



Wisconsin
Department of Health Services

Family Services Program (FSP)

**Program Guidelines and
Service Requirements**

October 1, 2016 – September 30, 2017

Overview

The Family Service Program (FSP) is a team-based approach to family-centered human service provision that relies on evaluation to show success. The basic premise of the FSP is to maximize the flexibility of funding and program design in order to provide tribal agencies with the ability to tailor programming to meet their communities' needs.

Each tribe has the flexibility to include and emphasize the services that will meet the need of individual families and the tribal community. This is achieved by designing personalized care with buy-in from each client using case plans and activities targeting a client's strengths and needs while incorporating support from family and other supporters.

Tribes receiving a Coordinated Services Teams (CST) Initiatives grant are expected to fully incorporate CST into the FSP. CST is a designed group of community members and social service providers who collectively design and provide services to families participating in the FSP.

Background

The promotion of positive mental health and prevention of substance use are key parts of this initiative's mission to reduce the impact of mental illness and substance use within communities. The World Health Organization defines health as a "state of complete physical, mental, social well-being, and not merely absence of disease or infirmity." Mental, emotional, and behavioral (MEB) health refers to the overall psychological well-being of individuals, and includes the presence of positive characteristics such as the ability to manage stress, demonstrate flexibility under changing conditions, and bounce back from adverse situations. Preventing and/or delaying initiation of substance abuse or the onset of mental illness can reduce the potential need for treatment later in life. These prevention efforts will also address the unique needs of people living with substance abuse and mental illness.

The Institute of Medicine's (IOM) 2009 report [Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities](#) describes evidence-based services and interventions that build emotional health by addressing risk factors and supporting protective factors and resilience to prevent many mental and substance use disorders in children and young adults. The IOM report also documents that behavior and symptoms signaling the likelihood of future behavioral disorders such as substance abuse, adolescent depression, and conduct disorders often manifest two to four years before a disorder is actually present. If communities and families can intervene earlier, before mental and substance use disorders are typically diagnosed, future disorders can be prevented or the symptoms mitigated. Doing so requires multiple and consistent interventions by all systems touching these children and youth (e.g., schools, health systems, churches, families, and community programs). Because most adult mental and substance use disorders manifest before age 25, and many of the same risk and protective factors affect physical health, this focus on preventing mental health and substance use problems among children, adolescents, and young adults is critical to behavioral and physical health now and in the future.

American Indian and Alaska Native communities face elevated levels of substance use disorders and experience higher suicide rates than the general population. They also face higher rates of certain risk factors for mental, emotional, and behavioral problems, including poverty, domestic violence, childhood and historical trauma, as well as involvement in the foster care and criminal justice systems. These disparities can be addressed by improving prevention programs that serve members of the Native American community and by developing culturally focused universal, selected, and indicated prevention programs.

Public awareness and health education will be an essential part of the overall prevention strategic initiative. Parents, schools, and communities have an intense need for information to help keep their children safe and

healthy. For example, problem drinking, including underage drinking, is a serious health and safety issue, but many tolerate and even support it. Some adults, including some parents, mistakenly think that underage drinking is part of growing up and a harmless rite of passage. Problem drinking is not just an issue for young people. Many adults are concerned about their own, their partner's, or their aging parents' use of alcohol. Additionally, people with mental and substance use disorders are two-to-three times more likely to smoke cigarettes than the general population, and we must also work to prevent this harmful behavior. Research shows that ongoing, community-based, comprehensive approaches to preventing specific problems or risk behaviors can achieve these goals. Educating the public about such issues will likely result in better health outcomes across the lifespan.

DHS FSP Funding and Contract Requirements

In Federal Fiscal Year (FFY) 2017, the Wisconsin Department of Health Services (DHS) and the Department of Children and Families (DCF) will administer components of the FSP individually. DHS FSP components will be administered solely by DHS. DCF FSP components will be administered solely by DCF. In FFY 2017, tribes will receive separate FSP allocations, program guidelines and service requirements, and workplan/report/budget templates from DHS for the DHS FSP portion. DHS FSP will no longer require the three-year plan cycle and instead tribes will complete an annual workplan and budget for these purposes.

Additionally, tribes are highly encouraged to use evidence-based programming as they develop culturally appropriate programs to serve their community, youth, and families.

DHS FSP Funding

DHS FSP funds are limited and can only be used for substance abuse prevention services. The intent of DHS is to allow tribes maximum flexibility in the use of FSP funds to the extent allowable for each of the particular fund sources.

The DHS FSP allocation is comprised of Federal and State Alcohol, Tobacco, and Other Drug Abuse (ATODA) funds which must be directed towards ATODA Prevention Activities. Appropriate ATODA activities are described later in this document.

Reimbursement for DHS funds is through the CARS fiscal system.

DHS FSP Workplan and Budget

Each tribe is required to submit an annual FSP workplan and budget for each respective FFY to DHS. The workplan is developed using the supplied [DCTS Annual Grant/Contract Application \(F-21276\)](#) and the budget is developed using the supplied **Exhibit 2 - Excel Budget Spreadsheet**. Tribes may still use funds from DHS and DCF to support the same tribal staff and provide integrated services to families.

DHS FSP workplan approval, budget approval, and follow-up with tribes on annual program performance reports is a collaborative effort of the DHS Tribal Affairs Office and DHS Division of Care and Treatment Services (DCTS). DHS and DCF will continue to participate in Tribal FSP Directors Meetings to consult with tribal staff on FSP program management.

Each tribe receives a separate contract from DHS. The annual FSP workplan and budget are exhibits to the DHS contract.

DHS FSP Program Performance Report

The tribes are required to submit semi-annual program performance reports to DHS on services included in the DHS FSP work plan. The semi-annual program performance report includes data on the deliverables and services to be provided as specified in the DHS FSP workplan. Please use the supplied [DCTS Program Performance Report \(F-20389\)](#).

DHS FSP General Program Requirements

The following program requirements must be met for services using DHS FSP funds:

1. The DHS FSP funds may not be used to supplant existing funds.
2. Provide summary data or information identifying the needs or purpose of this project in your region and justify how this project will address the needs/purpose identified. See Exhibit 1.1 in the DCTS Annual Grant/Contract Application for more information.
3. The DHS FSP funds cannot be used for any activities that relate to providing voters or prospective voters with transportation to the polls or provide similar assistance in connection with an election or any voter registration.
4. The DHS FSP funds shall be used by tribes to provide culturally appropriate substance abuse, prevention and/or treatment services in conjunction with services available through county departments of human/social services, created under Wis. Stat. §§ 46.22 or 49.51, or by boards created under Wis. Stat. §§ 51.42 or 51.437.
5. Funds may not be used for the purchase, construction or permanent improvement of any building or other facility.
6. Grantee shall comply with Wis. Stat. § 20.9275 as amended by 1997 Wisconsin Acts 27 and 237 and is subject to the penalties for violation prescribed therein. No “program funds” as defined in that section shall be used in any “pregnancy program, project or service” as defined in that section for any abortion-related activities as described in Wis. Stat. § 20.9275 (2)(a). If Grantee operates any other “pregnancy program, project or service” that provides abortion-related activities as described in Wis. Stat. § 20.9275 (2)(a) with funds other than “program funds,” that program, project or service shall be separate and distinct in all respects, including organization, operation and accounting, from any “pregnancy program, project or service” provided with DHS FSP funds.

DHS FSP Good Practice Guidelines

The following guidelines represent good practice values and standards to be used when developing and implementing a DHS FSP.

- Measurable outcomes are developed when program services are setup.
- A method of evaluation and data collection is built into services to measure whether intended benefits are being transferred to program participants (surveys, pre- and post-tests, etc.).
- Ongoing evaluation is part of planning and service provision.
- Clients/families are partners with service providers, with each member being considered an expert in his/her own life.
- Intervention strategies build on the strengths and resources of the family.

- Providers embrace the belief that families have the capacity to change and that most troubled families want to improve their situations.
- Each family is considered a unique situation.
- The dignity of each family member is respected and preserved.
- The needs of children are best met when they are raised in families where they are protected and encouraged to become adults who will contribute to society.
- Services are holistic, encompassing the family, extended family and community.
- Program staff actively participate in DHS sponsored trainings and meetings.

FSP's and service providers are expected to form working relationships with county and state human service providers to establish and maintain culturally appropriate service provision procedures for American Indians in the locality. Activities may include, but are not limited to:

- Facilitating the access of tribal members to county human services.
- Establishing protocols with counties for service provision to serve tribal members.
- Entering into Agreements or Memoranda of Understanding with state or county providers, which could include 161 Agreements, training agreements, etc.
- Attending county and/or state meetings to discuss tribal service needs.
- Serving on county and state boards and committees to ensure that programming is inclusive and services are culturally sensitive and appropriate.

DHS FSP Preventative Interventions and Strategies

The following is a description of the types of preventative interventions and strategies that are acceptable.¹

Interventions

The Institute of Medicine (IOM) defines three broad types of prevention interventions.

Universal: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

- *Universal Direct*—Interventions that directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions)
- *Universal Indirect*—Interventions that support population-based programs and environmental strategies (e.g., establishing Alcohol Tobacco and Other Drug (ATOD) policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

Selective: Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

Indicated: Activities targeted to individuals in high-risk environments. Individuals are identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels.

¹ This section is adapted from the prevention framework outlined by the Institute of Medicine, <http://www.iom.edu>

Strategies

There are six primary prevention strategies typically funded by principal agencies administering the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). Here are the definitions of these strategies.

Information Dissemination: This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of this strategy include:

- Clearinghouse/information resources centers
- Resource directories
- Media campaigns
- Brochures
- Radio and TV public service announcements
- Speaking engagements
- Health fairs and other health promotion, e.g., conferences, meetings, seminars
- Information lines/hotlines

Education: This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy. Examples of this strategy include:

- Parenting and family management
- Ongoing classroom and/or small group sessions
- Peer leader/helper programs
- Education programs for youth groups
- Mentors
- Preschool ATOD prevention programs

Alternatives: This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol and drugs through these activities. Examples of this strategy include:

- Drug free dances and parties
- Youth/adult leadership activities
- Community drop-in centers
- Community service activities
- Outward Bound
- Recreation activities

Problem Identification and Referral: This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. This strategy does not include any activity designed to determine if a person is in need of treatment. Examples of this strategy include:

- Employee Assistance Programs
- Student Assistance Programs
- Driving while under the influence/driving while intoxicated education programs

Community-Based Process: This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning. Examples of this strategy include:

- Community and volunteer training, e.g., neighborhood action training, impact training, staff/officials training
- Systematic planning
- Multi-agency coordination and collaboration/coalition
- Community team-building
- Accessing services and funding

Environmental: This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population. Examples of this strategy include:

- Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools
- Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs
- Modifying alcohol and tobacco advertising practices
- Product pricing strategies

DHS FSP AODA Prevention Services Requirements

1. Must maintain the local substance abuse funding level from the previous year's level.
2. May not be used to provide in-patient hospital services.
3. Must be in compliance with appropriate sections of Wis. Admin. Code ch. DHS 75.
4. Must establish plans for certifying participating AODA counselors within three months of the start of the contract period.
5. Must give priority to pregnant women and/or women with dependent children.

Best Practice Guidelines

Comprehensive AODA services should provide an array of services targeted at but not limited to:

- Pregnant women
- Women with dependent children
- Intravenous drug abuse
- The elderly
- The disabled
- Child daycare
- Fetal alcohol syndrome
- Family support
- Outreach
- Domestic abuse against women, etc.

In-Home AODA Services

Best practice standards for alcohol and other drug abuse in-home services in Native American communities include the following:

1. Provide holistic prevention services;
2. Promotes inter-generation perpetuation of "healthy families" as defined by each community;
3. Provides the least restrictive setting possible;
4. Involves every member of the family;
5. Eliminates childcare and transportation barriers;

6. Oriented to traditional Native American values of the community;
7. Provides an opportunity to observe the family in their home environment;
8. Sets an example for younger children in terms of alternative ways to deal with problems (physical, mental, emotional, spiritual, financial, etc.) other than substance abuse;
9. Identifies families with children at risk for out-of-home placement and provides prevention strategies;
10. Recognizes and connects families with other services that may be needed in the home.

DHS FSP– DCTS Required Forms

- [DCTS Annual Grant/Contract Application \(F-21276\)](#)
- Exhibit 2 - Excel Budget Spreadsheet
- [DCTS Program Performance Report \(F-20389\)](#)

DHS FSP Reporting Requirements

DHS FSP reports, [DCTS Program Performance Report \(F-20389\)](#), must be submitted to DHS within 30 days after the end of each six-month reporting period, by **April 30** for the period of October-March and by **October 30** for the period of April-September. The second six-month report must be cumulative.

The DCTS Program Performance Report (F-20389) should be sent via electronic or mail to:

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Substance Abuse Prevention Services Information System (SAP-SIS) information must be submitted online annually at <https://www.dhs.wisconsin.gov/aoda/sapsis/index.htm>. For more information regarding SAP-SIS, please contact Christy Niemuth, Prevention Coordinator, at 608-261-7655.

Technical Assistance Contacts

Any time you have questions or need technical assistance, please contact the DHS Tribal Affairs Office (TAO) and/or the DHS Division of Care and Treatment Services (DCTS) FSP Administrator.

DHS TAO

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