeting because they have appointments at court, are making home visits, or have other meetings involving families scheduled. Staff receive electronic copies of the reports distributed at the meeting.