

Name of Lead Agency	Wisconsin Department of Health and Family Services
Location	Madison, WI
Title of Project	Wisconsin Department of Children and Families
Program Option	RPG 5-Year Grant; \$500,000 annually
Geographic Area and Congressional District Served	Dane County Congressional District Statewide
Brief Program Description	<p>The Western Wisconsin Collaborative for Children's Safety and Permanency was an alliance of state, regional, and county/tribe-level partners who committed to responding effectively to the safety and permanency needs of children whose parents or caregivers abuse alcohol, methamphetamine, or other drugs. The Collaborative proposed a Region-wide systems-transformation initiative that focused its efforts on:</p> <ul style="list-style-type: none"> • Building providers' capacity for family-centered interagency coordination of services • Eliminating barriers to service access, engagement, retention, and recovery. <p>The project was a state led effort, involving 18 counties and two tribes, with the goal of building interagency collaboration through the development or enhancement of Community Services Teams (CSTs). Funding was allocated across the sites to purchase services to address a family's needs as identified by the CSTs.</p> <p>State leaders also proposed a state-level data matching project for families involved in both the child welfare and substance abuse treatment systems.</p>
Target Population	<p>The project targeted:</p> <p>The children and their families who are in, or at risk of out-of-home placement as a result of parents' or caretakers' methamphetamine or other substance abuse and living in one of the 18 Counties and two tribes in the Western Wisconsin Region. At the time of the RPG application, Wisconsin's Western Region was the area of the State with the highest concentration of methamphetamine abuse.</p>
Participants Served	<p>Children: 804</p> <p>Adults: 903</p>

	Families: 565
Major Goals	<p>Major program goals included:</p> <ul style="list-style-type: none"> • <u>Service Capacity:</u> Increase the Region’s capacity to respond in collaborative, coordinated ways to parents’/caregivers’ SUDs and their effects on children’s lives and safety • <u>Family Support:</u> Promote family safety, stability, and capacity to meet children’s needs through collaborative, family-centered case planning, case management and support. • <u>Parents’/Caregivers’ Recovery:</u> Promote parents /caregivers’ retention in appropriate treatment, ongoing recovery from substance use disorders, and responsible life choices. • <u>Children’s Safety:</u> Protect children of parents/caregivers identified with SUDs from abuse and neglect. • <u>Permanency:</u> Promote permanency and stability in these children’s living situations.
Key Major Program Services	<p>Case Management and In-Home Services</p> <ul style="list-style-type: none"> • Intensive/Coordinated Case Management • Wraparound/Intensive In-Home Comprehensive Services <p>Mental Health and Trauma Services for Adults</p> <ul style="list-style-type: none"> • Trauma Informed Services-Seeking Safety <p>Specialized Outreach, Engagement and Retention</p> <ul style="list-style-type: none"> • Cognitive Behavioral Strategies- Motivational Interviewing <p>Substance Abuse Prevention Services</p> <ul style="list-style-type: none"> • Environmental Approaches <p>Screening and Assessment-Child Welfare and Other Children’s Issues</p> <ul style="list-style-type: none"> • Screening and Assessment for Child Welfare Issues • Screening and Assessment for Child Trauma • Other Specialized Child Screening and Assessment-Substance Use, Mental Health/Psychological, Behavioral/Socio-Emotional <p>Children’s Services</p> <ul style="list-style-type: none"> • Early Intervention and Developmental Services <p>Cross-Systems Collaboration</p> <ul style="list-style-type: none"> • Clinical and Program Training • Cross-systems policies and procedures • Regular Joint Case Staffing Meetings

	<ul style="list-style-type: none"> • Cross-systems Information Sharing and Data Analysis • Partner Meetings
Partner Agencies and Organizations	<p>Child Welfare</p> <ul style="list-style-type: none"> • Regional/County Child Welfare Agency <p>Substance Abuse</p> <ul style="list-style-type: none"> • Regional/County Substance Abuse Agency • Substance Abuse Treatment Agency/Provider(s) <p>Courts</p> <ul style="list-style-type: none"> • Family Treatment Drug Court <p>Criminal Justice, Law Enforcement, Legal and Related Organizations</p> <ul style="list-style-type: none"> • Local Law Enforcement (police, sheriff) • Drug Endangered Children (DEC) <p>Mental Health</p> <p>Health Services</p> <ul style="list-style-type: none"> • Regional/County Mental Health Agency • Mental Health Services Providers <p>Education</p> <ul style="list-style-type: none"> • Individual Schools <p>Employment</p> <ul style="list-style-type: none"> • Employment Services Provider <p>Other Community and Child and Family Services</p> <ul style="list-style-type: none"> • Domestic Violence Services Providers/Agency
Evaluation Design and Comparison Group Type	<p>Pre-experimental</p> <p>No comparison group</p> <p>The inability to access adult treatment data and inconsistent and incomplete child welfare data significantly limited the evaluator’s ability to complete the evaluation and demonstrate impact on selected outcomes.</p>
Performance Indicators	<p>The grantee selected the following Performance Indicators. However, they were unable to consistently collect data and report child welfare outcomes in approximately 1/3 of their sites and unable to match adult treatment data, thus no Recovery outcomes were reported throughout the grant.</p> <p>Safety</p>

	<p>Occurrence of child maltreatment</p> <p>Permanency</p> <p>Children remain at home</p> <p>Re-entries to foster care</p> <p>Timeliness of reunification</p> <p>Recovery</p> <p>Access to treatment</p> <p>Retention in substance abuse treatment</p> <p>Well-Being</p> <p><u>Parenting</u>: Percentage of parents or caregivers who demonstrate increased parental capacity to provide for their children’s needs and family’s well-being</p>
<p>Sustainability Status</p>	<p>The overall program model of Community Services Teams (CSTs) will be sustained without grant funding. Of the original 18 counties and two tribes there were 12 sites with functioning CSTs, though they ranged from highly functional CSTs to those that were still in the early stages of development. The two tribes merged with their neighboring counties to form joint CSTs. The remaining counties were not able to develop the partnerships needed, lacked the staffing necessary to facilitate the team or had only sporadic involvement from community partners.</p> <p>The funding sources used to support the project varied by county and tribe. All counties were encouraged to have multiple funding sources to support their CSTs. Some of the sources used are Promoting Safe and Stable Families (PSSF), Mental Health Block grant, General Purpose Revenue, County Tax Levy, private and public grants, and Substance Abuse Block grant. Though a formal cost analysis was not conducted, the stronger teams were able to demonstrate cost savings and report those findings to local and state decision makers. A critical component of the sustainability planning included an expectation of the more highly functional teams to mentor new and developing teams in all program operations, including program sustainability.</p>