

# **Special Committee on Strengthening Wisconsin Families**

## **Collaborative Systems of Care for Families with Children Involved in Multiple Systems**

**Friday, September 26<sup>th</sup>, 2008**

### ***Objectives***

- Provide the right resources at the right time for the right people.
- Build a strong foundation for system collaboration by combining evidence-based practices, creative strategies, and innovations in a model that guides continued growth and improvement for the children, families and community.

### ***Background of Assembly Bill 700 (AB-700) as recommended by the 2006-08 Special Committee on Strengthening Wisconsin Families:***

Under current law, s. 46.56, governs the Integrated Services Projects (ISP) for children with severe disabilities.

The ISP began in 1989. Currently 18 counties operated ISPs. The ISP target group is children with severe emotional disabilities (SED).

Section 46.56 requires a county who operates an ISP to establish a coordinating committee comprised of representatives from multiple systems of care. The coordinating committee must prepare interagency agreements that participating organizations in the ISP agree to follow in creating and operating the ISP. The interagency agreement's components are also outlined by statute. The ISP must have one or more service coordination agencies which identify a service coordinator for each child with severe disabilities that participates in the program. Referrals into the ISP may come from many different types of agencies and organizations, or from the child or the child's family. A treatment team is developed which includes representatives of key service providers working with the family, as well as the family members and the child.

In 2002 a request for proposals was developed for counties and tribes to develop Coordinated Services Team Initiatives (CSTs). The CST is based on the ISP model of integrated services for children and families with multiple needs. A CST is structured in the same way as the ISP under s. 46.56 is structured. However, the target groups served by the CST are broader than for the ISP, and include children and families who may not have a diagnosis of SED, but are still involved with two or more systems of care, such as the juvenile justice system, child welfare system, or special education within the school system.

As of 2008, \$2,768,400 from multiple funding sources, primarily the federal mental health block grant, funds the CSTs and ISPs in 42 counties and tribes. Each of these sites received grants up to \$80,000 to implement the CST/ISP. Grants to CST sites generally last up to five years. Once the funding term expires, some sites continue to fund the

projects out of their own revenue sources, while other projects may not continue if funding is not available. Project funds at the state level are then used to fund new county CST projects.

The 2005 Annual Report on Wisconsin's Collaborative Systems of Care summarized the outcomes of children enrolled in CSTs and ISPs. The report showed: a meaningful reduction in problem severity and corresponding improvements in functioning of participants, based on the Child and Adolescent functional Assessment Scale; a meaningful reduction in school problem severity and corresponding improvements in school functioning, and a meaningful reduction in delinquency severity and corresponding improvement in community functioning from enrollment to disenrollment.

The current draft of AB-700 includes updates and changes to s. 46.56. Specifically, the draft does the following:

- Makes statutory changes to s. 46.56 Stats. to expand the ISP's coverage to include not just children with severe emotional disabilities, but other children who are involved with multiple systems of care, as well as their families, and changes the name of the program to the CST initiative.
- Provides \$1,466,000 general purpose revenue to provide additional funding for grants to counties and tribes for CST initiatives. This would provide or maintain funding for 48 CST sites; continue funds at current level for administration and training and technical assistance; and provide funds for each participating site for advocacy/peer support.
- Includes tribes as entities that may administer the CST initiative.
- Provides funding to begin to phase in the remaining counties and tribes that do not currently operate either an ISP or a CST, to enable these counties and tribes to establish the CST.
- Amends the definition of CST to emphasize the process by which the child's family, service providers, and informal support persons work together to respond to the needs of the child and family, rather than by describing the characteristics of the individuals on the team.
- Expands the required and optional representatives that serve on the coordinating committee in a county or tribe. The coordinating committee is the entity that:
  - Prepares interagency agreements for the operation of a CST.
  - Assesses how the CST relates to other service coordination programs operating in the county or tribe and promotes system collaboration.
  - Reviews determinations by the service coordination agency regarding program eligibility and operation.
- Expands the duties of the coordinating committee to include:
  - Establishing operational policies and procedures.
  - Ensuring quality, including adherence to core values as adopted by the state advisory committee.
  - Developing a plan for orientation of new coordinating committee members and CST members to the CST process.

- Identifying and addressing gaps in services.
- Monitor and evaluate consumer and partner agency satisfaction.
- Creates the role of project coordinator, and defines the project coordinator's duties, which include:
  - Bringing together parents and staff from agencies and organizations to comprise the coordinating committee, and support their activities.
  - Working with the coordinating committee to maintain support agency participation as established in the interagency agreement
  - Guiding the development of family teams to ensure compliance with the basic principles of the CST initiative's core values.
  - Reviewing plans of care.
  - Assisting the coordinating committee and family teams in establishing consistent measures for initiative development, implementation, evaluation, and monitoring of the project and outcomes.
  - Facilitating public education and awareness of issues and programming for families and children.
  - Ensuring ongoing coaching, support and training related to the CST process to service coordinators, families and providers.
  - Providing support to service providers in developing strategies to enhance existing programming, increase resources, and establish new resources.
  - Ensure that required data and reports are submitted in an accurate and timely manner.

## **Update on Collaborative Systems of Care in Wisconsin**

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### ***Profile of Children and Families Served (excluding Milwaukee and Dane Counties)***

In 2007, Integrated Services Projects and Coordinated Services Team Initiatives served:

- 1,175 children and youth.
- 2,357 family members of enrolled children – services which may not have been received if not for the family's involvement in a collaborative system of care.

Referral sources to the programs included: Mental Health – 25.5%, Child Welfare – 22.8%, Juvenile Justice – 17.8%, Schools – 18.4%, Family – 9.7%, AODA – 1.7% and Other – 4.1%.

### ***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).

### ***Selected 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.
- 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".*)

### ***Quotes from Families and Resource People***

“With the help of wraparound, I was able to focus on short and long term goals. The team was able to point me toward resources that I never knew about.”

- A Parent Involved in Wraparound

“My input is respected and I feel I am an important part of the team.”

- 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 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

“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

### ***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 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.

## ***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.
- ***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.

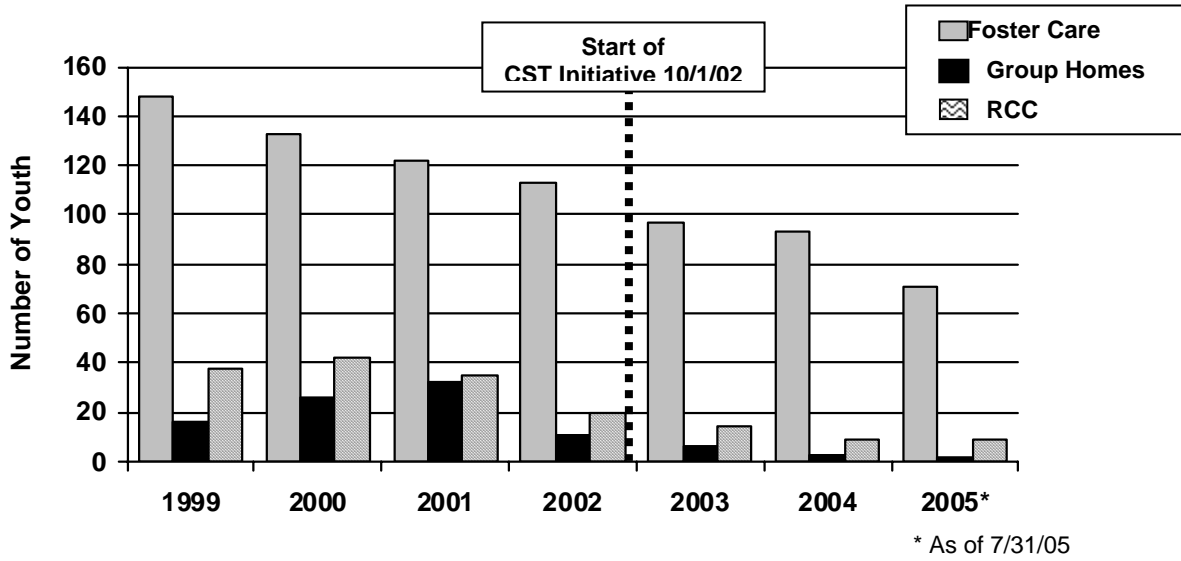
## ***The Power of Parent to Parent Support***

- Parent to parent support provides help in seeing hope for the future, feeling less alone, seeing positives in the situation, acceptance of the child's diagnosis, seeing family strengths, and dealing with stress. (Santelli et al., 1997)
- Peer support is found to be helpful by over 80% of parent utilizing the services; it increased parents' sense of being able to cope and their acceptance of their situation. (Kerr & McIntosh, 2000)

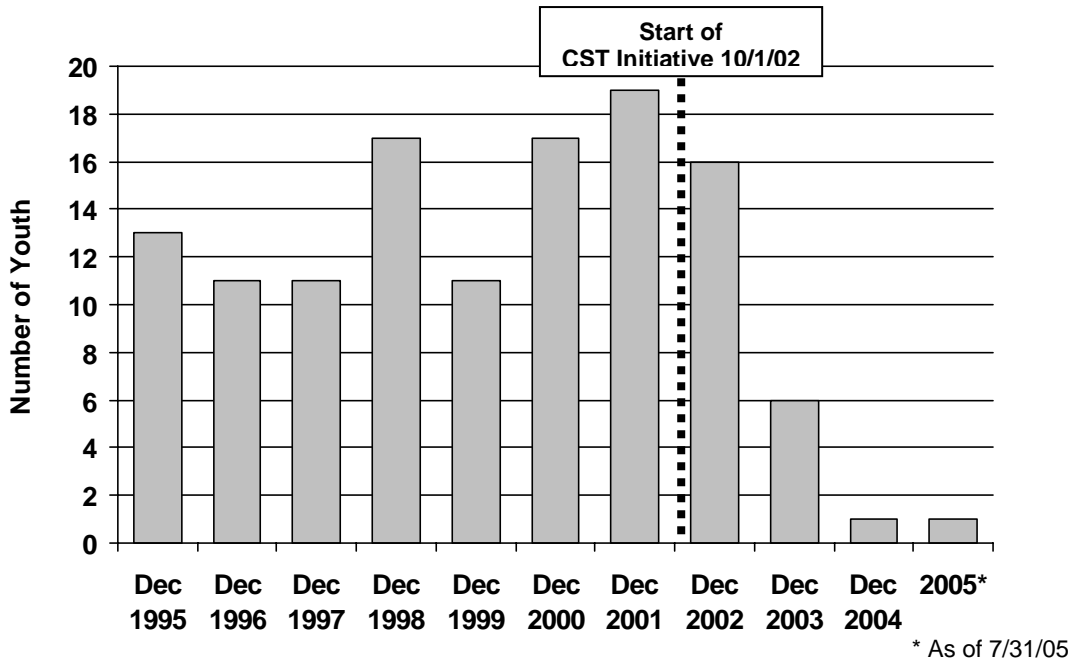
## ***Selected Quotes from ISP/CST Sites Regarding Financial Savings***

- The number of children placed in out-of-home care went from 375 children in 2001 to 217 children in 2005.
- In 2000 we had 17 youth at Lincoln Hills at a cost of \$734,255. During 2005, placements have dropped to one youth at Lincoln Hills at a cost of \$47,994.
- Involvement in the team process reduces the length of out-of-home placements, and also prevents placement. The estimated cost saving for the first six months of 2006 was \$242,939.
- The county has been able to save in the neighborhood of \$300,000 per year in out-of-home placement costs. Much of this cost savings can be attributed to Integrated Services Project keeping children in the community rather than in out-of-home placement.

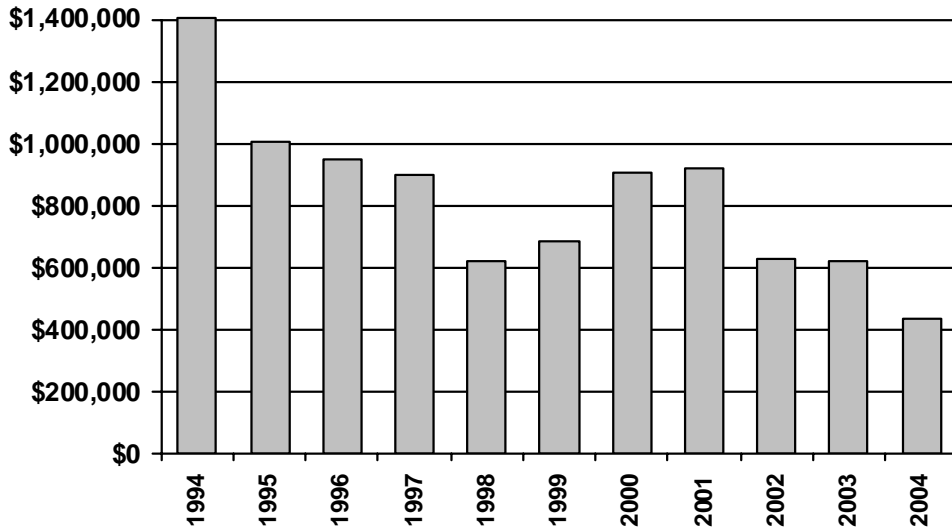
**Youth Placed in Foster Care, Group Homes, and Residential Care Centers (RCC)  
Manitowoc County 1999 – 2005\***



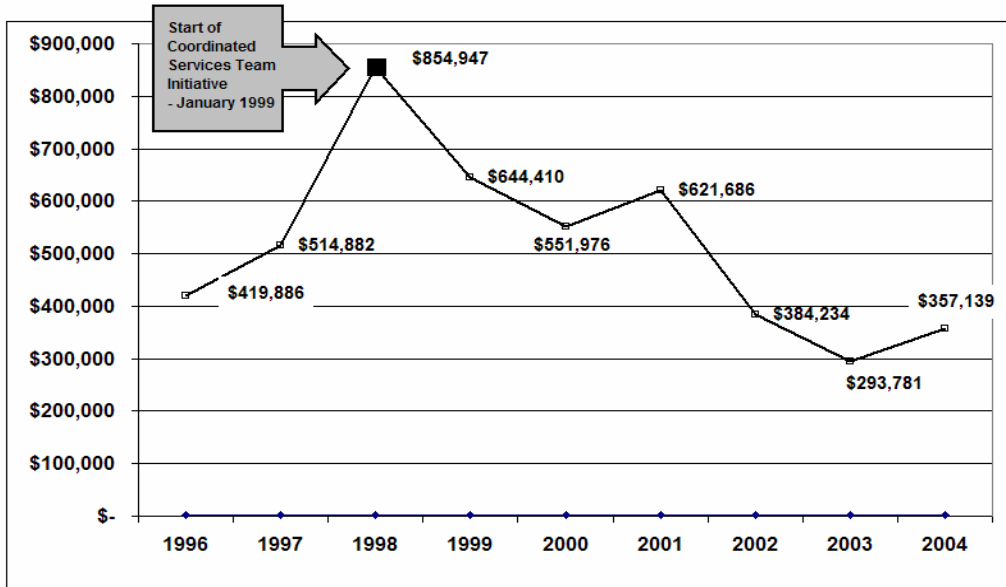
**Number of Youth from Manitowoc County at  
Lincoln Hills Correctional Facility 1995 – 2005**



**Cost of all Court Service and Youth Aides Out-of-Home Placements  
Waupaca County 1994 – 2004**



**CALUMET COUNTY  
Child Alternative Care Costs  
1996 - 2004**





## Explanation of Proposals for Funding CST Sites

The current proposal would provide or maintain funding for 48 CST sites (listed below); continue funds at current level for administration and training and technical assistance; and provide funds for each participating county for advocacy/peer support.

**18 Existing Integrated Services Projects (ISP):** Ashland, Chippewa, Door, Dunn, Eau Claire, Fond du Lac, Kenosha, La Crosse, Marinette, Marquette, Portage, Racine, Rock, Sheboygan, Washburn, Washington, Waukesha, and Waushara Counties.

**30 Existing and New Coordinated Services Team Initiative (CST) Sites:** Adams, Bayfield, Brown, Buffalo, Burnett, Calumet, Crawford, Dodge, Douglas, Grant, Green Lake, Iron, Jefferson, Juneau, Manitowoc, Menominee, Monroe, Pierce, Polk, Price, Richland, Sauk, Sawyer, St. Croix, Vernon, and Waupaca Counties; Bad River, Lac Courte Oreilles, Lac du Flambeau, and Red Cliff Tribes.

In addition, the following 14 sites are scheduled to receive future funding to develop CST: Barron, Clark, Columbia, Green, Jackson, Kewaunee, Oconto, Ozaukee, Wood, Shawano, Winnebago, Iowa, and Trempealeau Counties; and the St. Croix Chippewa Tribe.

### ***Current Sources of Funding for the 2008 ISP and CST Sites:***

Mental Health Block Grant for Integrated Service Projects	\$1,306,700
Mental Health Block Grant for Coordinated Service Team (CST) Initiatives	519,800
Hospital Diversion Funding	673,600
Division of Children and Family Services for CST's	100,000
Substance Abuse Block Grant for CST's	35,000
State GPR	133,300
<b>TOTAL</b>	<b>\$2,768,400</b>

44 Counties at \$80,000	\$3,520,000
4 Tribes at \$50,000	200,000
44 x advocacy component at \$7,000	308,000
Contractual training and technical assistance	206,400
Total	\$4,234,400
Available	\$2,768,000
Need	\$1,466,000

### ***Annual Rates for:***

Mendota Mental Health Institute	\$272,880
Winnebago Mental Health institute	\$253,800
Lincoln Hills	\$ 96,480
Residential Care Centers	\$ 94,860 (average)
Group Homes	\$ 72,000 (average)
Foster Care	\$ 7,180 (average)