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Reducing Child Abuse and Neglect in Adams County

Public Health 780: Evidence-Based Decision-Making
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Adams County WISCONSIN

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Adams County Health & Human Services Department

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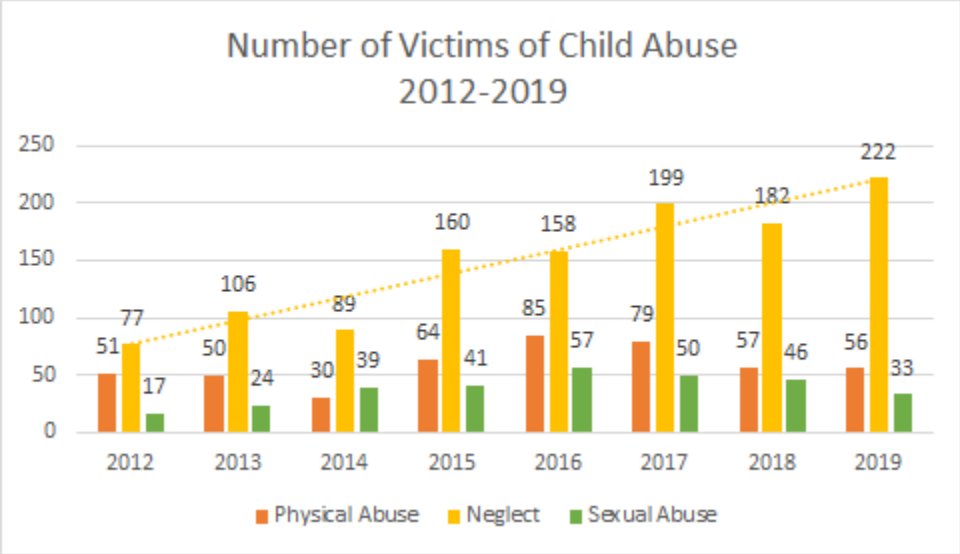
Summary Statement

The County Health Rankings (2018) show that Adams County has the third highest rates of child neglect and abuse in Wisconsin. The root cause of of child abuse and neglect vary, but in talking with community partners and researching primary evidence, we have hypothesized three main causes in Adams County: lack of access to primary health care, an established culture of parenting, and poverty.

For our interventions, we will address the following root causes: lack of access to primary health care and an established culture of parenting. We recommend expanding access to positive parenting education, expanding home visiting services, and increasing access to primary care to reduce rates of child abuse and neglect in Adams County.

Public Health Issue

Child abuse and neglect, also called child maltreatment, is defined by the Children's Bureau as "the physical injury or neglect, mental injury, sexual abuse, sexual exploitation, or maltreatment of a child under age 18 by a person under circumstances that indicate that the child's health or welfare is harmed or threatened". According to the Department of Children and Families, in 2018 Adams County had 88.5 Child Protective Services (CPS) reports per 1,000 children compared to 34.5 reports in Wisconsin overall (DCF, 2018). Out of those 88.5 CPS reports from Adams County, there are 17 cases of child abuse and neglect per 1,000 compared to Wisconsin's rate of 4 cases per 1,000 (County Health Rankings, 2018). Data compiled by the Adams County Health & Human Services Department shows that the the number of victims of child abuse has increased drastically since 2012 and is on an upwards trend.



**This graph is compiled from data from Adams County Health & Human Services Department*

Factors that could play into the high number of cases include lack of access to local pediatric care services and established cultures of parenting.

Currently, Adams County does not have any local access to pediatric primary care. Many families travel at least 45 minutes to have their children seen by a pediatrician. As public transportation in Adams County is limited, this causes a great barrier to pediatric care. Access to appropriate care and cases of child abuse and neglect have an inverse relationship. This is due to pediatricians being big disseminators of information and parental guidance (Moon et al., 2020).

Cultures of parenting are positive and negative practices like gentle parenting or spanking that are taught and passed generation to generation. In addition to those two factors, poverty can also be a root cause of child abuse and neglect. Within Adams County, 24% of children live in poverty compared to WI's 14%, holding the 5th highest rate in the state for child poverty (County Health Rankings, 2018). This is seen at the Adams-Friendship Elementary School, where 80% of children are eligible for free and reduced lunch (DPI, 2020).

Overarching priority areas defined in the Adams County 2017-2022 CHIP include addressing access to care, adverse childhood experiences (ACEs), health equity, community collaboration, and policy, systems and environmental (PSE) change. Many aspects of our interventions will touch on health equity, increasing collaboration within the community, as well as access to care. These supportive and education-based recommendations will give guidance on healthy skills to the parental community of Adams County which in turn, improves mental health and decreases the use of substances to cope.

Evidence-Based Policy Review

We recommend the following three evidence-based approaches to address high rates of child abuse and neglect cases in Adams County, Wisconsin:

1. Increasing Access to Primary Care
2. Expanding Positive Parenting Education Through Triple P - Positive Parenting Program Intervention
3. Expanding Home Visiting Services Through Healthy Families America

(1) Increasing Access to Primary Care

Our first intervention works towards increasing access to pediatric primary care through the use of a mobile clinic. Local access to pediatric care is essential to the health of all children. Though family practitioners exist in Adams County, the American Pediatric Association (2020) stresses that, "pediatricians are vital to a child's health and development because pediatricians are specially educated and trained in diagnosing and treating illnesses in infants, children and adolescents". Since many families must travel over 45 minutes to larger neighboring cities to have their children seen by a pediatrician, potential barriers are lack of dependable transportation and paid time off from work. In the United States, particularly rural areas that are medically underserved, mobile clinic models have been implemented to increase access to care (Yu et al., 2017). The clinic would also allow pediatricians from nearby areas to visit Adams County and serve the community one to two times a month, which would address accessibility barriers for Adams County families. There will be room to expand the program over time to allow more

frequent visits, but while the program is in its infancy, services would be limited to basic physicals, checkups, and minor visits on a monthly or bi-weekly basis.

The overarching goal of the mobile clinic is to decrease the rate of child abuse and neglect in Adams County. In the short term, parents and children will be able to have a community resource that would provide the affordable care that they need. If uninsured, patients would be counseled on how to access Wisconsin BadgerCare, Medicaid, or pay an out of pocket fee based on a sliding income-based scale. This income-based scale could be modeled after scales already used for other services in Adams County, such as those found at the Recovery Clinic. In the long term, cases of child abuse and neglect would decrease through the ability of the healthcare providers to disseminate information to families and report any early warning signs as a mandated reporter.

Studies show promising results when looking at the impact of mobile clinic models (or pediatric services) on child abuse and neglect rates. Systematic reviews have shown negatively correlated relationships between rates of child abuse and neglect and access to primary care. When parents have access to primary care providers for their children, not only is the health of each child improved, but positive parenting interventions and resources are far easier to disseminate to parents who need them the most (Moon et al., 2020). Mobile clinics have become increasingly more popular in areas that are medically underserved and/or have populations that largely may not be able to travel far. In the United States alone there are 1500-2000 mobile clinics (Malone et al., 2020). When comparing children who regularly saw health care providers in house to those who saw providers in mobile clinics, there were no significant differences in outcomes (Abdel-Aleem et al., 2016). Mobile clinics are a tangible way to provide quality care to those who would otherwise struggle to find care in their communities locally.

Setting up a mobile clinic would require strong partnerships with multiple local entities. A partnership with Adams-Friendship Area School District would provide multiple places to park the mobile clinic. In terms of staffing, Gundersen Moundview Health Clinic and the forthcoming Aspirus clinic could be of great service. The Federally Qualified Health Center- Family Health Mobile Clinic is an existing entity in surrounding areas that assists immigrant families during the summer months. Their expertise on the mobile clinic model could provide insight as to how to put all of the necessary pieces together in order to fully serve the Adams County communities.

The first step to setting up the mobile clinic is to obtain and renovate a bus to hold all supplies needed for general physicals and checkups. A larger bus would be able to better suit a staff of at least two healthcare workers (a typical doctor and nurse team), the patient, and the patient's parent or guardian. Staffing and the purchasing of supplies for the mobile clinic could be done through the local clinics. Possible basics for medical supplies needed could be: a scale, otoscope, blood pressure cuff, various needles and other smaller supplies, as well as appliances such as a tablet, a refrigerator for any vaccines and medications that would need to be kept cool, and a sink or other mode that could be used for hand hygiene. Fuel and a place to park the clinic when it is not being used are also things to consider.

There are many grant programs that focus on initiatives to get medical staff and clinics set up in underserved, typically rural areas. There are also grant programs that award funding for increasing access to pediatric care. Possible funding options are:

- The Rural Healthcare Grant Program
- The Rural Health Network Development Planning Program
- The Healthy Tomorrows Partnership for Children Program

A formative evaluation for this intervention would need to occur before creating a physical clinic. One consideration would be to send out a survey for parents through the school district and other community partners to gauge community interest and need for the mobile clinic. Annual surveying would be done starting the first year after implementation to see if there are positive trends surrounding health outcomes for those who use the clinic. The rate of child abuse and neglect cases in Adams County could also be used as a metric to evaluate impact.

A mobile clinic has the potential to be extremely impactful on the children and families in Adams County by reducing health disparities caused by barriers such as lack of transportation, time, and availability to services. While a mobile clinic would help address the root cause of limited access to care, the following two interventions focus on the second root cause of child abuse, culture of parenting and intergenerational practices.

(2) Expanding Parenting Education Through Triple P - Positive Parenting Program Intervention

When discussing with community members in Adams County, one common theme for intervention was the desire for parenting education classes. Currently, Adams County holds one parental education class on trauma-informed parenting. However, this class is only held twice a year. To continue addressing the needs of the community, our second recommendation for Adams County is to expand parental education services by implementing Triple P (Positive Parenting Program) locally. Bringing this program to a local level will involve partnering with existing organizations such as the Adams-Friendship Area School District and Adams County police force, as well as the Gunderson Moundsview Health Clinic and Recovery Clinic. With the guidance of community stakeholders, Adams County can continue to empower their community from within and increase long-term success of the program.

Triple P aims to work upstream, preventing problems in families, schools, and communities. The Triple P system works on five different levels of intervention, each level increasing in intensity and narrowing the target population. Specific services offered for each level can be seen in Appendix A. Facilitators for the program can range from someone with a clinical background such as physicians and nurses to someone with a social service or childcare background such as social workers, teachers, and police officers.

For a population rollout, Adams County will offer interventions from all levels to suit all parent needs. Seminars and positive parenting marketing will address upstream factors to help create a system that is less reactive to child abuse and neglect. One-on-one interventions or support groups will help those who may already have an open case with Child Protective Services. Thanks to this à la carte format, Adams County can pick and choose which services they would like to provide and would not need to pay for services that they do not need. The first recommended step would be to train and accredit one or two facilitators to run Triple P seminars. These seminars can be done virtually and aligns with the TalkReadPlay intervention of the Adams County ACEs group. Other resources that may be needed for this intervention include a

shared space for in-person seminars and support group meetings, possible childcare services during interventions, electronic devices with reliable internet for virtual adapted services. Training courses range from 1 to 4 days with a max of 20 participants. It may be likely that Adams County Health & Human Services staff will need to travel out of the state to attend a training course.

Triple P has reported successes in working with different community demographics and is implemented in more than 25 countries. A meta-analysis performed by Sanders et al. (2014) found that Triple P counties observed significant decreases in: 1) Founded cases of child abuse and neglect by 16%, 2) Hospitalizations and injuries due to maltreatment by 22%, and 3) Out-of-home placements due to maltreatment by 17%. Additionally, analysis of parent reports found a 22% reduction in behavioral/emotional problems in children, 32% reduction in coercive parenting, and 26% reduction in parental depression and stress. Primary literature underscores that in order to prevent child abuse and neglect, a systems approach to training and implementation is needed (Shapiro et al., 2012).

While a shortage of medical professionals and costs may be a potential barrier for Adams County, the benefits of the program are well worth it. Many who implement Triple P find it to be cost effective as it affects rollout costs such as reducing crime, health care, education, substance abuse disorder, and more. Evidence shows that the cost of the program could be recovered in a single year by reducing by 10% of families experiencing child abuse and neglect (Foster et al., 2008). As funding increases, whether it be due to governmental budget increases or reduction of rollout cost from successful implementation, more facilitators can be trained for the additional services. Sources of external funding to be able to implement Triple P include:

- Fostering Futures Initiative Funding
- Family First Act Funding
- Title IV-B Funding
    - Promoting Safe and Stable Families (PSSF) Program
    - Stephanie Tubbs Jones Child Welfare Services Program
- Community Based Child Abuse Prevention (CBCAP) Grant
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant

Short and long term objectives for this program are outlined in the logic model (Appendix B). At the individual level, we aim to increase coping and parenting skills of parents who have children 12 years or younger. This will cover the gap in services for parents with older children not eligible for home visiting programs. At an organizational level, we would like to decrease the number of child abuse and neglect cases from 17 cases per 1,000 to 10 cases per 1,000 in about 5 years. This intervention has the capability to have huge impacts on health disparities and equity by interrupting harmful generational practices of parenting. According to What Works for Health (2020), Triple P is likely to reduce and prevent adverse childhood experiences (ACEs) as well as decrease the likelihood of substance abuse relapse for parents in recovery. One great benefit of the Triple P program is that it has built-in tools and external technical support to evaluate these goals. Having these resources at Adams County's disposal removes the complicated process of developing or adapting an evaluation tool. For facilitators or practitioners, Triple P provides questionnaires to monitor pre- and post-intervention skills. On a broader scale, Triple P also

provides a scoring application to provide case management information and statistical analysis of program effectiveness.

Whereas the mobile health clinic focused on primary prevention, Triple P combines primary and secondary prevention by educating parents on coping skills for healthier relationships and working with high-risk families through one-on-one or group facilitation. To supplement the Triple P program and provide further services to those already experiencing active CPS cases, our third intervention focuses on tertiary prevention using the Healthy Families America program.

(3) Expanding Home Visiting Services Through Healthy Families America

The last evidence-based intervention we recommend is to expand home visiting services in Adams County. According to What Works for Health (2020), the evidence supporting home visiting programs is rated as 'scientifically supported' and indicates "there is strong evidence that home visiting programs prevent child maltreatment". A meta-analytic review by Casillas, K. L. et al. (2016), reviewed 156 studies associated with 9 different home visitation program models and found reductions in child abuse and neglect through proper program implemenation. In the systematic review by Levey, E. J. et al. (2017), home visitation programs have "a significant evidence base for reducing child abuse" (p.48). Home visiting services can also help to reduce the amount of CPS cases. In Chaiyachati et al.'s (2018) longitudinal cohort study, they compared mothers in home visiting programs to mothers who did not enroll. They found that there was a 22% decreased likelihood of CPS substantiations and a trend toward decreased out-of-home placement for families involved in the home-visiting program.

Currently in Adams County, there are two home visiting services: Nurse Family Partnership (NFP), run by Juneau County Health Department (neighboring county), and Head Start & Early Head Start, run locally by Renewal Unlimited. In discussions with both programs, home visiting services are serving over 25 families in Adams County, but there are gaps in who can access these services. NFP can only serve first-time mothers if they enroll in the program before 28 weeks of pregnancy. Early Head Start & Head Start home visiting services have income eligibility requirements and are only open to families who are at or below 100% of the poverty level. After talking with our community liaisons at the Adams County Health & Human Services Department and partners at UW-Extension, Renewal Unlimited, and NFP, there are many families in Adams County who are seeking these services but do not qualify (i.e. families who are just above 100% of the poverty level or second-time mothers).

Over the past five years, the Department of Children and Families (2018) has shown an overall increase in Child Protective Services (CPS) cases in Adams County. To expand the reach of home visiting services to specifically target families with active CPS cases in Adams County, we propose implementing the home visiting program Healthy Families America (HFA). In an executive summary conducted by the Home Visiting Evidence of Effectiveness, authors Sama-Miller et al. (2017) looked at over 20 different home visiting services. In their review, they found primary and secondary evidence supporting that successful implementation of HFA can reduce child abuse and neglect. The HFA program offers a Child Welfare Protocol option, prioritizing target families with current CPS cases, tailoring the program to their needs. In order to move through the program, families must not have an active CPS case, requiring a close and symbiotic

relationship between CPS caseworkers, HFA staff, and the families, strengthening community ties. Bringing HFA to Adams County would give access to home visiting services to the following families:

- Families with an open CPS case, prenatal to 24 months
- Families below 100% of the poverty line, prenatal >28 weeks - 3 months
- Families with a second child, prenatal to 3 months

With successful implementation of HFA, Adams County can target services to families with active CPS cases, increase access to home visiting programs that NFP and Early Head Start & Head Start cannot reach, and overall reduce child abuse and neglect in the community.

Successful implementation of HFA would require expanding upon the existing partnerships with NFP and Head Start & Early Head Start at Renewal. Currently, there is a understanding between NFP and Renewal that if a family does not qualify for one program (i.e. NFP) but qualifies for another (i.e. Head Start), then the organization will work to refer that family to the other program if they meet that program's requirements (i.e. at 100% of the poverty level). If HFA is implemented, HFA staff should work closely together with NFP and Renewal in this referral system. In Appendix C, there is a grid outlining the different parameters for each home visiting program. We recommend that before HFA is officially implemented, to bring together staff from HFA, NFP, and Renewal to formally meet to discuss how to best integrate services to ensure families are enrolled in the program that is best for them and each organization.

The first step to implementing HFA is to expand the partnership between Children's Wisconsin in Black River Falls and Adams County Health & Human Services Department. Currently, Adams County contracts out certain family services to Children's Wisconsin, not including HFA. However, Children's Wisconsin is facilitating HFA in nearby Trempealeau and Jackson County. Using the models set forth by Trempealeau and Jackson County, Children's Hospital can facilitate HFA in Adams County. Funding options for HFA are:

- Maternal, Infant, and Early Childhood Home Visiting Grant
- Family First Act
- United Way Foundation
- Health Resources and Services Administration

Once funding is secured, HFA can move forward with hiring facilitators. Children's Wisconsin already has licensing to the HFA program, the ability to hire and train staff, and oversight mechanisms to ensure fidelity and grant reporting. In initial conversations with Children's Wisconsin, they mentioned that they would work to hire and train home visitors from Adams County to strengthen communities ties.

After HFA facilitators from Adams County are trained and hired, implementation can begin. According to Goulet et al. (2018), families of lower socio-economic status are more at risk for cases of child abuse and neglect and are more likely to have open CPS case. We suggest analyzing current CPS cases and prioritizing enrollment of families with active CPS cases and families of lower socio-economic status in HFA, NFP, Early Head Start, or Head Start. What

Works for Health (2020) asserts that home visiting programs are likely to decrease disparities and by prioritizing families with lower socio-economic status and with active CPS cases, this goal can be accomplished. In Appendix D, we outline the target enrollment ages for specific families in each program. This model will require a strong symbiotic relationship and regular communication between Adams County Health & Humans Services Department, HFA, NFP, and Renewal. We suggest regular bi-monthly or quarterly meetings to give program updates, identify families who need additional support, and find opportunities for collaboration.

Evaluation of the program will take place through HFA's scorecard rating. At enrollment into the program, all families go through an intake assessment with their home visitor who assigns them a score. This score determines which level in HFA the family should begin. Families are then reassessed every couple of months or as needed. This allows program staff to measure the family's progress. As the family's score improves, they are moved through the HFA levels until the home visitor and the family feels they are ready to graduate from the program. Adams County will be able to evaluate success of the program by analyzing which levels the families are at, seeing their progress through the levels over time. Another evaluation measure for success is to analyze the number of CPS cases. Due to HFA's Child Welfare Protocol that specifically targets families with open CPS cases, the number of active CPS cases should decrease with time, indicating successful implementation.

Conclusion

A combination of social, economic, and physical factors can contribute to a community having higher rates of child abuse and neglect. Therefore, interventions at all levels, primary, secondary, and tertiary, are needed. Primary intervention begins with providing education on coping and parenting skills for families throughout all stages of parenthood. Increasing access to pediatric services will also contribute to a preventative intervention. Screening performed at the mobile clinic will identify high risk families who may need extra support and resources. Tertiary prevention can occur with expanding home visiting services to families with open CPS cases.

In conversations with Adams County community members, we were moved by their passionate, motivated, and collaborative spirit. One member shared, "We support one another, the school, the community, and the county. We all want to work together to give the best for our community". Our community liaison mentioned that in previous years, organizations and community members collaborated in the Maternal-Child Taskforce but haven't convened this year. We suggest reconvening this task force as a way to restart the conversation on maternal and child health and to introduce the suggested interventions. Together, with the involvement of community organizations and the proposed three evidenced-based interventions, Adams County can work upstream to educate parents early in parenthood, build even stronger community connections, decrease disparities across the community, and reduce child abuse and neglect in Adams County.

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Appendix A: The Triple P System of Parenting and Family Support

Table 1. The Triple P System of Parenting and Family Support.

Level of Intervention	Intensity	Program Variant	Target Population	Modes of Delivery	Intervention Methods Used
Level 1					
Media and communication strategy on positive parenting	Very low intensity	Stay Positive	All parents and members of the community interested in information about parenting to promote children's development and prevent or manage common social, behavioral, and emotional problems	Website to promote engagement. May also include television programming, public advertising, radio spots, newspaper, and magazine editorials	Coordinated media and promotional campaign to raise awareness of parent issues, destigmatize and encourage participation in parenting programs. Involves electronic and print media
Level 2					
Brief parenting interventions	Low intensity	Selected Triple P Selected Teen Triple P Selected Stepping Stones Triple P	Parents interested in general parenting information and advice or with specific concerns about their child's development or behavior	Series of 90-min stand-alone large group parenting seminars; or one or two brief individual face-to-face or telephone consultations (up to 20 min)	Parenting information promoting healthy development or advice for a specific developmental issue or minor behavior problem (e.g., bedtime difficulty)
Level 3					
Narrow focus parenting programs	Low–moderate intensity	Primary Care Triple P Primary Care Teen Triple P Primary Care Stepping Stones Triple P Triple P Discussion Groups	Parents with specific concerns as above who require brief consultations and active skills training.	Brief program (about 80 min) over three to four individual face-to-face or telephone sessions); or a series of 2-hr stand-alone group sessions dealing with common topics (e.g., disobedience)	Combination of advice, rehearsal, and self-evaluation to teach parents to manage discrete child problems. Brief topic-specific parent discussion groups

(continued)

Appendix A Continued:

Table 1. (continued)

Level of Intervention	Intensity	Program Variant	Target Population	Modes of Delivery	Intervention Methods Used
Level 4					
Broad focus parenting programs	Moderate–high intensity	Standard Triple P Group Triple P Self-Directed Triple P Standard Teen Triple P Group Teen Triple P Self-Directed Teen Triple P Online Triple P	Parents wanting intensive training in positive parenting skills.	Intensive program (about 10 hr) with delivery options including ten 60-min individual sessions; or five 2-hr group sessions with three brief telephone or home visit sessions; or 10 self-directed workbook modules (with or without telephone sessions); or 8 interactive online modules	Broad focus sessions on improving parent–child interaction and the application of parenting skills to a broad range of target behaviors. Includes generalization enhancement strategies
		Standard Stepping Stones Triple P Group Stepping Stones Triple P Self-Directed Stepping Stones Triple P	Parents of children with disabilities who have, or who are at risk of developing, behavioral or emotional problems	Targeted program involving ten 60–90 min individual sessions or 2-hr group sessions	Parallel program with a focus on parenting children with disabilities
Level 5					
Intensive family interventions	High intensity	Enhanced Triple P	Parents of children with behavior problems and concurrent family dysfunction such as parental depression or stress, or conflict between partners	Adjunct individually tailored program with up to eight individual 60-min sessions (may include home visits)	Modules include practice sessions to enhance parenting, mood management and stress coping skills, and partner support skills
		Pathways Triple P	Parents at risk of maltreating their children. Targets anger management problems and other factors associated with abuse	Adjunct program with three 60-min individual sessions or 2-hr group sessions	Modules include attribution retraining and anger management
		Lifestyle Triple P	Parents of overweight or obese children. Targets healthy eating and increasing activity levels as well as general child behavior	Intensive 14-session group program (including telephone consultations)	Program focuses on nutrition, healthy lifestyle, and general parenting strategies
		Family Transitions Triple P	Parents going through separation or divorce	Intensive 12-session group program (including telephone consultations)	Program focuses on coping skills, conflict management, general parenting strategies, and developing a healthy coparenting relationship

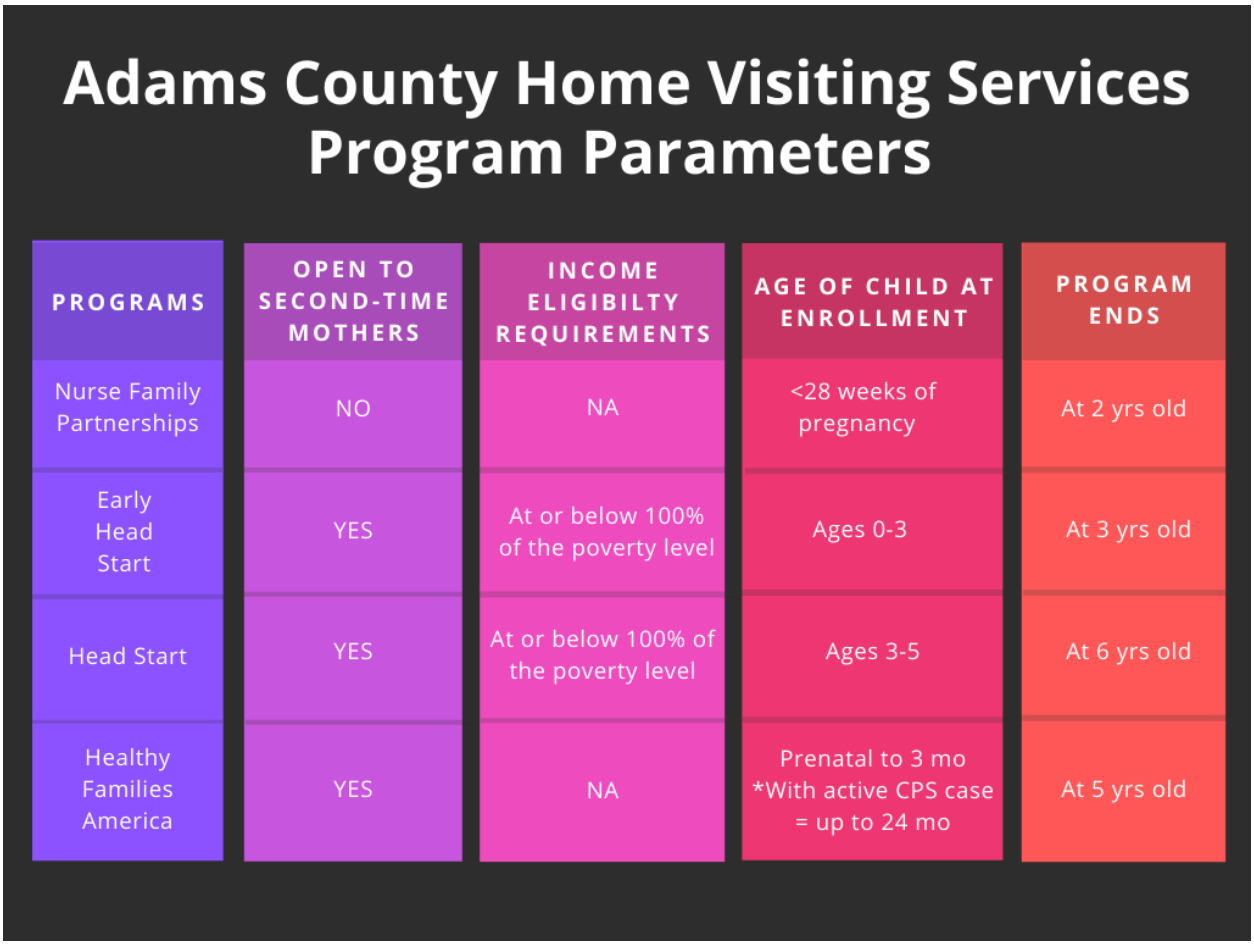
Note. Only program variants that have been trialed and are available for dissemination are included. Adapted from Sanders (2012). Permission obtained.

Appendix B: Logic Model

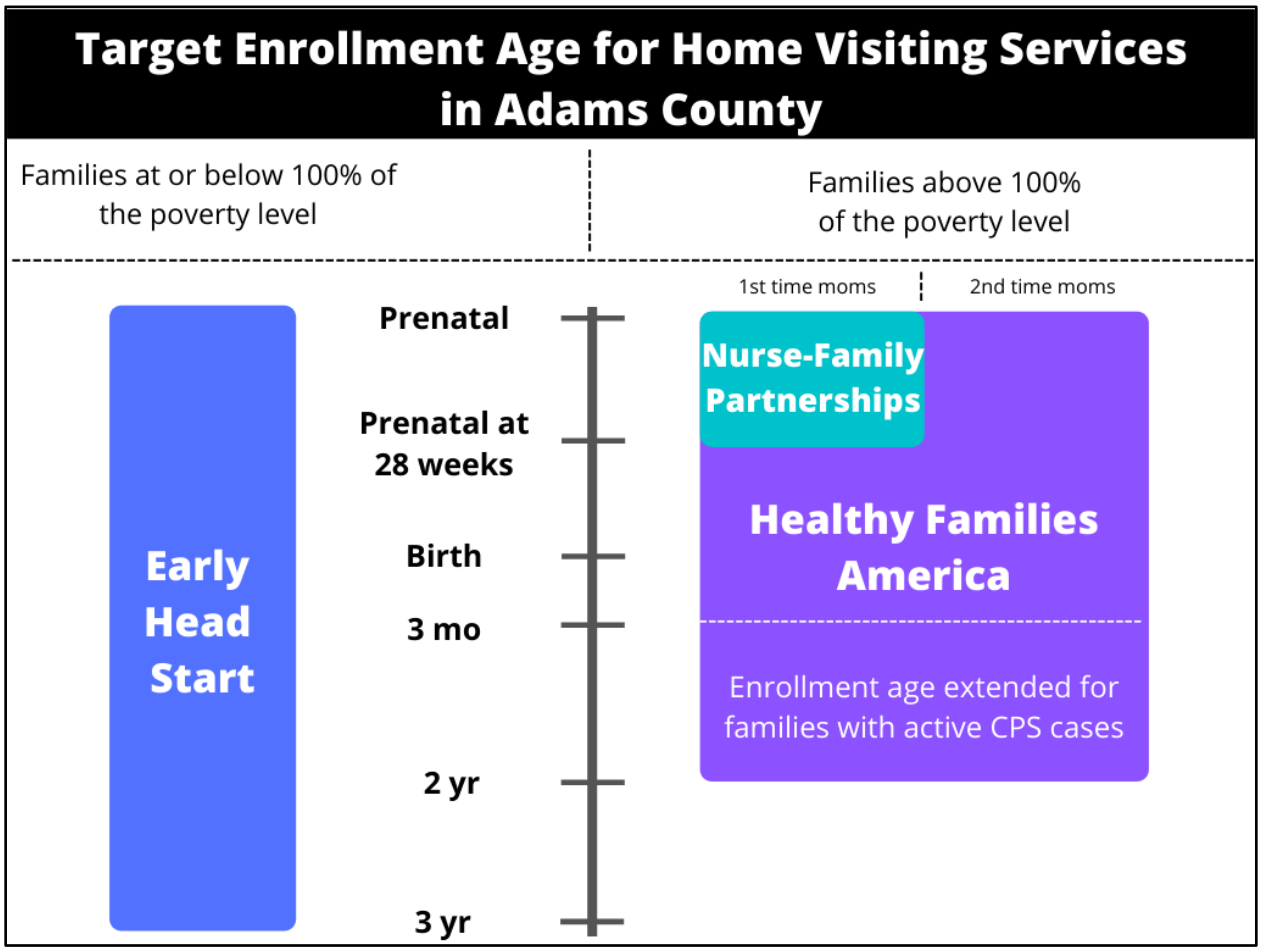
Program: Triple P - Positive Parenting Program Logic Model
Intended Audience: Adams County Parents and Community **Scope of intervention:** Primary Prevention

Inputs	Output		Impact - Outcomes		
Resources Available: -Computers (virtual classes) -Meeting space -ACHHSD staff to implement, oversee, and evaluate program -Partnership with community entities (healthcare, school district, police force, etc.) -Fostering Futures Initiative Funding (limited) -Family First Act Funding (limited) **Resources Needed:** -Outreach materials -Triple P facilitators (especially healthcare providers!) -Training/Accreditation -Possible childcare services for seminar based interventions	**Activities:** **Individual Level-** -One-on-one counseling sessions -Self directed self-help program **Interpersonal level-** -Parenting seminars -Small parent discussion groups **Gov't/Org level -** -Providing Triple P training to a variety of professionals to gain different skills/scopes **Environmental level-** Positive parenting communications campaign (posters, billboards, brochures)	**Audience:** **Individual Level-** -Parents -Triple P Facilitators **Interpersonal level-** -Families -Community Members **Gov't/Org level -** -Adams County Health & Human Services Department -Adams Friendship School District -Adams County Sheriff's Department -Other community entities	**Shorter term:** **Individual Level-** -Parental mental health and parenting skills will improve according to pre and post Triple P surveys. **Interpersonal Level-** -Child mental health assessments will show improvement after Triple P intervention -Triple P facilitators will develop trust and a relationship with the community based on pre and post Triple P surveys. **Government/Organizational Level-** -Trust between parents and ACHHSD will increase based on qualitative feedback from ACHHSD staff. -Collaboration between different community entities (healthcare, school district, police force, etc.) will increase through a Triple P committee	**Long-term:** **Individual Level-** -Parents will be able to independently parent on their own based on the parents moving to lower Triple P levels until they no longer need Triple P interventions. **Interpersonal Level-** -There will be an increase in positive family relationships by decreasing out-of-home interventions numbers compared to pre-intervention cases. **Government/Organizational Level-** -Decrease the child abuse/neglect cases from 17 per 1000 to 10 per 1000 by the year 2025 in Adams County.	**Goal:** -Create healthy family relationships in Adams County. -Decrease Child Abuse and Neglect Cases in Adams County.

Appendix C: Adams County Home Visiting Services Program Parameters



Appendix D: Adams County Home Visiting Services Program Parameters



UniverCity Alliance
UNIVERSITY OF WISCONSIN–MADISON

About UniverCity Year

UniverCity Year is a three-phase partnership between UW-Madison and one community in Wisconsin. The concept is simple. The community partner identifies projects that would benefit from UW-Madison expertise. Faculty from across the university incorporate these projects into their courses, and UniverCity Year staff provide administrative support to ensure the collaboration's success. The results are powerful. Partners receive big ideas and feasible recommendations that spark momentum towards a more sustainable, livable, and resilient future. Join us as we create better places together.

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