Our ship is sinking. Those were the words used by a human services director from Wisconsin’s western region to describe a dire child welfare situation. A home was needed immediately for three children under the age of three, the youngest a newborn who tested positive for methamphetamine at birth. With the drug epidemics raging and children flooding into the child protective services (CPS) system, there were no foster homes left. In another county, a director reported a single CPS worker having a caseload of 54 children, over three times what standards would recommend.

There is no understating the impact of the opioid and meth epidemics on Wisconsin’s child welfare system. By 2013, years of stagnant state funding and new unfunded mandates had resulted in a system that was already teetering. As the drug epidemics picked up steam between 2013 and 2017, an already fragile system reached a point of crisis in counties across our state. For several counties, what had been years of concern for the state of Wisconsin’s child welfare system turned into downright alarm.

This crisis is apparent to county directors responsible for delivering CPS services, county boards mandated to fund the system, as well as the brave workers and supervisors on the front line. There has been increasing media coverage of blown budgets, high worker turnover, and skyrocketing caseloads across Wisconsin, which are specifically highlighted on the following pages of this edition. Some counties have reached a point of desperation in funding the mandated costs for the surging number of children in out-of-home placements. Price County proposed shuttering the county tourism department to cover these costs. Ashland County went to public referendum to exceed tax levy caps. Other counties, including Douglas County, have diverted funds from roads and other local needs. Concern is growing that a tragedy in the state will bring an immediate, expensive, and ill-thought-out state intervention.

FIGURE 1
Statewide Out-of-Home Care Growth
Children in Out-of-Home Care: Balance of State (2012 – Quarter 1 of 2018)
The desire to provide adequate resources for Wisconsin’s CPS system is evident in the state legislature and extends beyond party affiliation. This is supported by the words and deeds of the 2017 Speaker’s Task Force on Foster Care. The Task Force drafted 13 bills designed to strengthen the CPS system, with a vow that more action was needed. It is also documented in the 2016 report from the Governor’s Task Force on Opioid Abuse, which recommended that state funding for CPS increase to “help counties hire the social work staff they need to care for these additional victims [of the opioid epidemic].”

In 2017, the Wisconsin County Human Service Association (WCHSA) formed the Child Protective Services Caseload Study Committee to both better understand what was happening in CPS across the state, and to formulate a plan of action. Over 17 human services directors and managers worked for 9 months to gather data, perform comparative research, and ensure a common caseload standard could be used to evaluate CPS staffing needs. Officials from the Wisconsin Department of Children and Families (DCF) participated to provide technical input and assist in gathering and verifying data. The balance of this article is an overview of the committee’s work to date.

**WISCONSIN’S CPS CRISIS**

While some counties have been hit harder than others by the drug epidemics, the issues and impacts on CPS reach every corner of the state. In assembling data,
Since the influx of drug abuse in our community, there has been a direct increase in the number of cases that require child protective services intervention.

Drug use in caregivers has become a common occurrence in our cases. Even if a case is not directly related to drugs, it is usually an underlying affliction lurking somewhere in the background of the case.

No one is immune or untouched by the drug epidemic in Wisconsin. Children are exposed to unsafe environments, witnessing parents overdosing, living without basic needs being met, as well as being born addicted to substances that require withdrawal in a hospital’s neonatal unit.

The worst part is that drug use takes away a parent’s ability to form a strong bond, and maintain connections with their children. The drug epidemic shows no signs of slowing down and has hit child protective services units like a hurricane.

Out-of-home placements have dramatically increased. Grandparents are commonly raising their grandchildren, while sometimes not understanding the disease that is affecting their own children. Resources to serve these parents are scarce, but some are slowly being developed.

Drug-related cases involve a lot more work than most other CPS cases. Numerous contacts with collateral parties are common, long interviews and even longer documentation is consistently needed, more court involvement is necessary, and more assistance to placement providers is required. The toll it is taking on social workers is clear and observable.

The hours are getting longer, the workload is increasing, and a whole generation of children are becoming more vulnerable to follow in their parents’ footsteps. Recently, there was a teenager with her own drug abuse issues who stated, “My parents use drugs, so I’m going to be a drug addict too.” This person was voicing what they believed to be true.

Those of us in this field understand that child protective services is not a typical 9 to 5 job that we can shut off when the work day is done. The children we serve weigh heavily on our minds and at times are the cause of high levels of stress. Frankly, social workers are the first responders to much of the drug epidemic.

My hope is that eventually the services in the community and the state will meet the needs of the epidemic in order to relieve the pressure on families, workers, and the community. Until then, these cases will continue to demand a high level of resources that do not currently exist.
three areas emerged that explain the current critical status of Wisconsin’s CPS system.

**Unsustainable Out-of-Home Care Costs**

The opioid and meth epidemics have caused out-of-home care caseloads to surge in balance of state (BOS) counties. From 2012 through the first quarter of 2018, there has been a 39% increase in the number of children in out-of-home care [Figure 1]. Many counties have seen a more dramatic increase. Between 2012 and 2016, 34 counties saw the number of children in out-of-home care climb 80% or more. During approximately the same time period, the length of time children were spending in care increased by a staggering 127%.

This has led to a steep rise in county expenditures for out-of-home care. Between 2013 and 2017, counties’ out-of-home care expenditures rose $14.3 million [Figure 2]. Many counties have been hit particularly hard. Eleven counties, for example, saw their costs at least double between 2013 and 2017. A formal analysis by the Wisconsin Institute for Law and Liberty found a strong relationship between the number of opioid hospitalizations and the number of children entering out-of-home care.

**Broken Cost Sharing Framework**

The ability of county governments to fund CPS services relies on a combination of dollars received through the state, as well as local tax levy. The primary state-level funding source for CPS is the Children & Family Aids allocation, which for calendar year 2016 totaled $68 million. There is a match requirement counties have for these dollars, which is approximately 10%.

As of 2016, counties were overmatching their requirement to fund CPS services by over 1,600% [Figure 3]. It is not just that the counties are overmatching to such a stunning degree that it has forced counties into desperate funding situations; it is also the rapid growth in costs over a short period of time. In the years between 2011 and 2016 alone, county levy dollars contributed to CPS services increased by $30.4 million (35%). Over the same period of time, the CFA allocation continues on page 7.
Voices of Our Caseworkers

Washington County

Julie Driscoll, MSW, Director, Department of Human Services, Washington County

In Washington County, the opioid epidemic has not only led to a significant increase in the number of children in out-of-home care, but the county is seeing an increase in the number of children languishing in those placements for extended periods of time. Servicing parents with substance abuse issues and working on recovery is both time consuming and complex, requiring a more nuanced approach that demand services for long periods of time.

A recent family that we worked with over the past several years required two foster home placements and took three years to achieve permanency. During the county’s work with this family, the mother struggled with drug use, incarceration, and domestic violence. As she worked through her recovery, she would make substantial progress, getting very close to reunification, only to experience a relapse right at the time she was extending family visits and moving towards reunification.

The county’s assessment of the mother was that she had the necessary skills to be a nurturing parent, but her choices and drug use hindered her ability to continually and safely care for her child. Recovery, however, was not the only barrier to reunification with her child. Once she had fully committed to ongoing treatment, therapy, and removed herself from a violent relationship, she faced issues of obtaining housing as her drug use and history of evictions created barriers. It took her eight months to find safe and stable housing.

Three years, three months, and six days after initial removal of the child, the mother and child were reunified. However, because of the child’s age, the mother had never raised her child full-time, which required more services to support her in understanding who her child was, the child’s cues and behaviors, and reestablishing a bond in their relationship.

Due to the complexities of families like these, largely due to substance abuse, Washington County is in need of additional resources to provide specialized support and services to parents in recovery and reunification.
increased by only $2.1 million (3%) [Figure 4].

While the state added funding to the CFA allocation in the last biennial budget ($5 million), the increase provided only minimal relief for counties. For example, for a county such as Price, the additional dollars covered less than 6% of its recent growth in out-of-home care costs [Figure 5].

This data makes it clear that the overwhelming share of the exploding child welfare costs related to the opioid and meth epidemics have been borne by county property tax levy. The status of the county overmatch reinforces the notion that the system was never designed to be funded to the degree it currently is on the county property tax levy. With tax levy caps continuing to be in effect, this situation is untenable.

**FIGURE 5**
**Local Budget & Service Impact: Price County**
*Out-of-Home Care Costs 2015-2017*

Unacceptable Workloads

Keeping children safe and meeting the other obligations of the CPS system (such as timely permanency for children in the form of reunification or adoption) requires having enough trained and capable CPS caseworkers. Recent years have seen these workers stretched as mandates have added hours to the work involved with each case. In addition, many of these workers and supervisors are carrying caseloads that far exceed commonly recognized caseload standards.

According to such standards (including those for Wisconsin’s Division of Milwaukee Child Protective Services), the number of children on each CPS ongoing worker’s caseload should not exceed 15 [Figure 6]. State data is showing workers in BOS counties carrying on average double that number. This raises serious concerns about the system’s ability to meet its obligations to children and families. Workload factors appear to be a driver of the high turnover of CPS caseworkers counties are reporting. Overwhelming workloads also create safety and liability concerns.

**FIGURE 6**
**CPS Caseload Standards in Wisconsin**

Unacceptable Workloads

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**NATIONAL COMPARISONS**

It does not have to be this way. In seeking insights into the contributing factors and potential
Voices of Our Caseworkers

Rising Caseloads in Rock County

—Kate Luster, LCSW, Director, Department of Human Services, Rock County

The average daily census of children in foster care in Rock County has increased by 93% since 2012, with costs for out-of-home care increasing by 70%. Kayce is a Child Protective Services Social Worker who has experienced the day-to-day impact of these statistics first hand. Kayce works on an Ongoing Services team, helping families reunify with their children who are placed in foster care, or, when that is not possible, to find alternative permanent options for kids. While she is passionate about her work, Kayce describes feeling frustrated by her inability to help families reunify or achieve permanency sooner, which she says is directly related to her increasing caseloads. Kayce is sure that if she could invest more time with each family, she could increase the frequency of family interactions and work more effectively to help parents overcome complex barriers, such as addiction and homelessness.

Turnover among child welfare workers is high and Kayce has witnessed many talented colleagues leave their jobs due to the workload and associated stress. Kayce herself has experienced this stress as well. She describes her reluctance to take sick or vacation time so as not to lose even more time helping families access resources or providing children quality time with their parents. In the end, this has negatively impacted her job satisfaction, as well as taken a significant toll on her family.

Turnover results in remaining staff taking on even more cases. Each new face a child is confronted with means a new adult with whom kids must share their trauma stories and who they must attempt to trust. For children who have already experienced abuse and/or neglect, forming new trusting relationships does not come easily. In Kacey’s experience, it is all too common for foster children to have more than two or three different workers over the course of a case.

A few years ago when caseloads were more manageable, Kayce describes having a better ability to provide the level of intensive support that she knows is necessary for families with complex needs. She hopes that she will be able to provide that again in the future.
solutions to Wisconsin’s CPS crisis, the committee performed a broad review of other state CPS systems. In particular, the committee compared Wisconsin with the 11 other states that have CPS systems supervised at the state level and administered by counties. Included are states such as Colorado, Minnesota, and North Carolina, and all have made significant new investments in their county-administered CPS systems in recent years.

The findings were eye-opening. It appears Wisconsin is alone among our 11 peer states in not having formal standards, a serious study, or at least state-recognized recommendations regarding what is a reasonable workload for CPS caseworkers and their supervisors.

Currently, the only state-recognized standards in Wisconsin are limited to the state-administered Division of Milwaukee Child Protective Services (DMCPS). Some county-administered states (such as Colorado and Pennsylvania) have a defined percentage of state contribution, so that when costs go up so does state funding. Most importantly, in several states the legislature is closely connected with statewide trends and needs for CPS. Data related to workload, fluctuations in out-of-home care, overall costs and staffing needs, along with options for addressing those needs, continues on page 11

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

**FIGURE 7**

How Biennial Funding Levels for CPS are Determined in Wisconsin

<table>
<thead>
<tr>
<th>Division of Milwaukee Child Protective Services</th>
<th>Balance of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total costs <em>re-estimated every budget</em> cycle. Options are presented to Legislature adjusting the state contribution based on: • Out-of-home care costs • Caseload fluctuation &amp; staffing levels needed to meet caseload standards • Impact of new mandates</td>
<td><em>No regular mechanism</em> for the Legislature to evaluate and prioritize the CPS needs of BOS counties as part of the biennial budget process. Why?</td>
</tr>
</tbody>
</table>
Voices of Our Caseworkers

Northern Region
—Vicki Tylka, Director, Department of Social Services, Marathon County

In the vast Northern Region of Wisconsin, many counties are rural and geographically large, making specialized services for children and families challenging to provide. This is multiplied in complexity when there is inadequate funding available. Lack of resources requires social workers to provide services themselves, which include family interaction, parenting, and meeting the basic needs of families, to name only a few. This comes at a time when caseloads are at an all-time high compounding the problem of less “social work” time spent with families. Local foster homes are at maximum capacity, which results in child placements 50 to 100 miles away. In Price County alone, out-of-home care costs have risen 176% from 2015 through the third quarter of 2018, and this does not include the cost for overtime and staff turnover. This increase in cost has significantly impacted every other department in Price County.

Lack of mental health and substance use disorder providers leads to wait lists and family needs going unmet. The greatest need in the region is access to services supporting recovery from addiction that involve the whole family. Timely access to quality treatment services at the time an addict is willing to seek recovery would increase treatment success and ultimately stabilize families.

In the current drug epidemic facing Wisconsin, it is not uncommon for grandparents to come forward as primary caregivers for their grandchildren; this is after many years of dealing with the drug addictions of their now adult children. Similarly, counties are seeing multiple generations of active addiction in families, where grandparents are using drugs with their children and even grandchildren.

While this intense demand on services with corresponding funding restraints is the reality, it would be remiss not to mention our greatest strength in delivering services to our communities—the amazing staff. Child protective services social workers are dedicated to the children in the community like no other professionals. They are out there day after day, keeping kids safe, despite the long hours they put in and the sadness and stress they confront and endure on a daily basis. The supervisors who support them are heroes as well. It is time we do the right thing and properly resource a system that is crucial to the safety and well-being of our families.
are provided to the legislature as part of the budgeting process. In Wisconsin, only the needs of DMCPS is approached in this way [Figure 7].

The committee also found that growing concern among county directors regarding liability issues are well founded. Thirty-two states were the subject of class action lawsuits between 1995 and 2005. Sixty-four percent of those lawsuits required defendants to address issues concerning caseworkers, such as adequate staffing, maximum caseloads, and enhanced training and supervision. In all too many cases, additional funding and efforts to address workload happen in reaction to lawsuits and tragedies. This should not be the path for Wisconsin.

COUNTIES’ REQUEST FOR THE 2019-21 BIENNIUM

The upcoming biennial budget provides an opportunity to stabilize the Wisconsin CPS system and begin addressing its long-term needs. It offers a chance to still be proactive in addressing these issues. The committee, based on its research and data analysis, developed a budget platform that was ultimately adopted by both WCHSA and the Wisconsin Counties Association (WCA).

WCA is requesting a $30 million annual increase to the CFA allocation. This amount is derived from the increase in county levy expenditures between 2011 and 2016, as well as the cost of hiring additional CPS caseworkers and supervisors. Staffing needs were calculated based on caseload standards that were the product of the committee’s work and adopted by WCHSA and are enumerated in part in Table 1.

The request would provide only half of the estimated funding necessary to address the identified needs in Wisconsin’s CPS system. It would, however, be significant enough to have an impact in stabilizing the system, providing critical relief in covering out-of-home care costs and supporting the hiring of additional workers. It would help ensure the system can provide for the child victims of the opioid and meth epidemics while more long-term strategies to sustain the CPS system can be formulated.

In addition, WCA is requesting that a legislative oversight mechanism be created so that the resource needs of Wisconsin’s CPS system are regularly reviewed as part of the biennial budget process. This will raise the level of oversight for the CPS system to a level more in line with the responsibility the state has for these services. It will also help ensure that we will never again reach this level of urgency without legislative knowledge and opportunity to act.

Endnotes
1 Balance of State (BOS) counties refer to all 71 counties excluding Milwaukee County.
2 Eleven of these bills were ultimately passed by the Legislature and enacted into law by the Governor.

Promposal

What to Expect When You’re Expecting a Teenager

AdoptUSKids.org
Voices of Our Caseworkers

Broken Hearts, Broken Wings: A Path to Healing
–Laura Jahnke, MSW, APSW, Social Worker, Department of Health & Human Services, Waukesha County

Like first responders, social workers often make their first contact with individuals and families during crises. However, unlike first responders, social workers often stay involved in families’ lives long after that initial incident has passed. They stay involved in an attempt to help families not only survive, but ultimately to heal, and hopefully to thrive.

As a Child Protective Services (CPS) Ongoing Social Worker, my role is to help keep children safe. Abuse and neglect of children takes many forms, but it is almost never with the malicious intent sometimes envisioned by the general public. Behind every news story, there is another story. Children are more often abused or neglected because parents are unable to manage their own issues, which in turn prevents them from safely parenting their children. Their children pay the price, and the system responds.

Social workers are the face of the system; and we witness the human costs of our societal ills. Where the public sees headlines and hears sound-bites, we see faces.

We see the 10-year-old girl, slumped in a visitation waiting room right before Mother’s Day, an “I love you Mom” coffee mug dangling from her hand. We see the babies shaking from the effects of in-utero substance exposure and withdrawal. We see their young moms wracked with shame, grief, and regret struggling to overcome their life-threatening addiction to opiates. We see the teenager, recovering in a hospital bed after a serious suicide attempt. We know she feels beyond guilty for “destroying her family.” We know that her father was deported after she revealed that her father used a belt for discipline. We see the grandparents in retirement struggling to raise their grandchildren following their child’s overdose. We face parents who are irate when we must remove their children to keep them safe.

In the decade plus years that I have been doing this work, our cases have become increasingly complex. Families are challenged to manage not only the routine economic burdens of “making ends meet,” but also to shelter their families in the midst of the affordable housing crisis, along with the rising costs of daycare and costs of living in general. Despite working full time, families are often just one financial emergency away from homelessness. And there are limited spots at our overwhelmed shelters.

More and more families battle chronic mental health issues, and often turn to self-medicating with mood altering and addictive substances. We know that individuals transition from over-prescribed opiate medications to heroin when the prescriptions run out,
a path commonly called the “Stairway to Heroin.” As the stressors mount, families use unhealthy and dysfunctional ways of coping, including responding with anger or violence. As our communities and society have evolved, families are lonely in their struggles. Family members are increasingly isolated even within their own families, as screen time has replaced meaningful face-to-face time.

As social workers, we bear witness to these families’ trauma; and as a result, we experience secondary trauma ourselves. Not only are our cases more complex, but the number of caseloads is higher for each social worker. Coupled with higher caseloads come higher expectations and requirements regarding documentation and looming legal deadlines. We experience stress and burnout. Sometimes, we fear for our own safety. When I started at Waukesha County, social workers seemed to stay in their positions until retirement. That is no longer the case. While we may not necessarily struggle to fill open positions, we certainly do struggle to retain workers. This employee turnover places additional financial and logistical stress on an already overburdened system.

Like most social workers, I entered this field in order to help others. One of the biggest frustrations social workers face is the lack of resources with which to help families. We sometimes lack the time and energy to do justice to families’ needs and our own professional standards. We sometimes lack the time and energy to take care of our own families and ourselves. But the need for this critical and meaningful work continues. This work is a calling, and social workers will continue to respond to the call. Who will join us in supporting this path to healing for our families, for our society?

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**BROKEN WING #7**

*Cover Features Milwaukee-based Artist’s Work*

The cover of this edition of *Wisconsin Counties* magazine is graced by the painting *Broken Wing #7*, by Milwaukee-based artist Rita Maria. The painting is owned by Waukesha County Department of Health and Human Services Social Worker Laura Jahnke, the author of the article featured in this magazine, *Broken Hearts, Broken Wings: A Path to Healing*. Ms. Jahnke submitted a photograph of the painting because she felt it was illustrative of the struggles she faces in the performance of her duties as a social worker in Waukesha County. With permission of the artist, *Wisconsin Counties* is proud to include Rita Maria’s work on the cover of this edition. Rita Maria, in describing her work, said, “As an artist, my goal is to express and share the truest parts of myself in my work in hopes to not only connect with you, but to inspire you to live from the most honest part of yourself and express it without fear.” Her work can be viewed at [ritamariagallery.com](http://ritamariagallery.com).
Child Protective Services Process

Kristin Korpela, Director, Dunn County Department of Human Services

It's Friday afternoon at 3:30 p.m. A child protective services social worker from a Department of Human Service agency in Any County, Wisconsin receives a call from local law enforcement indicating that a parent has been arrested for driving while under the influence with a three-year old in the backseat and no responsible adult is available to care for the child.

County child welfare workers are on call 24 hours a day, seven days a week. Child welfare services are designed to ensure the safety, well-being, and stability of children and their families. Such services include child protective services, child abuse and neglect prevention programs, out-of-home care, family strengthening and reunification programs, adoptions, and other child placements.

Wisconsin's child welfare system is operated by counties, with the exception of Milwaukee County, where the child welfare system is administered by the Department of Children and Families' Division of Milwaukee Child Protective Services. County child welfare agencies are subject to state and federal laws, regulations, and standards.

Wisconsin statutes dictate what is required to be reported regarding child abuse and neglect, where it is to be reported, and what is required to be investigated. Many occupations are required by law to report when there is reason to believe that a child seen in the course of a person's professional duties has been abused or neglected or threatened with such, and that abuse or neglect is likely to occur. These persons are called mandated reporters. However, under the law, anyone else may report when such reports are made in good faith.

Upon receipt of a report of child abuse or neglect, the local county human service agency must make a screening decision to determine if the report will be investigated, and if so, within what time frame. Many reports, such as the one above, require an immediate response. During the course of the investigation, social workers are required to interview the child, parent or guardian, as well as any other persons who may have information regarding the allegations. In addition, the social worker continually assesses the child’s safety and well-being.

Child protective services staff then determine whether the child can remain in the home if the family receives appropriate services, or if the child needs to be removed and placed in out-of-home care. If staff determines that a child can remain safely at home, the child and family may receive in-home safety services to address the safety needs of the child and family. If staff determines that a child cannot remain safely at home, the child is removed from the home and placed in out-of-home care.

If this decision is made, a temporary custody hearing must be held within 48 hours. Additionally, a guardian ad litem, an attorney who represents the child’s best interests, must be appointed by the court. Under current law, parents and guardians are not automatically appointed legal counsel and generally, must obtain an attorney at their own expense. Court documentation regarding the facts of the case, called a petition, is then filed and additional hearings are set. If a child is found by the court to be in need of protection or services, a dispositional court order is entered into with conditions that must be met by the parent or guardian prior to reunification. These court processes may take several months to complete. A child removed from the home is returned when the safety issues that resulted in removal are resolved and the court's dispositional order has been satisfied. If conditions remain unresolved in spite of repeated attempts to support the parent in making changes, a termination of parental rights action may be initiated.
It is only after the court has terminated a parent’s rights that a child may be adopted by another individual.

As evidenced, counties have significant responsibility when it comes to ensuring the safety of children all across the state. This is a responsibility that counties take very seriously, and perform with the utmost of care, given the enormity of the task at hand and the implications for children and families if the statutory responsibilities are not successfully carried out.

Portions of this article were excerpted from Child Welfare in Wisconsin, January 2017, Wisconsin Legislative Fiscal Bureau, Informational Paper 49