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DECLARATION OF BRUCE J. KAMRADT

I, Bruce J. Kamradt, declare that, if called as a witness, I could and would competently testify as follows:

A. Summary of Qualifications and Opinions

1. I am the Director of Wraparound Milwaukee, which annually provides wraparound services to more than one thousand children with complex mental health and social service needs. Wraparound Milwaukee provides flexible, individualized, comprehensive, community-based services based on the concept that these services should be "wrapped around" what a child and family need versus "fitting" these children into traditional categorical services. Both the Surgeon General for the United States in 2000 and the Substance Abuse and Mental Health Services Administration ("SAMHSA") in 1998 have cited Wraparound Milwaukee as a national model.

2. At the request of the California Department of Social Services, I served as one of one of its consultants in the late 1990s in helping to design standards for the new wraparound programs pursuant to Senate Bill No. 163. Early this year, I visited Orange County to help develop wraparound services there. A team from Orange County has also traveled to Wisconsin to learn about wraparound services. I have also worked on wraparound projects in San Francisco and San Diego.

3. Based on our experience with Wraparound Milwaukee, many children and adolescents with severe emotional and psychological disorders who have been removed from foster homes and placed in residential treatment centers and psychiatric hospitals can be returned to their homes or other community settings if they and their caretakers are provided with the appropriate mix of services. Providing wraparound services to these "deep end kids" and their caretakers yields

much better outcomes in terms of the child's development and stability in the community and costs approximately half as much as placing these same children in residential treatment centers or a fraction of the cost of psychiatric hospitals.

4. There is, however, no reason that wraparound services should be limited only to those children in the foster care system with the greatest mental health needs. Wraparound services should be provided to many other children in the child welfare system to promote their healthy development, prevent out-of-home placements that may be unnecessary, and, if children are removed from their homes, to prevent their downward slide from foster homes to group homes, residential treatment centers, and finally psychiatric hospitals.

B. Qualifications

5. I have been the Director of Wraparound Milwaukee since 1995. Wraparound Milwaukee, an agency of Milwaukee County, now provides services to approximately 600 children per day. About forty percent of our children are referred by child welfare; the other sixty percent is referred by the juvenile justice system.

6. Wraparound Milwaukee has been chosen repeatedly as a model on how to provide services to children with severe mental and emotional disorders. SAMSHA's Center for Mental Health Services selected Wraparound Milwaukee to serve in 2002 as one of two national host-learning centers for the more than sixty children's mental health programs funded by SAMSHA throughout the United States. In its report to Congress, the National Coalition for Juvenile Justice recognized Wraparound Milwaukee in 2001 as one of two model programs servicing youth in the juvenile justice system with serious mental health needs. In April 2001, the United States Department of Justice's Office of Juvenile Justice

Delinquency Prevention asked Wraparound Milwaukee to serve as one of three programs in a national teleconference concerning mental health issues and juvenile justice. In 1999, the U.S. Surgeon General's report on mental health recognized Wraparound Milwaukee as an excellent example of how to finance mental health services for children. U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General—Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. Additionally, the 1999 U.S. Surgeon General's report highlighted the emerging evidence in favor of the effectiveness of wraparound services. Id. Wraparound Milwaukee is also one of three community learning centers under technical assistance partnership with SAMHSA.

7. Since 1998 I have also been the Director for Safety Services for Milwaukee County at two of five service sites in the County. Called SAFENOW, this multimillion-dollar program uses the Wraparound model to provide early intervention services to families in the child welfare system where there has been a substantiated case of abuse or neglect. The goal of SAFENOW is to keep the child safe in his/her home while strengthening the family unit.

8. I have been an employee of either Milwaukee County or Waukesha County for more than 25 years. From 1985 through 1996, I was the Administrator of Milwaukee County's Child and Adolescent Treatment Center ('CATC") and, as such, was responsible for the administration and management of this psychiatric hospital and its outpatient services for children and adolescents. The preceding four years I served as the Juvenile Court Administrator for Waukesha County

where I was responsible for the administration of all juvenile court services, including operation of the 32-bed Children's Detention Center. From 1980 through 1985, I was a Senior Social Work Supervisor for Waukesha County, supervising a staff of 30 in the provision of child protective services, family services, court custody studies and adult protective services. From 1975 through 1977, I was an Adult Services and Adult Protective Services Supervisor for Waukesha County. I previously worked for four years as the Director of Social Work Services for Deaconess Hospital.

9. I received my Bachelor's Degree in Psychology from the University of Wisconsin Oshkosh in 1970 and my Masters of Social Work from the University of Wisconsin Milwaukee in 1973.

10. My list of articles and publications in the area of children's mental health include:

a. "Curbing Violence in Juvenile Offenders with Serious Emotional and Mental Health Needs – The Effective Utilization of Wraparound Approaches in an American Urban Setting" co-authored with Mary Jo Meyers, International Journal of Adolescent Medicine and Health, Vol. II July-Dec 1999.

b. "Wraparound Milwaukee: Aiding Youth with Mental Health Needs," Juvenile Justice Magazine, April 2000, Vol. VII, No 1.

c. "Expenditures and Sustainability in Systems of Care," co-authored with E. Michael Foster, Christopher Kelsch, Todd Sosna, and Zejier Yang in Journal of Emotional and Behavioral Disorders, Spring 2001, Vol. 9, No. 1.

d. "Utilizing Programs, Fiscal and Clinical Outcomes Data to Build and Sustain A System of Care", 14th Annual Research Conference Proceedings, The Research and Training Center for Children's Mental Health, Feb 2002.

e. Monographs on "Blended Funding Streams to Support Systems of Care for Children with Serious Emotional Needs" and "Twenty-Five Kid Pilot Project" prepared for Substance Abuse and Mental Health Administration – Child and Adolescent Family Branches, June 1998.

C. **The Benefits of Wraparound Services for Children in the Foster Care System**

11. Wraparound Milwaukee began in 1995 with a federal grant from the Center for Mental Health Services ("CMS"), which is the section of SAMHSA charged with leading the national system that delivers mental health services. These grants are designed to improve access to community-based health care delivery systems for people with serious mental illnesses. To test the effectiveness of the wraparound approach and address Milwaukee County's problem with over-utilization of institutional care, Wraparound Milwaukee began as a pilot project in May 1995 to serve children who had already been placed in residential treatment centers ("RTCs"). According to the Surgeon General's Report on mental health, an RTC is "a licensed 24-hour facility (although not licensed as a hospital), which offers mental health treatment. The types of treatment vary widely; the major categories are psychoanalytic, psychoeducational, behavioral management, group therapies, medication management, and peer-cultural. Settings range from structured ones, resembling psychiatric hospitals, to those that are more like group homes or halfway houses. While formerly for long-term treatment (e.g., a year or more), RTCs under managed care are now serving more seriously disturbed youth for as briefly as 1 month for intensive evaluation and stabilization." The project targeted 25 youths who had no immediate plans for discharge from the RTCs. In October of 1995, the project staff prepared a report on the status of each of these

children after several months in the pilot project. A true copy of this report, which is entitled The 25 Kid Project: A Pilot Project to Serve 25 Children Placed in Residential Treatment Centers, is attached hereto and marked as Exhibit "A". Some acronyms in the report may require brief explanation: "CYD" stands for Career Youth Development, a case management agency; "M-Team" stands for multidisciplinary team; and "MPS" stands for Milwaukee Public Schools.

12. Since we prepared the above report, Wraparound Milwaukee has gained an additional ten years of experience in providing wraparound services to children with intense psychological and emotional needs. What we found in the first eight months of operation has continued to hold true. Wraparound Milwaukee has been able to return more than 80% of the children in RTCs to their homes or their communities once the children and their families receive the appropriate individualized, strength-based services. Thereafter, these "deep end kids" have normally resumed their education, be it at public or an alternative school. Some of these children later attended either college or trade school. Upon turning age 18, others successfully obtained work. Although we do not have long-term follow-up data beyond two years on children in the child welfare system, it is my understanding that only a small percentage of these children as adults require further placement in RTCs or psychiatric hospitals. Follow-up data on children in the juvenile justice system indicates recidivism rates for children in Wraparound Milwaukee decrease while receiving services and remain reduced through one- and three-year follow-ups. Five-year follow-up data shows recidivism rates for children in Wraparound Milwaukee do not diverge from recidivism rates prior to their involvement in Wraparound Milwaukee.

13. When Wraparound Milwaukee began operations in 1995, there was an average of 375 children in RTCs on a daily basis. Today there are approximately 80 children in RTCs on a daily basis. In our experience, most children do not need to stay in an RTC for more than 90 days.

14. Wraparound Milwaukee has also dramatically reduced the number of days of psychiatric hospital care for the children who have been placed in RTCs. In the 1996-1997 fiscal year the children in RTCs (an average of 375 children per day) required a total of 5000 days of psychiatric hospital care. By comparison, in the 2004 calendar year the children in Wraparound Milwaukee (an average of 600 children per day) required a total of 180 days of psychiatric hospital care and this figure only involves a total of less than 69 children. As the former administrator of a psychiatric hospital, I can say that psychiatric hospitals are both far more restrictive and far more expensive than wraparound services. The placement of children in a psychiatric hospital also is often unnecessary as demonstrated by our experience with Wraparound Milwaukee. Even necessary psychiatric hospitalization is prolonged by a state's failure to provide children with an array of services like those of Wraparound Milwaukee.

15. Wraparound Milwaukee constantly evaluates the clinical outcomes of our children. We use three nationally accepted and tested research instruments recommended by the federal government: the Child Adolescent Functional Adolescent Scale ("CAFAS"), which is scored by the case manager (also known as the care coordinator), the Child Behavior Checklist, also known as the Achenbach test which is scored by the family or caretaker; and the Youth Self Report ("YSR"), which is scored by the child. Used at time of enrollment and every six months afterward, these three instruments measure the child's every day

functioning or, more appropriately, the level of the child's dysfunction. For those children assigned to Wraparound Milwaukee, their level of dysfunction, which is in the range of a very high degree of dysfunction and impairment at intake, significantly decreases during their enrollment in Wraparound Milwaukee.

D. Cost Effectiveness of Wraparound Services

16. Last year the monthly cost of placement in an RTC was approximately $7,400 per child. That figure does not even include all the services for the child, such as the costs of case management, child welfare services, and other expenses. With services included, the total monthly cost of placing a child in an RTC was more in the range of $8,000 to $10,000 per month

17. Last year the monthly cost of Wraparound Milwaukee services was approximately $3,900 per child. This figure covered all services for the child, including the costs of foster care or group care, mental health services, and social or other support services.

18. Medicaid dollars cover the following components of Milwaukee's Wraparound system of care: case management, team meetings, mobile crisis intervention, psychiatric and psychological assessments, crisis stabilization teams, medical day treatment, medication management, in-home therapy, office-based therapy, group therapy, substance abuse treatment, and a comprehensive provider system. In addition, other components that are not on Wisconsin's state Medicaid plan may become available to an individual child through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of Medicaid. The vast majority of services provided by Wraparound Milwaukee are fundable by Medicaid. Non-medically necessary services—like tutors and mentors—are not

covered, however, the total cost of these services less than $250 per child per month.

E. Wraparound Services in California

19. Based upon my experiences as a consultant to the California Department of Social Services, the Los Angeles County Department of Children and Family Services as well as to Orange, San Francisco, and San Diego Counties, I have some familiarity with the foster care system in California. While California does not have any facilities called RTCs, the more restrictive RCL (level 10 and above) are quite similar.

20. In my opinion, the State of California should, at a minimum, be providing a wraparound services to nearly all foster care children who have serious emotional and psychological disorders, who have been placed in a psychiatric hospital or a level 10 RCL facility or above, or who are at risk of being placed in these facilities. If properly administered, the wraparound approach and availability of flexible wraparound services will allow these children to remain in their homes or communities, will improve their emotional and psychological condition, will reduce time in necessary residential facilities, and will cost significantly less than placements in a psychiatric hospital or higher level RCLs.

F. Providing Wraparound Services to More than the "Deep End" Kids

21. The State of Wisconsin is responsible for the child welfare program in Milwaukee. The State's Bureau of Milwaukee Child Welfare has recently contracted with Wraparound Milwaukee to provide training on the wraparound approach to all the case managers for all the children in foster care in the County of Milwaukee.

22. As the State of Wisconsin recognized, wraparound services should not be confined to those children in foster care who suffer from the most severe emotional and psychological disorders. The basic operating principles of wraparound would benefit most foster care children. Thus, these children should, for example, have a single coordinated plan for all their services and should receive the appropriate services designed to meet their individual needs. The approach should also be strength based and should involve the child's family.

23. In my experience, wraparound services are an essential part of a modern mental health system. The community-based nature of wraparound services not only enables children to receive services in the least restrictive environment but also allows children who need psychiatric hospitalization to remain there for shorter periods of time. Because wraparound services are medically and financially effective, they are vital to the success of any modern mental health system.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the foregoing is true and correct. Executed on _____, 2005, in _____, Wisconsin.

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Bruce J. Kamradt