



OVERVIEW

In 2006, the Wisconsin Child Abuse and Neglect Prevention Board (Prevention Board), UW – Madison School of Social Work and Department of Children and Families, created the **Community Response Program (CRP)** to fill a gap in the child maltreatment prevention continuum. Over the decade of funding, the program was implemented by nine Family Resource Centers (FRC) and four county child welfare agencies, serving 23 counties. A randomized control-trial evaluation was conducted during the final funding cycle that include four FRCs, one community-based agency and one county consortium covering 16 counties. UW-Madison conducted an evaluation of the program.

PROGRAM MODEL

CRP provides voluntary supports to families who have been reported to county child protective services for alleged child abuse or neglect, but who are not receiving ongoing CPS services because the referral is 1) screened out, or 2) screened in for further assessment, but the case is closed due to a finding of insufficient child safety concerns.

CRP is a short-term (12-20 weeks) voluntary, strengths-based prevention program that provides:

- Case management
- Home visits
- Collaborative goal setting between the primary caregiver and the CRP worker
- Comprehensive family assessment, including a financial assessment, to guide case planning and services
- Flexible funds for addressing immediate financial stressors for which other community resources are unavailable

The **CRP** model is grounded in the Strengthening Families Protective Factors Framework® and promotes the development of self-sufficiency and improved functioning through the coordination of services and resources. Staff work with families to identify immediate needs (e.g., stable housing, household finances, parenting concerns, child development delays, physical and mental health issues) and assist with connecting families to both formal and informal resources to meet these needs and mitigate child abuse and neglect risk factors.



SITE	REFERRED	PARTICIPANT FAMILIES	%
Green Lake Group	253	72	28.5%
Kenosha/Rock	688	74	10.8%
LaCrosse	467	78	16.7%
Manitowoc/Sheboygan	455	90	19.8%
Milwaukee	1185	68	5.7%
Northwoods Group	220	17	7.7%
Sawyer/Washburn	194	25	12.9%
TOTAL	3462	424	12.2%

Evaluation

12,373 families were randomized into a treatment (28%) or control (72%) group. Families were eligible for the evaluation if they were screened out (64% of those randomized) or had a case that closed after an Initial Assessment (36% of those randomized). The main point of the evaluation was to see if the CRP intervention reduced future CPS system involvement.

Just under 3,500 families were assigned to the treatment group. Twelve percent of treatment group families completed a CRP intake, which we viewed as one indicator of participation. CRP intake involves the referred parent voluntarily agreeing to participate, meeting with the CRP worker and starting the paperwork. Participation rates ranged from about six percent in Milwaukee County to 29 percent in the Green Lake Group. Participation rates ranged from six percent in Milwaukee County to 29 percent in the Green Lake Group. The rates of participation using other markers are still being analyzed, such as whether a goal

*Note: Green Lake Group includes Green Lake, Adams, Marquette and Waushara counties. Northwoods group includes Lincoln, Langlade and Vilas counties.

was set, whether goal progress was made, and whether goals were achieved, as well as duration of program contact and “dosage” (e.g., number of contacts by CRP staff, types of contacts, referrals, contacts by CRP staff, types of contacts, referrals made), and types of services provided.

Approximately 15 percent of the 12,373 families in the evaluation had CPS contact in the year following their “index” report (i.e., the report that generated their randomization into the study). Fourteen percent had an initial assessment during this period; four percent had a substantiated report; and four percent had a child removed and placed in out-of-home care.

Findings

Because treatment group families who participated in CRP were different in both measurable and unmeasurable ways from treatment group families who chose not to participate, a special statistical technique was used to select a subset of the control group (those not referred to CRP) most similar to the subset of the treatment group that ultimately participated in CRP to achieve more accurate assessments of program impact.

Analyses showed that in some program sites, the treatment group showed modest to large declines in CPS involvement compared to the control group—declines most pronounced and consistent in the subgroup that had a screened-out index report compared to those with an investigated report.

However, in some sites, the treatment group had higher rates of future CPS involvement relative to the control group, highlighting that the CRP intervention may not benefit all families.



Additionally, home visits were associated with lower rates of future CPS involvement and increasingly larger as the number of home visits increased, suggesting the importance of home visits as a key ingredient in the program.

Program effects by site are still being explored, but it is worth mentioning that Lakeshore CAP had statistically significant reductions in all four CPS outcomes, with large effect sizes.

Resources:

Slack KS, Berger LM. Who Is and Is Not Served by Child Protective Services Systems? Implications for a Prevention Infrastructure to Reduce Child Maltreatment. *The ANNALS of the American Academy of Political and Social Science*. 2020;692(1):182-202. doi:10.1177/0002716220980691

Slack KS, et al. Preventing child protective services system involvement by asking families what they need: Findings from a multi-site RCT of the community response program (CRP). *Children and Youth Services Review* 141 (2022) 106569.

Maguire-Jack K, Slack KS, Berger LM. Wisconsin's Community Response Program for families that have been reported for child maltreatment. *Child Welfare*. 2013;92(4):95-122. PMID: 24851477.

RECOMMENDATIONS

The research team is still analyzing CRP data, but the results to date offer guidance for efforts to reduce child maltreatment referrals to CPS. A continuum of prevention services with coordinated efforts to strengthen families should be available in all communities. Components of a prevention system should include primary and secondary prevention strategies that are grounded in the Strengthening Families Protective Factors Framework® and are strengths-based.

Communities should also consider creating Family Resource Centers (FRCs). FRCs are community-based, flexible, family-focused, and culturally sensitive hubs that provide access to resources, programs, and targeted services based on the needs and interests of families. Several Wisconsin communities have FRCs. They provide parents and caregivers with education, tools, and strategies around healthy child development, and they can also provide invaluable information about community resources. Some FRCs in Wisconsin offer CRP, along with a full array of prevention services.

If an agency is interested in starting a Community Response Program, a manual and overview is available on the Prevention Board's website: <https://preventionboard.wi.gov/Pages/OurWork/>