

## **2006 Annual Report on Integrated Services Projects and Coordinated Services Team Initiatives Executive Summary**

Each year, the Bureau of Mental Health and Substance Abuse Services (BMHSAS) prepares an annual report for the Children Come First Advisory Committee, the group statutorily responsible for monitoring the development of Wisconsin's Integrated Services Projects. This summary report highlights some of the accomplishments and challenges faced by collaborative systems of care, specifically the Integrated Services Projects (ISP) and Coordinated Services Team Initiatives (CST). The full report can be viewed and downloaded from:  
[http://dhfs.wisconsin.gov/mh\\_bcmh/CST\\_ISP/reports.htm](http://dhfs.wisconsin.gov/mh_bcmh/CST_ISP/reports.htm).

Wisconsin has been developing collaborative systems of care since 1989. The original initiatives, ISPs, focused on supporting families with children with Severe Emotional Disabilities (SED) in their homes and communities. ISPs receive \$80,000 annually in Mental Health Block Grant (MHBG) funds.

Beginning in 2002, the collaborative process employed by ISP was expanded with the development of CST. While CST uses the same wraparound process as ISP, the target group is broader and includes families and children who do not necessarily have an SED diagnosis but who do have complex needs. Funding for CST sites range from about \$33,000 to \$63,000 annually.

In 2006, 42 ISP/CST projects received funding through contracts with the BMHSAS, and two additional sites received limited funding to support technical assistance. MHBG, Substance Abuse Grants and Hospital Diversion were the sources of funding. In addition, the Division of Children and Family Services collaborated with BMHSAS by contributing funding for CST sites.

Funding will be available in 2007 to develop eight additional ISP/CST projects; two additional sites will receive limited funding to support technical assistance.

### **Profile of Children and Families Served**

In 2006, ISP/CST projects served:

- 1,102 children and youth.
- 2,558 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 – 20.2%, Child Welfare – 19.8%, Juvenile Justice – 13.8%, Schools – 20.9%, Family – 15.4%, AODA – 2.4% and Other – 7.5%.

Demographic data collected indicated that the children in programs were 63% male and 37% female, with the average age of 15.9 years.

## Outcomes

One tool used to collect data in these projects is the Child and Adolescent Functional Assessment Scale (CAFAS) which provides a “behavioral snapshot” of a child’s functioning across eight subscales: role performance at school, role performance at home, role performance in the community, behavior toward others, moods and emotions, self-harmful behaviors, substance use, and thinking. Data are reported at enrollment, 6 months post enrollment, and 12 months post enrollment. The data collected show:

- 28% problem severity reduction and corresponding improvements in functioning during that time period;
- 25% school problem severity reduction and corresponding improvements in school functioning; and
- 29% reduction in delinquency severity and corresponding improvements in community functioning.

## Consumer Satisfaction

Each year, enrolled ISP/CST families are asked to complete a Family Satisfaction Survey. The survey gathers information from a family perspective about areas of strength and need. Results of the 2006 survey show:

- 93% agree they are treated as an important member of their child and family team;
- 71% agree their family is getting better at coping with life and its daily challenges;
- 85% agree their team is sensitive to their cultural, ethnic, and religious preferences and values; and
- 87% agree that overall they are satisfied with the efforts of the team on their families’ behalf.

## Financial Savings

Counties with ISP/CST are asked to fill out an annual “Collaborative Systems of Care Update” survey that captures information on the impact of the collaborative initiative on the larger service system. Twenty-four of 25 sites who responded to the survey identified financial savings (one site answered “not-applicable” due to the newness of their project). Below are selected comments:

*Involvement in the team process reduces the length of out-of-home placements, and also prevents placement. Cost savings were presented to the County Board early this year, and the estimated cost savings 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 Projects keeping children in the community rather than an out-of-placement.*

*Keeping the 6 children we serve through our team process safely at home versus foster care (all of them probably would have required treatment foster care) saved us in the neighborhood of \$15,000-\$18,000 a month.*

For additional information, please contact:

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