

Collaborative Systems of Care for Families
With Children Who Are Involved in Multiple Systems

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Objectives

- Provide the right resources at the right time for the right people.
- Build a strong foundation for combining our best ideas, insights and innovations in a model that guides continued growth and improvement for the family and community.
- Provide a forum, through the Coordinated Services Team Initiative (CST) for this process to be developed and implemented, allowing everyone involved to identify and attain meaningful outcomes.

Facts about Children and Youth with Mental Health Needs

- The high school non-completion rate for children with emotional and behavioral disorders is 56%, highest of all disability groups (O'Leary, Wisconsin Statewide Transition Conference, 2004).
- At admission to Wisconsin Juvenile Justice Institutions, over half of the males are about four grade levels behind their peers in both reading and math (Silvia Jackson, Wisconsin Division of Corrections, July, 2007)
- Approximately 75% of males at Lincoln Hills School and Ethan Allen School present mental health needs (Silvia Jackson, Wisconsin Division of Corrections, July, 2007).
- 67 to 70% of youth in the juvenile justice system have a diagnosable mental health disorder. (Skowrya & Cocozza, 2006)
- 50% of children and youth in the child welfare system have mental health problems. (Burns, et. al., 2004)

Outcomes for Children and Youth Served by Coordinated Services Team Initiatives (CST) and Integrated Services Projects (ISP) 2003 – 2006

Source: Wisconsin Bureau of Mental Health and Substance Abuse Services; based on the analysis of data submitted by 24 counties with ISP and/or CST, on a quarterly basis.

- Of 40 children residing in a correctional facility, state mental health institute, inpatient treatment setting or residential treatment setting at the time of enrollment, 88% were in less restrictive settings at disenrollment including 65% living with their parents, relatives, or friends and 15% were in foster care or a group home at disenrollment.

- Of 550 children living with their parents, relatives, or friends at time of enrollment, 91% were maintained in these settings at disenrollment; an additional 5% were placed in foster care or group home settings. *(Note that one of the qualifications for enrollment is “at risk of or in out-of-home placement”.)*
- A standardized global assessment of a child’s functional impairment over the first 12 months of their enrollment in ISP/CST initiatives indicated significant improvement. 66 children were selected for review based on having been enrolled at least one year and having complete data available. Their average level of functioning at enrollment (score = 113) indicated they needed care that was more intensive than outpatient and/or they needed multiple sources of supportive care. After 12 months of participation, the average level of functioning had improved (score = 78) so that they only required minimal resources beyond outpatient care.
- Of 922 children served between 2003 – 2006 for whom evaluation data were available, 68% had no involvement with the juvenile justice system while involved in ISP/CST.

Quotes from Families and Resource People

“People are now looking at what my son can do instead of what he can’t do.”
 - A Parent Involved in Wraparound

“With the help of wraparound, I was able to focus on short and long term goals. The team was able to point me towards resources that I never knew about.”
 - A Parent Involved in Wraparound

“When dealing with a child who is diagnosed with SED [Severe Emotional Disability] and involved in multiple systems, it is more important to organize people to work with the family and each other than providing 1-hour individual sessions of psychotherapy with the child.”
 - Ph.D. Psychologist

“The wraparound project allows families to sit down with multiple agencies to develop a plan of care to address their specific needs. It is great to work as a team with parents, students, county agencies, physicians, school officials and other community members all focused on helping the family be successful.”
 - Elementary School Principal

“No one person has to feel like they’re the “Wizard of Oz”. Instead, the entire group pools their resources to provide multiple ways to meet the needs.”
 - Special Education Teacher

“I find the CST process to be a worthy one. In today’s society, we need more than one avenue to solve a problem, to offer help and assistance, and to get the job done.”
 - Special Education Teacher

“Working with the family as a team gave us [in-home therapists] a perspective that no professional working alone could have figured out.”
 - Intensive In-home Therapist

National Data – Includes Data from Wraparound Milwaukee

According to data released by the Substance Abuse and Mental Health Services Administration (SAMHSA) in May of 2006, children and youth with serious mental health needs who are served in systems of care that provide community-based services and supports make substantial improvements at home, at school, and in the community. Selected outcomes are summarized below:

- **Decreased utilization of inpatient facilities.** The percentage of children who used inpatient facilities within the previous 6 months decreased 54% from entry into systems of care to 18 months of involvement in systems of care.
- **Mental health improvements sustained.** Emotional and behavioral problems were reduced significantly or remained stable for nearly 90% of children after 18 months in systems of care.
- **Suicide-related behaviors were significantly reduced.** The percentage of children and youth who had deliberately harmed themselves or had attempted suicide decreased 32% after 12 months in systems of care.
- **Significant reductions in placements in juvenile detention and other secure facilities.** Children and youth who were placed in juvenile detention or other secure facilities within the previous 6 months decreased 43% from entry into services to 18 months after entering systems of care.
- **School attendance improved.** The percentage of children with regular school attendance (i.e., 75% of the time or more) during the previous 6 months increased nearly 10% with 84% attending school regularly after 18 months in systems of care.
- **School achievement improved.** The percentage of children with a passing performance (i.e., C or better) during the previous 6 months increased 21% with 75% of children passing after 18 months in systems of care.
- **Savings to taxpayers.** When compared to traditional mental health service delivery systems, on average, systems of care save public health systems \$2,776.85 per child in inpatient costs over the course of a year, and save juvenile justice systems \$784.16 per child within the same time frame.

Impact of the Wisconsin's Urban/Rural Women's Alcohol and Other Drug Abuse (AODA) Treatment Project

Since 2000, the Urban/Rural Women's AODA Treatment Project has provided grants for eight women and family-centered treatment programs across the state. The project serves adult women in need of AODA treatment who are also involved in at least one other formal service system.

The project has consistently and effectively addressed multiple barriers outside the realm of traditional substance abuse treatment by using a system of care approach, maximizing the strengths of the family, informal supports and the community, creating family teams, assessing the family as a single unit, and providing comprehensive treatment services in a safe environment.

Selected project outcomes are summarized below, and reflect discharge data as reported after four to six months in primary AODA treatment.

Source – Wisconsin Department of Health and Family Services website (<http://dhfs.wisconsin.gov>).

- Decrease in Alcohol and/or Substance Usage 83%
- Decrease in Criminal Justice Involvement 73%
- Improvement in Employment 55%
- Improvement in Living Situation 57%

Impact of the Collaborative System of Care Approach on La Crosse County's Emergency Response System

As part of their development of a Collaborative System of Care, La Crosse County has implemented a comprehensive and collaborative approach to developing Emergency Response Plans. Through this process, they have been able to divert a significant number of children and adolescents from institutional placements. When the collaborative emergency response process was implemented in 2003, only 51% of children and youth who received crisis support services were diverted from institutional placement. Data through July of 2007 show that 87% of youth who received crisis support services were diverted from institutional placement.

An average intervention costs approximately \$240 compared to a hospital emergency room cost of \$1,000 and an assessment of \$400. If the child is sent to Mendota or Winnebago Mental Health Institute the cost is \$700+ per day in addition to transportation costs often by law enforcement.

Manitowoc County Data on Youth Placed in the Juvenile Correctional System

In 2001, Manitowoc County spent \$937,267 for the placement of 16 youth at Lincoln Hills Correctional facility. In October 2002, Manitowoc received grant funding to develop the Coordinated Services Team (CST) initiative. By the end of 2006, there were only 2 youth placed at Lincoln Hills at a cost of \$74,095 – an 87% reduction in number of youth placed, and a 92% cost reduction from 2003.