Milwaukee Partnership on Well-Being and Recovery (M-POWER) is a regional partnership program to improve well-being, family functioning, safety, and permanency for families of women with substance use disorders (SUD) who are involved with or at risk of involvement with the child welfare system. The program will expand the existing partnership between the Division of Milwaukee Child Protective Services (DMCPS) and Meta House (MH), a community-based agency providing SUD treatment for women and families. The partners will collaborate to provide families with sober recovery housing, outpatient treatment, child and family services, and recovery support services all aimed at improving well-being for adults and children, safety, permanency, and family functioning.

The target population for M-POWER is families of women who are in need of SUD treatment and recovery housing, and who are involved with or at risk of involvement with child welfare. The program will serve 72 families over the course of the grant.

MAJOR PROGRAM GOALS

**Goal 1:** (Partnership) Implement a successful partnership between Meta House and DMCPS with a shared purpose of stabilizing, strengthening, preserving, and reuniting families and contributing to child well-being, safety, and permanency.

**Goal 2:** (Services to Contribute to Child Well-Being, Safety and Permanency) Provide trauma-informed, family-centered recovery housing and treatment for families.

**Goal 3:** (Women's Recovery and Well-Being) Improve women’s level of functioning related to substance use and the effects of trauma to support child well-being, safety, and permanency.

**Goal 4:** (Family Functioning to Support Child Safety and Permanency) Improve family functioning, strengthen protective factors, and support reconnecting families to contribute to child safety and permanence.
GOAL 5: (Child Well-Being) Promote healthy child development, and improve social-emotional skills.

KEY MAJOR PROGRAM SERVICES

• Evidence-Based Programs and Services
  – Recovery Housing (for women and children)
  – Gender-Responsive Treatment
  – Nurturing Parenting Program
  – Peer Recovery Coaching
  – Motivational Interviewing
  – Seeking Safety
  – Contingency Management
  – Filial Therapy
  – Celebrating Families!
  – Nurturing Fathers Program
  – Dialectical Behavior Therapy (DBT) Skills Group
  – Early Pathways

• Case Management and Case Conferencing
  – Intensive/Coordinated Case Management
  – Joint Family Case Conferencing

• Visitation Services
  – Support for Child Visitation

• Family Therapy/Counseling
  – Traditional/Short-Term

• Engagement/Involvement of Fathers
  – Father Involvement Specialist

• Mental Health and Trauma Services for Adults
  – Treatment for Co-Occurring Disorders
  – Trauma Informed Care

• Substance Use Disorder Treatment for Adults
  – Intensive Outpatient
• **Specialized Outreach, Engagement and Retention**
  – Consumer Peer Specialists

• **Family-Centered Substance Use Disorder Treatment or Family-Based Substance Use Disorder Services**
  – Family-centered recovery housing and treatment for families

• **Child and Family Services**
  – Group and individual parenting education
  – Individual therapeutic interventions for children (including play therapy and CBT)
  – Coordination with child welfare and Family Drug Treatment Court (FDTC)
  – Assistance with arranging and supervising onsite visits with children living offsite
  – On-site child care (at outpatient treatment facility)

• **Children’s Screening/Assessment**
  – Birth to Three referrals or Ages and Stages (ASQ-SE) for developmental assessment
  – DC:0-5
  – DSM 5
  – Trauma Symptom Checklist for Young Children

• **Adult Screening/Assessment**
  – Biopsychosocial Assessment
  – DSM 5
  – COWS/CIWA-Ar (Opiate and Alcohol Withdrawal Screens)
  – PTSD Checklist – Civilian (PCL-C)
  – HITS (Intimate Partner Violence Screen)
  – Lie-Bet Scale (Compulsive Gambling Screen)

• **Housing Services**
  – Housing Supports
  – Transitional Housing - Individual Family Housing Units

• **Cross-Systems/Interagency Collaboration – Clinical-Related Activities**
  – Cross-systems clinical training on substance abuse, child welfare and related clinical issues

• **Cross-Systems/Interagency Collaboration – Program and Policy-Related Activities**
  – Staff training on collaboration, admission criteria, referral protocols, information and data sharing, and other RPG program policies and procedures
− Cross-systems information sharing and data analysis
− Regular regional partnership meetings to discuss program, policy and management issues

PARTNER AGENCIES AND ORGANIZATIONS

• Meta House, Inc. (lead agency)
• Division of Milwaukee Child Protective Services
• Evaluator – Non-Profit Organization, IMPACT, Inc.

EVALUATION DESIGN

OUTCOME STUDY DESIGN: QUASI-EXPERIMENTAL DESIGN (QED)

EVALUABILITY ASSESSMENT

The local evaluation of the Meta House Milwaukee Partnership on Wellbeing and Power (M-POWER) will have an impact study and a process and collaboration study. The grantee is also participating in the RPG cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

Impact study design

The grantee will use a quasi-experimental design to examine the impact of its RPG services. Members of the program group will receive supportive recovery housing and services for up to 12 months, including an apartment in the recovery housing community, outpatient substance use disorder (SUD) treatment and mental health services, and in-home parenting and therapy services. Women will also have access to a peer recovery support specialist and case management. Members of the comparison group will be drawn from the population of Meta House clients receiving business-as-usual outpatient SUD services and mental health services. These are the same SUD and mental health services received by women in the program group, but women in the comparison group will receive these services for approximately 4 months (on average). The impact study will include 72 families in the program group; it is anticipated that the number of families in the comparison group will be similar. The grantee will examine impacts in the following domains: permanency, safety, family functioning, and child well-being.

Data sources include administrative data and information obtained by data collectors using standardized instruments. Internal evaluation staff will use the instruments to collect data from both program and comparison group members. Data will be collected at four time points for each program and comparison group family: (1) when families begin services (baseline); (2) 6 months after baseline; (3) 12 months after baseline; and (4) at discharge from services.

Process and partnership study design

In the process and partnership study, the grantee will examine how the program is implemented (focusing on fidelity to the model and the integration of services related to new collaborations), characteristics of the population receiving services, which services are provided to particular families and whether these services align with their needs, and the dosage of services that are
actually received. The grantee will also use the process evaluation to assess the development of the partnership between the Division of Milwaukee Child Protective Services and Meta House. Data sources will include program documents, electronic health records, project monitoring through formal fidelity assessments, and interviews with staff, partners, and participants.

**SUSTAINABILITY STRATEGIES AND ACTIVITIES**

Meta House has long history of collaboration with child welfare and continuing the most beneficial portions of the collaboration well beyond the end of grant funding. This project will extend the partnership; show the value of supportive recovery housing for families and work to enact system change to provide recovery housing to more families beyond the end of grant funding. Sustainability planning will be part of the partnership process from the beginning of grant funding and partners will work toward a model to improve long-term family functioning, well-being, safety, and permanency. Planning will include identification of the most beneficial parts of the model and focus on continuing those services. The evaluation findings will help inform that decision. The dissemination of evaluation findings from the project will be a crucial part of long-term sustainability, showing that the M-POWER program is an effective way to improve outcomes for families.

This grante profile is supported by the Administration on Children, Youth, and Families Children’s Bureau, under contract HHSS270201700001C. This content represents the work of The Center for Children and Family Futures, and does not reflect the opinions of the Administration on Children, Youth, and Families.