

Children's Service Society of Wisconsin

ANNUAL REPORT 2022



Children's
Wisconsin

Kids deserve the best.



Healthy children live in healthy families and healthy neighborhoods, and together, they build healthy communities. We have come to recognize these pieces working together as the social drivers of health. When families are healthy, safe and economically stable, their children's health and well-being can thrive. When families face challenges that cause stress, including poverty and homelessness, their health and wellness can be negatively impacted. Families that are experiencing this overload of stress are at greater risk for having neglect identified as a threat to their children's safety.

In some ways, 2022 seemed like a reawakening. Restrictions from the pandemic began to lift, and people began to return to normalcy in terms of enjoying time with friends and family, traveling, attending events and, in some cases, returning to in-person work and school settings. However, these new freedoms were tempered by new challenges that included a fuller understanding of the longer-term social and mental impacts of the pandemic, rising inflation and the sunset of temporary programs put in place to support families. Family budgets that were already suffering were dealt another blow as even basic necessities became difficult to afford. On top of the financial stressors, many families continued to struggle with persistent mental health concerns and educational setbacks that were starting to drive new conversations and expanded needs.

Children's Wisconsin released its Community Health Needs Assessment and complementary Community Health Implementation Strategy, which provided the data and context to listen to and respond to some of the greatest needs across our communities. As Children's mobilized to respond to families' needs, we recognized our opportunity, understanding that if we can ease the burden on overloaded families, we make resilience a real possibility.

Our work continues to align with what is most important to the child and the family and builds from within, leveraging strengths of each child and family as well as the assets of the community. As we continue to navigate through the long-lasting impacts of the pandemic, we are beginning to see hope and possibilities for a stronger future...for our children, for our families and for our communities.

David Whelan
Vice President,
Child Well-Being

Bridget Clementi
Vice President,
Community Health

Amy Herbst
Vice President,
Mental and Behavioral Health

Children's Service Society of Wisconsin

For more than 130 years, Children's Service Society of Wisconsin (CSSW) has changed the lives of children and families through effective, empowering programming that strives to build, sustain and enhance a nurturing environment for Wisconsin's children and youth. CSSW has evolved to become the largest not-for-profit, nonsectarian provider of community-based child and family services and child welfare services in the state. Our work is a key part of advancing the Children's Wisconsin vision for our state's children to be the healthiest in the nation.

CSSW's service providers positively impacted the lives of over 16,000 children and families in 2022 through our core service areas: community education and injury prevention, mental and behavioral health, family preservation and support, child welfare, and child advocacy and protection.

Our services, combined with the medical expertise of Children's Wisconsin, bring child health and welfare together to transform the health and well-being of children, families and communities — because kids deserve the best.

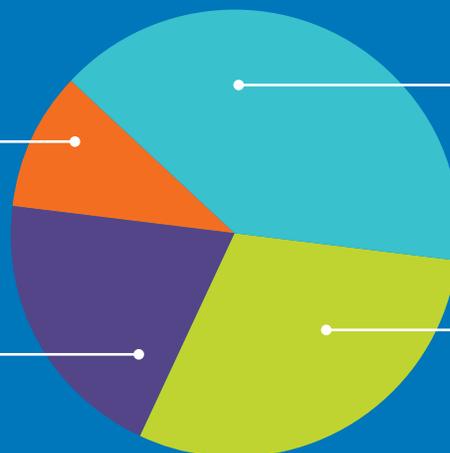


Did you know?

Staying healthy is mostly about what happens outside the doctor's office.

In fact, only **10%** of our health comes from access to **quality health care.**

20%
The world around us
(home, school, community)



40%
The choices we make
(food, exercise, safety)

30%
What we're born with
(family history)

Statewide presence (as of Dec. 31, 2022)

Antigo

N4013 US Hwy. 45
Antigo, WI 54409
(715) 627-1414

Baraboo

626 14th St., Suite A
Baraboo, WI 53913
(608) 356-3019

Black River Falls

W11109 Rogers Rd.
Black River Falls, WI 54615
(715) 284-3001

Eau Claire

2004 Highland Ave., Suite M
Eau Claire, WI 54701
(715) 835-5915

Elkhorn

W4063 Hwy. NN
Elkhorn, WI 53121
(262) 741-1440

Janesville

32 E. Racine St., Suite 190
Janesville, WI 53545
(608) 314-9006

Kenosha

8207 22nd Ave., Suite 155
Kenosha, WI 53143
(262) 652-5522

Kenosha

6809 122nd Ave.
Kenosha, WI 53142
(262) 653-2266

Madison

1716 Fordem Ave.
Madison, WI 53704
(608) 221-3511

Marshfield

725 S. Central Ave.
Marshfield, WI 54449
(715) 387-2729

Merrill

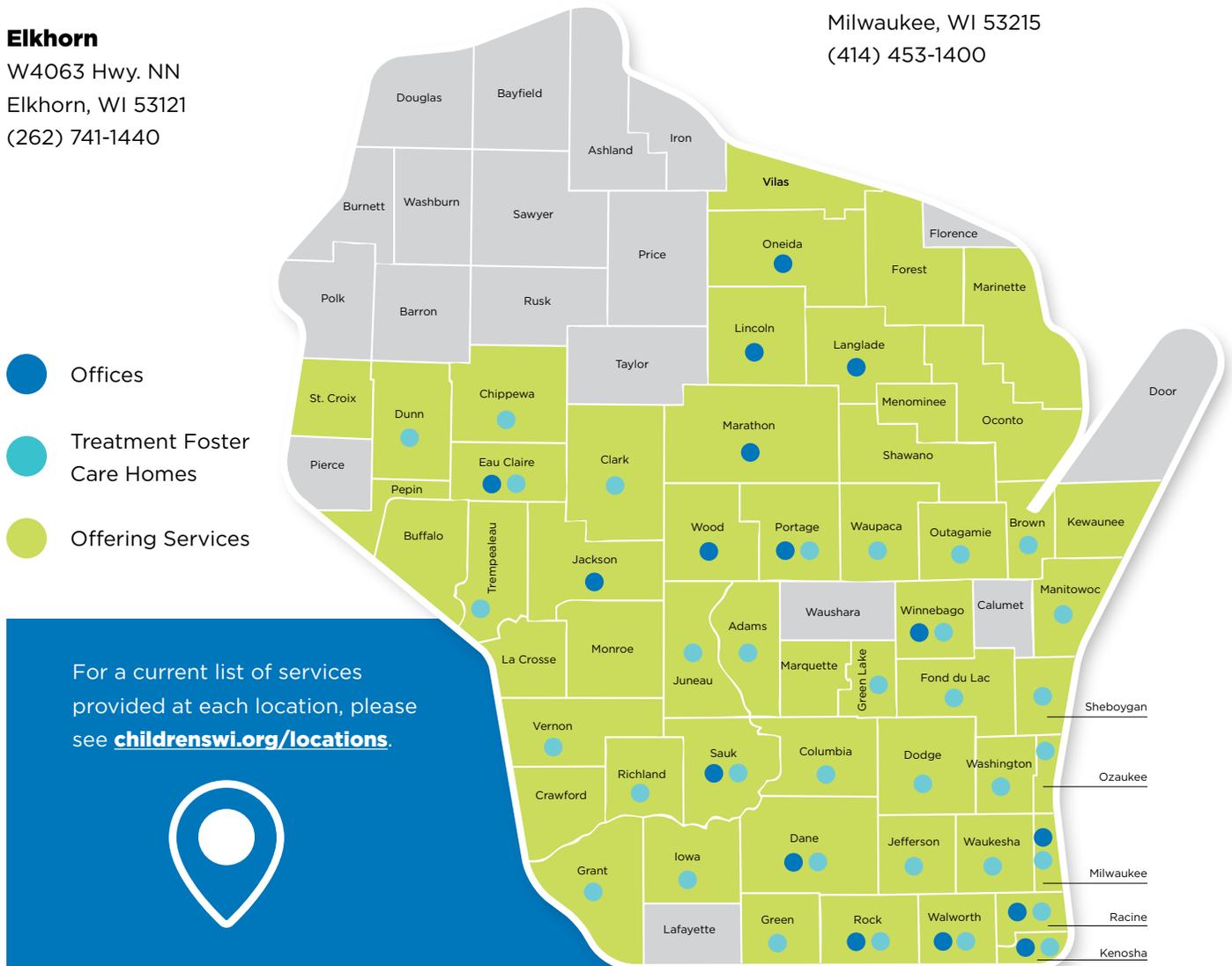
712 East 2nd St.
Merrill, WI 54452
(715) 539-9228

Milwaukee

76th Street
Fair Park Business Center
620 S. 76th St., Suite 120
Milwaukee, WI 53214
(414) 453-1400

Ascension Lutheran

1300 S. Layton Blvd., Room S-301
Milwaukee, WI 53215
(414) 453-1400



For a current list of services provided at each location, please see childrenswi.org/locations.



Sojourner Family Peace Center

619 W. Walnut St.
Milwaukee, WI 53212
(414) 277-8980

Milwaukee Visitation Center

6737 W. Washington St.,
Suite 3115
Milwaukee, WI 53214
Reception A: (414) 337-4492
Reception B: (414) 337-4493

Neenah

325 N. Commercial St.
Neenah, WI 54956
(920) 969-7955

Racine

8800 Washington Ave.
Mount Pleasant, WI 53406
(262) 633-3591

Rhineland

3716 Country Dr.
Rhineland, WI 54501
(715) 361-6300

Stevens Point

1466 Water St., Suite 2
Stevens Point, WI 54481
(715) 341-6672

Taylor

N7532 County Road P
Taylor, WI 54659
(715) 670-1378

Wausau

705 S. 24th Ave., Suite 400
Wausau, WI 54401
(715) 848-1457

Family Resource Center:

(715) 845-6747

**Community Education
and Injury Prevention**

1,572

families and kids served

Project Ujima	1,502
Volunteer Respite.....	70

**Mental and
Behavioral Health**

6,470

families and kids served

Includes individual counseling, psychological testing,
group counseling and school-based mental health

**Family Preservation
and Support**

4,583

families and kids served

Home Visiting and Healthy Start (early childhood services).....	1,090
Family Support, SEFEL, Early Childhood Connector Zone, Education and Employment Specialist programs, and Youth Innovations.....	354
Family Resource Centers (including group-based programming and Triple P)	3,139

Child Welfare

2,731

families and kids served

Ongoing services	1,309
In-home services.....	106
Project Home.....	73
Respite	347
Public adoption.....	420
Treatment and regular foster care.....	226
Supervised visitation and visitation centers.....	250

**Child Advocacy
and Protection**

1,042

families and kids served

Includes services provided at Child Advocacy Centers

Children’s Wisconsin also provides mental and behavioral health
and child advocacy and protection services that are not reflected above.



Your support makes a difference

We're determined to make Wisconsin's children the healthiest in the nation, but we cannot do it alone. While we receive funding from government contracts, United Way and client fees, we could not continue providing many services without the generous support of individual, corporate and foundation donations. Critical services, such as mental and behavioral health care and Child Advocacy Centers, are only partially funded by sustainable revenue streams and depend on financial support from other sources. Your support helps us improve the health of our most at-risk children and families across the state.



2022 Financial results (pre-audit)

Operating revenue

Service fees	\$6,566,336
United Way	\$1,536,614
Fundraising.....	\$4,551,643
Purchase of service	\$38,382,442
Other.....	\$106,911

Total operating revenue **\$51,143,946**

Operating expenses

Community Education and Injury Prevention.....	\$1,658,753
Mental and Behavioral Health.....	\$14,879,441
Family Preservation and Support	\$8,660,062
Child Welfare	\$30,677,071
Child Advocacy and Protection.....	\$1,836,674
Institute for Child and Family Well-Being.....	\$456,695
Other.....	\$1,362,337

Total operating expenses **\$59,531,033**

Income (loss) from operations **\$(8,387,087)**

Net nonoperating gain (loss) **\$11,637**

Excess (deficit) of revenue over expenses **\$(8,375,450)**

Community Education and Injury Prevention

Factors outside the doctor's office impact a child's health — from home, school and neighborhood environments to choices about food, exercise and safety. That's why Children's Wisconsin embraces opportunities to reach and support families outside of medical settings. Community Health and Education programs and services strive to improve the health of children, families and communities.

Volunteer Respite provides a much-needed break for families caring for medically fragile children. These caregivers are under tremendous daily stress as they juggle complex medical interventions and advocate for their child with other demands of life. Through regularly scheduled events that include a full day of fun activities for children with special needs, the Volunteer Respite program gives parents or caregivers an opportunity to recharge and refresh, ultimately strengthening the entire family.

Project Ujima aims to stop the cycle of community violence by supporting youth and families on their journey of healing and recovery. When patients are admitted to Children's Wisconsin Emergency Department and Trauma Center for an injury due to violence, program staff members are swiftly engaged to support the youth and their families through this traumatic experience. This voluntary, family-centered program offers a wide variety of services and resources, including crisis intervention and case management, mentoring, and mental health and medical services over approximately 18 months. This transformative program has been shown to increase participants' resilience and reduce their risk of reengaging in violence.

Prevent Child Abuse Wisconsin (PCAW)'s mission is to build community resources, provide training and public awareness and advocate for programs that strengthen and support families to reduce child abuse and neglect. The 2022 Together for Children conference was held virtually over three and a half days, with 505 people in attendance. Seminars offered topics like technology and child exploitation, domestic violence and child abuse. Two keynote presentations focused on interviewing culturally diverse children and families about child maltreatment and updates on the Department of

Children and Families' child welfare transformation in Wisconsin. Twenty breakout sessions were offered, including child abuse mimics, everyday healing – naming adversity and loss, the importance of family resource centers in primary prevention, child abuse in juvenile court, understanding indigenous trauma and practices, and building resilience in others and ourselves.

PCAW continues to provide materials for parents to connect with their children. These can be accessed by families on [PCAW's website](#) or from professionals working with families, which includes Children's clinics, community Family Resource Centers and home visitation programs. New coloring sheets were developed with the theme, Growing Stronger Families Together. There are six different coloring sheets, representing diverse families and environments.

In 2022 PCAW, along with state partners, changed the focus of April from Child Abuse Prevention Month to a strength-based message – Family Strengthening Month. In partnership with the Department of Children and Families (DCF) and the Child Abuse and Neglect Prevention Board (CANPB), PCAW produced a Family Strengthening Month Toolkit to help individuals, organizations and communities promote the importance of strengthening and supporting kids and families. PCAW held a coloring contest with the new coloring sheets and had over 40 entries. Contest winners were sent age-appropriate children's books. Collaborating with the General Federation of Women's Clubs (GFWC), over 600 PCAW bookmarks, in both English and Spanish, were distributed to libraries in GFWC communities.

Awareness to Action (A2A) addresses the epidemic of child sexual abuse by changing the conditions in which children live, learn, play and grow. This primary prevention occurs through enhancing adults' understanding of risk for child sexual abuse and empowering them to take attainable actions toward prevention. A2A conducts workshops and provides technical assistance for youth-serving organizations to implement best-practice policies and procedures that address the risk of harm occurring in the

continued on next page »

organization. Changing the way that programs and organizations operate places child safety at the center of what they do.

In 2022, Strengthening Families Together Association (SFTA) and the Child Abuse and Neglect Prevention Board (CANPB) enlisted the expertise of A2A to guide Family Resource Centers (FRCs) Infrastructure grantees' organizational policy and practice. In September 2022, A2A trained 54 participants from 15 organizations across Wisconsin in the Centers for Disease Control (CDC) and Prevention's six key components for preventing child sexual abuse within youth-serving organizations. This training cohort reached seven of SFTA's eight delivery regions in the state. From September 2022 to January 2023, FRCs composed action plans for transforming their organization to meet the CDC's best-practice recommendations and place child safety at the center of their programs. A2A continues to consult with the FRC participants to provide technical assistance as they respond to the need for enhanced child safety. FRCs provide critical support to parents and caregivers in their communities to promote healthy child development and family relationships. As leaders in these spaces, FRCs are now able to model organizational best practices to the children and families in their programs and other youth-serving organizations.

A2A also cultivated a partnership with the Wisconsin Department of Corrections (DOC) Sex Offender Registry to form a collective impact workgroup. There are several levels of abuse prevention and all play a necessary role in the well-being of children. Aligning the primary prevention focus of A2A and Prevent Child Abuse Wisconsin with the tertiary strategies of the Sex Offender Registry revealed an opportunity to integrate advocacy, education and action in communities throughout the state. One strategy of this multidisciplinary team is to use Darkness to Light's Stewards of Children® training to facilitate community empowerment by teaching adults how to prevent and respond to child sexual abuse. Fourteen DOC staff members from throughout the state attended a Stewards of Children® authorized facilitator training and have begun educating their communities. Additionally, A2A served as a consultant for revisions of the DOC's resource manual for sexual abuse prevention, "Staying Safe."

Gun violence has taken a toll on Milwaukee's children. Here's how one camp tries to help them heal.

*Ashley Luthern,
Milwaukee Journal Sentinel*

It looked like any other camp.

Kids played hide-and-seek, stifling giggles as they crouched behind benches and slides, then shrieking with laughter when they were found.

They practiced their soccer skills and learned a new dance routine for their end-of-season talent show. They shouted song requests — from Doja Cat to Outkast — during their freestyle time.

It was easy to forget how they had all ended up at this Milwaukee church.

Each one had been touched by violence. Some had been shot or assaulted. Others had lost a parent or friend to homicide or witnessed a shooting.

But here, at Project Ujima's summer camp, they can simply be.

They don't have to explain themselves. They're surrounded by people like 16-year-old Eric Wright, who returned this summer as a volunteer after attending camp as a participant last year.

"Project Ujima, it will change somebody," Wright said.

The program started in 1996 as a partnership between Children's Wisconsin and the Medical College of Wisconsin. It connects kids and their families with mentors and case workers who can help them heal, physically and emotionally, after a traumatic event.

Its purpose is more urgent than ever, as Milwaukee continues to grapple with a historic surge in gun violence.

More than 80 children in Milwaukee have been wounded and survived shootings



Eric Wright, 16, says Project Ujima has changed him. He now volunteers to mentor others through the program.
Mike De Sisti / Milwaukee Journal Sentinel

so far this year, including a 2-year-old boy shot last week on a playground and a 12-year-old boy critically injured in another shooting. Nineteen other children have been the victims of homicide.

“We’re good at medical care,” said Michael Levas, Ujima’s medical director and an emergency physician at Children’s Wisconsin. “We’re excellent at making sure we have the right diagnosis.”

“Within a certain amount of time, you’ll live, but having programs like Ujima that extend beyond that trauma bay, that’s where you’re doing the prevention,” he said.

Not just for kids: ‘We work with victims of all ages’

Two years ago, gun violence soared in Milwaukee and other cities across the country, and arrived on the doorstep of Eric Wright’s family.

Eric, his mom and his brother had just walked in their home in the Harambee neighborhood when gunfire erupted.

“We could have been in the crossfire,” said his mother, Schlonda Holifield.

After that, her family got connected to Ujima, which provides crisis intervention and case management including home visits, mental health services, youth development and leadership opportunities, and family support.

Last year, 499 children and teens were referred to the program. More than 200 of them were immediate

Schlonda Holifield and her son Eric Wright, 16, say Project Ujima has helped their family after a shooting took place outside their Milwaukee home. This summer, Eric returned to Ujima’s summer camp program as a volunteer to mentor others.
Mike De Sisti / Milwaukee Journal Sentinel

victims, either being treated in the emergency room or on the in-patient floors of the hospital.

About 80% of those referred enrolled in the program. Each child has an average of four or five family members, bringing the total number of people served by Ujima to about 2,000 annually.

“We don’t just work with kids,” said Brooke Cheaton, Ujima manager. “We work with victims of all ages.”

Ujima staff members ask families a series of questions to figure out what help they need. Sometimes that means helping a family apply for FoodShare benefits or working with a child’s school to make a safety plan, especially if the child was bullied or injured there.

Of Ujima participants who had been injured, only about 5% returned to the hospital for another assaultive injury, slightly lower than the national re-injury rate of about 8%, according to Cheaton. Project Ujima is primarily funded through donations and local, state and federal grants. It had a budget of more than \$1.5 million last year.

Levas, the emergency room doctor, said Ujima is just one part of the “ecosystem” trying to interrupt violence.

“What we’ve shown with Ujima is if you enroll, you have a positive outcome,” he said. “But not every kid comes to us and not every family is receptive.”

continued on next page »



Why mentorship is a key part of Project Ujima

Holifield worried about her sons.

After the shooting, Eric did not talk about what happened. His younger brother was nervous and scared.

Ujima helped, she said.

Her sons had a crime victim advocate, Dominique Kelsey, who became a mentor and almost father figure, always answering their calls and texts.

When their family had trouble with utility bills, Kelsey figured out a solution. When Holifield's grandmother died, he and others from Ujima called and asked what they needed.

"Dominique has been very helpful when it comes down to listening, understanding and supporting us," Holifield said.

That kind of approach is built into Ujima for a reason.

"We know that kids really can't tap into their own resiliency until they have at least four or five stable positive adult influences," Levas said.

Reggie Riley, a team lead at Ujima, said the key is meeting young people where they are.

"If they don't feel that there's emotional safety where they can be themselves without judgment, well, you're not going to make any headway," he said. "You're just wasting time."

A Ujima participant returns as a volunteer

Holifield saw her sons change, especially Eric. He became more responsible and understanding, and more active at school, on his basketball team and in his service fraternity.

Part of his success came from Ujima's summer camp, she said.

Last year, he attended the hybrid program with Zoom sessions and weekly field trips that fit within pandemic protocols.

Staff invited Eric back this summer as a volunteer to help mentor new participants during in-person camp at a local church. Program organizers do not publicly disclose the exact address for safety reasons. Ujima provided transportation to and from camp for all 60 participants, as well as daily meals.

"When I was first at camp, I was like those kids and now it's like I really came into it as a volunteer," Eric said, adding: "I see a change in myself."

Kelsey, the advocate who worked with his family, said camp often has a transformative effect on kids and staff. His first encounters with families usually are in the hospital immediately after a child has been seriously injured.

"When we do get to summer camp, I totally forget they've been shot or physically assaulted because they're able to be kids," Kelsey said. "That's the most meaningful."

On a Friday this summer, that was apparent. After lunch, campers had free time for board games and crafts.

A teen girl who spent most of the morning on the sidelines with her hoodie pulled up around her face sat down next to a boy. They started playing Yahtzee.

Another boy sitting at a nearby table grabbed a handful of fuzzy pipe cleaners. He twisted and sculpted them into two superheroes — named Mango and Scrapper — and made smaller triangle-shaped drones.

He battled his creations until they were crumpled and battered. His hero, Mango, even lost his head. But the boy wasn't worried.

"He can come back," the boy said.

He smoothed out the pipe cleaners and started again. ●

To learn more about the work of Project Ujima or to volunteer with the organization, visit the Project Ujima page at childrenswi.org or call (414) 266-2557.

Kids benefit from policy partnership

Laura Staats, Program Manager, Awareness to Action

Family Resource Centers (FRCs) are located across the state of Wisconsin to empower families through information and programming. Like many organizations that serve youth and families, they strive to strengthen the child and family relationships that build strong futures for the youth of today. This year, with the support of Awareness to Action, ten FRCs took steps toward safer environments for children in their programs.

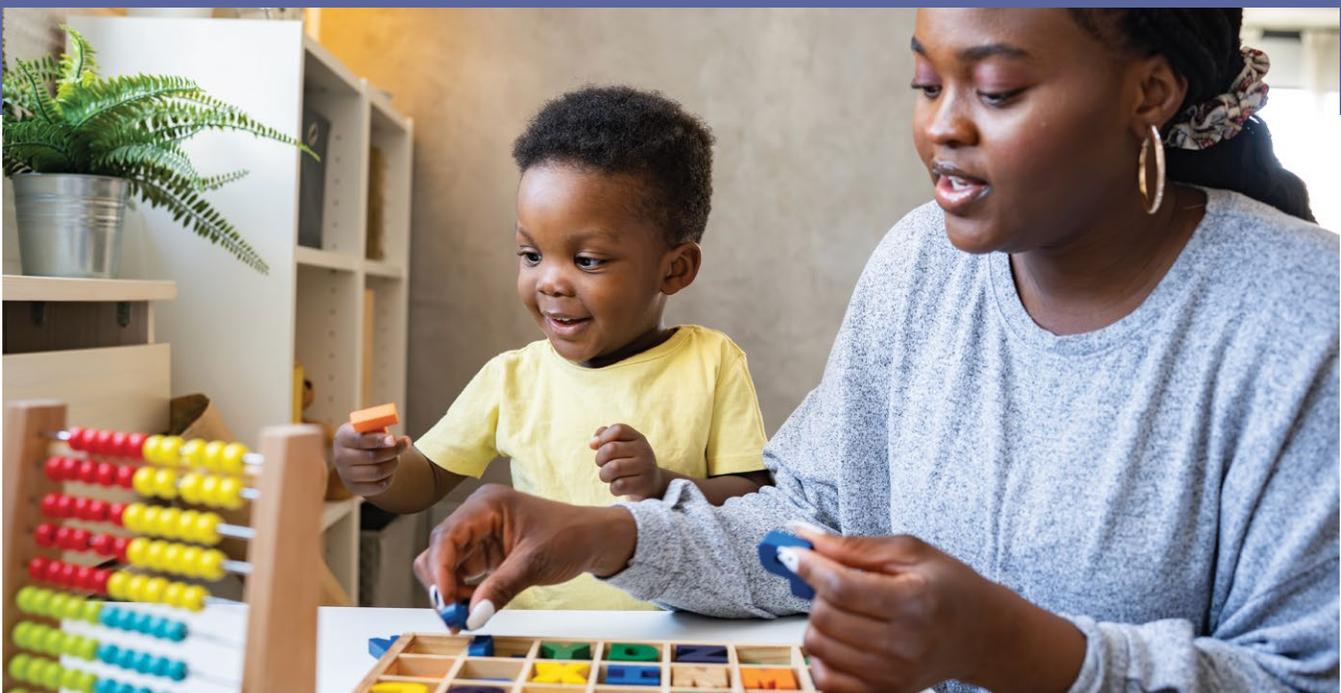
Young people thrive in environments that are safe, stable and supportive, often with a committed staff or volunteer to engage with them. The same characteristics of supportive and caring relationships that are critical to children's growth and development can also create risk of harm to the child. In organizations, adults who want to harm a child may use the organization's program to become close with a child, family or colleagues. Over time and without boundaries, the relationship between the child and adult may move from caring to manipulative or abusive. It can be difficult for organizations to recognize when this is occurring or even believe that it could happen in their program. Thankfully, there are tangible strategies that organizations can use to

maintain the safe, stable and caring relationships and deter inappropriate interactions from occurring.

In September 2022, parents, caregivers, leaders and staff from FRCs participated in Awareness to Action's "Preventing Child Sexual Abuse in Organizations: Policy and Procedure Training" to learn how the Centers for Disease Control and Prevention's (CDC) six key components of child sexual abuse prevention apply to their organizations. During the training, FRCs assessed how they already met the CDC's recommendations and identified areas they could improve upon. Over the next several months, each FRC, including one Children's Wisconsin FRC, created an action plan for implementing best practices in each of these six core components:

1. Screening and selecting employees and volunteers
2. Guidelines for interactions between individuals
3. Monitoring behavior
4. Ensuring safe environments
5. Responding to inappropriate behavior, breaches in policy, and allegations and suspicions of abuse
6. Training about sexual abuse prevention for employees and volunteers

continued on next page »



Through this process, Awareness to Action provided technical assistance and consultation to the FRCs through individual communication and Community of Practice meetings. Awareness to Action staff have witnessed these FRC leaders and parents develop their knowledge. Individuals asked thoughtful questions and offered insight across organizations and role, all with the goal of providing children and families with a safe and nurturing environment.

Awareness to Action's work with the FRCs was supported by the Child Abuse and Neglect Prevention Board (CANPB). The 10 FRCs involved in this training cohort were the recipients of a grant from the CANPB that required them to partner with Awareness to Action in enhancing their policies and procedures to protect the children and families in their programs. The participating organizations recognize that this is a long-term commitment to enhance their ability to create a culture within their organization dedicated to the protection of children.

Awareness to Action is committed to enhancing awareness of child sexual abuse, providing prevention education, advocating for upstream approaches and equipping adults to take action that fosters safe and healthy childhoods. In addition to CANPB, Awareness to Action works with a number of statewide partners to amplify awareness of child sexual abuse and promote action toward prevention, including Supporting Families Together Association,

Department of Justice, Department of Corrections, Child Advocacy Centers, Department of Public Instruction, Wisconsin Coalition Against Sexual Assault, Department of Children and Families, and Department of Health Services.

To date, over 13 geographically diverse regions of the state have engaged in prevention efforts with Awareness to Action and over 100 programs and organizations have attended the "Preventing Child Sexual Abuse in Organizations: Policy and Procedure Training." While each of these organizations has a unique mission and vision, their contribution to child well-being and safety supports the Children's Wisconsin vision of Wisconsin kids being the healthiest in the nation. Primary prevention methods, such as deterring those who want to harm children from applying to youth-serving organizations and reducing the risk of harm within the organization, decrease the likelihood that response to harm will be needed. Not only does primary prevention reduce the need and cost of investigation and ongoing care following a harmful event, it increases a child's chance to learn, play and grow in an environment that promotes their well-being. With every organization that makes a commitment like the Family Resource Centers, Wisconsin is one step closer to giving kids exactly what they deserve, nothing less than the best. ●

Visit a2awisconsin.org to learn more or to find a training.



Marshfield, Wis. | Jane was traumatized by numerous events growing up. Her parents engaged in domestic violence, which eventually led to divorce. Having two homes was difficult, which was made worse when her parents' new partners were abusive to her. By the age of 7, Jane had seven primary caregivers and she did not see her biological parents for many years of her childhood.

Jane began counseling in her elementary school years. She had frequent, severe tantrums. Her behaviors were often triggered by memories from her past, combined with her unaddressed trauma, leading to intense reactions and explosive behaviors that school staff and caregivers were unable to help her manage.

Because of the amount of trauma Jane experienced and the skills she needed to learn to understand and identify her triggers, manage her feelings and develop coping skills, her therapy took place over multiple years. It took the commitment, involvement and persistence of her caregivers to attend all of her appointments with her to learn how to support her in using her coping skills outside of therapy. Jane liked to color, draw and play therapy games that dealt with feelings. Even though she was not able to talk about the tough things, she was learning new skills and thinking through scenarios in the games and through her art.

Jane's growth was not without setbacks. There were noticeable periods where Jane went weeks without a tantrum. Her caregivers and therapist would praise her and encourage her to continue those specific behaviors and techniques. When she experienced lapses, they would be explosive events, and Jane and her therapist would talk about the events, often easing into the conversation using games and art when she was not ready to talk directly about tough topics and feelings.

As her therapy progressed, Jane began to control her emotions and talk more about the specific traumatic moments that impacted every aspect of her life. She was maturing with each year and each therapy session. She was able to regulate her feelings better and look forward to enjoying all of the milestones and events in her future. ●

Mental and Behavioral Health

The **Child and Family Counseling programs (CFC)** throughout Wisconsin are critical to achieving our vision that every child and teenager in Wisconsin will receive the right support for their developmental, mental and behavioral health at the right time, in order to grow up healthy and thriving. While the youth mental health crisis in this country is not new, the past few years have emphasized the severity of suffering of our nation's children and youth and the importance of prevention, early intervention, and equitable access for mental and behavioral health conditions.

In 2022, the Counseling team provided **81,000 visits**, both in person and via telehealth, to **8,600 kids** and families across the state. This includes the child and family therapists who are located in seven **Children's Primary Care** clinics throughout Southeast Wisconsin, providing more care closer to home options for kids and families.

The **Therapist Fellowship Program** trains the next generation of pediatric psychotherapists by hiring and providing trainees (fellows) experience and on-the-job education needed to earn their license, ideally within two years. Since this program launched in 2019, 17 fellows have completed their licensure hours and entered the workforce, with an additional 14 fellows entering the workforce in the next year. As of 2022, the fellowship has served more than 4,000 families through more than 26,000 visits in clinics, schools and pediatric offices around the state.

The **Early Childhood Mental Health Program** promotes social and emotional well-being and healthy development in children under 6 years old by providing culturally responsive care that emphasizes nurturing caregiver relationships. In 2022,

continued on next page »

this team had 12 early childhood mental health therapists in nine of our outpatient clinics across the state, and provided nearly 7,000 visits to young children and their caregivers. Additionally, this team provided Infant and Early Childhood Mental Health Consultation to our Home Visiting programs, Healthy Infant Court and an Early Childhood Education Center in the Milwaukee area.

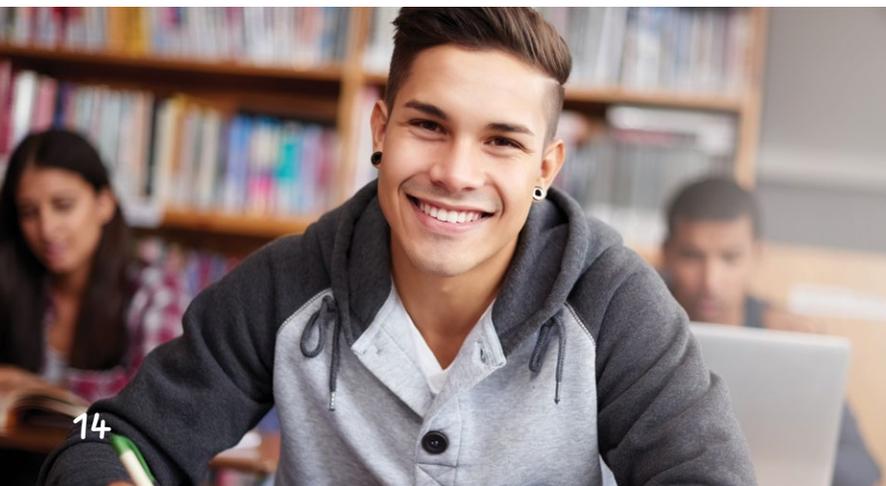
Our **School-Based Mental Health Program** partnered with **more than 45 schools** across Wisconsin in 2022, providing individual, group and family therapy to students, as well as education and consultation to teachers, staff and caregivers. For the 2021-22 school year, our therapists provided care for 819 unique students; 54 percent of these were new to this school year. Therapists provided 11,000 psychotherapy sessions as well as 6,500 parent and teacher consults. We are discovering that over time, schools with school-based mental health services experienced decreased disciplinary incidents and improved detection of more subtle problems in children, namely depression and anxiety.

In 2022, we started two unique and impactful **integrated behavioral health** services. First, we placed **behavioral health consultants** (licensed therapists) in each of our **Child Advocacy Centers** to provide immediate access to brief assessment, intervention and follow-up care to kids and families during their Advocacy Center visit. As opposed to separate treatments, all of their mental and behavioral health needs are addressed as a part of the Child Advocacy experience. Additionally, we started an **in-home therapy** program for our kids and families in **treatment foster care** in Dane County. The in-home therapist provides therapy, support and education in the home, via telehealth and in other settings while also providing monthly psychoeducation and parenting support to foster parents.



Eau Claire, Wis. | A young boy came to one of our Children's Wisconsin Child Advocacy Centers for a forensic interview following allegations of physical abuse by a caregiver. After the interview, he was placed with a relative caregiver. He returned to the Child Advocacy Center a few months later, this time due to allegations of physical abuse by his relative caregiver. Our Child and Family Counseling team provided care to this child throughout this stressful and scary time for him. The boy worked with his psychotherapist to address the trauma he had experienced, including the abuse and the transitions to multiple foster homes.

This young man's journey through therapy has increased his feelings of safety and security. His initial sessions were often challenging for this child, as he had a difficult time trusting and talking about his feelings. As he grew accustomed to the therapeutic process, established trust in his therapist and adjusted to his new foster home, he started to develop different skills that allowed him to open up, trust the process, and work on coping skills and building resiliency. While he still has a journey ahead of him, he is learning the skills to help him heal, grow, trust and thrive. ●



Madison, Wis. | The beauty of time well spent:

I began my work with a creative and very scared and VERY angry little 1st grader. She would run out of the building, run into the street, scream, yell, cuss out anyone who got close to her and hurt herself and others with what appeared to be little remorse. She struggled to engage in academics and her mom felt overwhelmed and scared. This family has been through a lot; they have experienced domestic violence, job and housing insecurity and family conflicts. But this mom was brave and sought help for her little girl. For much of the first year, this client and I worked on developing a safe space and alliance. She eventually learned she could trust me and that I would be there for her, no matter how she acted. As her mother saw this, she also began to trust me and open up more. This allowed me to really join with the family, but it took a lot of time and a lot of missed appointments. As the years continued, her needs shifted from external outbursts toward internalized self-harm and suicidal ideations in 3rd grade, her mother and I worked together to keep her safe. As we moved into 4th grade, she was able to demonstrate stronger coping skills, decreased suicidal ideations, better communication and engagement tools, and has been able to share she feels loved. Today she reports she no longer wants to die. She is able to attend class, has friends and is proud of herself. She can even say she is sorry if she does something

wrong. She is able to talk about the past without hanging off of the balcony or running into the road. Her mother is able to lean into me as a support when faced with new barriers or questions. Soon she will no longer need this level of care. The growth we have witnessed in this little girl is nothing but inspirational! Without the School-Based Mental Health program, this family would not have been able to maintain outpatient services as they faced, and still face, many barriers to traditional care. The length of time it took for our alliance to develop was only possible because of the structure of this program and its flexibility for working with complex trauma and our most vulnerable and underserved populations.

Not only is this child and her family's life improved because of this program but the whole school and community is. They got to witness the growth that is possible when we put mental health as a priority above academic performance. They got another reminder that when we partner with families instead of judge them, this is the kind of change that is possible. I have the great honor of being witness to a mother entering school with a smile of pride on her face rather than fear. I have the great honor to see a child who once ran out of the building run into it and hug her teachers. This is the kind of impact we have, and this is how we make our world a healthier and better place. ●

Milwaukee, Wis. | Every family who enters therapy has unique needs that require differentiation. The family discussed here that I have the honor of working with is no different. The circumstances for which the family involved Josephina in therapy started off as processing the grief from the death of her sibling. This caused major stress on the parents and other siblings. Not long after her sibling's death, the mother suffered a number of health emergencies that significantly changed her ability to parent. This added to the trauma and confusion Josephina felt as family roles were reversed, and she had substantial care responsibilities for her mom and her worsening medical issues. At the same time, the father was working many hours each week to help support the family, who had been reduced to living on one income.

Josephina would often miss appointments, which typically results in discharge from therapy services; however, being in the school-based world, I was often able to find out why she missed a session with the help of the school counselor. We communicated regularly about the family's ongoing situations, new events and academic challenges to best support her. Josephina frequently missed appointments because of additional stressors on her to be a caregiver to her mom and, for a number of months, a very young family member as well. All this came together to create the perfect storm, so to speak, because services were started a week before her high school shut down for COVID-19 in March 2020.

continued on next page »

Due to complications with technology and written materials experienced by both parents, in addition to being Josephina's therapist, there were case management aspects of her situation that I took on to help therapy be successful for her. We worked through Josephina notifying me when appointments needed to be canceled and having a safe space to express the overwhelming amount of stress she was experiencing based on all the demands placed on her. This fostered relationship-building and trust because she knew that she had people who cared about her, her family and all the situations which continued to complicate services for her.

In this journey, it became very apparent additional intervention was needed for Josephina's mood. I have consulted many times with her Children's Wisconsin psychiatrist, who manages the medication aspect of the case. Before the psychiatrist saw Josephina and her dad for the first time, I explained the challenges faced by the dad and his concerns that the medication would be non-habit-forming based on how her sibling died. The psychiatrist and I met regularly to discuss updates and additional situations that developed between their appointments.

Needing to process situations and feelings from Josephina's current changes in life, it took a number of months for us to get into the work to deal with the presenting grief at intake. We started Trauma Focused-Cognitive Behavior Therapy (TF-CBT) to address memories, thoughts and feelings from her past during the overdose experienced by her sibling and her mom's illnesses. Josephina is an amazing and resilient human. While she noted it was difficult to

talk about her experiences, she stated it was necessary to help her heal from the experiences, even if her mom continues to be ill. In TF-CBT, she wrote a narrative of her experiences and read it to a member of her family she has had a close relationship with for a long time. Josephina is very mature and empathetic in her realization she could not read the narrative to her dad, as all of this remains very painful for him. Josephina's dad would do anything to help her and willingly agreed to sign consent for the trusted family member to participate in the therapy process.

Josephina and I continue to work together. I continue to collaborate with both the psychiatrist and the school counselor to ensure the best outcomes possible and advocate for her needs. There have been more family deaths in our time together, which is very difficult for her. She attends appointments regularly and does an amazing job of communicating with me on how to best support the needs she has and any changes that happen. I look forward to seeing her name on my schedule for the day because of the light and energy she brings. Josephina has put so much work into the therapy process, her family and school. I applaud Josephina for her determination and perseverance. I am so proud of her as a client and a person.

UPDATES spring semester, 2023

Josephina will be graduating from high school this year, and I couldn't be more proud to see her flourish through significant adversity. She plans on attending college in the fall, even applying to her dream school and getting accepted. She has at least a 3.5 cumulative GPA, achieving a 4.0 in a few semesters. This was able to prove to her all the hard work she put into herself, school and even therapy had great

benefits to her. She willingly allowed me to help in the college process for her brother. We continue to work on this piece of the puzzle through case management. I continue to work closely with her school counselor, even as graduation approaches, which has been an invaluable relationship for Josephina.

We have spent four years working through trauma and grief. The road continues to produce challenges for her, including parental substance use, deaths of multiple grandparents and the death of a parent. Josephina is working to trust she can rely on other people, even though she often feels as if she can't ask for help and support when needed in her family. They continue to show support for all of her goals. Josephina is able to reflect on the last four years and highlight growth in herself, which is amazing to listen to in sessions. She continues to communicate schedule conflicts and needs for attending a class instead of scheduled sessions. Josephina strives to advocate for herself in all environments of life when challenges arise.

Being school based is truly an honor, with the ability to personalize therapy in a different manner than the clinic environment allows. As I reflect on termination with Josephina, it is definitely a combination of excitement for her future and a bit of grief as I have had the absolutely incredible experience of watching her conquer anything that has been set before her. I will always fondly remember and reflect on work with Josephina throughout my clinical career, not based on anything I have done, but based on the tenacity, perseverance, strength and exceptional human she is. I cannot wait to watch with her school counselor as Josephina graduates from high school, knowing she has equipped herself with anything and everything she needs for continued health and success. ●



Family Preservation and Support

Our statewide family preservation and support programs promote safe and stable families in a variety of ways. Our **Home Visiting** programs work individually with pregnant and parenting families by providing information, resources, support and education. We follow evidence-based models such as Healthy Families America, Parents as Teachers and Nurturing Parent.

Healthy Start is a federal grant-funded program aimed at eliminating health inequities for African American women and children with the goals of reducing infant mortality, increasing access to early prenatal care and removing barriers to health care access. Partnering with the Black Child Development Institute of Milwaukee, we established a Community Action Network that includes Healthy Start grant partners, community stakeholders and Healthy Start program participants working to create community-level change on health disparities for African Americans in Milwaukee County. The program uses maternal health navigators to support Milwaukee County families by promoting and enhancing physical and behavioral health, helping address basic needs and providing community resources for concerns like family violence.

Our **Family Resource Centers** provide parents and caregivers with empowering information and support programs — all free of charge to families — to promote the healthy growth and development of children and strengthen family relationships. All Family Resource Centers facilitate parent education classes that follow evidence-based models such as ACT Raising Safe Kids, Triple P or Nurturing Parent. Our Play and Learn classes follow the Wisconsin Model Early Learning Standards. Most centers also offer parenting phone support, delivering tailored and confidential parenting information and resources to callers over the phone.

Today, I am writing to tell my story. I am writing to let others know that it is never too late. Nothing in life is permanent, and there is hope if you are struggling. The first 17 years of my life are, in many ways, a blur. From childhood sexual and emotional abuse to negligence, I had experienced it all. At the age of 17, I got pregnant with my first child and was thrown into the real world, equipped with none of the life skills I needed to handle it. I dropped out of high school and got my G.E.D. at the local tech. A few months later, I was enrolled in college. I was, in many ways, a child trying to raise a child. Caught in an emotionally and physically abusive relationship with someone who had dealt with addiction his whole life, I was introduced to heroin. I dropped out of college a short time later and found myself in some of the most difficult chapters of my life. I lost everything I had worked so hard for. Sure, my childhood was difficult, but these chapters were written by me and that is a realization that is hard to describe.

continued on next page »

The next few years are something I would erase if not for the fact they gave life to my daughter. By 2017, I was homeless, addicted to heroin and unable to see the light at the end of the tunnel. I had not seen my first child for nearly four years, something I won't discuss in depth today because it is still difficult for me. In the midst of my addiction, I started to get sick and became fearful that I was dying. It was morning sickness. I still remember the pregnancy test that would forever change my life. At first, I was in denial. I could not be pregnant. I had nowhere to turn and no one I thought cared enough to help. Some may think that because an addict gets pregnant, they can flip a switch and no longer be an addict. If only life were that simple. I continued to use to stop myself from getting sick, because I had heard that quitting cold turkey caused more harm to an unborn child than good. But I really wonder if addicts only tell themselves that to place responsibility for their decisions on anyone but themselves.

I'd eventually find myself sleeping on the floor of a meth house surrounded by filth. As I looked around me, I understood I needed to get help and I needed to get it now. I was overwhelmed with guilt and often felt that the easiest way out would have been to take my own life and that of my unborn child. The never-ending shame I felt was like no other. The torment I went through mentally is something that I would never wish upon anyone. Some may read this and feel that

I was selfish; I should have only cared about my unborn child at that time. But addiction does not discriminate, addiction does not care if you are pregnant and addiction does not know right from wrong. My sister will forever be my saving grace. I don't remember calling her and I don't remember how the conversation went, but I do remember the warmth of her car that night on the almost three-hour ride back to my new home, her home.

The next day I sought medically assisted opioid treatment; some may know it better as the methadone clinic. Physically, I was in rough shape. Mentally, I was even worse. The track marks on my arms were some of the worst the doctors had ever seen. After a shame-filled day, my sister took me to get my nails done and my hair cut, hoping I'd return to a shell of the former person I had once been. That would, however, be years in the making.

The day after that, I would visit The Hope Life Center, a nonprofit organization specializing in unplanned pregnancy, abortion and miscarriage. I would find out that day I was likely seven months along, not five months along as I had thought. And later that night, the nightmares would begin. What kind of monster was I? What had I done to this poor innocent child? Would there be a special place in hell for me? I would meet with a specialist the next week who would inform me that I was carrying a healthy baby girl and that I should be grateful. I think grateful was an

understatement. There aren't words enough to describe how beyond grateful I felt that day.

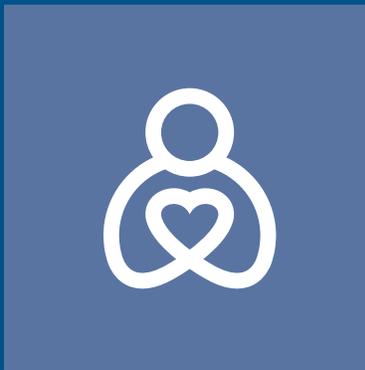
I continued to receive spiritual guidance and counseling through The Hope Life Center for the remainder of my pregnancy. I will forever hold a special place for them in my heart. Somewhere along the way, I decided to sign up for parenting classes through Children's Wisconsin. And through Children's Wisconsin, I would sign up for the Start Right program, whose aim is just that, to give your child the right start in life. A few weeks later I would give birth to a beautiful baby girl, and the rest is history.

I met Michelle, a family visitor, through Children's Wisconsin when my daughter was 6 months old. My daughter will turn 5 this fall. I'd like to call Michelle my friend, but I know deep down we are not friends; we are two people bonded through a shared cause, the well-being of my daughter. The first time Michelle showed up at my sister's door, I listened to her knock but I didn't respond. I honestly hoped she'd just go away and forget about me. I was depressed and tired. I was breastfeeding and surely exposed. I laugh now because, despite having the ability to give up on me, like so many others had done through my life, Michelle did not. In fact, she was annoyingly persistent. That is something I have come to love about her. Eventually, I would let her in. I couldn't see it that day, but, through the grace of God and others, my life would be changed forever.

Over the past five years, Michelle has been with my family and I every step of the way. From Christmas presents to seasonal clothing to parent/child activities, she never fails to answer when I am in need. Every few months we have set a new goal for me to accomplish and have laid out the steps I will need to accomplish that goal. This may sound ludicrous. Why would an adult need someone to hold their hand through each step of creating a goal? The answer is that sometimes all it takes is another person to show you that they care enough to take the time. I've often thought that if Michelle believes I can do it, maybe I can. And over the past five years, I have met so many goals it is hard to keep track of.

I lived with my sister for the first two to three years of my daughter's life. My first big accomplishment was successfully graduating from the Methadone Maintenance Program. Today, I am medication free. I breastfed my daughter until she was 2 ½, something I cherish and am proud of. Two years ago I got my driver's license back and got our first family vehicle. I was offered a job at a group home for disadvantaged teenage girls, many who started their lives out just like I had. I will have worked there for two years next month. Michelle helped me apply for my family's first apartment and, although it was the size of a shoebox, it was ours. Our first table was donated by a wonderful soul through Children's Wisconsin. Today, we have a bigger apartment and a bigger table.

My son, who is now 12, moved in with me full time the day we got that first apartment. And today, I know it was God's plan. Since then, my son and I have received some counseling, and although we have a way to go, our relationship is better than ever. I have started putting money into my son's saving account for his first car. He now has \$1,000. That may not seem like a lot to some, but for me that's a big accomplishment. Over the past year, I have received treatment for my Hepatitis C, a disease I contracted during my addiction, and am now completely disease



free. Last fall, I enrolled in college. I had set this goal many years ago with Michelle but never followed through. Michelle would not let it go. She believed I could do it, and I guess I finally believed I could do it too. In the fall, I will be starting my second year of college, halfway to my degree. I have finished all of my classes this last year on the President's List for academic achievement. And next fall, I will be the first college graduate on both sides of my family. Although I am worried about my student loans and how I will pay those back in the

future, I am grateful to be worried about them. You might ask why would someone be grateful for such a thing?

I am grateful because I now worry about normal things. I worry about paying back my student loans; I worry about building my credit; I worry about saving for a house. I worry about whether I'm doing enough activities with my children and whether we will get to soccer practice on time. I worry about remembering my children's dentist appointments and about how I will have the time and energy to schedule my own. I worry if I am a good parent and if I'm doing right by my children. I worry about gas prices, getting the laundry folded and making it to the store before the kids get off school. These were once things I would never dream of worrying about, things that were fully outside of my grasp.

Today, my life is still hard but I am choosing the right kind of hard. So, while I don't have a life anyone might wish for, I have the life I've always wished for. My story won't end here, and I know things will only get better as time goes on. If any message is gleaned from me today, I'd like it to be that if you are struggling, it's never too late. There are resources available and there are people, like Michelle, who care. As much as it may seem like you are alone in this crazy world, you don't have to go it alone. Believe in yourself and know that it's okay to accept help; Lord knows that's what it took me. ●

Child Welfare

Children's is committed to ensuring that every child has a safe and stable home. To advance that goal, we provide an array of child welfare services in Milwaukee County under a state contract administered by the Division of Milwaukee Child Protective Services. Our primary charge is to ensure child safety, permanency and well-being. Our child welfare services are guided by our family-centered practice: Our priority is to keep families intact and maintain family connections.

Our **In-Home Services (IHS)** program partners with families to ensure child safety in the home while simultaneously providing services to enhance parents' protective capacities. Families in our **Ongoing Services (OGS)** program are served under the jurisdiction of the Milwaukee County Children's Court, with the goal of reunifying families as quickly and safely as possible. When children need to be placed in out-of-home care, we prioritize placement with biological family members; however, when that is unable to occur, our foster care licensing and placement program matches children to caregivers equipped to meet their needs. Our Family Support program works closely with our IHS and OGS programs to support in-home safety plans and timely reunification of parents and children when separated. Our trauma-informed, evidence-based services focus on safety measures, parenting education, mentoring and strengthening family interactions.

Our statewide **Treatment Foster Care (TFC)** program is designed to address the comprehensive well-being of children. Offered throughout Wisconsin's 72 counties, our TFC program is a community-based, child-centered, family-focused approach that provides out-of-home care placement and services for those children and youth who have significant special needs that require specialized treatment services beyond the scope of basic foster care.

The TFC program is a certified provider of the evidence-based TFC model Together Facing the Challenge. This model, researched during a multiyear study conducted through



Duke University, found that the three factors largely responsible for helping children in treatment foster care succeed are:

- Supportive and involved relationships between TFC social workers and treatment foster parents
- Effective use of trauma-informed behavior management strategies by treatment foster parents
- Supportive and involved relationships between treatment foster parents and the youth in their care

Through a seven-session curriculum and home-based 1:1 coaching exercises and tools, this model supports relationship development and teaches effective trauma-informed behavior management strategies to bring practical solutions to everyday problems. To evaluate model effectiveness, the TFC program implemented the use of the Child-Parent Relationship Scale in 2019. The Child-Parent Relationship Scale is a self-report instrument completed by foster mothers and fathers that assesses parents' perceptions of their relationships with their foster child.

Through our contract with the Wisconsin Department of Children and Families, Children's offers **public adoption** programming to 18 Wisconsin counties. The primary goal of our adoption program is to provide all foster children who are in need of a permanent home with an adoptive family that will offer them:

- The rights and protections that are derived from a legal parent-child relationship
- The opportunity to experience the emotional security, growth and development resulting from sound family relationships
- The social status and identity derived from being part of a family entity
- The protection, nurturing and care necessary for physical growth, development and well-being

Child Advocacy and Protection Program

The **Child Advocacy and Protection Services (CAPS)** program at Children's Wisconsin is a national leader in child abuse pediatrics and child advocacy. Our CAPS program is the nation's largest hospital-based network of Child Advocacy Centers (CAC). All seven centers are accredited by the National Children's Alliance. The program also includes three medical satellite offices and a hospital-based advocacy team.

Our CAPS program is a team of medical professionals, forensic interviewers, advocate case managers, therapists and our support staff members, who work together to ensure that the evaluation of an abuse allegation minimizes the re-traumatization of a child. We collaborate closely with law enforcement and Child Protective Services to ensure, as often as possible, that a child only has to be seen and tell their story once. Our work helps to start the healing process for children and their caregivers.

A CAC's mission is to promote and foster safety, healing and justice for children and families. Without effective therapeutic intervention, many children who have experienced trauma may suffer ongoing or long-term adverse social, emotional, developmental and health outcomes.

In 2022, the CAPS program continued to partner with Children's Mental and Behavioral Health team to integrate therapists at each Child Advocacy Center. Through this collaborative effort, at least one behavioral health consultant (BHC) was hired to support each CAC. Our shared goal provided crisis intervention, mental and behavioral health screenings, and short-term intervention services for child victims of abuse while they were still at the CAC. The BHCs also provided consultative support to the CAC team and multidisciplinary partners as well as arranged for therapy services or urgent or emergency care, as indicated.



Three siblings received medical evaluations and forensic interviews for physical abuse at the Milwaukee Child Advocacy Center (MCAC). One of the boys indicated it was his birthday the next day and he was supposed to bring cupcakes to school. When CPS determined the children would not be returning to their home that evening, a MCAC team member went to the nearest grocery store to purchase a birthday cake. The decorator had left for the evening, so another team member created and laminated a topper for the cake! Our staff, along with the officers, detectives and CPS workers, were able to present him with the cake and a balloon and everyone joined in to sing "Happy Birthday." Despite the circumstances, the boys experienced care and support from everyone involved. ●



In May of 2022 the Children's Wisconsin CAC CAPS team sent 10 Brave bracelets with a note of encouragement to the staff of the Bluebonnet Children's Advocacy Center, which serves Uvalde, TX. In the weeks and months ahead after the school shooting, our hope was this small token let the staff know that CAC colleagues were thinking of them and sending support. ●





Institute for Child and Family Well-Being

Strong Families, Thriving Children, Connected Communities

Neglect is a complex and wicked problem, but it's one that we believe is preventable if we work together to reimagine how we support families overloaded by stress. Neglect is a public health crisis, as it's the most common reason that children are separated from their families by the government. 37% of all U.S. children experience a CPS investigation; 53% of all African American children and 13% of all children have confirmed/substantiated maltreatment. In Wisconsin, nearly 70% of children in foster care are separated from their families due to neglect. In 2022, our Strong Families, Thriving Children, Connected Communities (SFTCCC) initiative focused on building shared understanding across an emerging network of changemakers across Wisconsin and beyond.

The **Overloaded: Understanding Neglect** podcast represents the important step of building a shared understanding of the problem and will serve as a foundation for future innovations in practice, policy and systems change. Hosted by Luke Waldo, director of program design and community engagement at the Institute for Child and Family Well-Being, who explores these issues with research and policy experts Tim Grove (Wellpoint Care Network), Jennifer Jones (Prevent Child Abuse America), Bryan Samuels (Chapin Hall), and Dr. Kristi Slack (University of Wisconsin), Lived Experience expert Bregetta Wilson (Wisconsin Department of Children and Families) and five Children's Wisconsin child welfare and child maltreatment prevention experts.

Through these conversations, we developed a compelling narrative that seeks to build a shared understanding of the realities of overloaded families, so that we might find solutions that reduce family separations for reasons of neglect.



Overloaded: Understanding Neglect has over 4,000 individual episodes to date, and can be found on Apple Podcasts, Amazon Music, Google Podcasts and Spotify. Season 2 of the series will be released in late 2023.

SFTCCC in action: The voices of lived experience

Including the voices of individuals with lived experience in efforts to prevent child neglect adds essential, firsthand insight. These perspectives help identify systemic issues and gaps in services, making policy and program solutions more relevant and effective. By incorporating these lived experiences, initiatives become more grounded and responsive to the real-world challenges families face.

In 2022, the ICFW hosted a lived experience roundtable to involve these important perspectives as part of the SFTCCC initiative. These sessions included a brief overview of the stress impact on families, followed by small group discussions and an exchange of insights based on individual experiences. Themes elevated in this roundtable continue to shape SFTCCC's ongoing efforts. Areas of focus emerging from these discussions included the necessity of peer support, access to centralized resources and the importance of professionals trained in the unique challenges these families face. Despite these advancements, obstacles like limited access to services, structural inefficiencies and professional apathy remain. Nonetheless, the conversations confirmed the irreplaceable value of including lived experience in shaping more effective and sustainable solutions.

SFTCCC continues to incorporate voices of lived experience in other roundtables and efforts as we move forward with identifying critical pathways to reduce family separation for reasons of neglect.

2017-2022 Trauma and Recovery Project (TARP) executive summary

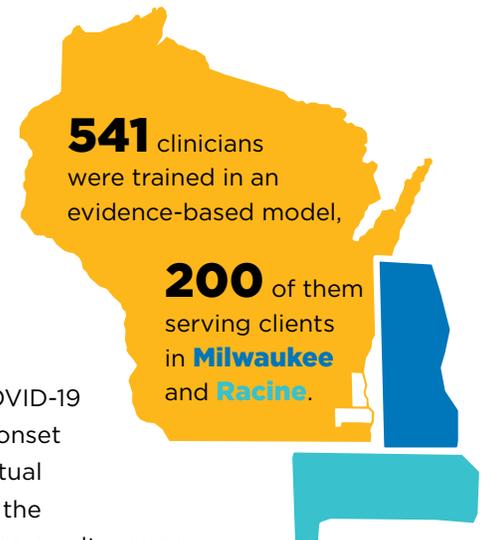
The American Psychological Association has indicated that a significant number of U.S. children are currently diagnosed with a mental health disorder. To address this concerning statistic, the Trauma and Recovery Project (TARP) was initiated. Funded by the Substance Abuse and Mental Health Services Administration, this five-year initiative aimed to bolster trauma-responsive treatments for children and families in Southeastern Wisconsin. The primary objectives were to screen children for trauma, expand the cadre of clinicians skilled in evidence-based practices, and enhance the count of children and caregivers accessing the right trauma-responsive services. This report delves into the challenges faced, achievements garnered and insights from the therapists involved in TARP.

Implementation & results

The team successfully amplified the number of children screened for trauma and mental health needs using specialized tools.

This was particularly evident when 5,153 children were screened despite the challenges posed by the COVID-19 pandemic. The pandemic's onset saw clinicians shifting to virtual screenings and adapting to the

pandemic's uncertainties. The result was an increased demand for mental health services and longer waitlists. On the training front, efforts were made to increase clinicians proficient in evidence-based treatments, especially focusing on trauma. While the training was rigorous and sometimes taxing, the adaptability during the pandemic was commendable. Successful implementation of virtual trainings was a significant achievement. However, there were some barriers in the actual treatment delivery, especially with the strict structure of evidence-based treatments. The project underscored the importance of these treatments, their effectiveness and the potential benefits in terms of reimbursement rates. Looking ahead, the lessons from TARP highlight the value of telehealth services, the need to match screened children with appropriate services and the potential for more expansive training based on the feedback from clinicians and leaders.



continued on next page »



Building Brains

During the summer, the Institute for Child and Family Well-Being (ICFW) partnered with Newcap to successfully conduct the “Building Brains with CARE Community of Practice”. Adapting to COVID-19 challenges, this became a multimedia initiative with both in-person and virtual sessions, fostering skill development, trauma response understanding and resource networking. Continuous evaluation has led to the evolution of “Building Brains with CARE”, branching into two new community education workshops: “Building Brains with Relationships” and “Building Brains with Community”. These will focus on enhancing communication skills and community well-being, with plans for regular in-person sessions. These will be provided quarterly and on a project basis in 2023.

Sincerely,



Gabriel McGaughey, MSW

Co-director

gmcgaughey@childrenswi.org



Joshua Mersky, PhD, MSW

Co-director

mersky@uwm.edu



uwm.edu/icfw



facebook.com/institutechildfamilywellbeing



[linkedin.com/company/
institute-for-child-and-family-well-being](https://linkedin.com/company/institute-for-child-and-family-well-being)



Children's Wisconsin 2022 Board of Directors

Mark Witt, Board Chair
Godfrey & Kahn, S.C.

Jim Popp, Vice Chair
Johnson Financial Group

Todd Adams
Rexnord Corporation.

Tom Arenberg
Community Leader

Linda Benfield
Foley & Lardner LLP

Ken Bockhorst
Badger Meter, Inc.

Tina Chang
SysLogic, Inc.

Matt D'Attilio
Pegasus Partners, Ltd.

Todd Endres
Charter Manufacturing
Company, Inc.

Nancy Flores
McKesson Corporation

Michelle Gass
Kohl's, Inc.

Joe Gehrke
Kesslers Diamond Center,
Inc.

Tim Gerend
Northwestern Mutual

Kelly Grebe
Community Leader

Eve Hall, PhD
Milwaukee Urban League

Patrick Hammes
Hammes Partners

Jason Jarzembowski, MD
Children's Specialty Group

Christopher Kaltenbach
Lesaffre Yeast Corporation

Joseph Kerschner, MD
Medical College of
Wisconsin

Paul Knoebel
Knoebel & Associates, Inc.

Michael Lovell
Marquette University

Dani Machata
Godfrey & Kahn, S.C.

Dave Margolis, MD
Children's Wisconsin

Tim Martin, MD
Children's Wisconsin

Ben Melson, MD
Community Leader

Keith Oldham, MD
Children's Wisconsin

Thomas Precia
HUB International Ltd.

Jamie Purko
SKYGEN USA, LLC

John Reichert
Reinhart Boerner
Van Deuren, S.C.

Rolando Rodriguez
Marcus Theatres

Peggy Troy
Children's Wisconsin

Dave Werner
First Midwest Bank

Children's Service Society of Wisconsin 2022 Board of Directors

Peggy Troy, Board Chair
President and CEO
Children's Wisconsin

Scott Turner, Board President
Executive Vice President
Children's Wisconsin

Marc Cadieux, Board Treasurer
Chief Financial Officer
Children's Wisconsin

Michelle Mettner, Board Secretary
Chief Government and Legal Officer
Children's Wisconsin

2022 Chief Administrative Personnel

Scott Turner
Executive Vice President

Smriti Khare, MD
Chief Mental and Behavioral Health Officer

Mark Rakowski
Senior Vice President

Bridget Clementi
Vice President, Community Health

Amy Herbst
Vice President, Mental and Behavioral
Health

David Whelan
Vice President, Child Well-Being

Bob Rohloff, MD
Medical Director, Health Management and
Community Services



Children's Wisconsin
PO Box 1997
Milwaukee, WI 53201-1997

childrenswi.org