Wisconsin Department of Children and Families

Wisconsin Maternal, Infant, and Early Childhood Home Visiting Statewide Needs Assessment Update

Introduction

The Wisconsin Department of Children and Families (DCF), in collaboration with the Wisconsin Department of Health Services (DHS) submits Wisconsin's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) statewide needs assessment update (needs assessment) to meet the requirement of Section 50603 of the Bipartisan Budget Act of 2018 (Pub.L.115-123) (BBA). The MIECHV program is authorized by Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)).

As stated in the Supplemental Information Request (SIR) for the submission of the needs assessment, the purpose of this updated needs assessment is as follows:

- Identify communities with concentrations of risk including the following factors: premature birth, low-birth-weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.
- Identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the state.
- Discuss the state's capacity for providing substance abuse treatment and counseling services.
- Coordinate with and take into account requirements in:
    - the Title V Maternal Child Health Block Grant programs needs assessment (Title V);
    - the Head Start Community Assessments (Head Start), and;
    - the Title II Child Abuse, Prevention and Treatment Act (Title II CAPTA) inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State.

In addition to the above stated requirements, Wisconsin plans to use the needs assessment to make data-driven decisions for Family Foundations program administration starting in FY 2021. (Note: Family Foundations is the name of Wisconsin's MIECHV home visiting program. Family Foundations and MIECHV are used interchangeably throughout this document.) The needs assessment is a primary resource to better understand where there are gaps between how many families are currently being served and how many families could benefit from home visiting services in communities across the state. It also helps Wisconsin to better identify communities with concentrations of risk in the MIECHV statutorily defined indicators (listed above) at the county, sub-county, and aggregate tribal level, which can inform how Wisconsin targets home visiting resources to higher needs communities. In addition to identifying communities with geographic concentrations of risk, Wisconsin identified communities with concentrations of risk by race and ethnicity to further inform targeting services to communities experiencing disparities in the MIECHV statutorily defined areas.

Wisconsin's needs assessment has also been an opportunity to strengthen collaboration with state partners, including Title V, Head Start, and Title II CAPTA. Wisconsin also chose to contract with the same research partner, University of Wisconsin-Madison Center for Community and Nonprofit Studies (UW-Madison Consultant), as the DCF Prevention Scan project lead to develop a fuller understanding of activities related to child abuse and neglect prevention and early intervention in Wisconsin, and with Wisconsin's Preschool Development Grant (PDG) to minimize data collection burden and identify areas of overlap between these respective needs assessment projects. It has been and will continue to be important to crosswalk the findings of the needs assessment with these other needs assessments to continue to identify shared priorities and to advance opportunities for stronger collaboration.

Finally, Wisconsin's needs assessment findings support the domains, goals, and strategies of the 2019 Family Foundations Home Visiting Program strategic plan. The strategic plan identified Family-Centered practices; program Growth and Sustainability; Quality Workforce supports; and ongoing Learning and Improvement opportunities as key domains to guide Family Foundations work (see Appendix A). The needs assessment process has aligned with the key strategic domains in a number of ways:

- The needs assessment process included family voice and also identified areas where the state can work to further incorporate this Family-Centered perspective and input.
- Additionally, the findings that demonstrate disparities in outcomes by race and ethnicity demonstrate the urgency of embedding cultural humility and racial equity in program decision making, another tenet of Family-Centered work.
- The data collected on communities with concentrations of risk and unmet need for home visiting in the state will help to guide how to grow and sustain Wisconsin's home visiting program. The results of the home visiting provider survey and the family survey will inform the state team of barriers to expansion and areas of the state that have infrastructure to support additional home visiting services, all of which are focuses of the Growth and Sustainability domain.
- Additionally, information collected on staff retention and gaps in staffing will further inform Wisconsin's understanding of the Quality Workforce domain.
- Finally, the needs assessment can be used to identify areas for additional learning that could support program evaluation and continuous quality improvement work in the coming years, a focus of the Learning & Improvement domain.

The needs assessment findings support data driven decision making in all aspects of Wisconsin's Family Foundations home visiting program.

Identifying Communities with Concentrations of Risk

To identify communities at risk in the state, Wisconsin reviewed the data and methodology that the Health Resources and Services Administration (HRSA) provided to states to support needs assessment efforts and chose to use the simplified method, which uses county level data. To further understand the needs of the state, Wisconsin opted to modify the simplified method by adding additional indicators and domains. Please see Table 1 below for additional background information on these indicators and domains and Wisconsin's process for identifying them as additions to the simplified method. All modifications to the simplified method were reviewed by the needs assessment stakeholder group.

Table 1: Modifications to Wisconsin's Simplified Method

Domain (new domains indicated with ^)	New Indicators	Source	Reason for adding/replacing indicators
Adverse Perinatal Outcomes	Infant Mortality	WISH (Wisconsin Interactive Statistics on Health) Query System, DHS	Infant Mortality is identified in the SIR as one of the statutorily defined areas to identify communities with concentrations of risk.
	Small for Gestational Age (SGA)	NVSS-Raw Natality File	SGA is an important cause of fetal and neonatal morbidity and mortality. It is a rate of fetal growth that is less than normal, which is considered an adverse perinatal outcome. This indicator is related to at-risk newborn health, which is identified in the SIR as one of the statutorily defined areas to identify communities with concentrations of risk.
Substance Use	Alcohol Use Disorder among 12 and older	National Survey on Drug Use and Health	These indicators were provided as supplemental substance use disorder data by HRSA. Wisconsin found that these indicators better reflected substance use in the state and chose to replace the three indicators from 2012-2014 with these three updated indicators from 2014-2016. Wisconsin chose to use the supplemental substance use disorder data provided by HRSA in place of the substance use data included in the initial Needs Assessment Data Summary because the supplemental data were from a more recent time period. They also reflected more variation by community; for example, in the initial substance use disorder data, only one of the state's 72 counties met at-risk criteria for the domain whereas in the supplemental substance use data, 22 counties met the at-risk criteria. Additionally, the DHS Bureau of Prevention Treatment and Recovery agreed it was reasonable to use the supplemental data in place of the initially provided data. Substance abuse is identified in the SIR as one of the statutorily defined areas to identify
	Cocaine Use in the Past Year among 12 and older		
	Heroin Use in the Past Year among 12 and older		

Domain (new domains indicated with ^)	New Indicators	Source	Reason for adding/replacing indicators
			communities with concentrations of risk.
Child Maltreatment	Child Maltreatment Substantiated Reports: Physical	2017 Wisconsin Child Abuse and Neglect Report	Wisconsin chose to replace the rate of child maltreatment victims indicator provided by HRSA with four indicators that break down the substantiated reports by type of maltreatment. This provides more nuanced information about what child maltreatment looks like at the county level that was not available when looking at the aggregate maltreatment indicator. Child maltreatment is identified in the SIR as one of the statutorily defined areas to identify communities with concentrations of risk.
	Child Maltreatment Substantiated Reports: Neglect		
	Child Maltreatment Substantiated Reports: Emotional		
	Child Maltreatment Substantiated Reports: Sexual		
Disparity^	Percent Black or African American, not Hispanic or Latino	2013-2017 American Community Survey 5-year estimates	DHS needs assessments analyzed indicators of socioeconomic status, adverse perinatal outcomes, and substance use by race and ethnicity, all of which are identified in the SIR as statutorily defined areas to identify communities with concentrations of risk. The results show that need is higher in Black or African American, American Indian or Alaska Native (AI/AN), and/or Hispanic populations than for Asian or White populations. In order to incorporate these findings into the needs assessment, Wisconsin added the disparity domain and the Percent Black or African American, non-Hispanic and Percent Hispanic indicators to identify counties with higher levels of these populations. The disparities in the AI/AN communities are represented in Phase 2 in the Needs Assessment Update Narrative
	Percent Hispanic or Latino	2013-2017 American Community Survey 5-year estimates	

Domain (new domains indicated with ^)	New Indicators	Source	Reason for adding/replacing indicators
			by citing existing data sources that show need in tribal communities at the aggregate level. Tribal data is included in Phase 2 for two reasons: 1) to recognize the unique political status of tribal nations while respecting the government-to-government relationship and 2) including % AI/AN population per county singles out certain tribal communities, rather than representing concentrations of risk that exist across federally recognized tribal communities.
Access to Community Resources^	High Quality Childcare	Wisconsin Department of Children and Families data file	Early Childhood Education is a social determinant of health as defined in the publication *The Role of Social Determinants in Promoting Health and Health Equity* (Artiga & Hinton, 2018). During 2019 Wisconsin MIECHV Local Implementing Agency (LIA) site visits, many Family Foundations home visiting programs identified access to quality childcare as an area of concern for current home visiting families. Access to quality early childhood education is correlated with long term health outcomes, such as lower incidence of teenage pregnancies. This indicator is also related to improved socioeconomic outcomes, such as improved high school graduation rates and increased likelihood of employment with higher earnings (Heckman, 2019). These indicators are related to at-risk prenatal, maternal, newborn, or child health; high school dropouts; and unemployment, all of which are identified in the SIR as statutorily defined areas to identify communities with concentrations of risk.
	Access to Childcare	Wisconsin Department of Children and Families data file	
	Access to Mental	2019 Wisconsin County Health Rankings, Centers	Provider availability is a social determinant of health as defined in the publication *The Role of Social*

Domain (new domains indicated with ^)	New Indicators	Source	Reason for adding/replacing indicators
	Health Providers	for Medicare and Medicaid Services, National Provider Identification	*Determinants in Promoting Health and Health Equity* (Artiga & Hinton, 2018). During 2019 Wisconsin MIECHV LIA site visits, many Family Foundations home visiting programs identified access to mental health providers as an area of concern for current home visiting families. One of the MIECHV Performance Measures looks at the percent of primary caregivers screened for depression, but programs have expressed concern around the availability of providers if a potential depression risk is identified. Access to mental health providers is related to at-risk maternal health, which is identified in the SIR as one of the statutorily defined areas to identify communities with concentrations of risk.
Physical Environment^	Housing Affordability	The Annie E. Casey Foundations KIDS COUNT Data Center, American Community Survey	Housing is a social determinant of health as defined in the publication *The Role of Social Determinants in Promoting Health and Health Equity* (Artiga & Hinton, 2018). During 2019 Wisconsin MIECHV LIA site visits, many Family Foundations home visiting programs identified access to affordable housing as an area of concern for current home visiting families. They also mentioned long wait lists for housing assistance, all which impact housing stability. This housing affordability indicator is also included in the Community Opportunity Map, a project of Casey Family Programs, which identifies ecological indicators that are associated with child maltreatment to inform decision-making around community health and well-being. Housing affordability is related to child maltreatment, which is identified in the SIR as one of the statutorily defined

Domain (new domains indicated with ^)	New Indicators	Source	Reason for adding/replacing indicators
			areas to identify communities with concentrations of risk.
	Asthma Emergency Department Visits	Wisconsin Environmental Public Health Tracking Program, Environmental Public Health Data Tracker	Title V representatives on the needs assessment stakeholder group suggested including an environmental health indicator in the simplified method to represent the health impact of the home environment that home visiting families are inhabiting. Wisconsin examined several indicators within this theme, such as lead and oral-health-related visits; however, there were concerns with these other indicators, such as suppressed data and whether availability of oral health providers influenced the data. Asthma Emergency Department Visits is related to at-risk prenatal, maternal, newborn, or child health, which are identified in the SIR as statutorily defined areas to identify communities with concentrations of risk.

Phase 2: Demonstrating Risk in Additional At-Risk Communities

Some communities that have concentrations of risk were not identified through the simplified method, including some communities served by MIECHV programs and all federally recognized tribal communities. These areas were not identified in the modified simplified method because it is not always possible to demonstrate risk when looking at data only at the county level. The following section cites local data to demonstrate risk in these communities. Local data include aggregate tribal level, zip-code level, and census block group level information. County-level data is also cited for substance abuse indicators, since the substance abuse indicators provided by HRSA in the modified simplified method are calculated at the regional level. Findings from Head Start Community Assessments and Community Health Assessments are also cited where available. Additionally, a new analysis of community need (conducted by the University of Wisconsin-Milwaukee (UWM) contracted evaluation team as part of Wisconsin's Family Engagement and Health Equity Coordinated State Evaluation (CSE)) demonstrates risk at the zip code level. This analysis uses the Childhood Opportunity Index (COI) to rate ZIP codes using a five-category scale ranging from very low to very high child opportunity (Noelki et al., 2020). The rating is based on 29 community level indicators organized into three domains: Education, Health & Environment, and Social & Economic. All three of these domains are represented in Wisconsin's modified simplified method (see above table and Wisconsin Needs

Assessment Data Summary). The COI has a total index, and an index for the three subdomains. For this analysis, UWM used the total index and recoded the five-category scale into three categories of opportunity: (1) low or very low; (2) moderate; (3) High or very high. All COI indicators, many of which are identified in the SIR as statutorily defined areas to identify communities with concentrations of risk, are listed in Appendix F.

Since 2020, Wisconsin has reviewed other state's 2020 needs assessments. The approved Indiana 2020 needs assessment stated that "Indiana noted that while a few counties consistently fell in the "highest-risk" rankings, many counties fell into higher- or lower-risk ranking depending on the indicator assignment and the number of domains. While it is clear "higher risk" counties exist, no county could be consistently determined to be "not at-risk."" Wisconsin had the same experience while developing the modified simplified method in 2020. Based on Indiana's approved needs assessment, reviewing the existing Wisconsin Needs Assessment Data Summary, and additional analysis completed by UWM, all Wisconsin counties have at least one at-risk indicator as defined by HRSA. Therefore, Wisconsin recognizes all 72 counties to be at risk.

Federally Recognized Tribal Communities in Wisconsin

Wisconsin is adding federally recognized tribal communities to the list of at-risk communities. Federally recognized tribal communities are known to be at risk; five of the eleven federally recognized tribes in Wisconsin have a MIECHV home visiting program, which serve families that meet the MIECHV priority populations. Additionally, existing data sources demonstrate how populations that live on tribal lands and/or identify as American Indian/Alaskan Native (AI/AN) have needs that align with the MIECHV statutorily defined areas of low socioeconomic status, adverse perinatal outcomes, substance abuse, and child maltreatment. At times, these existing data sources also show disparities between outcomes for the AI/AN population and outcomes for the rest of the state. There were challenges in finding all the indicators in the modified simplified method at the aggregate tribal level, so Wisconsin has opted to add Federally Recognized Tribal Communities to the at-risk list through Phase 2.

In the statutorily-defined area of socioeconomic status, existing data demonstrates that the AI/AN population is more at risk than people of all races in Wisconsin. According to a 2016 analysis of American Community Survey data by the Great Lakes Intertribal Council Epidemiology Center (GLITEC), 86.17% of those that identify as AI/AN completed high school or more while 91.36% of people of all races did (GLITEC, 2016). Additionally, the AI/AN population has an employment rate of 89.18% compared to 94.58% for all races in Wisconsin (GLITEC, 2016). There is also a difference in the poverty level between these two groups; 26.64% of people that identify as AI/AN are living below the poverty level compared to 8.98% of people of all races in Wisconsin (GLITEC, 2016). Additional analysis of the American Community Survey found that, on average non-Hispanic American Indian families earn less than $50,000 annually compared to non-Hispanic Asian and non-Hispanic White families that earn over $75,000 annually (American Community Survey, 2016-2018). Additionally, non-Hispanic American Indian children are disproportionately living in poverty compared to non-Hispanic White children (American Community Survey, 2016-2018).

There are also statistically significant disparities between the AI/AN population and all races when it comes to adverse perinatal outcomes. According to the DHS Wisconsin Interactive Statistics on Health (WISH), 11.8% of births to AI/AN mothers are premature (CI 10.8%-12.9%) compared to 9.5% of all races [CI 9.4%-9.6%]. Additionally, the infant mortality rate for AI/AN mothers is higher [10.9, CI 7.5-14.3] than the rate for all races [6.0, CI 5.7-6.3] (WISH, 2014-2018). Data on International Classification of Diseases (ICD-10) diagnoses from Indian Health Services (IHS) were also analyzed to better understand outcomes for people who identify as AI/AN and access care at tribal clinics. For this sample, the data show the rate of diagnosed adverse perinatal outcomes (which includes any diagnosis in the ICD-10 P* range) among people that identify as AI/AN only in Wisconsin is 7.2/1000 people (IHS, 2017-2019). The data received by Indian Health Services from tribes does not require that all diagnoses from any particular visit be submitted. Therefore, it is possible that the rate of adverse perinatal outcome diagnoses is higher than what these data show.

According to the 2016 GLITEC report, 22.22% of the AI/AN population reported binge drinking in the last 30 days compared to 16.76% of people of all races in the three state area of Michigan, Minnesota, and Wisconsin (GLITEC, 2016). Additionally, non-hispanic American Indian newborns had a neonatal abstinence syndrome (NAS) rate that is 5.7 times higher than Hispanic newborns (WI hospital discharge data, 2013). According to tribal clinic encounter data from Indian Health Services, rates of substance use diagnoses are also high among people that identify as AI/AN only in Wisconsin. See Table 2 for these rates:

Table 2: Rates of Substance Use Diagnoses from Tribal clinic encounters (AI/AN only*)

Type of Substance Use Diagnoses**	Unadjusted Rate per 1,000
Any Alcohol-related Diagnosis	63.2
Any Cannabinoids-related Diagnosis	33.0
Any Opioid-related Diagnosis	19.1
Any Cocaine-related Diagnosis	7.1

*Each individual tribe verifies AI/AN status prior to receiving care at a tribal clinic. Indian Health Services does not independently verify Tribal membership.
**Substance Use Diagnoses were identified through ICD-10 codes (F10* for alcohol use, F11* for opioids, F12* for cannabinoids, and F14* for cocaine). These codes are in the “mental and behavioral disorders due to psychoactive substance use” category.
Source: Indian Health Services, 2017-2019

Again, the data received by Indian Health Services from tribes does not require that all diagnoses from any particular visit be submitted. Therefore, it is possible that the rate of these substance use diagnoses is underreported in these data. Additionally, findings from the Behavioral Risk Factor Surveillance System (BRFSS) show that the AI/AN population has relatively high rates of binge drinking (5 or more drinks on one occasion for men, 4 or more drinks on one occasion for women) and heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) (BRFSS, 2014-2018; BRFSS, 2013-2018).

Finally, there are also disparties between the AI/AN population in regards to the statutorily-defined area of child maltreatment. Children who identify as AI/AN represent 2% of Wisconsin’s

child population but they represent 7.1% of the child maltreatment victim population in Wisconsin (Wisconsin Child Abuse and Neglect Report, 2018). Given the extensive data that demonstrates risk in the statutorily defined areas, Wisconsin is adding Federally Recognized Tribal Communities to the at-risk list.

Barron County

Wisconsin is adding Barron County to the list of at-risk communities. At the sub-county level, zip codes 54812, 54870, 54762, 54733, 54805, 54889, 54004, and 54005 are identified as low child opportunity and zip codes 54826, 54868 are identified as very low child opportunity according to the COI index. For these reasons, Wisconsin has added Barron County to the at-risk list.

Bayfield County

Wisconsin is adding Bayfield County to the list of at-risk communities. In the Needs Assessment Data Summary, Bayfield County is identified as having a higher-than-average level of unemployment and physical abuse of children. At the sub-county level, zip codes 54827, 54838, 54873, and 54821 are identified as low child opportunity and zip code 54517 is identified as very low child opportunity according to the COI index. For these reasons, Wisconsin has added Bayfield County to the at-risk list.

Brown County

Wisconsin is adding Brown County to the list of at-risk communities. In the Needs Assessment Data Summary, Brown County was identified as having a large Hispanic population, a community that has been identified as having higher needs in MIECHV statutorily defined areas. At the sub-county level, zip codes 54302 and 54303 have especially high levels of socioeconomic status risk. Zip codes 54303 and 54302 are known to be at-risk because 55% of MIECHV families that live in Brown County resided in these zip codes when they enrolled in their home visiting program. According to the Casey Family Programs Community Opportunity Map, in these zip codes, 28% of children under 5 live in poverty, compared to 18% in Wisconsin. Additionally, the general poverty rate is 18% in these zip codes, compared to 12% in Wisconsin. Forty-eight percent of households live under 200% of the federal poverty level, compared to 28% in Wisconsin. Eighty-three percent of the population that is 25 or older has a high school diploma or equivalent, compared to 92% in Wisconsin and 84% of the population graduated high school in 4 years, compared to 93% in Wisconsin (ACS 2014-2018). Census block groups (which approximate neighborhoods) where MIECHV families live also show high levels of socioeconomic status risk. The average Area Deprivation Index* (ADI) ranks census block groups in Wisconsin from 1 to 10. The ADI for census block groups where MIECHV families live is 7.56, with a range of 1 to 10 (University of Wisconsin School of Medicine and Public Health, 2015). Additionally, Brown County shows higher substance abuse related risks than Wisconsin as a whole. According to the 2019 County Health Rankings, the percentage of driving deaths that involved alcohol in Brown County was 49% (+/-5%) compared to 36% in Wisconsin (FARS, 2013-2017). Twenty-seven percent of Brown County's population engages in excessive drinking, compared to 24% in Wisconsin (BRFSS, 2016). For these reasons, Wisconsin has added Brown County to the at-risk list.
*(*Note: The higher an ADI ranking, the worse off the census block group is socioeconomically when compared to other census block groups in the state.)*

Buffalo County

Wisconsin is adding Buffalo County to the list of at-risk communities. In the Needs Assessment Data Summary, Buffalo County is identified as having a higher-than-average risk in the Access to Community Resources domain. Specifically, Buffalo County has fewer than average mental health professionals and childcare slots compared to the population than other counties in the state. At the sub-county level, zip codes 54743 and 54747 are identified as low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Buffalo County to the at-risk list.

Calumet County

Wisconsin is adding Calumet County to the list of at-risk communities. In the Needs Assessment Data Summary, Buffalo County is identified as having a higher-than-average level of preterm births and access to fewer mental health providers per population when compared to other counties in the state. For these reasons, Wisconsin has added Calumet County to the at-risk list.

Chippewa County

Wisconsin is adding Chippewa County to the list of at-risk communities. At the sub-county level, zip code 54729 shows higher levels of socioeconomic status risk. Zip code 54729 is known to be at-risk because 50% MIECHV families that live in Chippewa County reside in this zip code. According to the Casey Family Programs Community Opportunity Map, in this zip code, 23% of children under 5 live in poverty, compared to 18% in Wisconsin (ACS, 2014-2018). Higher than average levels of substance use have also been identified in Chippewa County. The Chippewa County Community Health Survey identified substance use as a top healthy priority and alcohol misuse as the third highest health priority. Seventy-seven percent of respondents identified alcohol misuse as a major or moderate problem and 82% of respondents deemed substance use a major or moderate problem in Chippewa County. According to the Chippewa County Community Health Assessment, there were 307 per 100,000 people drug-related hospitalizations compared to 261 in Wisconsin. Additionally, the percent of driving deaths with alcohol involvement was 47% in Chippewa County, compared to 30% in the United States (Chippewa County Community Health Assessment, 2018). According to the County Health Rankings, 26% (+/-1%) of the population engaged in excessive drinking, compared to 24% in Wisconsin (BRFSS 2016). The rate of alcohol-related hospitalizations was slightly higher than in Wisconsin (2.3 compared to 2.2) (WI Public Health Profile, 2015). For these reasons, Wisconsin has added Chippewa County to the at-risk list.

Clark County

Wisconsin is adding Clark County to the list of at-risk communities. In the Needs Assessment Data Summary, Clark County is identified as having a higher-than-average percent of high school dropouts compared to other counties in the state. At the sub-county level, zip codes 54456, 54425, and 54405 have especially high levels of socioeconomic status risk. Zip codes 54456, 54425, and 54405 are known to be at-risk because 54% of MIECHV families that live in Clark County resided in these zip codes when they enrolled in their home visiting program. According to the Casey Family Programs Community Opportunity Map, in these zip codes, 35%

of households live under 200% of the federal poverty level, compared to 28% in Wisconsin and 25% of children live in poverty, compared to 18% in Wisconsin. Additionally, the percent of the population over 25 years old with a high school diploma or equivalent is 88% in these zip codes, compared to 92% in Wisconsin (ACS 2014-2018). Census block groups (which approximate neighborhoods) where MIECHV families live also show high levels of socioeconomic status risk. The ADI for these areas is 8.29, with a range of 6 to 10. The higher an ADI ranking, the worse off the census block group is socioeconomically when compared to other census block groups in the state (University of Wisconsin School of Medicine and Public Health, 2015). The Head Start Community Assessment for Indianhead Community Action Agency, which provides home visiting services in Clark County shows similar findings, including that 19% of children in Clark County are living in poverty compared to 16.7% in Wisconsin (County Health Rankings 2018). The Head Start Community Assessment also cites that 18% of the Clark County population did not complete high school, compared to 12.7% in Wisconsin as a whole (U.S. Census Quick Facts). Additionally, Clark County shows higher substance abuse related risks than Wisconsin as a whole. According to the 2017 Annual Report from the Clark County Health Department, 15% of Clark County high school students reported excessive or binge drinking and there has been an increase in the age of initiation and in binge drinking amongst Clark County middle school students (Clark County Annual Report, 2018). According to the 2019 County Health Rankings, the percent of the population engaging in excessive drinking is 26% (+/-1%) compared to 24% in Wisconsin (BRFSS, 2016). For these reasons, Wisconsin is adding Clark County to the at-risk list.

Columbia County

Wisconsin is adding Columbia County to the list of at-risk communities. In the Needs Assessment Data Summary, Columbia County is identified as having a higher-than-average risk in the Substance Use domain, specifically marijuana and cocaine usage, compared to other communities in the state. At the sub-county level, zip codes 53956 53926, and 53901 are identified as low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Columbia County to the at-risk list.

Crawford County

Wisconsin is adding Crawford County to the list of at-risk communities. In the Needs Assessment Data Summary, Crawford County is identified as having a higher-than-average risk in the Substance Use domain, specifically marijuana and cocaine usage, compared to other communities in the state. Additionally, the percentage of high-quality childcare slots is lower than average in Crawford County when compared to other counties in Wisconsin. At the sub-county level, zip codes 53518, 53821, 54631, 54645, 54654, 54628, and 54655 are identified as low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Crawford County to the at-risk list.

Dodge County

Wisconsin is adding Dodge County to the list of at-risk communities. In the Needs Assessment Data Summary, Dodge County is identified as having a higher-than-average risk in the Substance Use domain, specifically marijuana and cocaine usage, compared to other communities in the state. At the sub-county level, zip codes 53916, 53956, and 53963 are identified as low child

opportunity areas, and 53933 is identified as a very low child opportunity area according to the COI index. For these reasons, Wisconsin has added Dodge County to the at-risk list.

Door County

Wisconsin is adding Door County to the list of at-risk communities. At the sub-county level, zip code 54226 is identified as a low child opportunity area according to the COI index. For this reason, Wisconsin has added Door County to the at-risk list.

Douglas County

Wisconsin is adding Douglas County to the list of at-risk communities. In the Needs Assessment Data Summary, Douglas County is identified as having a higher-than-average risk in the Crime domain, specifically crime reports, compared to other counties in the state. Additionally, Douglas County has higher than average unemployment and the percentage of high-quality childcare slots is lower than average compared to other counties in the state. At the sub-county level, zip codes 54838, 54873, 54880, 54890, and 54859 are identified as low child opportunity areas and zip code 54830 is identified as a very low child opportunity area according to the COI index. For these reasons, Wisconsin has added Douglas County to the at-risk list.

Dunn County

Wisconsin is adding Dunn County to the list of at-risk communities. Zip codes 54725, 54730, 54734, 54735, 54737, 54739, 54749, 54751, 54763, 54764, 54765, and 54772 are known to be at-risk because 100% of MIECHV families that live in Dunn County reside in these zip codes. According to the Casey Family Programs Community Opportunity Map, the general poverty rate is 14% compared to 12% in Wisconsin for the average of these zip codes. Thirty-three percent of households are living under 200% of the poverty level compared to 28% in Wisconsin (ACS 2014-2018). Higher than average levels of substance use have also been identified in Dunn County. According to the Dunn County Community Health Needs Assessment Report 2015-2016, 71% of adults in Dunn County reported consuming at least one drink in the past 30 days compared to 60% in Wisconsin. Additionally, 31% of adults in Dunn County reported engaging in binge drinking, compared to 25% in Wisconsin. (SAMHSA report, WI Epi Profile on Alcohol and other Drug Use, 2014). According to the 2019 County Health Rankings, 28% (+/-2%) of the population engaged in excessive drinking, compared to 24% in Wisconsin (BRFSS, 2016). The percent of driving deaths that involved alcohol impairment was 45% (+/-7%) compared to 36% in Wisconsin (FARS, 2013-2017). For these reasons, Wisconsin has added Dunn County to the at-risk list.

Fond du Lac County

Wisconsin is adding Fond du Lac County to the list of at-risk communities. In the Needs Assessment Data Summary, Fond du Lac County is identified as having a higher-than-average substantiated reports of emotional child maltreatment than other counties in the state. At the sub-county level, zip codes 53963 and 54935 are identified as low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Fond du Lac County to the at-risk list.

Grant County

Wisconsin is adding Grant County to the list of at-risk communities. Wisconsin has identified socioeconomic risks in zip codes 53818 and 53805, which are known to be at-risk because 50% of MIECHV families that live in Grant County reside in these zip codes. According to the Community Opportunity Map, in these zip codes, the general poverty rate is 16%, compared to 12% in Wisconsin, and 38% percent of households are living under 200% of the poverty level compared to 28% in Wisconsin. Ninety percent of people graduate from high school in 4 years, compared to 93% in Wisconsin (ACS, 2014-2018). The Southwest Community Action Program's Head Start Community Assessment also finds some higher socioeconomic status risks in Grant County, including higher than average unemployment (3.6% compared to 3.3%) and a higher-than-average poverty rate (15.3% compared to 12.7%) (U.S. Department of Labor, Bureau of Labor Statistics, 2018; ACS, 2012-2016). There is also data to support that Grant County shows risk in the statutorily defined area of substance use. The Needs Assessment Data Summary identifies higher than average levels of substance use in Grant County, specifically marijuana and cocaine use. In the Grant County Community Health Improvement Plan, risk of substance use in the community was also identified. Ninety-four percent of survey respondents indicated that alcohol/drug related motor vehicle accidents had the most impact on the community and 80% thought that substance abuse had the most impact on quality of life in the community. According to the 2019 County Health Rankings, 28% (+/-1%) of the population engaged in excessive drinking, compared to 24% in Wisconsin (BRFSS, 2016). For these reasons, Wisconsin is adding Grant County to the at-risk list.

Green County

Wisconsin is adding Green County to the list of at-risk communities. At the sub-county level, zip code 53566 has higher than average level of socioeconomic status risk. According to the Community Opportunity Map, zip code 53566 is known to be at-risk because 77% of MIECHV families that live in Green County resided in this zip code when they enrolled in their home visiting program. In this zip code, 31% of households live under 200% of the federal poverty level, compared to 28% in Wisconsin (ACS, 2014-2018). Census block groups (which approximate neighborhoods) where MIECHV families live also show high levels of socioeconomic status risk. The average ADI for these areas is 6.19, with a range of 2 to 10. The higher an ADI ranking, the worse off the census block group is socioeconomically when compared to other census block groups in the state (University of Wisconsin School of Medicine and Public Health, 2015). In the Needs Assessment Data Summary, Green County is identified as having a higher-than-average levels of marijuana and cocaine use. Additionally, according to the 2019 County Health Rankings, 26% of Green County's population engages in excessive drinking, compared to 24% in Wisconsin (BRFSS, 2016). For these reasons, Wisconsin has added Green County to the at-risk list.

Green Lake County

Wisconsin is adding Green Lake County to the list of at-risk communities. In the Needs Assessment Data Summary, Green Lake County is identified as having higher than average high school dropout and preterm birth rates when compared to other counties in the state. At the sub-county level, zip codes 53956, 53926, 53939, 53947, 54968, 54960, and 54923 are identified

as low child opportunity areas and zip code 53949 is identified as a very low child opportunity area according to the COI index. For these reasons, Wisconsin has added Green Lake County to the at-risk list.

Iowa County

Wisconsin is adding Iowa County to list of at-risk communities. In the Needs Assessment Data Summary, Iowa County is identified as having a higher-than-average level of substantiated reports of child maltreatment related to emotional abuse. Looking at sub-county level data, Wisconsin has also identified higher socioeconomic risks in Iowa County. Zip codes 53503, 53553, and 53506 are known to be at-risk because 54% of MIECHV families that live in Iowa County reside in these zip codes. According to the Community Opportunity Map, in this area, the child poverty rate is 19%, compared to 18% in Wisconsin and 32% of households live under 200% of the poverty compared to 28% in Wisconsin. The percent of the population aged 25 and older with a high school diploma or equivalent is 91% (compared to 92% in Wisconsin) (ACS, 2014-2018). Socioeconomic risks are also found in the Southwest Community Action Program's Head Start Community Assessment, which states that 3.6% of Iowa County residents were unemployed, compared to 3.3% in Wisconsin (U.S. Department of Labor, Bureau of Labor Statistics, 2018). The Needs Assessment Data Summary also identifies higher than average levels of substance use in Iowa County, specifically marijuana and cocaine use. The County Health Rankings also found a slightly higher level of excessive drinking in Iowa County (26% +/- 1%) compared to Wisconsin (24%) (BRFSS, 2016). For these reasons, Wisconsin has added Iowa County to the at-risk list.

Iron County

Wisconsin is adding Iron County to the list of at-risk communities. In the Needs Assessment Data Summary, Iron County is identified as having a higher-than-average risk in the Socioeconomic Status domain, specifically poverty and unemployment rates, compared to other counties in the state. Additionally, the infant mortality rate in Iron County is the highest of all Wisconsin counties. At the sub-county level, zip codes 54514, 54534, 54547, 54550, and 54552 are identified as low child opportunity areas and zip code 54525 is identified as a very low child opportunity area according to the COI index. For these reasons, Wisconsin has added Iron County to the at-risk list.

Jackson County

Wisconsin is adding Jackson County to list of at-risk communities. At the sub-county level, zip code 54615 has especially high levels of socioeconomic status risk. Zip code 54615 is known to be at-risk because 70% of MIECHV families that live in Jackson County resided in this zip code when they enrolled in their home visiting program. According to the Community Opportunity Map, in this zip code, 35% of households live under 200% of the federal poverty level, compared to 28% in Wisconsin. Additionally, the unemployment rate is 5%, compared to 4% in Wisconsin. Eighty-nine percent of residents 25 and over have a high school diploma or equivalent, compared to 92% in Wisconsin and the four-year high school graduation rate is 86% compared to 93% in Wisconsin (ACS 2014-2018). Census block groups (which approximate neighborhoods) where MIECHV families live also show high levels of socioeconomic status risk. The average ADI for these areas is 7.44, with a range of 5 to 9. The higher an ADI ranking, the

worse off the census block group is socioeconomically when compared to other census block groups in the state (University of Wisconsin School of Medicine and Public Health, 2015). Additionally, Jackson County shows higher substance abuse related risks than Wisconsin as a whole. According to the 2019 County Health Rankings, the rate of alcohol-related hospitalizations per 1,000 population is slightly higher in Jackson County is 2.9 compared to 2.2 in Wisconsin (WI Public Health Profile, 2015). For these reasons, Wisconsin has added Jackson County to the at-risk list.

Kewaunee County

Wisconsin is adding Kewaunee County to the list of at-risk communities. In the Needs Assessment Data Summary, Kewaunee County is identified as having a higher-than-average percentage of preterm births compared to other counties in the state. For this reason, Wisconsin has added Kewaunee County to the at-risk list.

La Crosse County

Wisconsin is adding La Crosse County to the list of at-risk communities. In the Needs Assessment Data Summary, La Crosse County shows higher than average levels of crime reports and juvenile arrests when compared to other counties in Wisconsin, which aligns with one of the MIECHV statutorily defined areas of risk. At the sub-county level, zip code 54601 has especially high levels of socioeconomic status risk. Zip code 54601 is known to be at-risk because 53% of MIECHV families that live in La Crosse County resided in this zip code when they enrolled in their home visiting program. According to the Community Opportunity Map, in this zip code, the poverty rate is 20%, compared 12% in the state of Wisconsin. Additionally, 40% of households are considered under 200% of the poverty level compared to 28% in the state of Wisconsin and the unemployment rate is 5%, compared to 4% in Wisconsin (ACS, 2014-2018). Census block groups (which approximate neighborhoods) where MIECHV families live also show high levels of socioeconomic status risk. The average ADI for these areas is 7, with a range of 2 to 10. The higher an ADI ranking, the worse off the census block group is socioeconomically when compared to other census block groups in the state (University of Wisconsin School of Medicine and Public Health, 2015). For these reasons, Wisconsin has added La Crosse County to the at-risk list.

Lafayette County

Wisconsin is adding Lafayette County to the list of at-risk communities. In the Needs Assessment Data Summary, Lafayette County is identified as having a higher-than-average rate of high school dropout. Looking at sub-county level data, Wisconsin has also identified lower than average high school completion rates (89% compared to 92% in Wisconsin for the population that is 25 or older and 91% compared to 93% for the population that graduates in 4 years) in zip codes 53530 and 53586, which are known to be at-risk because 82% of home visiting MIECHV families that live in Lafayette County reside in these zip codes (ACS, 2014-2018). These lower-than-average high school completion rates are also found in the Southwest Community Action Program's Head Start Community Assessment, which states that 10.12% of Lafayette County residents did not have a high school diploma, compared to 8.64% in Wisconsin (ACS, 2012-2016). Additionally, according to the Community Opportunity Map, 31% of households are living under 200% of the poverty level compared to 28% in Wisconsin (ACS,

2014-2018). The Needs Assessment Data Summary also identifies higher than average levels of substance use in Lafayette County, specifically marijuana and cocaine use. In the Lafayette County Health Assessment, both alcohol and drug issues were highlighted as a top priority for both community stakeholders and the general public. For these reasons, Wisconsin has added Lafayette County to the at-risk list.

Lincoln County

Wisconsin is adding Lincoln County to the list of at-risk communities. In the Needs Assessment Data Summary, Lincoln County is identified as having a higher-than-average levels of juvenile arrests and high numbers of substantiated reports of child maltreatment identified as physical abuse. According to the Community Opportunity Map, at the sub-county level, zip code 54452 has slightly lower than average levels of high school graduation rates (92% compared to 93% statewide for 4-year high school graduation rate and 91% compared to 92% statewide for the population over 25 that has a high school diploma (ACS, 2014-2018). Zip code 54452 is known to be at-risk because 72% of MIECHV families that live in Lincoln County resided in these zip codes when they enrolled in their home visiting program. Census block groups (which approximate neighborhoods) where MIECHV families live show high levels of socioeconomic status risk. The average ADI for these areas is 7.69, with a range of 4 to 10 (University of Wisconsin School of Medicine and Public Health, 2015). Higher than average levels of substance use have also been identified in Lincoln County. According to the 2019 County Health Rankings, 50% (+/-10%) of driving deaths in Lincoln County were alcohol-related, compared to 36% in Wisconsin (FARS, 2013-2017). In the Lincoln County Community Health Assessment, alcohol and other drug use was voted as a top public health priority by county stakeholders and respondents to the Healthy People Lincoln County opinion survey in 2017. Seventy-three percent of respondents said they drink alcoholic beverages more than they should and 72% said they are affected by drug use or abuse (Lincoln County Community Health Assessment, 2018). For these reasons, Wisconsin has added Lincoln County to the at-risk list.

Manitowoc County

Wisconsin is adding Manitowoc County to the list of at-risk communities. In the Needs Assessment Data Summary, Manitowoc County is identified as having a higher-than-average level of juvenile arrests. According to the Community Opportunity Map, at the sub-county level, zip code 54220 has higher levels of socioeconomic status risk. Zip code 54220 is known to be at-risk because 70% of MIECHV families that live in Manitowoc County resided in these zip codes when they enrolled in their home visiting program. In this zip code, 21% of children under 5 live in poverty, compared to 18% in Wisconsin. Thirty-three percent of households are living under 200% of the poverty level compared to 28% in Wisconsin. Ninety-one percent of the population aged 25 and older has a high school diploma or equivalent, compared to 92% in Wisconsin (ACS, 2014-2018). Census block groups (which approximate neighborhoods) where MIECHV families live also show high levels of socioeconomic status risk. The average ADI for these areas is 7.71, with a range of 2 to 10 (University of Wisconsin School of Medicine and Public Health, 2015). Higher than average levels of substance use have also been identified in Manitowoc County. In Healthiest Manitowoc County 2015, key informant interviews identified alcohol and other drug use as a top priority in community health needs. They noted that there were several existing barriers, such as lack of accessible treatment facilities and ease of access

to alcohol and other drugs (Healthiest Manitowoc County, 2015). According to the 2019 County Health Rankings, 53% (+/-8%) of driving deaths in Manitowoc County were alcohol-related, compared to 36% in Wisconsin (FARS, 2013-2017). For these reasons, Wisconsin has added Manitowoc County to the at-risk list.

Marathon County

Wisconsin is adding Marathon County to the list of at-risk communities. In the Needs Assessment Data Summary, Marathon County is identified as having a higher-than-average risk in the income inequality indicator in the Socioeconomic Status domain compared to other counties in the state. At the sub-county level, zip codes 54403, 54499, 54414, 54421, and 54425 are identified as low child opportunity areas and zip code 54402 is identified as a very low child opportunity area according to the COI index. For these reasons, Wisconsin has added Marathon County to the at-risk list.

Marinette County

Wisconsin is adding Marinette County to the list of at-risk communities. In the Needs Assessment Data Summary, Marinette County is identified as having a higher-than-average risk in the Physical Environment domain, specifically the rate of asthma emergency department visits, compared to other counties in the state. Additionally, the unemployment rate is higher than the average of Wisconsin counties. At the sub-county level, zip codes 54120, 54112, 54114, 54143, 54151, 54156, 54157, 54161 are identified as low child opportunity areas and zip codes 54102, 54119, 54177, 54104, 54125, and 54103 are identified as a very low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Marinette County to the at-risk list.

Marquette County

Wisconsin is adding Marquette County to the list of at-risk communities. In the Needs Assessment Data Summary, Marquette County is identified as having a higher-than-average substantiated reports of physical child maltreatment than other counties in the state. At the sub-county level, zip codes 53926, 54968, 53930, 53953, 54960, 53920, and 53901 are identified as low child opportunity areas and zip codes 53949, 54982, 53964, 54930, and 53952 are identified as a very low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Marquette County to the at-risk list.

Monroe County

Wisconsin is adding Monroe County to the list of at-risk communities In the Needs Assessment Data Summary, Monroe County is identified as having a higher-than-average risk in the Adverse Perinatal Outcomes domain, specifically the infant mortality rate and the percentage of births that are considered small for gestational age. There is also less access to childcare in Monroe County when compared to other counties in the state. At the sub-county level, zip codes 54648, 54670, 54666, 54660, 54618, 53929, 54638, and 54656 are identified as low child opportunity areas and zip codes 54649, 54662, and 54651 are identified as a very low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Monroe County to the at-risk list.

Oneida County

Wisconsin is adding Oneida County to the list of at-risk communities. In the Needs Assessment Data Summary, Oneida County is identified as having higher than average numbers of substantiated reports of child maltreatment related to physical abuse and emotional abuse. Census block groups (which approximate neighborhoods) where MIECHV families live show especially high levels of socioeconomic status risk. The average ADI for these areas is 8.43, with a range of 3 to 10 (University of Wisconsin School of Medicine and Public Health, 2015). Higher than average levels of substance use have also been identified in Oneida County. According to the 2019 County Health Rankings, 50% (+/-9%) of driving deaths in Oneida County were alcohol-related, compared to 36% in Wisconsin (FARS, 2013-2017). For these reasons, Wisconsin has added Oneida County to the at-risk list.

Outagamie County

Wisconsin is adding Outagamie County to the list of at-risk communities In the Needs Assessment Data Summary, At the sub-county level, zip codes 54929 and 54911 are identified as low child opportunity areas and zip code 54912 is identified as a very low child opportunity area according to the COI index. For these reasons, Wisconsin has added Outagamie County to the at-risk list

Ozaukee County

Wisconsin is adding Ozaukee County to the list of at-risk communities. In the Needs Assessment Data Summary, Ozaukee County is identified as having a higher-than-average risk in the Substance Use domain, specifically alcohol and cocaine usage, compared to other communities in the state. There is also higher income inequality in Ozaukee County when compared to other counties in the state. For these reasons, Wisconsin has added Ozaukee County to the at-risk list.

Pepin County

Wisconsin is adding Pepin County to the list of at-risk communities In the Needs Assessment Data Summary, Pepin County is identified as having a higher-than-average high school dropout and infant mortality rates when compared to other counties in the state. For these reasons, Wisconsin has added Pepin County to the at-risk list.

Pierce County

Wisconsin is adding Pierce County to the list of at-risk communities. In the Needs Assessment Data Summary, Pierce County is identified as having higher than average numbers of substantiated reports of child maltreatment related to sexual abuse. Additional existing data sources also show poor substance use outcomes in Pierce County. In the 2016 Healthier Together Pierce and St Croix Community Health Assessment, alcohol abuse was identified as one of the top health priorities in the area (Healthier Together Community Health Needs Assessment, 2016). According to the 2019 County Health Rankings, 29% (+/-1%) of the population in Pierce County engages in excessive drinking, compared to 24% in Wisconsin (BRFSS, 2016). Additionally, 50% (+/-9%) of driving deaths involved alcohol impairment,

compared to 36% in Wisconsin (FARS, 2013-2017). For these reasons, Wisconsin has added Pierce County to the at-risk list.

Polk County

Wisconsin is adding Polk County to the list of at-risk communities. Census block groups (which approximate neighborhoods) where MIECHV families live also show high levels of socioeconomic status risk. The average ADI for these areas is 6.57, with a range of 2 to 8 (University of Wisconsin School of Medicine and Public Health, 2015). Higher than average levels of substance use have also been identified in Polk County. In the Polk County Community Health Assessment, substance use and abuse was a top identified priority according to a community survey and was a second top priority identified in community forums and stakeholder meetings (Polk County Community Health Assessment, 2019). From 2016 to 2018, the percentage of motor vehicle crashes involving alcohol increased from 6% to 11% (Polk County Community Health Assessment, 2019). Additionally, the number of juvenile arrests for operating while intoxicated is 21, compared to the Wisconsin average of 18.4 (Polk County Sherriff's Department, 2019). For these reasons, Wisconsin has added Polk County to the at-risk list.

Portage County

Wisconsin is adding Portage County to the list of at-risk communities. At the sub-county level, zip codes 54499, 54475, 54966, and 54494 are identified as low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Portage County to the at-risk list.

Price County

Wisconsin is adding Price County to the list of at-risk communities In the Needs Assessment Data Summary, Price County is identified as having a higher-than-average risk in the Access to Community Resources domain, specifically the availability of quality childcare and access to mental healthcare providers. There is also a higher percentage of births that are small for gestational age compared to other counties in the state. At the sub-county level, zip codes 54552, 54530, and 54514 are identified as low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Price County to the at-risk list.

Richland County

Wisconsin is adding Richland County to the list of at-risk communities. In the Needs Assessment Data Summary, Richland County is identified as having a higher than average infant mortality rate, an adverse perinatal outcome. Looking at sub-county level data, Wisconsin has also identified higher socioeconomic risks in Richland County. Zip code 53581 is known to be at-risk because 84% of MIECHV families that live in Richland County reside in this zip code. According to the Community Opportunity Map, in this zip code, the poverty rate is 13%, compared to 12% in Wisconsin and 31% of households live under 200% of the poverty compared to 28% in Wisconsin. The percent of the population aged 25 and older with a high school diploma or equivalent is 90% (compared to 92% in Wisconsin) but the four-year high school graduation rate is 79%, compared to 93% in Wisconsin (ACS, 2014-2018). These socioeconomic risks are also found in the Southwest Community Action Program's Head Start Community

Assessment, which states that 10.65% of Richland County residents did not have a high school diploma, compared to 8.64% in Wisconsin (ACS, 2012-2016). Additionally, the Head Start Community Assessment also found that the poverty rate in Richland County was 13.7%, compared to 12.7% in Wisconsin (ACS, 2012-2016). The Needs Assessment Data Summary also identifies higher than average levels of substance use in Richland County, specifically marijuana and cocaine use. For these reasons, Wisconsin has added Richland County to the at-risk list.

Rusk County

Wisconsin is adding Rusk County to the list of at-risk communities. In the Needs Assessment Data Summary, Rusk County is identified as having a higher-than-average unemployment rate and infant mortality rate. At the sub-county level, zip code 54848 has especially high levels of socioeconomic status risk. Zip code 54848 is known to be at-risk because 67% of MIECHV families that live in Rusk County resided in these zip codes when they enrolled in their home visiting program. According to the Community Opportunity Map, in this zip code, 37% of children under 5 live in poverty, compared to 18% in Wisconsin and the general poverty rate is 19% compared to 12% in Wisconsin. Forty percent of households live under 200% of the federal poverty level, compared to 28% in Wisconsin. Additionally, the percent of the population age 25 and older who have a high school diploma or equivalent is 85%, compared to 92% in Wisconsin and the 4-year high school graduation rate is 63%, compared to 93% in Wisconsin (ACS, 2014-2018). Census block groups (which approximate neighborhoods) where MIECHV families live also show high levels of socioeconomic status risk. The average ADI for these areas is 9.06, with a range of 5 to 10. The higher an ADI ranking, the worse off the census block group is socioeconomically when compared to other census block groups in the state (University of Wisconsin School of Medicine and Public Health, 2015). Findings from the Indianhead Community Action Agency Head Start Community Assessment also find high levels of socioeconomic status risks: the poverty rate in Rusk County is 14.7% compared to 11.8% in Wisconsin and the child poverty rate is 22% compared to 16.7% in Wisconsin (U.S. Census Quick Facts; County Health Rankings, 2018). Additionally, Rusk County shows higher substance abuse related risks than Wisconsin as a whole. According to the 2019 County Health Rankings, 57% (+/-13%) of Rusk County's driving deaths involved alcohol impairment, compared to 36% in Wisconsin (FARS, 2013-2017). For these reasons, Wisconsin has added Rusk County to the at-risk list.

Shawano County

Wisconsin is adding Shawano County to the list of at-risk communities. At the sub-county level, zip codes 54124, 54166, 54450, 54486, 54499, 54948, 54929, and 54414 are identified as low child opportunity areas and zip codes 54150, 54128, 54416, 54978 are identified as very low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Shawano County to the at-risk list.

Sheboygan County

Wisconsin is adding Sheboygan County to the list of at-risk communities. At the sub-county level, zip codes 53023, 53026, 53081, and 53082 are identified as low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Sheboygan County to the at-risk list.

St. Croix County

Wisconsin is adding St. Croix County to the list of at-risk communities. At the sub-county level, zip code 54005 is identified as low child opportunity areas according to the COI index. For this reason, Wisconsin has added St. Croix County to the at-risk list.

Taylor County

Wisconsin is adding Taylor County to the list of at-risk communities. In the Needs Assessment Data Summary, Taylor County is identified as having a higher-than-average child maltreatment substantiated reports related to emotional abuse. Census block groups (which approximate neighborhoods) where MIECHV families live in Taylor County show high levels of socioeconomic status risk. The average Area Deprivation Index (ADI) for these areas is 7.88, with a range of 5 to 9. The higher an ADI ranking, the worse off the census block group is socioeconomically when compared to other census block groups in the state (University of Wisconsin School of Medicine and Public Health, 2015). Findings from the Indianhead Community Action Agency Head Start Community Assessment also find socioeconomic status risk: the median household income in Taylor County is lower that the Wisconsin average (ACS, 2013-2017). Regarding substance use risks, stakeholders involved in the Taylor County and Price County Community Health Needs Assessment Report & Implementation Strategy identified alcohol and drug use as a top priority community health need. For these reasons, Wisconsin has added Taylor County to the at-risk list.

Trempealeau County

Wisconsin is adding Trempealeau County to the list of at-risk communities. In the Needs Assessment Data Summary, Trempealeau County is identified as having a higher-than-average rate of small for gestational age among births in the county as well as a higher-than-average Hispanic population, a community that has been identified as having higher needs in MIECHV statutorily defined areas. At the sub-county level, zip codes 54773, 54758, 54747, 54661, and 54616 have especially high levels of socioeconomic status risk. These areas are known to be at-risk because 100% of MIECHV families that live in Trempealeau County resided in these zip codes when they enrolled in their home visiting program. According to the Community Opportunity Map, in these zip codes, 70% of the population completed high school in 4 years, compared to 93% in Wisconsin and 90% of the population 25 or older have a high school diploma, compared to 92% in Wisconsin (ACS, 2014-2018). Census block groups (which approximate neighborhoods) where MIECHV families live also show high levels of socioeconomic status risk. The average ADI for these areas is 7.33, with a range of 7 to 8 (University of Wisconsin School of Medicine and Public Health, 2015). The higher an ADI ranking, the worse off the census block group is socioeconomically when compared to other census block groups in the state. Additionally, Trempealeau County shows higher substance abuse related risks than Wisconsin as a whole. According to the 2019 County Health Rankings, the percent of the population engaging in excessive drinking is 26% (+/-1%) compared to 24% in Wisconsin (BRFSS, 2016). For these reasons, Wisconsin has added Trempealeau County to the at-risk list.

Washburn County

Wisconsin is adding Washburn County to the list of at-risk communities. In the Needs Assessment Data Summary, Washburn County is identified as having a higher-than-average income inequality estimate, infant mortality rate, and number of substantiated reports of child maltreatment sexual abuse. At the sub-county level, zip code 54801 has especially high levels of socioeconomic status risk. Zip code 54801 is known to be at-risk because 64% of MIECHV families that live in Washburn County resided in this zip code when they enrolled in their home visiting program. According to the Community Opportunity Map, in this zip code, 21% of children under 5 live in poverty, compared to 18% in Wisconsin. The general poverty rate is 16%, compared to 12% in Wisconsin and 35% of households live under 200% of the poverty level, compared to 28% in Wisconsin. Additionally, the unemployment rate is 5%, compared to 4% in Wisconsin and the high school graduation rate is slightly lower than the Wisconsin average (91% compared to 93% for 4-year graduation rate and 91% compared to 92% for the population over the age of 25 that has a high school diploma or equivalent) (ACS, 2014-2018). Census block groups (which approximate neighborhoods) where MIECHV families live also show high levels of socioeconomic status risk. The average ADI for these areas is 7.69, with a range of 4 to 9. The higher an ADI ranking, the worse off the census block group is socioeconomically when compared to other census block groups in the state (University of Wisconsin School of Medicine and Public Health, 2015). Findings from the Indianhead Community Action Agency Head Start Community Assessment also find higher levels of socioeconomic status risks: the unemployment rate in Washburn County was 3.9% in 2018, compared to a 3% Wisconsin average (WI Department of Workforce Development Report, 2018). For these reasons, Wisconsin has added Washburn County to the at-risk list.

Washington County

Wisconsin is adding Washington County to the list of at-risk communities. In the Needs Assessment Data Summary, Washington County is identified as having a higher-than-average risk in the Substance Use domain, specifically alcohol and cocaine usage, compared to other communities in the state. For these reasons, Wisconsin has added Washington County to the at-risk list.

Waukesha County

Wisconsin is adding Waukesha County to the list of at-risk communities. In the Needs Assessment Data Summary, Waukesha County is identified as having a higher-than-average risk in the Substance Use domain, specifically alcohol and cocaine usage, compared to other communities in the state. At the sub-county level, zip code 53007 is identified as a low child opportunity area and zip code 53187 is identified as a very low child opportunity area according to the COI index. For these reasons, Wisconsin has added Waukesha County to the at-risk list.

Waupaca County

Wisconsin is adding Waupaca County to the list of at-risk communities. In the Needs Assessment Data Summary, Waupaca County is identified as having a higher-than-average risk in the Crime domain, specifically juvenile arrests, compared to other counties in the state. At the sub-county level, zip codes 54486, 54929, and 54933 are identified as low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Waupaca County to the at-risk list.

Waushara County

Wisconsin is adding Waukesha County to the list of at-risk communities In the Needs Assessment Data Summary, Waushara County is identified as having a higher-than-average high school dropout and preterm birth rates when compared to other counties in the state. At the sub-county level, zip codes 54960, 54923, and 54966 identified as low child opportunity areas and zip codes 54970, 54982, 53964, 54930, 54943 are identified as very low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Waushara County to the at-risk list.

Winnebago County

Wisconsin is adding Winnebago County to the list of at-risk communities. In the Needs Assessment Data Summary, Winnebago County is identified as having a higher-than-average level of juvenile arrests. At the sub-county level, zip codes 54901, 54902, and 54956 have especially high levels of socioeconomic status risk. Zip codes 54901, 54902, and 54956 are known to be at-risk because 73% of MIECHV families that live in Winnebago County resided in these zip codes when they enrolled in their home visiting program. According to the Community Opportunity Map, in these zip codes, 20% of children under 5 live in poverty, compared to 18% in Wisconsin and the general poverty rate is 14% compared to 12% in Wisconsin. Thirty-one percent of households live under 200% of the federal poverty level, compared to 28% in Wisconsin (ACS, 2014-2018). Census block groups (which approximate neighborhoods) where MIECHV families live also show high levels of socioeconomic status risk. The average ADI for these areas is 7.50, with a range of 2 to 10. The higher an ADI ranking, the worse off the census block group is socioeconomically when compared to other census block groups in the state (University of Wisconsin School of Medicine and Public Health, 2015). Additionally, Winnebago County shows higher substance abuse-related risks than Wisconsin as a whole. According to the 2019 County Health Rankings, 26% (+/-1%) of Winnebago County's population engages in excessive drinking, compared to 24% in Wisconsin (BRFSS 2016). Additionally, the rate of alcohol-related hospitalizations per 1,000 population is slightly higher in Winnebago County is 2.4 compared to 2.1 in Wisconsin (Wisconsin Public Health Profile, 2015). For these reasons, Wisconsin has added Winnebago County to the at-risk list.

Wood County

Wisconsin is adding Wood County to the list of at-risk communities. In the Needs Assessment Data Summary, Wood County is identified as having a higher-than-average risk in the Crime domain, specifically juvenile arrests, compared to other counties in the state. At the sub-county level, zip codes 54469, 54475, 54495, 54494, and 54457 are identified as low child opportunity areas according to the COI index. For these reasons, Wisconsin has added Wood County to the at-risk list.

Level of Need in Wisconsin

Wisconsin knows that need for home visiting exists across the state in many different types of communities. In Wisconsin's Family Foundations Home Visiting program, families that meet MIECHV priority populations are currently served in 38 counties and 5 tribes across the state. Many of these programs serve specific areas of the county, such as certain zip codes, where

there are higher concentrations of risk. Wisconsin also knows that communities with concentrations of risk exist outside of the areas that are currently served by the state's home visiting program. Yet Wisconsin's initial simplified method (provided by HRSA) only identified eight counties with concentrations of risk, five of which are currently served by a MIECHV home visiting program. Since this analysis did not reflect the level of need for home visiting in the state, Wisconsin modified the simplified method and utilized Phase 2 to add an additional 36 counties, and all federally recognized tribal communities to the list of at-risk communities. Data collected by state and community partners (cited in Table 1. Modifications to Wisconsin's Simplified Method, p. 2 and throughout this section) demonstrate that geographic and specific racial and ethnic communities throughout the state meet MIECHV statutorily defined areas of risk. Additionally, existing home visiting programs that are not currently funded by MIECHV serve families in need (see Quality and Capacity of Existing Home Visiting Programs, p. 22). Wisconsin's modified simplified method and Phase 2 reasonably reflect the level of risk in the state. These two methods complement each other in recognizing that communities with high need exist in the state at the county-level, smaller sub-county areas, in federally recognized tribal communities, and in different racial and ethnic groups.

The modified simplified method identified 21 counties as high risk, 15 of which are currently served by MIECHV home visiting programs. Six of these counties are not currently served by a MIECHV program, demonstrating that Wisconsin's MIECHV program is not currently serving all communities with concentrations of risk in the state. The results of the modified simplified method approximate other county-level analysis findings. In the 2019 County Health Rankings, 16 of the 21 counties identified in the modified simplified method as high risk were ranked in the bottom 50% percent of counties of the overall Health Factors rankings, which take into account indicators of health behaviors, clinical care, social and economic factors, and physical environment (many of which overlap with the MIECHV statutorily defined areas) (County Health Rankings, 2019). Of these 16 counties identified as high risk in the 2019 County Health Rankings and the modified simplified method, 11 are currently served by a MIECHV home visiting program, demonstrating again that Wisconsin's MIECHV program is not currently serving all communities with concentrations of risk in the state.

The modified simplified method's identification of counties at risk at the domain level also approximates the results of other county-level analyses. For example, of the 10 counties that were identified as high risk specifically in the socioeconomic status domain in the modified simplified method, seven were also identified as high risk in the 2019 County Health Rankings Social and Economic Factors Ranking (County Health Rankings, 2019). Many of the social and economic factors considered in the 2019 County Health Rankings are similar to those analyzed in Wisconsin's modified simplified method, such as high school graduation, unemployment, and income inequality. Similarly, counties with concentrations of adverse perinatal outcomes identified in the modified simplified method are also reflected in other state-level needs assessments and data sources. Many of the nine counties that were identified as having a higher-than-average level of risk in the modified simplified method were also identified as higher risk in the 2019 County Health Rankings low birth weight indicator (County Health Rankings, 2019). Similarly, counties identified as having statistically significantly higher rates of low birth weight and premature birth through the DHS WISH database are all represented in the modified simplified method as having higher than average levels of adverse perinatal outcomes (WISH,

2013-2017). Additionally, all six counties identified as high risk in the child maltreatment domain were identified in the bottom 50% of counties in the child abuse indicator in the 2019 County Health Rankings (County Health Rankings, 2019). This indicator looks at substantiated reports overall while the modified simplified method has four indicators for each different type of substantiated report. Finally, of the 16 counties that were identified as high risk in the crime domain, 13 were also identified in the bottom 50% of counties in the violent crime indicator in the 2019 County Health Rankings (County Health Rankings, 2019). This indicator is slightly different than those included in the modified simplified method (juvenile arrests and crime reports) but there appears to be substantial overlap, suggesting that violent crimes may be represented within the two crime indicators in the modified simplified method.

In the Substance Use domain of the modified simplified method, 22 counties were identified as having higher than average risk, the highest number of at-risk counties identified within a single domain. A possible explanation for this is that these data are calculated at the regional level, rather than the county level, therefore all counties located in the National Survey on Drug Use and Health (NSDUH) southeast, southern, and Milwaukee regions are identified as having high rates of substance use in the modified simplified method. However, this also approximates Wisconsin's understanding of the state's level of substance use need. Wisconsin is known to have high rates of substance use, particularly alcohol. According to NSDUH, 6.84% (CI 5.71-8.17%) of the Wisconsin population had an alcohol use disorder in the past year, one of the highest percentages in the nation (NSDUH, 2017-2018). Wisconsin has consistently had higher levels of alcohol use disorder than the U.S. average since 2002, ranging from 6.83% (CI 5.54%,8.40%) to 11.23% (CI 9.61%-13.30%) of the population (NSDUH, 2017-2018). Additionally, Wisconsin's rates of heroin use have surged since 2016 compared to the U.S. average (NSDUH, 2017-2018). Additionally, the state's treatment gap is 78%, which is the rate of individuals needing addiction treatment who are not receiving it, which may also be related to Wisconsin's high rates of substance use (Wisconsin Mental Health and Substance Use Needs Assessment, 2017). See the section on Statewide Substance Use Treatment and Counseling Services for Pregnant Women and Families with Young Children (p.35) for additional details.

Based on state and program-level stakeholder feedback, Wisconsin's understanding of risk in the state is broader than the data that was originally provided by HRSA in the simplified method. To reflect this understanding of risk, Wisconsin chose to add the access to community resources and physical environment domains to the modified simplified method. In addition to the justification provided in the section above (see Table 1 Modifications to Wisconsin's Simplified Method, p.2), it is important to note that in the Program Survey, mental health and housing were identified as needs that existing home visiting programs have difficulty meeting. Housing instability was also identified in the Program Survey as one reason home visiting programs are more accessible to some groups of families over others. Additionally, the Family Voice Survey identified mental health as a barrier to families enrolling in home visiting programs (see Quality and Capacity of Existing Home Visiting Programs, p. 27). These findings further emphasize the importance of adding these indicators to the modified simplified method. According to the 2019 County Health Rankings, the top U.S. Performers in availability of mental health providers have a ratio of 1 mental health provider for every 310 people in the state. Comparatively, Wisconsin has an average of ratio of 1 provider for every 530 people with a range of 1:260 to 1:6,580 (CMS, National Provider Identification, 2018). From MIECHV LIA site

visits and needs assessment stakeholder group feedback, Wisconsin also knows that families struggle to find high quality and accessible childcare. According to the Preschool Development State Snapshot, 54% of all WI children and 68% of children in rural areas live in a childcare desert (DCF, 2020). In the modified simplified method, 19 counties popped in the quality or accessibility of childcare indicators and the majority of these counties are rural. The number of daytime childcare slots per 1000 children ranges from 61.5 to 456.5 at the county level, meaning that even the counties with the highest number of slots can still only serve less than 50% of the children in their county. The percent of regulated childcare slots that are high quality ranges from 12.7% to 100%, demonstrating the high variation in which counties are able to meet the qualification of high-quality services. Needs assessment stakeholders also noted that it is particularly challenging for families to find childcare that matches their work hours, particularly if they work at night, but these data were not available at the county level. Indicators related to Access to Community Resources and Physical Environment are social determinants of health, meaning they also impact the health and well- being of families that have high needs in other MIECHV statutorily areas.

Wisconsin also knows that outcomes for families that are eligible for home visiting services do not just vary at the county level; they also vary by race and ethnicity. Although Wisconsin's population is still majority White, non-Hispanic (80.9%), this has decreased since the 2010 Needs Assessment (86%), meaning that nearly 20% of the state's population includes people of color (U.S. Census Bureau, Population Estimates Program, 2019). According to findings shared by DHS needs assessments, disparities in outcomes related to socioeconomic status, adverse perinatal outcomes, substance use, and child maltreatment exist between White populations and Black or African American; AI/AN; and Hispanic populations. Given that racial and ethnic disparities exist across the MIECHV statutorily defined areas, Wisconsin decided to create the disparity domain in the modified simplified method that elevated counties with a higher-than-average Black or African American and Hispanic community to better reflect the level of need in the state. Need in the AI/AN community is cited in Phase 2, in order to elevate the needs of all federally recognized tribal communities rather singling out individual communities at the county level. Of the nine counties that are identified as high risk in the disparity domain, six were also identified in at least two other domains and one was identified in one other domain in the modified simplified method. Notably, three out of four of the counties that were identified as having a higher-than-average Black of African American population were also identified as at-risk in the adverse perinatal outcomes domain. This approximates Wisconsin's understanding of the level of need in this community. Black women have the highest rates of preterm birth and low birthweight in the state and the infant mortality rate for non-Hispanic Black families is 2.6 times higher than that of non-Hispanic White families, the highest in the nation (WISH, 2013-2017; Matthews et.al, 2018). The high rates of infant mortality in the Black or African American community were also identified in the Title V Needs Assessment as a priority area. Disparities in adverse perinatal outcomes also exist for AI/AN families and Hispanic families when compared to outcomes for White families. Conversely, while Wisconsin knows that poverty and employment rates are much higher and high school graduation rates are lower for all three aforementioned population of color when compared to the White population, only one county identified as high risk in the disparity domain was also identified as high risk in the socioeconomic status domain, suggesting that these disparities may not be identifiable at the

county level and supporting the need for including the disparity domain and using Phase 2 to identify socioeconomic risk at the subcounty level.

The modified simplified method identifies need at the county level (except for the substance use domain, which uses regional estimates) but it did not identify all communities that are currently served by Wisconsin's MIECHV home visiting program as high risk. Wisconsin knows that all MIECHV LIAs are serving families that meet MIECHV priority populations, but these concentrations of risk may not be identifiable when looking at aggregate county level data. For example, in Wisconsin's home visiting data system (DAISEY), for many programs, the majority of families that are served reside in 3 or fewer zip codes within a county, suggesting that communities with concentrations of risk may be smaller than the county level. Additionally, the modified simplified method did not identify two of the counties with higher Hispanic populations as at risk, suggesting that disparities in outcomes may not be identifiable at the county level in these specific communities. Finally, data analyzed at the county level does not reflect need in tribal communities. Findings shared from DHS needs assessments identified disparities in the MIECHV statutorily defined areas for the AI/AN population. Additionally, stakeholders identified the importance of including tribal data in the needs assessment at the aggregate level to recognize the unique political status of tribal nations while respecting the government-to-government relationship and to represent concentrations of risk that exist across federally recognized tribal communities.

For these reasons, Wisconsin pursued the use of Phase 2 to identify more local areas with concentrations of risk. Of the 21 counties added to the at-risk list in Phase 2, 20 demonstrated higher than average need in socioeconomic indicators at the zip-code and/or census block group level. Many of these findings are corroborated by results from the Head Start Community Assessments, which are cited in communities where this information was available. Additionally, several county health assessments identified substance use as a high priority through survey and focus groups in communities not previously identified in the modified simplified method. Counties identified in Phase 2 with high substance use rates may not have been identified as high risk in the modified simplified method if the other counties in their region had comparatively lower substance use rates since data is calculated at the regional level. When looking at county level data, 14 of the 21 counties added in Phase 2 demonstrated substance use rates above the state average.

Through the process of Phase 2, Wisconsin added both counties with a large Hispanic population to the at-risk list and all federally recognized tribal communities. Aggregate tribal data findings demonstrate that there is need in the tribal population in the areas of socioeconomic status, adverse perinatal outcomes, substance abuse, and child maltreatment. Some of these findings also show disparities between the AI/AN population and people of all races in the areas of socioeconomic status, adverse perinatal outcomes, and substance abuse. There were challenges in finding all the indicators in the modified simplified method at the aggregate tribal level, so it was important to be able identify federally recognized tribal communities with concentrations of risk in Phase 2. The modified simplified method and Phase 2 demonstrated justification for adding all but two counties that currently receive MIECHV funds to the at-risk list. Although these two counties were not found to have communities with concentrations of risk when compared to other counties or the state average, Wisconsin knows

that these programs are serving families that meet MIECHV priority populations as documented in DAISEY. Overall, the modified simplified method and Phase 2 reflect increasing nuance in Wisconsin's understanding of the level of risk in the state.

Identifying Quality and Capacity of Existing Programs

Alternate Estimate of Need for Federally Recognized Tribal Communities

This section provides an overview of the methods used to complete the estimated need for home visiting analysis for AI/AN households across Wisconsin. Using data from the 2017 American Community Survey's Public Use Microdata Sample (PUMS), Wisconsin generated population estimates for AI/AN families who may meet eligibility requirements for home visiting services. These estimates are drawn from a narrow sample of the PUMS data, resulting in a margin of error that provides for a wide range in the estimation numbers.

The number of families with children under the age of six living at 100% of the poverty line and having at least one member identifying as AI/AN or AI/AN and one or more other races totaled 29 out of a population sample of 29,647 households in Wisconsin. Using the provided household weights to correct for sampling errors, Wisconsin estimates that 3,560 (CI +/- 1641) families meet this criterion across the state. For families with a child under the age of one living at 100% of the poverty line and having at least one member identifying as AI/AN or AI/AN and one or more other races, this number totaled to five out of the above sample population. This yielded an estimated 832 (CI +/- 948) families that meet this criterion across the state. The total estimated need for home visiting in federally recognized tribal communities is 4,392.

To generate an accurate population estimate for AI/AN households in Wisconsin that meet eligibility requirements for MIECHV services, Wisconsin used PUMS data to construct a data set of a wide range of variables from both person-level and household-level data provided by the PUMS. This is the same dataset that HRSA used to estimate need at the county level. This process involved merging person-level data into the household-level data to create distinct sets of data for each MIECHV eligibility component. The PUMS variables used are identified in Table 3.

Table 3. PUMS variables used to estimated need for home visiting in federally recognized tribal communities

Variable Name	Explanation
RACAIAN	Indicates if an individual identified as AI/AN alone or AI/AN and one or more other races
FER	Indicates whether an individual gave birth in the preceding 12 months (a proxy for pregnant women)
NP	Indicates number of people in a household
HUPAC	Indicates the presence and age of children in the household
FINCP	Indicates family income for the prior 12 months
ADJINC	Adjustment factor for income

Multiplying the ADJINC variable by FINCP yielded an adjusted value for each household's income, which was then used to determine whether the households fell below the poverty line. Using the 2017 poverty guidelines as set by the US Department of Health and Human Services and the FINCP and ADJINC variables, Wisconsin identified families in the PUMS sample that live below the poverty level.

This approach originally planned to exactly replicate HRSA's calculation of estimate of need at the county level for the AI/AN population. At the county level, HRSA identified need for home visiting by calculating the number of families with children under six living in poverty + the number of families living in poverty with a child under one (a proxy for pregnant women). These families were included in the estimate of need if they met at least one of the following additional risk factors: mothers with low education, young mothers, or families with an infant. When calculating estimated need for home visiting in the AI/AN population, these additional risk factors required a further level of granularity with the data, which Wisconsin was unable to arrive at given the small sample size of the previously calculated components. Therefore, Wisconsin took a broader approach and estimated need for home visiting in the AI/AN community by identifying families living in poverty with children under the age of six or with a child under the age of one (a proxy for pregnant women).

Approach for collecting information on Quality and Capacity of Existing Home Visiting Programs

The UW-Madison Consultants gathered primary data on the quality and capacity of existing home visiting programs in Wisconsin through the 2020 Home Visiting Program Survey (Program Survey), an online survey that reached 198 home visitors, supervisors, and related staff affiliated with 90 programs in the state (see Tables 4 and 5 for all types of staff that responded).

Table 4. Program Survey Respondent Roles

What is your role?	Percentage (%) of Responses
Home visitor	51%
Other	16%
Outreach specialist	2%
Program manager	10%
Supervisor	18%
Support staff	3%

What is your role? (Open-ended)	**Number of Responses**
Assistant Director	1
Coordinator	1
Data & Reporting Specialist	1
Director	1
Executive Director	3
Family Advocate	1

Family resource specialist	2
Family Service Worker	3
Grant Manager	1
Home Visitor and Supervisor	1
ICW caseworker	1
Lead parent educator	1
Leaded Parent Partner	1
Manager/Supervisor	1
Program Administration Coordinator / Office Manager	1
Program Administrator	1
Program lead/Home visitor	1
Program manager AND home visitor	1
Program Manager/Supervisor and HV	1
Public Health Nurse	1
Supervisor & Home Visitor	1
Supervisor and home visitor	3
Total	29

Table 5. Program Survey Other Roles not listed in Table 4

Programs from 62 of Wisconsin's 72 counties, including all at-risk counties, and 6 of the 11 tribes participated in the survey. See Appendix B for the Program Survey questions. Tables 6-8 include information on the demographics of respondents to the Program Survey.

Table 6. Program Respondent Gender/Sex

I identify as:	Percentage (%) of Responses
Female	98%
Male	1%
Prefer not to answer	1%

Table 7. Program Respondent Age

My age is:	Percentage (%) of Responses
18-30 years old	21%
31-45 years old	43%
46-60 years old	31%
61 + years old	5%
Prefer not to answer	1%

Table 8. Program Respondent Race and Ethnicity

I identify my ethnicity as:	Percentage (%) of Responses
Black/African American	6%
Caucasian	78%

Caucasian, Hispanic/Latinx	1%
Caucasian, Native American/Alaska Native	1%
Hispanic/Latinx	3%
Native American/Alaska Native	10%
Pacific Islander	1%
Prefer not to answer	1%

The Program Survey was launched at the Fulfilling the Promise Wisconsin Home Visiting Conference in March 2020. The online survey was also sent to MIECHV programs, existing home visiting communities of practice, and home visiting model leads to encourage programs to participate and identify programs that had not yet responded. The UW-Madison Consultants also partnered with 211 Wisconsin and with the Supporting Families Together Association to identify a list of existing home visiting programs to help target additional recruitment.

In order to inform survey development and hear from various perspectives related to the home visiting landscape in Wisconsin, in November 2019, the UW-Madison Consultants conducted interviews with nine key informants. Interviewee affiliations included the Milwaukee Child Welfare Partnership, the Wisconsin Child Abuse and Neglect Prevention Board (Title II CAPTA partner), the Great Lakes Inter-Tribal Council, the Supporting Families Together Association, faculty experts at the University of Wisconsin-Madison, the Wisconsin Department of Public Instruction, and Children's Hospital of Wisconsin. Interviewees were asked a number of questions, including what quality looks like in home visiting services, how families access home visiting resources, what barriers there are to accessing services, and how to identify where home visiting programs should be offered. Additionally, they were asked questions on challenges related to home visiting and how to address them. Their answers helped to inform the writing of survey questions and answer options, particularly related to accessibility, barriers to access, staffing, training, and program funding. After the initial survey was launched, preliminary data was shared with the home visiting stakeholder group and the Wisconsin MIECHV home visiting programs at a state grantee meeting to gather feedback and additional insights on the results.

Three additional data sources captured the perspectives of primary caregivers receiving home visiting services and agencies providing parent support services:

1. The Needs Assessment Family Voice Survey, a survey of 61 primary caregivers in 28 counties who were enrolled in existing Wisconsin home visiting programs, conducted by the UW-Madison Consultants in June and July 2020. Wisconsin had initially planned to complete some in-person focus groups as a part of the needs assessment process. After Covid-19 began in March and in-person events were no longer an option, Wisconsin did outreach to existing MIECHV home visiting programs and programs that participated in home visiting communities of practice to get feedback on how best to engage family voice in the needs assessment in these challenging times. The majority of programs that responded suggested reaching out to families in a survey format, which informed the choice to create the Family Voice Survey. A copy of the questions included in this survey are included in Appendix C.

2. The Families and Children Thriving Study (FACT Study), a longitudinal evaluation of nearly 2,000 primary caregivers enrolled in Family Foundations Home Visiting services from 2015 - 2020, conducted by researchers at the University of Wisconsin-Milwaukee Institute for Child and Family Well-being.
3. The Parent Education Initiative Comprehensive Survey (Title II CAPTA Partner Survey), a survey of 59 employees in Wisconsin agencies providing services to families related to family support programming, conducted as part of a needs assessment by the Supporting Families Together Association and the Child Abuse & Neglect Prevention Board, Wisconsin's Title II CAPTA partner.

DCF is currently conducting a statewide county-level scan of prevention and early intervention programs and services (Prevention Scan) to develop a better understanding of child abuse prevention efforts across Wisconsin. The home visiting needs assessment team planned to incorporate findings from the Prevention Scan on quality and accessibility of community resources; however, the Prevention Scan was delayed due to COVID-19=. Wisconsin plans to review the prevention findings alongside this needs assessment when the Prevention Scan is complete, to get a fuller picture of community resource accessibility in the state.

Gaps in the Delivery of Home Visiting Services

Based on the Data Summary Table 7 estimate of need in each community and the estimated number of families served by a home visiting program in the most recently completed program fiscal year, the overall need-service gap for the at-risk communities (i.e. the percentage of families estimated to be in need who are not receiving home visiting services) is estimated to be 71% (see caveats on data gaps below). This calculation does not include the three counties for which we have no information on estimated families served by a home visiting program: Ashland County, Florence County, and Vernon County.

In every at-risk county, there are fewer families being served than the estimated need. The need-service gap may be even wider than these numbers suggest because the estimated number of families that could benefit from MIECHV home visiting services is based on MIECHV risk factors and is specific to identifying only the highest risk families. However, the reported number of families that were served in the most recent program year is based on responses from existing home visiting programs, some of whom serve families with MIECHV risk factors, and some of whom are programs that are universal, meaning they are serving any family with a young child. It is notable that even though these numbers include programs that may be serving families that are not highest risk in the state, the total number of families served in the last year is still lower than the number of high-risk families estimated to be eligible for MIECHV services.

It is important to note that there are likely gaps in responses to the survey due to COVID-19, particularly from programs overseen by county health and human service agencies. Because of COVID-19 and related agency capacity issues, Wisconsin was unable to route the survey through a state agency that oversees those service agencies in order to get responses from those programs, but instead had to rely on direct email or phone attempts to reach staff. Another group of programs that are likely underrepresented in our data are Prenatal Care Coordination (PNCC) programs, which are short-term home visiting programs that serve mothers prenatally through 60 days post-partum, billable through Medicaid. The majority of

these programs are run through public health departments, many of which were focused on COVID-19 response work during survey outreach.

Four primary barriers to serving more families through home visiting programs in Wisconsin emerged from the survey data:

- Lack of public knowledge about home visiting
- Resources, funding, and capacity
- Stigma or misconceptions about home visiting
- Staff retention or gaps in staffing

In Program Survey responses, the five barriers listed most frequently by providers were lack of public knowledge about home visiting, not enough slots to serve all families in need, program funding, stigma around home visiting, and staff retention. Table 9 lists all barriers by percentage.

Table 9. Most Frequently Identified Barriers to Programs Serving More Families

Type of Barrier	Percentage (%) of Responses
Lack of Public Knowledge about home visiting	51%
Program Funding	36%
Not Enough Slots to serve all families in need	36%
Staff Retention	34%
Stigma around Home Visiting Programs	34%
Gaps in Staffing	33%
Meeting language needs of families	22%
Traveling long distances to meet with families	17%
Staff Training	16%
Other	16%
Meeting cultural needs of families	7%

Note: Percentages are based on the frequency of responses for each barrier. These are the number of responses for each county and each program. Respondents could have chosen multiple themes for each program response.

In a separate question, home visiting staff were also asked to rank the most important barriers that home visiting programs might face in their community. The top three barriers facing programs were: lack of public knowledge about home visiting, program funding, and gaps in staffing. Additional themes emerged through the open-ended questions, including those related to families and the program landscape (i.e. how the program interacted with other organizations or programs in their region). These additional barriers included:

- Families not wanting home visitors in their homes
- Family ineligibility
- The lack of other programs to refer to
- The lack of community partner knowledge about home visiting programs
- Staff pulled away to assist with Covid-19 activities

The Title II CAPTA Partner Survey results yielded similar responses from other agencies and programs providing parent education services, with 76% of programs citing cost as a barrier to

implementing programs. Organizational capacity, along with parent engagement, recruitment, and retention, were also listed as top barriers. Funding to implement parent education programs and to cover staff time and travel for training were the top priorities for implementation support among the agencies surveyed.

Responses to the Family Voice Survey, which asked families who participated in home visiting about their experiences, yielded further insights into barriers to delivery of services. When asked why some families who might benefit from home visits had not joined the home visiting program, the most frequently chosen answer was "no one told them about the home visiting program." Mental health issues were also listed as barriers to family participation, which aligns with the Access to Mental Health Providers domain as an indicator of need (see Table 1. Modifications to Wisconsin's Simplified Method, p.2). Language barriers and transportation difficulties, along with family reluctance to join the program, were also barriers. Misconceptions about home visiting were a recurring theme in open-ended responses, including the fear of having children taken away by Child Protective Services and the fear of being judged for their parenting skills.

Meeting the Needs of Eligible Families

According to responses in the Program Survey, existing home visiting programs are meeting some, but not all, of the needs of eligible families.

Sixty-two percent of Program Survey participants said they felt their program was more accessible to some people in the community than others. An open-ended question gathered information on particular reasons. The most frequently listed responses were lack of transportation or geographic isolation, lack of awareness or access to information on programs, and language needs for families. Table 10 lists the eight primary themes that emerged from the data.

Table 10. Primary Program Accessibility Themes

Primary Themes	Respondent Count
Transportation/ geographic isolation	17
Awareness/access to information	16
Language needs	10
Program eligibility or capacity	x[a]
Income barriers	x[a]
Housing Instability	x[a]
Lack of phone or other technology	x[a]
Other (Stigma mental health, fear)	x[a]

Note. Unique respondent counts represent the number of times a theme appeared in an open-ended response. Each respondent could have indicated multiple themes, but not the same theme multiple times.
[a] Respondent counts that were lower than 10 were suppressed due to a low sample size.

Particular comments by respondents highlight some of these themes:

- *Families who are in rural areas or deliver their baby in other health settings in the county or families whom are homeless are more difficult to engage.*
- *We have a large Hispanic population with no translator to serve them.*
- *People with housing tend to meet with us more. If we offer other locations, they may not have transportation to get there. We may not have the extra time carved into our caseload to always offer transportation.*
- *The doctors are uninformed as to who we are and what we do. It is difficult to gain time with the doctors to explain the programs because of their scheduling.*
- *Currently, with the pandemic, there are families that are slipping through the cracks because our Resource Support Specialist cannot get into the Postpartum unit to educate the families.*

Eighty percent of program survey respondents said there were specific language needs for families in their community who might benefit from home visiting programs. When asked whether they felt their program could meet those needs, 32% answered no. Specific language and cultural needs mentioned by home visitors included the need for a translator for languages such as Somali; the need for more diverse staff in order to engage cultural groups that are not White; respect for African American culture; and the need for more capacity to engage Spanish-speaking families.

One respondent noted:

- *We only have home visitors who speak English, Spanish, Hmong and Swahili - we aren't able to offer a language match for families that speak Arabic, French or other African dialects or other languages. We are still able to offer the program using interpretation for the initial meeting, paperwork, and any case management that takes place outside of regular home visits, but it can still be difficult to engage some families. (Getting the word out about the program in languages other than those our staff speak is also not happening).*

Responses from the FACT survey support home visitor perspectives. When asked about their preferences, 40% of primary caregivers stated that they would prefer a home visitor who “comes from the same community that I do.” 20% also stated that they would prefer a home visitor who “shares the same culture, race, or ethnicity that I do.” Caregivers in the survey also displayed a high degree of satisfaction with their home visitors’ cultural competency, with 97% agreeing or strongly agreeing that their home visitor “shows respect for my family’s beliefs, customs, and the way we do things in our family.” Only 8% of respondents reported that their home visitor “doesn’t understand where I come from and how I was raised.”

Participants in the Title II CAPTA Partner Survey were asked what community factors indicated a need for evidence-based parent education services. Cultural and linguistic needs were mentioned by some as important, indicating that these may not only be needs that a program would like to meet to enhance their services to families, but may also signal a need for services.

Program Survey respondents were asked whether, in addition to language needs, there were families in their community with other particular needs that the program may have difficulty meeting. 58% responded yes and many of these offered additional information on what those needs might be. Housing instability and mental health or trauma needs were the top two most frequently mentioned needs for families, further supporting the addition of related indicators in the Modifications to Wisconsin's Simplified Method (see Table 1, p.2). Transportation was the third most mentioned need. Other categories of need included: substance use, language and cultural needs, special needs or disabilities, economic support, families at risk for child abuse or neglect, bridging services, and mental health and well-being. Some comments from home visiting program staff were:

- *Those who are homeless have difficulty being reliable and consistent clients due to not having a stable home.*
- *Significant mental health and trauma history needs, lack of access to treatment and therapy, mental health stigma--all of these sometimes limit client's capacity to participate in a voluntary program, i.e. their significant mental health symptoms make it hard to keep appointments, follow through on goals.*
- *[Need] More diversity in staff to reach families that are typically hard to engage.*

Participants in the Title II CAPTA Partner Survey were asked what community factors indicated a need for evidence-based parent education services, and factors listed by participants included items related to alcohol or drug addiction, trauma, or the need for alternative delivery models that can meet people where they are at and consider when families are in crisis mode. These highlight the relationship between the difficulties of providing services for families who have particular needs outside of the program's capacity, and the fact that these issues may mean that these families are in greater need of the services.

In the Program Survey, 43% of staff responded that their home visiting program had a waitlist, while 8% noted that their program did not allow one. Of those not allowed to have a waitlist, almost half said that they had to refer families to other programs. For programs with waitlists, 18% reported that families typically had to wait 6-12 months for services, while the majority reported that families typically waited less than six months.

The majority of home visiting programs in Wisconsin target low-income families. The Program Survey asked respondents about nine populations or risk factor categories that programs might target. Low-income families, pregnant adolescents, families involved with child welfare, and families with a history of substance use were the four most frequently mentioned. Table 11 lists populations and risk factors by percentage.

Table 11. Target Populations of Programs

Population Type	Percentage (%) of Responses*
Low-income families	75%
Pregnant Mothers	74%

Pregnant adolescents	72%
Families that are Pregnant	65%
Families that have been involved with child welfare services	64%
Families with a history of substance use	62%
Families with a history of low student achievement	55%
Children with developmental delays or disabilities	54%
Military families	39%
Other	12%

Note. Percentages are based on the frequency of responses for each barrier. These are the number of responses for each county and each program. Respondents could have chosen multiple themes for each program response.

Additional populations mentioned by respondents included Native American families, first time parents, homeless families, children in particular age groups, African American families, families with mental health issues, and those dealing with historical and generational trauma.

Gaps in Staffing, Community Resources, and other Delivery Requirements

Gaps in staffing are a significant issue for Wisconsin home visiting programs. 68%) of Program Survey respondents said that their program has experienced gaps in staffing in the last two years and 38% noted that they currently have unfilled home visitor positions in their program.

Sixty-two percent of respondents stated that they had three or more years of experience as a home visitor, and 27% said they had less than three years, while 11% had no direct experience as a home visitor, but held other staff positions (for example, administrator).

Staff retention is a recurring problem for many home visiting programs in Wisconsin, with 48% of Program Survey respondents stating that retaining staff was somewhat to very difficult. Among eight possible choices, lack of pay was by far the most common reason for staff retention problems, with staff burnout being the second most frequent reason. Table 12 lists staff retention responses by percentage.

Additional themes appeared in the open-ended responses. These related to staff (e.g. retirement and parental leave), management (e.g. unqualified supervisors, paperwork requirements, lack of communication), resources (e.g. lack of health insurance, lack of funding, or child care needs), and the demands of the job (e.g. isolation or physical demands).

Table 12. Most Frequently Chosen Reasons for Staff Retention Problems

Reasons for Problems with Retention	Percentage (%) of Responses*
Lack of Pay	61%
Staff Burnout	44%
Lack of Qualified Applicants	29%
Lack of Opportunities for Professional Advancement	22%
Lack of Supervisory Support	15%
Vicarious Trauma	11%
Lack of Co-worker Support	7%
Travel	6%

Note. Percentages are based on the frequency of responses for each barrier. These are the number of responses for each county and each program. Respondents could have chosen multiple themes for each program response.

When asked about prioritizing supports for parent education implementation, Title II CAPTA Partner Survey respondents cited staff retention as one of the top supports needed for their agency or organization.

The majority of home visiting programs in Wisconsin partner with the Supplemental Nutrition Program for Women, Infants, and Children (WIC), Birth to Three Early Intervention programs, and/or center-based Head Start or Early Head Start programs. When asked about existing partnerships, over 50% of Program Survey respondents also stated that they partnered with local healthcare providers, local child protective services, prenatal care coordination services, local school districts, mental health services, housing assistance, and/or childcare resource and referral agencies or childcare providers. Job training programs, substance use treatment and counseling services, assistance in accessing government benefits, and local criminal justice are other community partnerships that Wisconsin home visiting programs take part in. Table 13 lists community partnership responses by percentage.

Table 13. Community Partnership Responses

Community Partners	Percentage (%) of Responses*
WIC	76%
B-3 early intervention program	72%
Head Start or Early Head Start center based	68%
Local health care providers	63%
Local Child Protective Services	61%
Prenatal Care Coordination	60%
Local School District	60%
Mental Health Services	59%
Housing Assistance	57%
Childcare resource & referral agencies or childcare providers	56%
Job Training Programs	45%
Substance Use Treatment and Counseling Services	42%
Assistance in accessing government benefits	41%
Local criminal justice	24%
Other	8%

Note. Percentages are based on the frequency of responses for each community partners. These are the number of responses for each county and each program. Respondents could have chosen multiple themes for each program response.

In open-ended responses, home visiting programs also mentioned partnering with community services such as food pantries, University of Wisconsin Extension, domestic abuse shelters, advocacy groups (e.g. Alcohol and Other Drug Abuse (AODA) prevention, breastfeeding coalition), reproductive health services, the Division of Motor Vehicles, General Education Development (GED) services, local colleges, and community health access programs.

Seventy-two percent of home visiting programs reported that they have an active early childhood collaborative or community coalition in their county or tribal community. Of these, 73% stated that their program or agency participates in these efforts.

The majority of programs that responded to the survey use Parents as Teachers, Healthy Families America, or Early Head Start (home-based option), as their evidence-based model, with many programs reporting that they used multiple models. Other models included Nurse Family Partnership, Family Spirit, and Home Instruction for Parents of Preschool Youngsters (HIPPY). See Table 14 for the numbers of each model used.

Table 14. Evidence-Based Models Used by Programs

Community Partners	Respondent Count
Early Head Start Home Based option	35
Family Spirit	x[a]
Healthy Families America	51
Home Instruction for Parents of Preschool Youngsters (HIPPY)	x[a]
Nurse Family Partnership	14
Parents as Teachers Model	95
Other	14
Total	213

Note. These numbers reflect the multiple-choice answers chosen by respondents on what Evidence-Base models their programs use. Respondents could choose all that apply. "Other" responses indicate a response different than the provided multiple choice and were followed up by open-ended text.
[a] Respondent counts that were lower than 10 were suppressed due to a low sample size.

In an open-ended question, programs were asked about what other models they used, and answers included Growing Great Kids, Nurturing Parents, Family Connects, ParentChild+, Families First, Family Centered Care for Families Impacted by SUDs, and Great Beginnings Begin at Birth. Of these, Family Connects is the only evidence-based model eligible for MIECHV funding.

Optional Considerations

Program Survey respondents were asked if they were aware of any plans to start or expand home visiting and if so, the counties or tribes where this might be happening. Thirty-five counties and seven tribes were mentioned in the responses as being locations for potential expansion or start-up of services. Example plans include expansion of Head Start or Early Head Start programs, increasing caseloads in current hospital programs, creating new home visiting programs or Welcome Baby programs, expansion of a program into surrounding counties or tribes, plans to recruit a Spanish interpreter, and a home visiting program focused only on African Americans.

Challenges to expanding home visiting services or starting new services in a community show similar themes to the barriers facing programs in their current operations. Of the 76 respondents who answered an open-ended question about challenges a home visiting program may encounter when starting or expanding services in their community, the most frequent challenge mentioned was funding (32% of responses). Another 24% mentioned staffing challenges for new or expanding programs, including capacity and

staff availability, training new staff, staff retention, low pay, and staff burn out.22%) listed community buy-in as an issue for expanding services, mentioning the need for the community to understand the benefits of home visiting, as well as resistance to having home visitors in their homes. In a related theme, 8% mentioned stigma around home visiting programs as a problem for service expansion. 17% mentioned the lack of public knowledge about home visiting or community awareness of the program. 12% cited community partner awareness, or difficulties collaborating with community partners or other organizations in the community landscape. Other challenges that respondents mentioned included the ability to create program infrastructure (e.g. logistics, space, capacity, and other difficulties) and the challenge of sustaining new programs (e.g. sustaining when enrollment is low, creating a new caseload of families, competing with current programs). Understanding community need (e.g. the model needs to fit the community, working with family schedules and needs), the need for diverse staff, and traveling long distances to meet with families were also important.

In an open-ended question, Program Survey respondents were asked whether opportunities were available in their community for home visiting programs to assess indicators of need, and whether there were evaluations, research programs, or continuous quality improvement efforts happening in their program. Of the 80 individuals who responded to this question, 33% were unsure or did not know of any opportunities. For those who elaborated on assessment and evaluation efforts in their program, continuous quality improvement (CQI) (28%), family surveys and exit interviews (19%), evaluation (16%), and community needs assessments (15%) were the most commonly mentioned efforts. 9% of people also mentioned research, however it's hard to know whether this represented evaluation, surveys, or needs assessments, or other research studies. As all MIECHV programs are required to participate in CQI efforts, it's likely that those numbers are underreported. It's possible that more non-MIECHV programs answered this question, or MIECHV program respondents did not think of CQI when considering indicators and evaluation. In addition, if a home visitor was new to a program, or was not directly involved in assessment or evaluation efforts, that might also contribute to underreporting of assessment and evaluation efforts.

Coalitions and work groups, as well as communities of practice, were also mentioned by a number of people as important opportunities to collaborate on assessing indicators of need or to learn about how other programs and organizations were doing these assessments. In a related question, respondents were asked if they had a dedicated staff person focused on performance monitoring, administrative support, or data reporting, with 81% answering yes and 6% answering that they weren't sure. When asked to prioritize supports for implementation in the Title II CAPTA Partner Survey, "evaluation and quality control support" and "needs assessment for program selection" were the least prioritized supports by program respondents, with 20% of programs indicating that these two items were an important support for parent education implementation. Supports such as funding, access to training, staff retention, and community buy-in ranked higher, suggesting that for many programs, the day-to-day needs of keeping a program afloat often take priority over assessment and evaluation.

Tribal Home Visiting Programs

Programs affiliated with six of the eleven federally recognized tribes in Wisconsin participated in the Program Survey. Tribal affiliation was determined by questions about area served (which county or Tribe), program name, and funding sources. In order to better understand the needs of tribal home visiting programs and the families they serve, the UW-Madison Consultants asked several guiding questions when exploring the survey results:

When looking at tribal and non-tribal program responses across the state, where do responses about quality, capacity, needs, and barriers look similar? Where are we seeing differences?

Programs across the state shared many barriers in common, including lack of public knowledge about home visiting, stigma around home visiting, gaps in staffing, program funding, and staff retention. However, tribal programs more frequently mentioned traveling long distances to meet families and gaps in staffing, as barriers. In addition, when asked to rank the most important barriers, tribal programs were more likely to rank stigma around home visiting programs as one of the top barriers, where non-tribal programs ranked program funding as more important.

When asked if there were families in their community with specific language needs who might benefit from home visiting programs, tribal programs were much more likely to answer no. Those who answered yes were then asked whether they felt their program was able to meet those language needs. Tribal programs that did indicate specific language needs were more likely to answer no to whether those needs were being met.

While almost all programs across the state reported difficulties retaining staff, tribal programs were more likely to state that retaining staff in their program was somewhat to very difficult. While all programs shared similar reasons for those difficulties, including lack of pay, staff burn out, and lack of opportunities for advancement, the frequency with which a reason was reported differed between tribal and non-tribal programs, with tribal programs more frequently stating that lack of opportunities for advancement, and lack of supervisory or coworker support was a difficulty, along with vicarious trauma. Tribal programs were also more likely to have staff with less than 3 years of experience as home visitors than their non-tribal counterparts.

The results suggest that tribal programs and non-tribal programs share many barriers and needs in common throughout the state. However, there is variation in the perceived importance of those needs, indicating that the solutions for improving quality and capacity in home visiting programs may differ for tribal versus non-tribal programs.

Statewide Substance Use Treatment and Counseling Services for Pregnant Women and Families with Young Children

Substance use is a MIECHV statutorily defined area for identifying communities with concentrations of risk in the state. This section provides a comprehensive review of substance use treatment and counseling services in the state, including those that specifically serve pregnant women and families with young children who may be eligible for MIECHV services.

Public substance use services in Wisconsin are administered through the state under the federal Substance Abuse Prevention and Treatment Block Grant and are operated by the counties through County Human Services Departments. There are also five Alliance for

Wisconsin Youth regional prevention centers and community coalitions that provide substance use prevention services. All Wisconsin counties receive block grant funds and at least 20% of the funding to each county must be used for prevention (Wisconsin Department of Health Services, 2018).

Range of Substance Use Disorder Treatment and Counseling Services

The range of county substance use treatment and counseling services for individuals in Wisconsin includes 16 types of services: community support programs, comprehensive community services, community recovery services, coordinated services teams initiatives, crisis intervention emergency outpatient, emergency detention, inpatient services, residential services, partial day services, court services, medication management, intake assessment, case management, outpatient services, supportive services, and other services (Wisconsin Department of Health Services, 2017). See Table 15 for a description of services.

Table 15. County authorized substance use service types

County-Authorized Substance Use Service	Description
Community Support Programs	A network of coordinated care and treatment services for individuals with substance use disorders in a natural or supportive service setting to ensure ongoing treatment in the community
Comprehensive Community Services	Certified programs that provide a flexible array of community-based psychosocial rehabilitation services for individuals with mental health or substance use issues who qualify based on level of need
Community Recovery Services	Certified services that enable individuals with mental health problems to live in the least restrictive community environment available. Mental health agencies offering this service must be specifically certified to deliver it
Coordinated Services Teams Initiatives	Evidence-based practice models of care for children and youth with mental illness or behavioral health issues
Crisis Intervention Emergency Outpatient	Services to individuals in the general public who are experiencing emergencies that require an immediate response by the human service system
Emergency Detention	Detention of an individual by a law enforcement officer or other individual if there is cause to believe that the individual is mentally ill and there is a substantial probability of harm to themself or others and/or they are unable to satisfy basic needs for food, medical care, shelter, or safety without prompted adequate treatment
Inpatient Services	24-hour emergency room and/or inpatient mental health or substance use treatment services in a hospital for the purpose of stabilizing and/or ameliorating alcohol or other drug abuse
Residential Services	Structured residential living arrangements in a non-hospital setting for the purpose of providing care and support

Partial Day Services	Non-residential program in a medically supervised setting that provides case management, counseling, medical care, and therapies for a scheduled portion of a day
Court Services	Includes court intake (services essential to the provision of report and recommendations to the court) and juvenile probation and supervision (for the purpose of monitoring behavior and preventing criminal activities or other unacceptable behavior)
Medication Management	Services to assist individuals with prescription medications
Intake Assessment	The provision of services in a natural or supportive service setting to persons who are or may become consumers for purposes of determining the existence of and the nature of a specific problem or group of problems
Case Management	Assists consumers and consumers' families in gaining access to and receiving a full range of appropriate services in a planned, coordinated, efficient, and effective manner
Outpatient Services	Includes counseling or therapeutic resources, individual counseling, group counseling, family or couples counseling, and intensive in-home services
Supportive Services	Services that assist individuals in everyday living, such as transportation, housing or energy assistance, daily living skills training, health screenings, supported employment, and advocacy and defense resources
Other Services	Services include adult daycare, respite care, interpreter services, recreation or alternative activities, and other community prevention and awareness activities.

Source: Wisconsin Department of Health Services, 2017

The Department of Health Services oversees five projects that address women-specific outreach, treatment, and support needs. The projects focus on parenting education, vocational and housing assistance, care coordination, and women-specific substance use treatment and prevention services. In 2018 these five projects served approximately 1,700 women (Wisconsin Department of Health Services, 2019). See Table 16 for a description of services and services regions for each program.

Table 16. Gender specific outreach and treatment. 2018 annual report to the governor on activities relating to substance use prevention and treatment

Program Name	Counties Participating/ Service Areas	People Served in 2018
Women's Outreach and Treatment for Low-income and Multi-system Involved People, and Urban/rural Women's Treatment	Brown County via Family Services of Northeast Wisconsin; Dane County via ARC Community Services; Eau Claire County via Lutheran Social Services; Forest-Oneida-Vilas; Ho-Chunk Nation via six tribal clinics covering 14 counties; Walworth County	484 (Does not include Ho-Chunk tribe data for second half of 2018)

Cocaine-affected Families	Milwaukee county via Community Advocates, Meta House, and United Community Center	321
Healthy Beginnings	Dane County, via ARC Community Services	44
Bureau of Milwaukee Child Welfare (parents and children)	Milwaukee County via Wisconsin Department of Children and Families, Division of Milwaukee Child Protective Services	828
Women and Dependent Children Services	Dane County, via ARC Community Services	33

Source: Wisconsin Department of Health Services, 2019

Gaps in the Current Level of Treatment and Counseling Services

The DHS 2017 Wisconsin Mental Health and Substance Use Needs Assessment reported that the Wisconsin treatment gap (i.e., the rate of individuals needing addiction treatment who are not receiving it) is estimated to be about 78%, or 355,000 people. The UW-Madison Consultants examined the treatment gap by county and compared it to the at-risk counties that were identified in the substance use domain in the Needs Assessment Data Summary but note that a relationship could not be determined due to lack of data for some of the counties. However, this high need for substance use treatment and counseling services approximates Wisconsin's understanding of need in the state. (See the Level of Need section on p.16 for additional information). County-authorized or subsidized substance use services have been declining by about 4% per year, but the need for these services continues to be high. In addition, there are gender disparities in treatment, with women and youth under 18 underserved relative to their substance addiction prevalence (Wisconsin Department of Health Services, 2018). For example, data from the 2015 National Survey on Drug Use and Health show that 33% of people with a substance addiction are female. However, data from the 2015 DHS program participation system demonstrate that only 31% of the county-authorized substance addiction clients served were female, demonstrating that there are women that need services who are not being served. Similarly, 9% of people with a substance addiction are youth under 18 years old, yet only 2% of the county-authorized substance addiction clients served were under 18 years old (Wisconsin Department of Health Services, 2018).

As a part of data collection for the newly released 2019 Wisconsin Behavioral Health System Gaps Report, the University of Wisconsin Population Health Institute interviewed and surveyed several key stakeholders, including state and county behavioral health staff, private behavioral health services CEOs/directors, and direct behavioral health service providers, on what populations face the largest gaps in substance use services. Stakeholders identified individuals with co-occurring mental health and substance use disorder needs (10.5%); young adults/transitional age youth, ages 18-25 (9.5%), and adolescents ages 12-17 (9.0%) as the groups facing the largest gaps in substance use services. Nearly 9.0% of respondents identified children up to age 12 as facing the largest gaps and .4% of respondents identified pregnant individuals as facing the largest gaps (Vigna, 2020). That being said, pregnant individuals, including those served by home visiting programs in the state, may also identify with the three

populations identified as facing the largest gaps. Comparatively, 2019 data from DHS shows that pregnant people in Wisconsin have a higher substance use disorder prevalence rate (16.6%) than the national average (Vigna, 2020).

In 2015, eleven county agencies indicated that there were people who either couldn't get services or who waited at least two weeks for services. This may be because services were not available in nearby areas or that county funds were not sufficient to support services. Wisconsin has implemented a regional model for substance use prevention to help pool resources and expertise. While this has improved collaboration between agencies as well as the reach of prevention services, many parts of the state still have little funding for substance use prevention services. In addition, waiting list times for substance-use clients in Wisconsin are high. In 2015 the average wait time for services was about 20 days (in a sample of seven counties reporting this data). This was well above the 2012 national average of three days (Wisconsin Department of Health Services, 2018).

Lack of professionals in substance use treatment and counseling services continues to contribute to gaps in services. According to U.S. Bureau of Labor Statistics 2016 data, there were 3,330 persons employed as Substance Abuse and Behavioral Health Counselors or Mental Health and Substance Abuse Social Workers in Wisconsin. This is about six professionals per 10,000 population, far less than are needed in the state (Intervention and Treatment Ad-hoc Committee on the Workforce, 2017).

Stakeholders surveyed in the 2019 Wisconsin Behavioral Health System Gaps Report also note that there are not enough substance use disorder services, particularly inpatient or residential treatment facilities (Vigna, 2020). The top five greatest substance use disorder gaps were as follows:

1. Integrated mental health and substance use disorder treatment
2. Sober housing
3. Residential treatment
4. Transitional residential services
5. Detoxification services

One stakeholder noted that residential and inpatient services are spread out throughout the state, meaning that families would need to travel far away from their loved ones to access treatment. The fear of isolation and being in an unfamiliar place may deter families from accessing this kind of treatment. These gaps are further complicated by the need for childcare while in treatment. In some parts of the state, there are very few facilities where mothers can take their children and at times, they may be limited in the number of children they can take with them to the treatment facility. This gap limits the ability of individuals who have young children and are struggling with addiction to access treatment (Vigna, 2020).

Barriers to Receipt of Substance Use Disorder Treatment and Counseling Services

A 2015 DHS-sponsored study of county-authorized substance use outpatient counseling found a number of barriers to services in Wisconsin. The two biggest barriers were the need for more convenient times for appointments or groups, and more convenient locations or transportation assistance. Other barriers included affordability and health insurance. A second DHS-sponsored

study in 2016 for treatment for individuals with an opioid use disorder listed the following as barriers to receiving care: confusion overpaying fees and insurance coverage policies, too many forms to fill out, the need for more convenient appointment times, transportation to appointments, and needing more individual counseling. As mentioned in the section on Gaps, lack of substance use treatment and counseling services in many counties, as well as long wait times, are also barriers to receipt of services (Wisconsin Department of Health Services, 2018).

In the DHS 2017 Wisconsin Mental Health and Substance Use Needs Assessment, members of the service participant advocacy organization Wisconsin Voices for Recovery listed a number of barriers related to addiction treatment, including: access and availability of treatment services for low-income individuals, particularly in rural regions; limited or no options when people need to access treatment through Comprehensive Community Services; accessibility of recovery housing and other long-term aftercare; the complicated processes for finding and accessing services for individuals seeking help and families helping them navigate the system.

Building on the 2017 DHS needs assessment, the 2019 Behavioral Gaps Report also identified the absence of family-friendly residential treatment options as a barrier, which would be helpful for adults with young children. Stakeholders identified lack of childcare as a major barrier to access for families with young children, especially if caregivers need to travel to get treatment from a provider. The required travel and/or time away from family may make substance use treatment infeasible while parenting young children. Another barrier for pregnant individuals is the fear that they will be reported to child protective services if they seek prenatal care. The report notes that this practice is not state-mandated but does occur in different parts of the state, with more mothers of color facing reports. This practice deters pregnant individuals from help-seeking behaviors (Vigna, 2020).

Additionally, the 2019 Behavioral Gaps Report identified that private outpatient providers have no-show policies that may unfairly prevent families with young children from accessing care. Some providers have a “three strikes and you’re out” policy, meaning if a family does not show up for three visits, they can no longer access services at that provider. This creates an even larger barrier for low-income individuals without reliable transportation or other priorities, such as childcare or work (Vigna, 2020).

Transportation to substance use treatment appointments is another identified barrier, particularly for families with young children. Individuals on Medical Assistance can request non-emergency medical transportation to appointments; however, this transportation option does not always allow the transportation of children. This is a challenge for caregivers, particularly if they are not able to secure alternate childcare during their appointments. Caregiving for young children is highlighted as a compounding factor that impacts the existing barriers and gaps in substance use treatment and counseling services system in Wisconsin (Vigna, 2020).

In addition, staff recruitment and retention challenges for substance-abuse counseling agencies continue to be barriers to receiving services. In a 2016 survey for AODA certified programs in Wisconsin, recruitment and retention challenges were reported by about 70% of reporting agencies. The primary challenges included: varying degrees of competency, lack of dual licenses (AODA and Mental Health), low pay, difficult time finding and retaining staff in rural locations, challenges in meeting education requirements, low Medicaid reimbursement rates

due to high client no-show rates and low treatment compliance, not enough clinical supervisors available for required supervision, and substance-abuse counselors-in-training not billable to insurance companies (Intervention and Treatment Ad-hoc Committee on the Workforce, 2017).

Opportunities for Collaboration with State and Local Partners

In the DHS 2017 Wisconsin Mental Health and Substance Use Needs Assessment, the service participant advocacy agency Wisconsin Voices for Recovery listed a number of additional opportunities for advancing substance use recovery that could potentially benefit from collaboration with state and local partners. These were summarized from feedback by over 7,400 members and member organizations in Wisconsin (Wisconsin Department of Health Services, 2018). These included:

- Networking and collaboration between traditional treatment providers and outside community supports
- Drug and treatment courts in combination with medication assisted treatment
- Self-help groups and paid recovery coaches
- Partnerships between criminal justice and recovery support
- Supportive employment, stable housing, and recovery supports from nonprofit agencies
- Continued contact after treatment, wraparound programs, and peer specialist or recovery coach involvement
- Providing treatment and recovery support instead of promoting criminal justice involvement

Strategic Approach or State Plan to Respond to Substance Use Disorders

The State Council on Alcohol and Other Drug Abuse (SCAODA) coordinates substance use disorder planning and funding efforts in Wisconsin and advises the governor, legislature, and state agencies on prevention, treatment, and recovery matters. Its members represent most cabinet level agencies, two constitutional offices, the legislature, treatment providers, and citizens. There are currently also representatives from the University of Wisconsin system, the Wisconsin Technical College system, the Wisconsin Mental Health Council, Wisconsin Board for People with Developmental Disabilities, the Wisconsin Society for Addiction Medicine, and others.

SCAODA has a four year strategic plan (2018-2022) with four main goals that encompass: 1) changing Wisconsin's cultural norms to transform the state's substance use problems into healthy outcomes; 2) informing Wisconsin citizens on the negative impacts of substance use disorders; 3) advocating for funding, capacity, and infrastructure to implement outreach, prevention, treatment, and recovery services; and 4) remedying historical, racial/ethnic, gender, and other biases in substance use disorder systems, policies, and practices.

Key stakeholders who coordinate or engage with the state in its response to substance use disorders include:

- The Wisconsin Department of Health Services (DHS). The Division of Care and Treatment Services--Bureau of Prevention Treatment & Recovery is the Single State Agency for Substance Abuse Services.

- Great Lakes Inter-Tribal Council (GLITC). GLITC's purpose is to provide a mechanism through which member tribes can work through the challenges of governance and services to their constituents. GLITC participates in the State Epidemiological Outcomes Workgroup, which works on substance use efforts.
- State Epidemiological Outcomes Workgroup. The group works on surveillance of substance use issues and evaluation of prevention efforts, and includes staff from DHS, Department of Public Instruction, Department of Justice, UW-Madison Wisconsin Alcohol Policy Project, and the Great Lakes Inter-Tribal Council.
- Wisconsin Voices for Recovery. The organization is a statewide peer-run organization that serves as a voice of recovery in Wisconsin. They are supported by DHS and the UW-Madison Department of Family Medicine and Community Health.
- Grassroots Empowerment Movement. This statewide nonprofit organization engages in direct peer support services, wellness and recovery education and training, and advocacy around mental health and addiction needs.

Current Activities to Strengthen the System of Care

Wisconsin currently has a number of activities to strengthen the system of care for addressing substance use disorder among pregnant women and families with young children.

- The State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act provides legal procedures for voluntary and involuntary admission, treatment and rehabilitation of individuals (adults and minor children) affected with mental illness, developmental disability, drug dependency, or alcoholism. The state also has Community Substance Abuse Service Standards. DHS began an effort to rewrite those rules in 2019.
- The State of Wisconsin Task Force on Opioid Abuse. This task force was active from 2016 to 2018 and resulted in 18 recommendations related to four key components of an effective treatment system: Treatment System Transformation, Substance Use Disorder Workforce, and Underserved Populations (The Pew Charitable Trusts, 2018).
    - Recommendation 1: The Commission should recommend changes to Medicaid payment systems to ensure sufficient provider participation in the new treatment model based on Vermont's hub-and-spoke approach.
    - Recommendation 2: The Department of Health Services, in collaboration with experts and key state stakeholders, should develop an implementation plan for creating a provider referral tool that can be integrated with health information technology.
    - Recommendation 3: The Department of Health Services should create a uniform waitlist reporting requirement across settings of care that can be used to improve provider referral capability and strategic decision-making for the state.
    - Recommendation 4: Allow sites that deliver medical services to operate as Opioid Treatment Programs to increase the availability of methadone in Wisconsin.
    - Recommendation 5: Develop a definition for recovery housing that would bar discrimination based on the use of evidence-based medications for treatment.

  - Recommendation 6: Establish an interagency working group tasked with initiating formal cross-agency data sharing on OUD to help drive state actions to expand access to MAT that are informed by analysis of state data and identification of areas of need.
  - Recommendation 7: Improve the integration of co-occurring mental health and substance use disorders by reviewing and eliminating unnecessary statutory and regulatory barriers.
  - Recommendation 8: Improve the timeliness and accuracy of opioid-related death data to target treatment resources in communities of highest need.
  - Recommendation 9: Ensure patients entering MAT are placed in the right care setting through use of a single standardized patient placement tool across state-licensed and Medicaid certified providers.
  - Recommendation 10: Improve initiation of MAT and transition to treatment in emergency departments.
  - Recommendation 11: Provide funds to expand buprenorphine training for providers during residency programs for physicians, nurse practitioners, and physician assistants.
  - Recommendation 12: Use the Behavioral Health Review Committee established by 2017 Wisconsin Act 262 to ensure Wisconsin's Substance Abuse Counselor certification and licensure process aligns with national evidence-based practices and that the number of counselors meets the need for counseling across the state.
  - Recommendation 13: Align the Professional Assistance Procedure with national best practices for physician health programs.
  - Recommendation 14: Study the availability of MAT in state prisons and county jails and create a pilot in one setting.
  - Recommendation 15: Ensure Medicaid benefits are suspended (rather than terminated) for all eligible justice-involved individuals across the state.
  - Recommendation 16: Increase access to evidence-based substance use disorder treatment for pregnant women by addressing any statutory deterrents and expanding provider capacity to deliver MAT.
  - Recommendation 17: Incentivize the use of evidence-based post-partum care programs by health care providers for women with substance use disorders across the state.
  - Recommendation 18: Improve treatment outcomes for babies with neonatal abstinence syndrome (NAS) by integrating best practices into state treatment guidelines and clinical curricula.
- State Council on Alcohol and Other Drug Abuse (SCAODA). The council coordinates substance use disorder planning and funding efforts in Wisconsin and advises the governor, legislature, and state agencies on prevention, treatment, and recovery matters. Its members represent most cabinet level agencies, two constitutional offices, the legislature, treatment providers, and citizens.
- Federal discretionary grants for prevention. These include the Strategic Prevention Framework Partnerships for Success Grant Program, Strategic Prevention Framework for Prescription Drugs, and the State Epidemiological Outcomes Work Group.

- Alliance for Wisconsin Youth. A statutorily required program of prevention and intervention services that brings together community coalitions, individuals, and resources to positively impact youth by preventing substance misuse and addiction and other behavioral health concerns.
- Department of Justice Youth Diversion Program. Includes prevention, intervention, and treatment activities such as educating youth and parents/guardians about drug abuse issues, sharing information about tobacco and alcohol companies, screening for substance misuse and addiction, and providing counseling services.
- Community Improvement and Job Training Program. This program works with at risk minority youth and young adults in Milwaukee to address job readiness, employability, gang affiliation, and substance use.
- Wisconsin wins. An evidence-based statewide initiative designed to decrease youth access to tobacco products through retail compliance checks and retailer education.
- Problem gambling awareness campaign. A statewide awareness campaign and a helpline, text, and chat line which helps callers and refers them to counseling services.
- Tribal initiatives. Under the tribal family services program, DHS provides funds to Wisconsin's eleven federally recognized Native American tribes to address substance use disorder prevention.
- Quality improvement activities. DHS supports a number of quality improvement activities, including Strengthening Treatment Access and Retention Quality Improvement Program (STAR-QI), Motivational Interviewing Training, Screening Brief Intervention and Referral Treatment (SBIRT) Professional Training, Webinars for Professionals on Substance Use Topics, and Trauma Informed Care Training and Presentations.

Availability of supportive wraparound services

While there are some services and initiatives throughout the state, there is still a strong need for wraparound services related to substance abuse treatment and prevention. In a 2015 DHS Survey of county government agencies, 30 agencies identified unmet service needs for individuals looking to obtain substance use services. These included wraparound services such as sober housing, transportation, and childcare (Wisconsin Department of Health Services, 2018). In the same needs assessment, member feedback from Wisconsin Voices For Recovery listed continued contact after treatment as an important solution for advancing substance use recovery, including the need for wraparound programs and peer specialists or recovery coaches. They also mentioned supportive employment, stable housing, and other recovery supports provided from non-profits such as Apricity in Neenah and Milwaukee, as solutions to advancing recovery. Long-term aftercare options such as these are still an unmet need in Wisconsin.

One example of a statewide service initiative is Wisconsin's Children's System of Care, a DHS Initiative to enhance behavioral health care and treatment services for children with substance use or mental health needs through wraparound care. This initiative blends coordinated service teams initiatives and comprehensive community services to provide a more seamless network of services. Begun in 2018, multiple counties and Wisconsin tribes have committed to participating in the initiative.

Coordination with other Needs Assessments

Wisconsin collaborated with several other needs assessments that had been recently completed or were ongoing during the home visiting needs assessment project.

Description of how Wisconsin took into account other needs assessments

Title V: Wisconsin's state home visiting team includes the Home Visiting Nurse Consultant, who is employed through DHS and works closely with the team that administers the Title V Maternal Child Health Block Grant. The Nurse Consultant connected the needs assessment team with Title V in February 2019 to begin conversations on areas for collaboration. Throughout the needs assessment process, Title V provided epidemiological consultation on adding indicators and domains to the Data Summary, identified useful data sources, and completed some of the modified simplified method analysis. Three Title V representatives served on the needs assessment stakeholder group. Further, Title V shared the priority areas that were identified through the Title V Needs Assessment process as well as findings related to racial and ethnic disparities in indicators of adverse perinatal outcomes and socioeconomic status, which supported the decision to add the disparity domain to the modified simplified method. They also shared the data they had collected through Community Conversations and County Health Assessments to support adding counties to the at-risk list in Phase 2 of the home visiting needs assessment.

Head Start: Wisconsin collaborated with the Department of Public Instruction and Wisconsin Head Start Association to incorporate information from the Head Start Community Assessments. Ultimately, Wisconsin was not able to access all of the Head Start Community Assessments conducted in the state but was able to locate twothat were publicly available. The Wisconsin Head Start Association also helped the needs assessment team to identify existing Early Head Start-Home Based programs that serve tribal communities to encourage them to complete the quality and capacity of existing home visiting programs survey. A representative from the Department of Public Instruction (who now works for the Wisconsin Head Start Association) served on the needs assessment stakeholder group.

Title II CAPTA: Wisconsin collaborated with the Child Abuse and Neglect Prevention Board (Prevention Board), which is the recipient of Title II CAPTA funding in Wisconsin. The Prevention Board shared findings from the 2018 Parent Education Initiative Assessment, the goal of which was to better understand family support programming across Wisconsin and agencies' readiness to implement evidence-based parent education programming. Several of the programs that were assessed in the 2018 Parent Education Initiative also provided evidence-based home visiting. These findings were compared to findings of the Program Survey and were incorporated into the Quality and Capacity of Existing Home Visiting Programs section of this report. Additionally, a representative from the Prevention Board served on the needs assessment stakeholder group.

DCF Prevention Scan: DCF is in the process of developing a fuller understanding of activities related to the prevention of child abuse and neglect across the state. The Prevention Scan and the needs assessment collaborated to contract with UW-Madison Consultants to ensure that data collection would be streamlined, and communities and stakeholders would not be overburdened by data requests from both projects. The two projects shared data collected from

key informant interviews completed in November 2019 and planned to share data collected through the Prevention Scan's survey on quality and capacity of existing community resources related to child abuse and neglect prevention. However, due to COVID-19, the Prevention Scan survey was delayed, and the results were not ready in time to be included in this final report. The DCF project leads on the Prevention Scan also served on the needs assessment stakeholder group.

State Health Assessment: DHS is also in the process of updating the state health assessment. DHS shared findings related to racial and ethnic disparities in indicators of adverse perinatal outcomes, socioeconomic status, and substance use, which supported the decision to add the disparity domain to the modified simplified method. A representative from the state health assessment team served on the needs assessment stakeholder group.

Preschool Development Grant: Wisconsin was awarded the PDG at the end of 2019 and began a needs assessment process in 2020. A member of the PDG team served on the home visiting needs assessment stakeholder group and the Home Visiting Evaluation Coordinator met with the PDG project manager separately to discuss areas of future collaboration. Preliminary needs assessment findings were shared with the PDG team at the final needs assessment stakeholder group meeting in August 2020.

DHS Substance Use Needs Assessments: The UW-Madison Consultants collaborated with the DHS Bureau of Prevention Treatment & Recovery, which is the Single State Agency for Substance Abuse Services, to incorporate information from their recent Substance Use and Mental Health Needs Assessment, which was completed in 2018. The substance use needs assessment shared information on gaps in substance use treatment services, range of services throughout the state, and barriers to receiving services. The DHS Substance Abuse Evaluation Specialist participated in the needs assessment stakeholder group and provided guidance modifying the simplified method with the supplemental substance abuse data that HRSA provided.

Efforts to convene stakeholders to review and contextualize needs assessment results

Wisconsin began the needs assessment in April 2019 and completed the project on October 1, 2020. During that time, six home visiting needs assessment stakeholder meetings were held to review and contextualize preliminary results from the Needs Assessment Data Summary and Needs Assessment Update Narrative. These results were supported by findings from the 2019 County Health Rankings, Head Start Community Assessments, Title V Needs Assessment, and the Title II CAPTA Survey, among others. Wisconsin proposed ways of incorporating findings from other needs assessments into the home visiting needs assessment and received feedback on these proposals from the needs assessment stakeholder group. The UW-Madison Consultants also took an iterative approach by collecting data and then sharing preliminary results back with the stakeholder group. Additionally, they shared preliminary findings at a MIECHV LIA grantee meeting in May 2020 to ensure that the results were in alignment with needs of existing home visiting programs. In addition to larger stakeholder meetings, separate subgroup meetings occurred regularly throughout the course of the project. There were periodic epidemiological consultation meetings with Title V epidemiologists to support adding indicators and domains to the Needs Assessment Data Summary and identify areas of overlap between

the home visiting needs assessment and the Title V needs assessment. Wisconsin also collaborated with Great Lakes Inter-Tribal Council Epidemiology Center (GLITEC) and the DCF Tribal Liaison and DCF Tribal Affairs Specialist to discuss strategies for incorporating aggregate tribal data into the needs assessment project by citing existing data and reports. The draft results of the needs assessment were shared with the Great Lakes Inter-Tribal Council Board in August 2020.

Explanation of how findings or data from other needs assessments informed the home visiting needs assessment

The Title V needs assessment team shared the results of their Community Conversations and the County Health Assessments they collected to inform the home visiting needs assessment. This data was incorporated into Phase 2 to support adding counties known to be at risk to the at-risk list. Further, the community conversations and County Health Assessments included feedback from families and community members, which supported incorporating community voice into the needs assessment process. Additionally, Title V and the State Health Assessment Team shared race and ethnicity findings on key indicators that overlap with the home visiting needs assessment statutorily defined areas. This information showed that there is variation in outcomes across different races and ethnicities. Specifically, when looking at socioeconomic status, adverse perinatal outcomes, and substance use indicators by race and ethnicity, the analysis found that need is higher in Black or African American, AI/AN, and/or Hispanic populations than for Asian or White populations. Rather than looking at the percent of communities of color in each county (which was the approach for the 2010 Needs Assessment), the State Team included % Black or African American, not Hispanic or Latino and % Hispanic or Latino as indicators in the Data Summary. The disparities in the AI/AN communities are represented in Phase 2 in the Needs Assessment Update Narrative by citing existing data sources that show need in tribal communities at the aggregate level. Tribal data is included in Phase 2 for two reasons: 1) to recognize the unique political status of tribal nations while respecting the government to government relationship and 2) including % AI/AN population per county singles out certain tribal communities, rather than representing concentrations of risk that exist across federally recognized tribal communities. Two Head Start Community Assessments were publicly available, and these findings were incorporated into Phase 2 to support adding counties known to be at risk to the at-risk list. Finally, Title II CAPTA findings from a recent Parent Education Initiative survey were incorporated into the quality and capacity of existing home visiting programs section of this report and compared to findings from the Program Survey.

Conclusion

Wisconsin's needs assessment results will further inform the Family Foundations Home Visiting Program. Forty-two counties and all federally recognized tribal communities were identified as communities with concentrations of risk as defined by the MIECHV statutorily defined areas. This need exists at the county, sub-county, and aggregate tribal level. Racial and ethnic disparities in outcomes related to socioeconomic status, substance use, adverse perinatal outcomes, and child maltreatment exist between the White population and the Black or African American, AI/AN, and Hispanic populations. The results of the modified simplified method and

Phase 2 reasonably reflect Wisconsin's understanding of the level of risk in the state and approximate findings from other needs assessments and geographic analyses.

There is an unmet need for home visiting in Wisconsin. All communities with concentrations of risk have a gap between the number of families that are currently being served and the total number of families that would be eligible for MIECHV services. The need-service gap for the at-risk counties (i.e. the percentage of families estimated to be in need who are not receiving home visiting services) is about 71%. This gap may be due to barriers to serving more families, an inability to meet family needs, and/or staff retention issues. Among the most important or frequent barriers to serving more families mentioned in the Program Survey were lack of knowledge about home visiting; resources, funding and capacity; stigma around home visiting; and staff retention and staffing gaps. Over 40 % of programs report having a waiting list, with about 20% of those programs reporting that families have to wait 6-12 months for services. Rural isolation or lack of transportation, lack of access to information on home visiting programs, and language and cultural needs are among the most important or frequently mentioned barriers to program accessibility for families. Programs reporting that language or cultural needs are not being met often state that they lack translators for local languages or diverse staff to engage cultural groups who are not white. Additionally, families often have urgent needs that home visiting programs are unable to meet, including housing instability, mental health needs and recovery from trauma, and rural isolation or lack of transportation. Other unmet needs include substance use, language and cultural needs, disabilities or special needs children or parents, economic support, families at risk for child abuse or neglect, as well as others.

Gaps in staffing are a significant issue for Wisconsin home visiting programs. Sixty-eight percent of Program Survey respondents said that their program has experienced gaps in staffing in the last two years and 38% noted that they currently have unfilled home visitor positions in their program. Likewise, staff retention is a significant issue for Wisconsin programs, with almost 50% of programs reporting that retaining staff is difficult to very difficult. Lack of pay and staff burnout are the most commonly reported reasons for retention problems. Tribal-affiliated programs face similar challenges to non-tribal programs, however, there were differences in the perceived importance and frequency of some barriers and needs. This variation indicates that the solutions necessary for improving quality and capacity in home visiting programs serving tribal communities may differ than in non-tribal programs.

Almost half of Wisconsin counties and tribes report that they are developing plans for starting or expanding home visiting programs. However, they also face significant challenges to increasing services, including funding, staffing challenges, lack of community awareness, stigma, and community buy-in.

The Wisconsin substance use treatment gap (the rate of individuals needing addiction treatment who are not receiving it) is estimated to be about 78% or 355,000 people. People in some communities may wait at least two weeks or be unable to get services at all because of lack of availability or lack of funding. Barriers to substance use treatment in Wisconsin include lack of transportation, access, and availability of treatment services for low-income individuals, difficulties navigating the complicated processes for finding and accessing services, and the accessibility of long-term aftercare and recovery housing. There is a strong need for

wraparound services related to substance use treatment and prevention, including sober housing, transportation, and childcare, as well as supportive employment and long-term aftercare options. There is also a severe lack of professionals in substance use treatment and counseling services, which continue to contribute to gaps in services. Barriers to recruitment and retention for agencies include low pay, retaining staff in rural locations, challenges in meeting education requirements or finding competent staff, and difficulties with insurance or Medicaid reimbursement.

Wisconsin coordinated with several other needs assessments, including Title V, Head Start, and Title II CAPTA. Findings from other needs assessments were reviewed and incorporated in the home visiting needs assessment and informed the approach to identifying communities with concentrations of risk.

Once Wisconsin's needs assessment is approved, the results will be shared back with stakeholders at all levels of the program. Wisconsin plans to communicate the findings in a variety of ways, including through an executive summary, presentations, and infographics. Stakeholders identified upcoming opportunities to share the finalized results in the next year, including with the Great Lakes Inter-Tribal Council Board, the Governor's Early Childhood Advisory Council, and at the Wisconsin Primary Prevention Summit. Wisconsin will also share the findings back with existing home visiting programs. Finally, Wisconsin will continue to use the needs assessment findings to identify additional areas of collaboration with other state agencies to further improve the delivery of services to families across the state.

Appendices:

- Appendix A: Family Foundations Strategic Plan
- Appendix B: Provider Survey Questions
- Appendix C: Family Voice Survey Questions
- Appendix D: Stakeholder list
- Appendix E: References

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Division of Safety and Permanence at (608) 266-8787. Individuals who are deaf, hard of hearing, deaf-blind or speech disabled can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.