



BMCW Health and Safety Review

Ensuring children are nurtured, safe and engaged drives all the work of the Department of Children and Families (DCF).

Following the tragic death of Christopher Thomas in November of 2008, Reggie Bicha, Secretary of the Department of Children and Families, directed Department staff to conduct a medical evaluation and comprehensive case review of children in the custody of the Bureau of Milwaukee Child Welfare (BMCW), a commitment unprecedented in Wisconsin child welfare.

This monumental undertaking was set upon with the clear, over-riding goal to determine the health and safety of the most vulnerable children in out-of-home care, 560 children aged five and under, and in their current placement 10 months or less.

The goals were to:

- Assure that children in kinship or foster care placements are safe;
- Confirm that these children were not victims of repeated child maltreatment while in our care; and
- Identify specific case practice and systemic improvements needed to ensure that children in our care are safe and that caregivers receive supports necessary to care for these children.

The safety evaluation consisted of a medical evaluation and a case practice review. The medical evaluation consisted of a specialized health assessment that focused on indicators of child maltreatment. It was primarily conducted by healthcare providers from the Child Protection Center (CPC), a member of Children's Hospital and Health Care System.

The case practice evaluation consisted of case records reviews and interviews of case managers, foster parents and kinship care providers, and foster children.

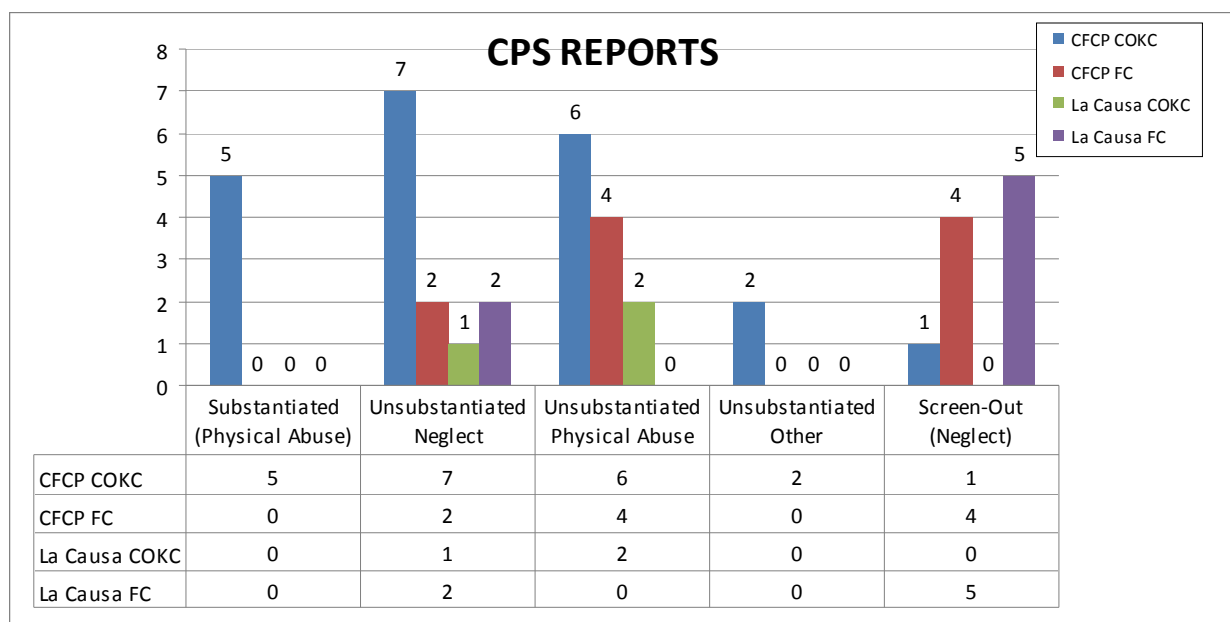
Executive Summary

Medical Review Findings

Due to the history of abuse or neglect that usually precedes an out-of-home placement, children in foster care often exhibit higher levels of developmental delay, chronic medical and dental conditions, and behavioral issues. An appropriate health assessment enhances the capacity for each child to thrive and achieve his or her maximum potential.

Safety in placement was the overarching goal of the health evaluations. Providing for and ensuring that children in out-of-home care receive appropriate services to identify, treat, and monitor health needs is fundamental to meeting their needs for safety, permanence, and well-being. While a lack of routine health services does not mean a child is unsafe, the information gathered during these well-child visits promotes healthy growth and development and also helps foster and kinship providers understand and meet the needs of the children in their care.

Upon completion of the medical evaluations, slightly more than half (305 of 560 children) required some degree of medical follow-up. This ranged from a health record review to confirm immunization status, to an ill child follow-up with the pediatrician for acute illness or chronic condition, up to a specialty referral for a medical or surgical evaluation. The medical evaluations resulted in five substantiations of physical abuse. All were in court-ordered kinship care at the time. In all five instances, the kinship care provider was not determined to be the maltreater. Two children remained in their current placement while three children were moved to another home due to changing dynamics or conditions in the relative's homes.



Case Practice Review Findings

The case practice review team evaluated and confirmed the safety of placement for 503 children. For a variety of reasons, not all the 560 children who received a medical evaluation were included in the case practice review.

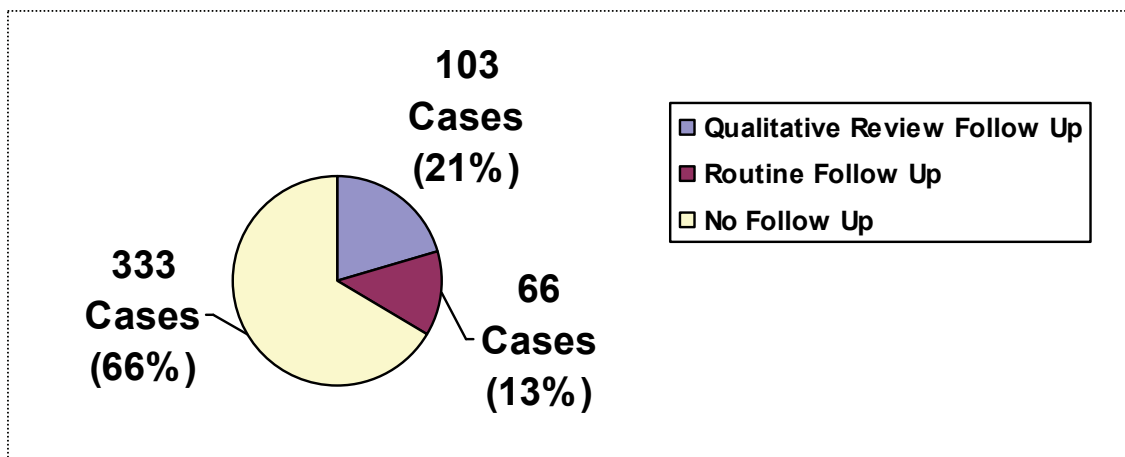
During the onsite case practice review, no reports of alleged maltreatment were made to the BMCW. Consultation on ten cases resulted in a recommendation to move two sibling groups to another placement setting due to the kinship caregivers stating that when they accepted placement, they were unaware of how long the children would be with them and that they were no longer able to care for the sibling group.

Case reviewers used the information gathered through interviews and the case record to assess and understand agency case practice related to:

- the needs of the child (physical, emotional, behavioral, and educational);
- the continued ability of the providers to meet the child's needs;
- the caregiver's motivation for and understanding of the need for placement;
- the child's adjustment to the placement and their physical and emotional well-being; and
- the family selection and match, and the impact on child safety.

The majority of cases did not require any additional follow-up. More than one-third (169 or 34%) of the 503 child cases reviewed required some type of follow-up by case managers. Follow-up primarily focused on:

- 1) obtaining Birth to 3 evaluations or services;
- 2) obtaining and monitoring therapeutic services for emotional, behavioral, developmental or early learning needs;
- 3) supporting caregivers; and
- 4) conducting a thorough assessment of kinship care homes to understand family dynamics, strengths and needs.



Lessons Learned

Conducting these medical evaluations and case reviews was undertaken by the Department of Children and Families to determine the safety and health of the most vulnerable children in the BMCW's care. This effort received the full support and cooperation of the leadership and staff of BMCW, as well as the vendor organizations. The openness and transparency of this effort is evidence of the Department's commitment to protect children, strengthen families and build communities.

Lessons Learned, potential strategies and actions steps were identified to spotlight areas that would benefit from further focus. The Department wanted to take full advantage of this intensive undertaking. The Lessons Learned identify possibilities for improvement that will be considered by DCF, BMCW and vendors.

Lessons Learned Related to Health Care

The health care needs of children involved with child welfare system are more significant when compared to those of the general population. The complexity of the needs of many children in out-of-home care requires coordination of an array of services, often delivered through multiple providers. Ensuring the identification of medical, dental, and mental health needs of children entering foster care is the critical first step in determining those needs. Accessibility and timeliness of follow-up was also noted to be an issue.

The BMCW is already exploring ways to integrate additional health care consultants to assist staff and out-of-home care providers in understanding and responding to children's health care needs. Governor Jim Doyle's 2009-11 biennial budget supports these activities by providing revenue to contract for nursing staff to help monitor the health of children in out-of-home care placements in Milwaukee. In addition to moving this forward, BMCW has also already initiated measures to strengthen the relationship and coordination with CPC.

Lessons Learned Related to Assessment Case Management

Kinship care providers typically do not receive the same supports and services as foster care providers. Foster parents seek out an agency to license, train, and prepare them to accept children in their home. Relatives, however, usually have little preparation for a placement or understanding of the child welfare system and available resources when they step into care for children. The BMCW has initiated and will continue to engage in activities that strengthen the assessment process of kinship care homes and provide needed supports to kinship care providers. One example is implementing the Levels of Care Foster Care Licensing Initiative in order to provide training and increased support for relative providers.