



Presentation for the Wisconsin Counties Association Annual Conference:

**September 23<sup>rd</sup>, 2019**

*The Opioid and Meth Epidemic's*

# ***Impact on Child Welfare Services***

Presenters:

Kris Korpela, Dunn County Human Services Director

Jason Witt, La Crosse County Human Services Director

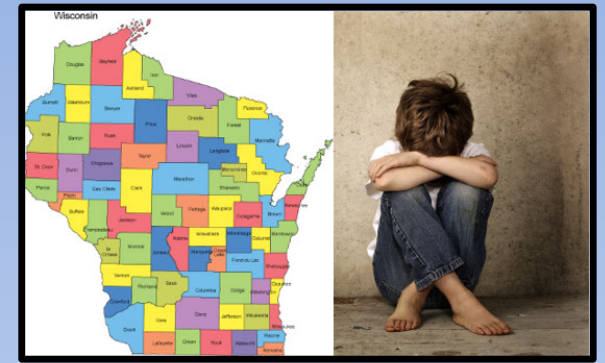


*Where we  
left off...*



# Wisconsin Counties *Overwhelmed*

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- Frontline *child welfare workers* carrying double the nationally recommended caseload levels, contributing to alarming turnover
- *Need for out of home care far exceeding local capacities,* resulting in children being sent out of their community and even out of the state
- *Budget situations* so desperate counties have:
  - Considered eliminating entire county departments
  - Attempted special funding referendums
  - Diverted funds from roads, prevention services, and other community needs







# Many Reasons For Concern

## Children and Families Aids Funding Increase Legislative Fiscal Bureau Paper #205 (May 14, 2019)

*“Overall, [a recent federal review] determined that **Wisconsin was not in substantial conformance** with any of the seven outcomes areas and only one of the seven systemic factors.”*

*“[The Wisconsin Department of Children & Families] stated that the **increase in workloads and caseloads on child welfare workers is the major root cause** of any weaknesses in performance on case practice items identified in [the federal review].”*



### Legislative Fiscal Bureau

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Email: [fiscal.bureau@legis.wisconsin.gov](mailto:fiscal.bureau@legis.wisconsin.gov) • Website: <http://legis.wisconsin.gov/lfb>

May, 2019

Joint Committee on Finance

Paper #205

### Children and Families Aids Funding Increase (Children and Families -- Child Welfare Services)

[LFB 2019-21 Budget Summary: Page 80, #1]

#### CURRENT LAW

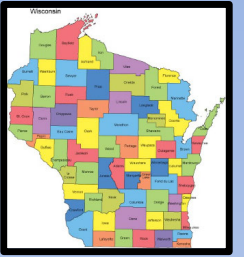
In Wisconsin, the child welfare system is county-operated and state-supervised, except in Milwaukee County, where the system is administered by the Division of Milwaukee Child Protective Services (DMCPS) in the Department of Children and Families (DCF). All county and state child welfare systems operate under the same federal and state laws, regulations, and standards. Eleven tribes in Wisconsin also provide child welfare services directly based on their tribal codes, policies, and tribal practices, although many have written agreements with county agencies.

Each county has its own child welfare system that includes the county department of human or social services (except in Milwaukee County), the courts, and other agencies that provide services to children and their families. The child protective services unit in each county department is responsible for providing services to abused and neglected children. The responsibility for the care of children in the system is shared between the juvenile court and the county department of human services or social services. Child welfare services are provided to Native American children by tribal social services departments.

DCF is responsible for providing statewide leadership and supervision of child welfare standards and practices. DCF administers state and federal funds for child welfare services and assures compliance with state and federal law, regulations, and policy.

Under the children and family aids (CFA) program, DCF distributes state and federal funds to counties to support services related to child abuse and neglect (including prevention, investigation, and treatment services), child welfare services to families, and community-based

# *Help is on the way!*



*Beginning January 1<sup>st</sup>, 2020, all BOS<sup>1</sup> Counties are expected to receive at least a **36% boost** in child welfare **funding***



The Wisconsin Department of Children and Families (DCF) has procured a statewide **workload study** to determine suggested workload and caseload standards

<sup>1</sup>BOS refers to "Balance of State," which is all counties except Milwaukee.



**NOT Business As Usual!**



Wisconsin Counties Association Annual Conference

# Presentation Outline

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## I. Introduction

*Help is on the way to counties, but **where do we go from here?***

## II. Today's Frontline Child Welfare Work

*The impact of the opioid and meth epidemics on **the front line***

## III. What effective System Change can look like

***Business as usual will not suffice** for in addressing these challenges*



## ***II. Today's **Frontline** Child Welfare Work***



# Substance Use Impact on Wisconsin Counties

*Children & Families*

*County Human Service Staff*

*Other County Operations*





Research and expert opinion indicates that removing a child from the home causes serious trauma. Separating a child from a parent, even when it is necessary and for a relatively short period of time, can have devastating emotional and physical impact on the child.

*For  
Children  
&  
Families*

- Separation from known supports and attachments
- Feelings of rejection/loss
- Expectations of parent unavailability
- Fear and anxiety
- View removal as punishment or blame self
- Increased risk of delinquency, homelessness, mental health, smoking, use of public assistance and decreased educational attainment and lifetime earnings.

## Actual Case Example But Illustrative of Many

- September 2016: A report received regarding mom of 1 & 2 year old having suicidal thoughts, being physically violent to partner and both parents allegedly using meth.
- Dad & mom tested positive for meth and amphetamines. Both were verbally aggressive and mom was thin with meth sores on her body but both denied drug use.
- Both children tested positive for meth and amphetamines.
- Children placed with grandparents for a year until it became apparent that grandparents were using drugs.
- 2017 – A third child was born testing positive for meth and amphetamines in spite of agency efforts to assist mom in remaining sober.
- April 2019: A termination of parental rights action filed. Due to circuit court workload, TPR jury trial not set until January 2019.
- August 2018 – mom pregnant with fourth child.

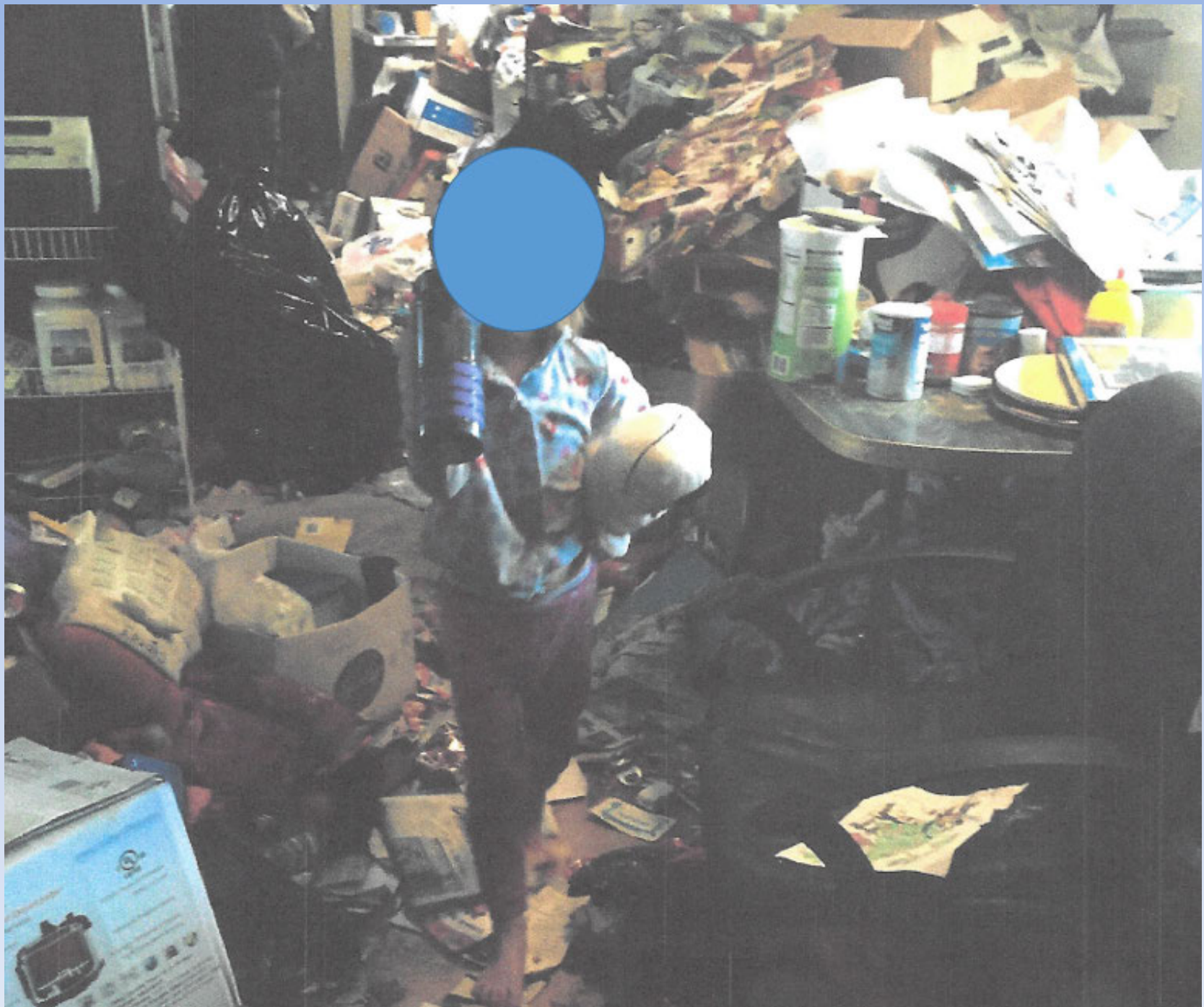


*For County  
Human Services  
Staff*

- Angry and frightened children and/or parents
- Inability to know what to expect upon entering a home
- Managing parent fear regarding losing placement of a child(ren)
- Emotionally volatile situations
- Unknown people in a home
- Dangerous living conditions – needles, chemicals, weapons, and violence
- Threats to self and family – “I know where you live. How would you like it if you lost your children?”













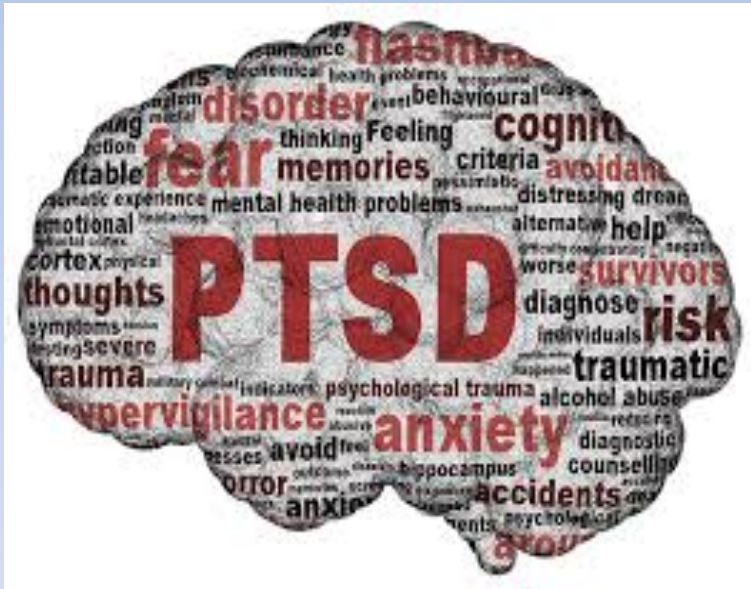




[https://youtu.be/QFvzMfDLv\\_w](https://youtu.be/QFvzMfDLv_w)



*Trauma* results from an event, series of events or set of circumstances experienced by an individual as physically or emotionally harmful or life threatening with lasting adverse effects on functioning, and mental, physical, emotional, or spiritual well-being.



*Secondary traumatic stress* can occur when an individual hears about the firsthand traumatic experiences of another person. Although we typically think of staff who have direct interaction with consumers as being at highest risk, in fact, staff whose roles are supportive – receptionists, facilities, drivers, and others may be high risk as well.

**Behavioral Symptoms:** Increased drug/alcohol use; watching excessive amounts of TV/Netflix, consuming high trauma media as entertainment; avoiding colleagues, impaired ability to make decisions, thinking about quitting your job.

**Emotional/Psychological Symptoms:** Depression, anxiety, irrational fears, intrusive thoughts, cynicism, anger, no work/life balance, dreading work

**Physical Symptoms:** Insomnia, headaches, body aches, heart palpitations, weight gain or loss





## *For Other County Operations*

Increased child protective service work means increased demand on other county services

Law Enforcement – Co-investigations and taking child(ren) into custody

Dispatch – Contacting on-call staff, managing complex interventions

Jail Staff – Managing arrests as a result of law enforcement/CPS investigations and dealing with visits

Clerk of Courts – Managing court process and attending hearings

District Attorney/Corporation Counsel – prosecuting child in need of protection or services cases and related criminal matters

Judges – increased court hearings – temporary custody, fact-finding, disposition, permanency planning, reviews, child support, family court and related criminal matters

Corporation Counsel/Child Support – Increased child support actions

# ***III. What Effective System Change Can Look Like***

**SAFETY  
PERMANENCY  
WELL BEING**





# Moving toward a system *responsive* to current needs & employing *best practices*

SAFETY  
PERMANENCY  
WELL BEING

*The change inside CW hasn't kept up with the change around it*

## Traditional Child Welfare

- Stopping and preventing further *intentional physical abuse*
- Relying heavily on *foster care* while parents work on changes necessary for reunification
- *Monitor court-ordered conditions* parents are required to comply with in order to reunify with their children

## Child Welfare in the Age of Opioids & Meth

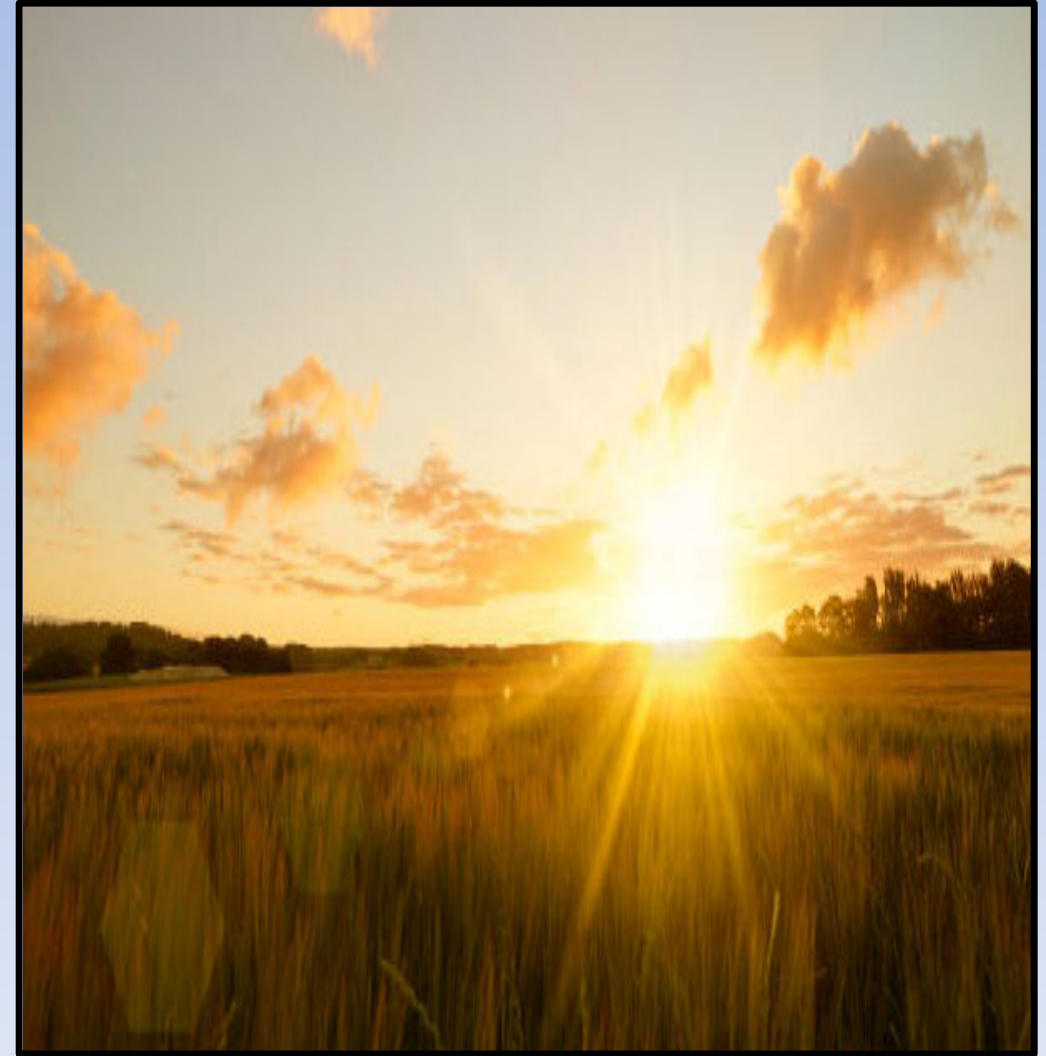
- Assisting parents with recovery from the chronic disease of *drug addiction* and often with *co-occurring mental health conditions*
- Recognizing the trauma and potential long-term negative impacts involved with family separations, making every effort to *preserve and strengthen family connections*
- *Engage intensely with parents* to facilitate readiness to enter and stick with treatment



# A Realistic *Hope* that Better Results are Possible

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- A number of *models of best practices* are emerging from states that have been struggling with opioids and meth for over a decade.
- The *additional state funding* can assist counties in stabilizing their systems and *bridging to more effective practices*





# *Elements* of Effective Child Welfare System Change For Wisconsin

SAFETY  
PERMANENCY  
WELL BEING

## 1. Counties leading the way

A county-administered state like Wisconsin requires counties to be pro-active in driving local system change.

## 2. Identify what's working in other jurisdictions and adapt it locally

Changes must fit into local working relationships, cultures and other nuances, but there are plenty of promising approaches to consider and make your own.





# Promising Child Welfare Practices

*In the age of opioids and meth*

## a. Family Treatment Courts

*Treatment works, but only if those who need it get the support and motivation needed to enter the doors in the first place.”*

Meth and Child Welfare: Promising Solutions for Children, Their Parents and Grandparents (Page 24)

*“Family drug courts are among the most effective programs for inducing parents to enter and complete substance abuse treatment, improving other outcomes and savings public funds.”*

Child Welfare Opiate Engagement Project (Sep. 2014, p. 2),



# Promising Child Welfare Practices

*In the age of opioids and meth*

## a. Family Treatment Courts

For an example of this approach and more information:

**Safe Babies Court Team™**

<https://www.zerotothree.org/our-work/safe-babies-court-team>



## Promising Child Welfare Practices *(continued)*

*In the age of opioids and meth*

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### b. Early-Intervention Host Homes

*“Programs don’t change people.*

*Relationships do.”* – Bill Milliken, Founder of Communities in Schools





## Promising Child Welfare Practices *(continued)*

*In the age of opioids and meth*

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### b. Early-Intervention Host Homes

For an example of this approach and more information:



<https://www.safefamilieswi.org/>



## Promising Child Welfare Practices *(continued)*

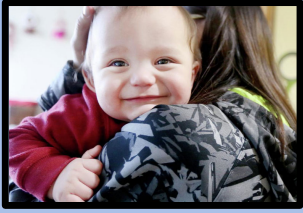
*In the age of opioids and meth*

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### c. Integration of Substance Abuse Treatment & Child Welfare

*“The single strongest predictor of reunification is completing treatment.”*

“Does Substance Abuse Treatment Make a Difference for Child Welfare Case Outcomes? A Statewide Longitudinal Analysis.” Children and Youth Services Review 29,2007,460-473.



## Promising Child Welfare Practices *(continued)*

*In the age of opioids and meth*

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### c. Integration of Substance Abuse Treatment & Child Welfare

For an example of this approach and more information:

**Sobriety Treatment and Recovery Teams (START)**

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<https://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/detailed>



# *Elements* of Effective Child Welfare System Change For Wisconsin

SAFETY  
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WELL BEING

## 1. Counties leading the way

A county-administered state like Wisconsin requires counties to be pro-active in driving local system change.

## 2. Identify what's working in other jurisdictions and adapt it locally

Changes must fit into local working relationships, cultures and other nuances, but there are plenty of promising approaches to consider and make your own.

## 3. Always maintain appropriate staffing levels

Letting caseloads exceed established workload standards will result in great costs and much worse outcomes.





# Importance of Maintaining appropriate staffing levels

Failure to maintain appropriate staffing levels for Child Protective Services will lead to **worse outcomes and greater costs**

**Standards adopted in 2018** by the Wisconsin County Human Service (WCHSA) provides guidance on appropriate staffing levels



Wisconsin County Human Service Association

## Caseload Standards for Child Protective Services

Updated: September 4th, 2018

The Wisconsin County Human Service Association (WCHSA) recognizes the importance of maintaining reasonable workloads for child protective services (CPS) caseworkers and their supervisors<sup>1</sup>. Unlike the majority of other states with county-administered child welfare systems, Wisconsin currently lacks having state-level caseload standards for CPS workers, a determination of statewide staffing needs through a comprehensive workload study, or comparable state-level recommendations related to workload. In light of this critical gap, WCHSA endorses the standards detailed below<sup>2</sup> as a basis to evaluate the status of Wisconsin's child welfare system and its resource needs<sup>3</sup>.

### Recommended Caseload Standards

The recommended caseload standards for child protective services are as follows:

Service Type	WCHSA Recommended Caseload / Workload
Supervision	<b>1 supervisor</b> per 5 case carrying CPS workers.
Ongoing	<b>10 active cases</b> per case carrying CPS worker, with no more than <b>15 children</b> .
Initial Assessment	<b>11 active assessments</b> per 1 worker at any given time with no more than <b>6 new assessments</b> assigned during a one month period.
Access	<b>8 newly assigned reports</b> per day per worker.
Foster Parent Licensing	<b>8 active home studies</b> for general foster homes. <b>6 active home studies</b> for relative homes (including "like-kin").

It should be noted that the caseload is based on new and active cases assigned to a worker at any given time. In other words, new cases should not be added unless a comparable number of cases have been closed, assuming that a worker has a full caseload.

For the purposes of these standards, a "case" means an assigned family case that likely often includes more than one child.



Be sure to ***thank & recognize*** your  
county ***child welfare workers!***





# Thank you!

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