



AGENDA October 1, 2025
DCF 57 Advisory Council
1:00 pm to 3:00 pm - Zoom

DCF Staff			
Name	Present	Name	Present
Jamie Gennrich		Elaine Pridgen	
Katie Davis	x	Rachel Nili	
Dana Johnson	x	Dustin Hinze	x
Kristie Buwalda	x	Emily Erickson	
Mary Morse	x	Jeanette Paules	x
Rob Collins	x		

Member	Present	Nominating Organization
Kathy Markeland	x	WAFCA
Marye Beth Dugan		Nehemiah Group Home
Dave Fretz		Forward Home for Boys
India Hansen		Office of Lived Experience @ DCF
Brian Peil		DOC – Juvenile corrections
Dr. Maurice Johnson	x	Moe's Transitional Living Center (COA)
Lisa Netterville		New Hope & Destiny Home II (COA)
Caylee Nichols	x	Positive Alternatives
Audra O'Connell		Walker's Point GH (homeless program)
Jennifer Pester		Office of Lived Experience
Jill Collins		DMCPS
Lisa Pendleton		WAFCA (Winnebago County)
Stephen Bedwell	x	WAFCA (Racine County)
Sandy Plascencia Karri	x	
Anita Lee	X	

I. DCF reviewed where we are at in the current DCF 57 drafting process. Major changes document and hope to have draft rule ready for their review for the November 2025 meeting.

II. DCF reviewed status of the legislative review process and ongoing litigation. March publication is our current target. If we are able to get draft written by end of October. Public hearing in December. Economic impact statement. January revisions based on public hearing. Also developing training and updating forms, publications, etc.

III. DCF questions for the Advisory Council

DCF 57.14 Employees or contractors who are not staff members. The following provisions apply regarding an employee or contractor who regularly works in a group home or on the premises but is not a staff member: We are still reworking this section and considering creating a background check section.

Response from Advisory Council: I conduct background checks on therapists, group therapy providers, those that work directly with youth. Organizations I contract with also conduct those background checks. Generally, with maintenance or other support staff, we try to have the work

completed when youth are not there, or we do not do background checks for those that are one-off and non-direct care staff. Using words like 'regular' individuals that provide service to the group home and then indicate whether they are subject or not subject to a background check. One group home indicated that they hire an employee to help with maintenance, and they are subject to background checks. Would a contractor who already has a background check completed by their employer, need an additional background check by the group home. Line of payment and oversight are important to consider.

Congregate Care Worker – where does this come from? State statute identified and defined this term.

If there is a former employee that returns (within 365 days), do they need to have fingerprints and background checks conducted?

Response from the Advisory Council: Yes, if there is a break in employment, then new scans and background checks are required. [Memo Series 2022-10-Lic.](#) Milwaukee County requires a background check for group homes (DHS Form) and is different than DCF's background checks form.

57.18 DRAFT Treatment plans. Are there any concerns with removing the discharge plan and instead incorporating the discharge goals into the ongoing treatment plan? All references to a discharge summary and discharge planning would be removed.

Response from the Advisory Council: No longer requiring a discharge summary, but instead only include a treatment plan. Discharge will need to be address in the treatment plan. It will be important to include elements such as upcoming appointments, strategies to continue the continuity of care (current progress and rules they have been following), so they can be successful when they leave. Schooling (who/what/where/goals, etc.) should also be included.

Are there elements of a treatment plan that someone receiving a discharge plan should not have? We do not require someone to use our treatment plan form; therefore, facilities could still use their own forms and determine what information should be provided upon discharge.

Do you have any issues getting consents (forms or approval from parents/guardians/Indian custodians/youth)?

Response from the Advisory Council: It depends. An increase in counties having to conduct limited legal guardianships to gain access to consents for medical or treatment issues. Sometimes intakes (dates) are placed on hold because consent has not been provided. Medical release forms can be difficult to obtain. Sometimes we are out of compliance when we are unable to obtain consents from other parties.

Do residents routinely revoke their consent if over age 14 to take medication? How do you address this if it occurs?

Response from the Advisory Council: Not a frequent occurrence. Some parents refuse to sign forms and then it hinders ability to provide a child care. Limiting a group home can end up impacting the child at the end of the day.

Do you ever have youth in respite more than 15 days? Looking to limit respite to 28 days to align with CLTS guidance.

Response from the Advisory Council: If expanded, it would be beneficial to move to 28 days. There is no indication to go beyond 28 days, as there needs to be justification for the why of 28

days. It opens a new dialogue if say 60 days, as this boundary seems more like a placement. 28 seems better than 15, 15 has seemed too short.

Sometimes counties will discharge a youth at 15, then start a new respite episode the following day, as this can help with planning healthy reunification planning. Youth who leave WMHI or NCHC will step down to group home or a healthy break between a parent/legal guardian.

WAFCA Presented Questions: (1) Some members shared concerns that this new process could constrict business development; they are worried this change will hinder the individual county-provider partnerships they've worked hard to establish. There is also recognition that a centralized process could benefit the statewide continuum of services for youth. Could this change in process suppress creative local/regional solutions? Is there a way to gain the benefit of the data analysis and statewide scan within a less constrained process?

Market Analysis: I did the work and now no one will have to do this.

(2) Would counties in the end not be able to come forward to an agency to assist in meeting a local need. Could there be an exemption for when counties and providers came together to fill a need so as not to go through the full process. If the proposal is coming from the public side, could this be different. DCF is considering an emergent need process so as not to limit service and business but align resources with needs. There are concerns that if a group home was not seen in high regard by the department, would there not be an approval or bias that would impact the decision.

Additional Comments: Members noted that 30 days is often a contractual norm, however 30 days is a difficult target in practical terms, given that in cases of unplanned discharge the priority is often to transition youth as quickly as possible. When the expectation in rule shifts, there is concern that there will be less collective urgency around the move.

(3) Concerns about revising the educational and experience requirements for congregate care staff to be hired into positions. This item has sparked conversation about the present and future of the youth care workforce. The additional flexibility would reduce requests for exceptions and open the door to employer discretion. However, members also note that removing what are defined as workforce barriers could have the opposite effect and lead to workforce quality depletion long-term. If the removal of personnel requirements is implemented, what protective factors can be woven into the rule to ensure that this work is not undervalued over time? This may lower the bar for the workforce.

(4) Concern about youth voice and consent for sleeping arrangements, roommates, etc. Similar to the concerns emerging in this discussion under DCF 56, this continues to be a challenging area, particularly regarding the complexity surrounding youth voice: How much voice do youth have in declaring their preferences? Who needs consent? At which frequency can youth change their mind about who they share a room with? Members will be seeking clear language here to help everyone involved succeed and keeping practical implementation outcomes in mind.

Additional Comments: When assigned rooms in college there was no approval process. Placement agencies often consider questions of 'fit' prior to placement, by requesting information prior to admission. There are single vs. double occupancy rates that could impact counties.

Some youth do not want to room with individuals in the LGBTQIA2S+ youth and then single occupancy rate is requested but DCF declines. DMCPs does not wish to pay. Some want co-ed group homes vs. Single gender. Youth may have requests and then how do you make the right placement if it does not meet their personal requests.

In the future, group homes may have to move to single occupancy to accommodate but then it impacts the bottom line of organizational capacity. There will be a power dynamic between the placing agency, the group home, and the youth. Is there a way to honor youth voice vs. requiring consent.

(5) Resident Rights changes, as discussed in the advisory committee, is a sensitive area that poses challenges for programs and compliance, and members have reservations about embedding memo language into rule. How this language ultimately appears in the rule will be an area for deeper review. This will be an area where we will hear more feedback as we move to public hearing

(6) While appreciating the flexibility for the RPPS decision-maker to be offsite, members posed the question the implications of providing residents with the on-call number for the RPPS decision-maker (*I think this is referring to 57.19(7)*). What is the alternative if the RPPS decision-maker is not on-site?

Additional Clarification by DCF: Staff will need to have access to phone number of the RPPS decision-maker, not that the resident will have access to the phone number.

IV. End of Meeting – 3:00pm