

System Update 2008

PART B: Impact of Collaborative Systems of Care on the Larger Service System

Counties and tribes with ISP and/or 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.

Sites were asked to share their comments and recommendations in the following five areas:

- The positive and/or negative impacts of ISP/CST on other parts of the child and family service delivery system
- The cost effectiveness of ISP/CST
- Cost savings
- Concerns, issues, and challenges
- Recommendations for improvement

Below is a summary of the most common responses to each question from the 38 sites that completed the survey.

1. How has the formal collaborative system of care (ISP/CST) positively or negatively impacted other parts of the child and family service delivery system in your county?

- The CST process has improved communication with community partners; such as schools; medical providers; public health; law enforcement; Head Start; mental health providers; etc. We have also found that children who have a family team spend less time in alternate care and on a CHIPS order. Our placements have decreased significantly.
- Yes. I would be happy to send you supportive letters and the recognition award nomination letter of our Intern/Volunteer Sue Conaway submitted to the Children's Come First Conference.
- Our school staff have reported feeling supported and part of the team process. Meetings are efficient and always goal directed. ISP provides support and resources to help bring together family; community and school. This has been reported by service providers and schools this year. WOW!!
- Chippewa County's ISP has had a positive impact on other parts of the child and family services system by allowing the different systems to work together in a positive; team approach. It allows all members to have a voice in what happens with the child and family. In 2009; the goal is to have the wraparound process used throughout the human services department.
- Price County CST Working Together Works Service Provider Evaluation Results January 2009 Not at All(1) Low(2) Very Often(3) High(4)
 - 1. Rate the current level of coordination of services between service providers who serve children with multiple needs in your community. 3
 - 2. Do providers make effective collaborative decisions regarding children with multiple needs and their families? 4
 - 3. Do families have meaningful input into their child's plan of care? 4
 - 4. Do providers function together as a unit to achieve common service goals? 4
 - 5. Are providers able to successfully deliver non-duplicated services to families? 4
 - 6. Do providers consult with other providers when crisis decisions have to be made about a child or family? 3
 - 7. Are there conflicts between providers over who is responsible for providing a given type or amount of service? 2
 - 8. Are there conflicts between providers over who is responsible to pay for a given type or

- amount of service? 3
- 9. Do service providers agree about the types of services that are most appropriate for serving children and families? 3
- 10. Have there been opportunities for providers to learn about community resources available to teams? 4
- 11. Has the CST initiative in your community led to improved coordination between service providers? 4
- 12. Do you feel children with multiple needs and their families are more effectively served through the CST process than through the use of independently operating providers? 4
- 1. If a child and family could benefit from the CST initiative would you refer them? If no; why not? Yes; nice to show a child that everyone wants to work together to support and encourage. Helps to have one person coordinating. Yes; providing consistency and communication benefits the family and shows a coordinated plan. Yes; involving people from different agencies gives everyone new ideas to help families. Shows children that a lot of people want to help them. Yes; this provides a way for all providers to come together and help families. Yes
- 2. What areas need the most improvement in the CST initiative and how would you improve them? Speeding up the service plan development. Once identified areas are targeted; offering a “course” on those issues to really improve that area. Gain more experience. Offering counseling to parents.
- 3. What are the greatest benefits to you in having the CST initiative available Price County? Gives everyone another option. Children and families needs are met more effectively. Improved communication among providers. Awareness of available resource. Working as a Coordinating Committee to show support to children and families
- We have two clients who graduated from WI National Guard Academy with HSED; we have no out of home placements from Feb; 2006 until December 2007. Our family satisfaction and agency surveys have been very positive.
- Better knowledge of each other's programs. Other agencies and professionals are beginning to see the benefits of coordinating services.
- The CST project in St. Croix County has from day one; meant to be the beginning of a systems change effort not only for our agency; but for the community as well. This has lead to an increase in the use of the teaming within the agency. Our agency is now using the CST model with adult mental health consumers and the agency is presently submitting the application to begin a certified CCS Program. Many of these shifts have taken place because of the impact that the CST process has had in our system. One of the biggest highlights for our agency was to receive the CST Agency of The Year Award. The fall of 2008 also provided an opportunity to be included as one of the sites selected for the CST Site visits. There were numerous testimonials from both parents; providers and community members speaking to the positive impact on the CST project in our county.
- Clients have more buy-in to what is going on in child welfare and juvenile justice cases which leads to improved working relationships. The family is empowered. Communication involving all providers and those involved makes things more consistent and everyone is on the same page.
- We screen referrals at the intake level and become involved preventing juvenile delinquency or a child being placed on a CHIPS for abuse or neglect. Our referrals come from mental health agencies; schools and other outside providers to prevent agency involvement.
- The wrap-around programs offered by Washburn County enable parents to receive services that not only positively affect the identified child; but all members of the family. Services provided are more intensive and frequent; which assists in bringing about change sooner and outcomes achieved. This frequency and intensity is able to occur due to smaller caseload than traditional

Child Welfare case managers. Parents and children involved with ISP/CST appreciate the strengths-based approach that is used. Parents have voiced not feeling a more comfortable working relationship due to this strengths-based approach. Parents have also voiced feeling more involved in the process of developing goals and outcomes rather than feeling like they do not have any control.

- Everyone is at the table at the same time; clearly established common goals and a start and end date. Positive impact.
- The Ashland County Human Services' Children & Families Unit believes that the ISP/CST initiatives continue to have a positive impact on the delivery of services to the families we serve within our agency. This would include the Adult and Economic Support Units as well as increased collaboration between units; and staff being members of family teams for the purposes of transition and funding resources. Also; services to additional families have increased due to child welfare and juvenile justice using a collaborative team approach and creative thinking regarding options and alternatives. Family satisfaction is evidenced by the Family Satisfaction Survey results (see survey results for Ashland County).
- So far the impact is minimal since this is a new program. It has however strengthened relationships between schools; DHS and other community partners and created a strong coordinating committee. The involved families have had a far more positive and engaged experience then with typical service systems.
- Parents have reported feeling more empowered and have a better sense of community involvement and resources. Families report utilizing the Family Center; YMCA; and the Boys and Girls Club. Given this participation in the community; there are less referrals to police; Human Service Juvenile Justice; Children and Families (abuse and neglect); and fewer hospitalizations.
- Two of the in-home therapists (Lisa M. & Sylvia P.) have increased involvement by facilitating team meetings; the in-home therapists also have increased their level of involvement with CPS cases and working with other social workers while keeping the focus on a strength-based model. Teaming in general has become more of a common practice among the CPS and JJ Social Workers.
- Positively impacted. Iron County continues to develop supports and services for our families because of our involvement in the CST process. Increased collaboration across all systems including from Birth to Three through high school.
- (+) More support for CPS/JJ workers; less service provider isolation.(+) More services available for families (e.g.; respite; camp)(+) More support for families (more staff)(+) Schools and therapists feel more involved with the families because of the coordinated efforts/teaming; and that they another service provider to work with on concerns about the child.(-) In situations where child progress doesn't occur; it is harder to get other providers (e.g.; mentors and schools) to buy into the team approach because they feel the effort doesn't pay off.
- This program has helped to bring the many different parts of the system together so that everyone is working toward the same goal and communication is improved. Listed below are a sampling of responses from team satisfaction surveys: The team meetings kept communication open between all parties involved in working with _____. _____ had a more successful school year due to the work of this team! Because this was so helpful to _____ and her parents; it made the supervision part of it easier. Comprehensive communication and support. Incredibly beneficial. I believe all of the members of the team put forth a lot of effort and devotion to the process. This made the process both enjoyable and effective.
- I think our ISP has positively impacted other parts of the child and family service delivery system in Kenosha in many ways. The most noticeable I believe is collaboration. We have schools; agencies; units; programs; and people working together for the common good of a child. The team concept

is really growing and people are seeing that it works to pull people (providers; families; and informal supports) together and focus on strengths and set obtainable goals. Our ISP has become the central hub for some of the most difficult mental health cases in our community. These are kids that have not been touched by any other system or unit; and all of a sudden they are “uncontrollable” and their family doesn’t know what to do with them. Getting involved with our ISP has kept many of these kids in their family home; out of the hospitals; and out of the juvenile justice system; and on their way down a path of hope and recovery.

- good collaboration with community mental health providers; services provided to families who would not otherwise receive them
- Although we do not have letters of support from families at this time; we have received positive feedback verbally from the clients; community agencies; as well as Coordinating Committee members. The Wraparound process is well-known and respected in our community. Referrals to the process have been numerous this past year and we have broadened the base from where those referrals originate. We do not have summaries of family/provider surveys as they are forwarded to the State of Wisconsin for record compilation and we do not see the results. Verbal feedback that we have received from clients regarding the Wraparound process has been overwhelmingly positive. One disappointment has been that while community agencies have supported the Wrap programming; many have not demonstrated a desire to incorporate the process within their own agency. It appears that the lack of staff and time have been the main barriers to them experiencing true system impact.
- Team members from other agencies; and our own; are buying into the team process. Questions about CST and when it is appropriate are coming from multiple sources and people think that this is an effective program.
- Families feel supported; and important part of the team; satisfied with goals set by the team; they feel the team listens to them; they say they are developing new skills in coping with issues that come up in the family; they like that the team takes into consideration their needs with times; places and dates set for meetings; they also feel the team works with the child's strengths as well as their needs; they would recommend other families to the process
- We have received numerous reports from schools our services are helpful. Schools have begun asking us to train their staff in wraparound. Juvenile Justice Supervisor spoke and a coordinating committee meeting that Wraparound is a great benefit to her unit. Verbal reports from parents are very positive. Residential to home transitions have been going very smooth.
- There has been increased collaboration within WCDHHS; specifically the development of a multisystem workgroup to improve services to children and adolescents involved in multiple systems of care. In addition; staff completed an agency training on chapters 51; 48; and 938. Staff also completed a crisis training series. Families have taken a more active role in the project; including assisting in developing a crisis intervention training for parents.
- There are less out of home placements. The social workers have to spend less time having to make phone calls to coordinate services. There are scheduled times for the providers to discuss issues. We teach families how to get some of their own needs met. Some of the responsibility falls back on the family.
- Sense of advocacy from the families. Reassurance that the family unit was going to stay intact. Negative - lack of resources in the county.
- The continuation of ISP allows us keep more kids at home and reduce our out of home costs. It also teaches families how to advocate for themselves and become less dependent on the system.
- Our Children Come First (CCF) program provides another option for families to explore before legal action in the child welfare (CW) or juvenile justice (JJ) system would be needed. Families have a chance to become engaged in; and participate in; our voluntary program. If down the road

they become involved in the court system through CW or JJ; the family has already become engaged and shared information when in our program. Much time is saved during the court process when the family is already engaged and has information; and the CW worker has information. Time the child spends in out of home placements is shortened per our observations.

- Coordinating Committee members do feel that the CST process has begun systems change in other parts of the child and family service delivery. The tribal mental health department has begun to coordinate teaming internally with the families that utilize their services; especially within the intake process. The CST process has had a ripple effect there as well as in a Day Treatment program for adolescents in Hayward. A juvenile justice worker has commented that she has found the CST process extremely helpful when everyone is on the same page.
- The awareness of and interest in our CST-Wraparound services has grown in the community. This has occurred due to several factors; including: active involvement of our Coordinating Committee and their commitment to share information of the process and it's benefits within their systems and avenues of communication; through team members' and families' positive experiences with the Wraparound process (as demonstrated in feedback surveys and informal feedback; team members and families sharing their experiences with others. The outcome of this awareness has led to increased referrals to CST and growing support from the schools and other resources/systems to be more flexible in allowing individuals to participate in the team process and to more creatively respond to individualized plans. Another major positive impact due to these experiences and successes was the schools within Dodge County forming a coalition of 8 districts to apply for two major grants to improve schools' ability to address the social; emotional; behavioral and mental health needs of their students. The first grant; Mental Health Integration in the Schools focused on training to school staff; parents; youth and the community to increase awareness; reduce stigmatism and strengthen/expand school programs which addressed these needs of students and school climates. The second grant; Safe Schools/Healthy Students built on the initial work of the Mental Health grant through increased services; programs and approaches to address 5 goal areas: Reducing violence and bullying in the schools; addressing AODA issues; expand approaches and services to better meet the social; emotional and behavioral needs and build supportive school climates; increase services and systems both within the schools and between the schools and mental health providers to meet the mental health needs of youth; and; to increase awareness and abilities of Early Childhood programs and child care providers to identify and respond effectively to needs of pre-school age children. This is a 4-5 year grant. Both the schools and the CST Coordinating Committee are committed to ensuring sustainability of Wraparound Services and the above goal areas and are developing plans for working on this goal. The SS/HS grant will expand Wraparound Services from having one .5 FTE Service Coordinator who will be supported through the CST grant and adding another 3.5 FTE Service Coordinators funded through the SS/HS grant. Efforts will also focus on expanding both informal and formal wraparound/teaming approaches to working with high needs youth.
- Satisfaction surveys sent out to every participant consistently show a high degree of positive responses to the process and effectiveness. Consistent referrals from Human Services; parents; and schools also indicate confidence in the approach and service.
- The practice beliefs of CST have increasingly been incorporated into our work in juvenile justice and child protection. We have done extensive training throughout the Unit and informal teaming and families having voice and ownership has become the norm versus the exception.
- It has provided us with a flexible way to serve children with mental health issues. We were able to use the dollars not only to serve individual children; but to cover costs of non-billable services; like our Family Liaison program and Family Advocate program and other programs.
- The most positive effect CST has improved within Monroe County thus far is getting and keeping each individual who has a role in the family; formal or informal; big or small involved in the

process from start to finish. The CST Process gives every member of the team the same information and tools to succeed; as well as; breaking down the process to achieve the a collaborative outcome; defined by the family and service providers. The majority of service providers involved in teams have made comments such as; “we have waited for a program that is strength based and team oriented; similar to CST; for a long time?” and “Finally we are all on the same page.” As the Program Coordinator; I believe that one of our biggest struggles is a change in how we as social workers and/or helping professionals do business. Easily explained as; putting our individual control and opinions in the middle of the table and evenly distributing it too all team members involved. I have found that typically team members want to achieve a similar outcomes; the only difference is everyone has their own idea on how the family should get there. Once responsibilities and roles are established; team consensus moves to a similar agreement. When a family maps out the path; agrees to the step by step process; and view themselves as equal partners. Steps are established; written down and reevaluated on a consistent basis. Progress ensues and a majority of the time is maintained. It just takes time; education and positive experiences on behalf of the family; family supports and service providers.

- ISP services continue to be placed within RCHSD’s Child Welfare services (Youth and Family Division). ISP is offered as a voluntary service for families seeking strength based collaborative care approaches to service delivery. The county uses the Children Come First model; which ultimately implements in- home therapy as a main component of the program. The impact of Racine’s ISP includes but is not limited to:
 - 1. Cross System collaboration: Multi-system teams and program planning; development and implementation in the areas of prevention; intervention; and treatment are occurring in all areas of services to the children and families associated with the CCF program. System collaboration has been implemented the past year in the JJ population throughout the county. Collaborative service based programs and the formal team process are currently implemented on a case by case basis within the traditional forms of CPS and Delinquency case management. Additional team based practice trainings are being scheduled for 2009; and eventually all case managers will be trained on this model and expected to utilize the process.
 - 2. In-Service Training: The Children Come First Coordinating Committee held a mini conference in April 2008. It was titled; “Building Services for Children in the Mental Health System”. There was approximately 60 attendees and the topics covered in the 1 day workshop were; “ Above and Beyond Medication; Techniques and Strategies that work” (Dr. Joseph Bergs); “ADHD for Educators” (Dr. Don Rosenberg); “Teaming- Techniques and Strategies for Developing and an Effective Plan of Care” ; (Dan Naylor); “FBA’s for SED Students”; (The Arc); “OT needs for SED students” ; (WF All Saints Child and Adolescent Inpatient unit); “Teaming with the School System” (Roger’s Memorial Hospital).
 - 3. Flexible Funds: Flex Funds were added in 1991 for ISP services. Based on the ISP model; all services for child and their families served by RCHSD Youth and Family Division have included flexible funds since January 2003. The funds have supplemented rent; utilities; community activities; and basic needs for the families involved in the program. During 2008 many of those funds were not utilized; due to a misunderstanding of their purpose.
 - 4. Mental Health: RCHSD continues to have a case manager solely assigned to children/youth who meet SED criteria that have been apprehended for a delinquency or status offense. A similar model is being used with juveniles that have been sent to corrections or to the ACE program. The case manager ensures that the child’s mental health needs are addressed as well as the delinquency status.

2. Is supporting the children and families in your ISP/CST cost effective?

- **33 – YES**

- **5 – Don't Know**

- Our out-of-home placements have been reduced dramatically. We currently only have eight kids in out-of-home placement and three children are from one family. The reduction in out of home placements is directly correlated to the teaming process.
- 42 families were served with the child enrolled at risk of a more restrictive level of care. We have no children in placement. Throughout the entire year only a few had police contact. All children remain in their home. All children enrolled are doing better in school. We are saving tons of money by doing this.
- The program is cost effective because it significantly decreases out of home placements; expulsions; and Emergency Detention placements which are a major expense to a county.
- The ISP is cost effective. The wraparound process has all service providers and systems working together to come up with the best plan to support the child and family. This allows for a clearer plan and goals which reduces placements. Crisis services have also helped our families feel more supported and has deterred hospitalizations and placements.
- Very limited out of home placements. Keeping kids in the community much cheaper than institutional placement.
- Hard/impossible to account for positive effects that DON'T cost money. How can I show that because we had a CST Team; a child DIDN'T get placed out of the home?
- Our CST project has been operational (serving family teams) for 3 1/2 years. Initially it was easy to see the savings just by keeping youth in their homes vs. in an out of home placement. As time has passed it has become clear to our agency; our Coordinating Committee and other community partners that the program has viewed the cost effectiveness of the project in a larger scope. By being able to connect families to resources and supports within the community and decreasing their dependence on the system ultimately decreases the costs to the system; and the tax payers. It is because of this that we have developed and sustained strong community support for the project in our county. We try to collect and obtain information and feedback from families; providers; etc. on the effectiveness of the program. Any additional concrete data based on the success of the CST projects not only locally but at the statewide level would also be a great asset. For this to be accessible in a timely manner would be helpful to individual sites.
- We have found it to be cost effective in maintaining children living in the community and out of placements. Natural supports have also been utilized which are less costly than formal supports.
- As a Project we utilize community resources and dollars to support families through donations and grants.
- These programs are extremely cost-effective as most of the children can be maintained in their home with supportive services. It is more cost-effective to spend money supporting children in their home with formal and informal supports; rather than spending money for out-of-home placement. Also; by recognizing and utilizing informal supports; families develop a network of which to draw strength; support; and assistance in the future. They become much less dependent on formal supports; which is cost effective as most formal supports require money from either the county or another state program.

- Reduction in overlap services; helped to reduce number of out of home placements.
- We continue to believe that supporting children and families through CST/ISP is cost-effective and also less traumatic than costly out-of-home placements. Benefits of the CST/ISP process include assisting the whole family rather than just the identified child. Results of the CST/ISP process include helping families learn positive coping skills; experiencing more positive family interactions; and promoting stronger support networks. In the end; this provides long-term cost savings along with an improved quality of life for families. It is always more cost-effective for families and providers to meet as collaborative teams rather than individually; as it avoids possible duplication of services.
- Our short experience does suggest that it facilitated an early return of a child in placement and has been critical to maintaining her at home. It has also prevented a possible placement of another child.
- We believe the program and services offered is cost effective and; in combination with our crisis program; provides a quality continuum of care. Referral to local hospitals are few; if any; and there is little or no police contact due the connections established.
- By teaming cases through ISP; it helps to deliver wrap-around services to families in a more cost effective way. Dunn County ISP has the opportunity to utilize in-home therapists rather than having to contract outside the county for every therapeutic service that is needed.
- Iron County was able to use \$131;912.00 that had been budgeted for out-of-home placements in 2008 to help build our mentoring program; help fund our Intensive In-home program; assist in sending parents; children; and providers to trainings; workshops; family fun days; and group social events. We were able to provide support to siblings and provide respite services to families in need. We were also able to continue with our horse mentoring program.
- -Pooling resources offers a wider array of support options to the families with complex needs--Decrease duplication of services--Increase staff efficiency in communication; time management; and expectations of other service providers--Decreased the number of
- The services and support that is offered to the families has anecdotally resulted in some delays in out of home placement; and in some cases prevented the need for out of home placement.
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- I believe our program is cost effective. We are fortunate in this community to have many community based; contracted programs that work together collaboratively. We have agencies and schools that are willing to be a part of the child and family team and contribute whatever they can in time; services; or support. We also rely on and utilize informal supports as much as possible. As mentioned in #6 our ISP services many high risk mental health cases that have not yet been introduced to the juvenile justice system. I believe that if it wasn't for our ISP many of them would be in and out of the State Mental Health Hospitals as well as the local hospitals; and many of the parents would be asking for the removal of their child. In fact many of the parents are calling Human Services saying that don't know what else to do for their child and that is how we are getting involved.
- We have not had a methodology for tracking expenses.
- We cannot put a monetary figure on cost-savings as most of the cases served by CST were not county referred cases. However; placement rates and placement restrictiveness have been stable and consistent in Douglas County for the past several years. This data coincides with the timeframe in which Wraparound has existed in Douglas County.
- Despite the limited number of teams we had; we have seen a great improvement where before our clients; and the systems serving them; were failing. The only argument against cost-effectiveness would be due to time spent working in and on the team process.

- The teams are keeping the children that have a team from going into the bigger system
- Safety planning has helped avoid crisis hospitalizations. Wraparound helped Polk County access Children's Waiver and all the benefits that come with it. Teams have helped avoid residential placement.
- We believe that we have avoided costly out of home placements for the children and adolescents that we serve.
- This is cost effective because the CST Service Coordinator is also the team leader. We help families get stipends.
- Reduction in out of county placements as well as out of home placements. Reduction in juvenile offences.
- Reduces out of home care placements; thus reducing costs.
- Please see answer number 6. When a family is involved with CCF; supports are in place. If future out of home placements occur; they tend to be shorter in duration for those families who had prior involvement with CCF
- At this time; our CST initiative does not have a formal evaluation mechanism in place to measure the cost effectiveness of our program. We are currently working within the LCO Tribe and Sawyer County on a plan to begin tracking baseline data so that we can measure the cost effectiveness as we continue to implement the Coordinated Services Team process with families within our community.
- As families develop voice; access and ownership the needs of youth have decreased resulting in increased self-sufficiency and reduced time spent by community support systems in addressing these needs.
- I am new to the program in Sauk County and am unsure of cost effective measurements that would indicate such.
- We bill Targeted Case Management for some of our work. We also use informal supports as much as possible to serve families and youth.
- With the Family Liaison program and the Family Advocate; we can serve kids without opening them to service ; but can refer to natural supports and community partners.
- I believe we are cost effective; it is difficult to determine exact numbers due to being such a new program. In the four families in 2008; two of them have had their children reunified and returned home. This is a monthly cost savings; one child who was in a non-family foster home and the other in kin-ship care. The time it relieves from the social worker involved may not be seen be easily evaluated but with informal and formal supports there are more people to support the family. Many issues that would normally be dealt with by one person are dealt with by the team. With a Family Team in place issues; situations and conflicts get taken care of in the meeting; which is usually an hour in length and much more time effective.
- Exact cost savings have been difficult to accurately assess. We do know that the involvement with the CCF program prevented out of home placement of all the families involved with our family based in-home services this past year. Long term hospitalization was also prevented in all of the families involved. Some short term hospitalizations for med changes occurred; but those children were returned home in under 1 week's time; due to the support of in-home services and the attending psychiatrists. These did not directly save the county dollars; but did for the managed care providers.

3. Are there cost savings?

31 – YES

7 - Don't know

- Again-same answer as #8.
- There are many examples of how our program is cost savings. Many of our children with SED have been hospitalized throughout 2008. With strength based collaboration we have gotten them back in their homes and successful in their community saving thousands of dollars.
- Service coordinator taking on case management responsibilities. Reduced out of home placements; and resources made to consumers at no cost.
- The ISP does have a cost savings. In 2008; the ISP did not have any out of home placements due to service providers and families working together.
- Before CST; it was routine for some of the children to be place in foster care or hospitalized. Since beginning CST; we have reduced their placements to zero.
- We know we saved out of home placement budget costs for 22 months.
- Hard to prove a negative.
- Our agency; comparatively to other counties of similar size; has a relatively low out of home placement rate. Due in part to the use of the CST process with families involved in our system; there are a number of children who have been returned home from a significant level of placement such as a hospitalization or RTC; in a shorter time frame due to the efforts of the CFS team. For those youth enrolled in our CST project; we have consistently maintained 85% or greater of those youth at home; which has provided cost savings.
- We have identified cost savings as a child's out of home placement is typically more expensive than if they are maintained at home. There is also a decrease in hospitalizations which can be a cost savings as well. In addition; when using natural supports; the money going into formal service provision decreases or is eliminated all together.
- Tracking out of home placements (respite; secure detention; shelter care; foster care and hospitalizations) through a data reporting system developed for CST families. Tracking out of home placements (respite; secure detention; shelter care; foster care and hospitalizations) through a data reporting system developed for CST families. Comments from provider surveys: Regular communication with all involved was supportive; the Project assisted with services that the school could not provide.
- These programs serve some of the most complicated and service needy families in our county. We serve these families primarily with services in the home. This prevents paying for out-of-home placement costs. If it is required that a child be placed outside of the home; with our intensive and frequent services placement is much shorter and less restrictive; which is greatly cost-saving and budget saving. These programs also focus on resolving issues prior to crisis; or if a crisis occurs having a crisis plan in place. By doing this it prevents paying for hospitalizations and after hour crisis calls that require paying a person to respond. All of this saves our county budget.
- Juvenile Justice unit helped to maintain an otherwise residential level youth in the community with regular foster care and services. 9,000 dollars vs. 4,000 dollars.
- Providing needed services to families as identified in the plan of care; such as respite care; mentoring; parent advocates; camp funding; and in-home family therapy (to name a few); is substantially financially lower than out-of-home placement costs. Cost savings for maintaining in-home placement for CST/ISP children is substantial. In 2008; if those most severely identified CST/ISP children had been placed in recommended out-of-home placement settings; the average cost for both foster care and treatment foster care would have been approximately \$35,000/month; or \$420,000/year.
- Continued placement or new placement of 2 children would have cost thousands of dollars.
- There are cost savings and Washington County continues to invest in the ISP program. Children are able to learn and grown and parent's efforts are coordinated and supported by

the team's involvement. The children are able to successfully move from the intensive services provided to less intensive options provided by the community. CRP also works closely with the local schools and this maximization of local resources prevents the need for institutional placements.

- This also helps keep children out of institutional care and at home; by building informal supports with families; they are able to stay connected with an established support system when ISP services end.
- By keeping kids in our community we were able to re-invest the cost savings from out-of-home placements to build infrastructure and capture the shallow end kids before they became the deep end kids. We were able to begin an intensive in-home therapy program; mentor all of our kids and siblings at least once a week; and have weekly group mentoring activities during the summer months for all of the mentees.
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- The services and support that is offered to the families has anecdotally resulted in some delays in out of home placement; and in some cases prevented the need for out of home placement.
- The additional support and coordination of services enables children to remain in their homes and schools.
- I believe as a County we do have some cost savings as a result of having our ISP along with many other community based prevention and intervention programs. The main reason I state this is because of the reduction in out of home placements numbers. At the end of 2006 the total number of out of home placements was 228. In 2007 the number was 190. I do not yet have the final number for December of 2008; but I do have all the months in 2008 up to December. They are as follows: January: 190 February: 173 March: 174 April: 181 May: 189 June: 181 July: 179 August: 178 September: 177 October: 186 November: 191 I also know that since we have added the CLTS waiver and the CCS program we are also able to recoup some dollars for services that are in place for some of our clients and we also generate some MA revenue by billing Targeted Case Management and Crisis stabilization.
- We have not had a methodology for tracking expenses.
- The target population that the Coordinating Committee has chosen is birth to eighth grade; with the emphasis being on prevention. It is difficult to be able to measure the cost-savings; as many of these children have no involvement with the county due to their young age. Our efforts have been aimed at giving the children and families the skills and tools that they need so that county involvement in the future is much more unlikely.
- We have at least one time where a probable placement was diverted because of a crisis plan that was in place. With that incident and individual; a long term placement could have resulted from a short-term placement.
- The social workers at Health and Human Services are not seeing children that would be in the system if it were not for having a team.
- We currently do not have a tracking system.

- Having someone to coordinate meetings cuts down on the time social workers have to make phone calls. The service coordinator is also able to help the social worker with finding resources and transportation for the families.
- Same as above.
- See above
- Please see answers 6 and 8. When out of home placements durations are shorter; we have realized cost savings. In addition; we observed no need in those cases for law enforcement to

do emergency detentions. Therefore; cost savings were also realized for the community.

- As explained in question 8; our CST initiative does not currently have a mechanism to place to measure the cost savings of our program. We are currently working on a way to measure this data so that we can look at any cost savings in the future.
- We are able to receive some reimbursement for Targeted Case Management. There are other savings due to prevention efforts; which have reduced some youth getting formally involved in the juvenile justice or child welfare systems. Interventions have reduced the number of out of home placements and reduced the number of days in out of home care. We have been able to build some natural supports to provide support and respite for families as one of the approaches to avoid out of home placement.
- Again; cost savings may be in the prevention realm and difficult to discern and quantify.
- Our situation is the same as last year. While we believe it is cost effective by preventing placements or reducing the length of placements; we have not found a good way to document any savings that may result. Additionally; we now serve families voluntarily which has increased our costs. Consequently; any potential reductions in alternate care placements tend; to some degree; to be offset by the increase in costs to serve voluntary clients.
- See number 8
- We are still learning and gathering information on how and what is included in determining cost savings. Reducing the length of placement and potential cost avoidance in preventing placements will be estimates.
- The CCF program has provided cost savings by being able to keep children in their homes; by empowering parents to effectively deal with often difficult children to manage. Out of home placement; long term hospitalization and residential care have been diverted through the in-home process. RCHSD has seen the benefit of the wraparound process and is going to great lengths in training CPS and JJ workers on the process. RCHSD's ability to assess the cost savings have trickled to other domains with the Youth and Family division herein Racine County.

4. What concerns, issues, and challenges do you identify?

- Our grant will be running out very soon. Funding is a huge issue. Even though we can demonstrate a cost savings; it might be a high probability that we will not be able to fund the position with county tax dollars. Our children and families budget has been cut drastically and will likely face more cuts in the future.
- Continuing to serve Rock County at the capacity that we have with one less Service Coordinator; a new mentor which is to be filled in 2009; and a new supervisor of our Integrated Services Program.
- Program funding. Parents taking on a leadership role. Lack of self-advocacy skills and follow-through by the family and client.
- The wraparound approach will become the way of doing business in child protection; waiver and delinquent cases in 2009. It will be a positive change but a change that some could be resistant too. It is a new way to look at things.
- Trying not to overburden the same people from law enforcement and school with team participation.
- We at times had a waiting list for integrated services. We would like to expand. However; the county has cut the Human Services Budget; therefore CST will be handled and run by the County after a transition.
- Still trying to educate professionals (not families -- they get it!) about what we are trying to do

with CST.

- There have been a couple of ongoing issues or challenges during this past year that have been experienced in years past. One remains with having a good system/process to show the outcomes for the CST projects both locally and statewide. The other challenge also continues to be in helping staff; providers; etc. in changing the way in which they work with clients and provide services. As our project is a systems change effort; this is an ongoing challenge that will need to be continually addressed.
- We continue to be concerned about the existing waiting lists for ISP & CST. We also have identified a challenge in transitioning families out of ISP as many of these families seem as though they will need formal support for an extended period of time due to the challenges and situations they face. We have also found it to be a challenge to set up more natural supports rather than falling back on formal supports that can be utilized but unfortunately are normally time limited.
- Teams understanding mental health issues in children.
- Many families served during this year had very complex needs; which took great teamwork to address their needs. Many families served during this year have been greatly affected with economic issues; so have our service providers and informal supports. Addressing these economic issues is necessary to further address more difficult; complex issues. This took creativity and networking of many resources and services. The CST program had; and continues to have; issues with documenting in web-based quarterly systems.
- Time and experience by staff; need more community buy-in
- Concerns continue to be: the increase in families and youth diagnosed with mental health issues; a lack of quality mental health providers in our area (especially child psychiatrists); lack of foster homes and respite care providers; lack of mentors and parent advocates; lack of group homes for youth with severe mental illness; and lack of transportation for families. Along with those concerns is the need for additional funding for respite care and summer camps for youth. Many of our families live out in the country and do not have reliable transportation; have lost their license; or do not drive. Therefore; challenges include providing quality services effectively with limited funding; resources; and staff. This also makes scheduling team meetings very challenging for everyone. We continue to appreciate efforts made to streamline paperwork and administrative requirements; which allow us to better assist families through coordinated services.
- Maintaining some teams and continuing to educate partners will continue to be an issue. The biggest issue is the loss of IV-E funding which is used to support this program. Finding alternative funding streams in 2010 will be the biggest challenge to continuing the program.
- We continue to explore options and funding to address the need for a solid mentoring program and respite services.
- The paperwork requirements continue to remain an issue by consuming time that could be spent working with families. One of these issues is the redundancy in the paperwork that is mandated as a social worker and as the service coordinator. The variety of referral sources have decreased over the past year and we have experienced difficulty in the appropriateness of some families that have been referred.
- On-going challenges will be to continue to be: sustaining everything we have already built and adding even more supports and services for children and families; keeping the kids in school with supports so that parents; classmates; and staff understand their needs and do not fear them; helping children continue to socialize in the community in order to bust barriers concerning children with mental health and behavior issues; encouraging more employers to employ our children with the supports that they need.

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- (1) When one staff person quit in 2008; we were not able to replace her. For most of 2008 we only had one full-time staff person working on CST teams. We weren't able to increase the number of teams then; in 2008.(2) The distinction and overlap between the process and paperwork of CCS and CST is sometimes challenging.(3) There is an inadequate supply of services available to children (e.g.; YMCA; Boys & Girls Club).(4) Many families experience transportation problems in getting to appointments (e.g.; medical).
- Need for more informal supports. Need for more parental participation on the Coordinating Committee.
- In 2008 we had some staff turnover which made things difficult for a while and resulted in a wait list and a delay for taking in new cases. As mentioned in the 8 key components report I want to work on a better referral process so that we do not have a long wait list or a delay in taking in new cases. Also not having much training money in the budget resulted in not being able to attend the Children Come First; Crisis; or any other major conferences. We definitely need to focus on some waiver training for this coming year since that is going to be a priority for the County to have us do waiver case management with DCFS out of home placement cases.
- Sustainability of the program; continuing to market CST so more people are aware and make referrals; struggles that team members have with the openness of the process (being able to express concerns to the family appropriately)
- CST has positively impacted the child and family service delivery system. Unfortunately; we are in a time where; because of fiscal pressures; resources are becoming scarce. Usually; early intervention and prevention services are the first services to be cut as they are not mandatory. When this occurs; the county system then becomes responsible for serving larger number families at a higher level of dysfunction. Treatment and services provided later in life are not as amenable to treatment; due to the long patterns of dysfunction that have occurred over time. Connecting families with the resources that are needed when the children are young provides families with increased support and establishes a better quality of life.
- Keeping parents involved and interested during the referral process; and keeping our coordination committee involved.
- One of the concerns in our county is the lack of mental health services for our children. This is not due to issues with the mental health providers rather due to the economy. We do not have enough therapists for the amount of need.
- lack of informal supports; very limited resources in Polk County. Lack of Autism resources on Polk County Family financial issues; transportation; etc.
- Minimal transition resources; minimal community respite options; decreased AODA treatment providers/options; decreased mentoring resources and minimal specialized summer programming for children.
- Trying to find other people to lead teams. More participation in the Coordinating Committee.
- Lack of resources. Problems with the technology related to child psychiatry telehealth services.
- We need to continue to focus on moving families on and many become comfortable with having the team; even when they are not committed to change.
- We have had three instances with three different schools; three different social work/services coordinators; and three different children. In all three instances the school psychologist asked at the IEP meeting if the child should be placed in a residential treatment facility. This is a concern; issue and challenge all wrapped up into one for us for 2008. We continue to educate the schools regarding our approach being residential facilities being that of last resort after all

other interventions tried as long as the child is not of harm to self or others. We also continue to educate our model of the strength/needs based assessment and outcomes service plan.

- One concern noted is the time that passes between a referral and the first team meeting. Our experience so far is that it is taking us longer than what is generally recommended and we have lost interest in the process. Another issue that was shared was improving communication so that all team members contacted in a timely manner and kept in the loop. Follow-through is another challenge that we strive to improve upon within the teaming process. Also follow-through on service providers making referrals is another issue that we want to address.
- Some of our continued challenges:1. Increasing parent involvement at a higher level; e.g. Coordinating Committee representation. Building natural resources is always a challenge with the level of need of these families and youth; “burnt bridges” with family; and various factors that make it difficult for families utilizing natural supports (culture; level of functioning; overwhelmed with day to day living; etc.)2. Finding mental health providers outside of DCHHS; especially for families on MA3. Relationship building with county social workers has improved but still an area that needs to improve.4. There’s a need to increase awareness of Wraparound and how to work together.5. Recommended timelines for completing plans of care are often unrealistic given the amount of time it takes to engage some families; time needed for stabilization; etc.
- Sauk County has reduced its contract amount with our service primarily due to grant monies being reduced. This; in turn; has reduced our staff and families served. The reduction of flex funds for families has also been depleted.
- The same as last year; lack of access to GOOD child psychiatrists. This is very much complicated by MA which puts families into HMOs. Our primary MA-HMO gives families access to mental health services at only one clinic and this clinic does everything they can to not provide services; especially AODA services and psychological evaluation services. They also send all youth to 1 child psychiatrist and even if we are able to get them in; it is like an assembly line. Lack of choice to service providers due to MA-HMO is a huge issue. Finally; unfunded mandates in child protection and juvenile justice and significant budget cuts always jeopardize the continuation of voluntary services. There budget cuts also impact the time I have to spend on CST because of workload increases.
- Internal staff changes caused some inconsistency in how the money was to be spent.
- Like every new program or concept some are going to be on board without hesitation and others are going to have to be shown information to make a calculated decision. It is hard for all; no matter how they are involved in a family; to change the philosophy of something many have done for years. We have inevitable ran into challenges but having contacts outside of the county who have walked this road before us has been a positive resource.
- The continued concern in 2008 is the lack of funding Racine County assigns to Mental Health. Services available are limited due to the lack of funding. County wide 24 hour crisis response teams and affordable respite still have not been developed. Better transitions services for our youth to adult services and high unemployment continue to plague Racine County.

5. What recommendations do you make to improve your ISP process?

- Have more funding available.
- My goal this year is to maintain the standards we have upheld. I would like to see going back to an easier data entry program. Citrix has been an ongoing and timely challenge taking away from direct service; making it difficult to keep up with the data we are proud to share with

you. My recommendation would be to legally mandate strength based collaborative family centered care for children with severe emotional disturbances.

- Look more extensively at community resources. Continue to prioritize an environment conducive to keeping lines of communication open and positive. Developing networks and building relationships.
- Expanding the ISP/wraparound approach to the other units within the Human Services Department.
- Continued training for agencies and communities.
- We have been fortunate to keep going for fifteen years with basically the same money - new financial sources will be necessary to keep the program at capacity.
- More time. More money. More people.
- Our hope for the next year is to have a more formal system that supports all agency staff in working with families using a teaming approach. We also hope to continually grow and expand the number of individuals outside of agency staff that are able to deliver services using the CST model.
- Our goals is to focus on the three challenges identified above for 2009.
- Collaboration with CCS and the Mental Health Team
- In 2008 ISP/CST streamlined their enrollment process to make it easier on families and providers. The programs will continue to gather input from families and providers regarding how to improve the program and process.
- Train staff who may need improvement in leading CST meetings; more involvement from the community
- Our plan to improve the ISP process involves continued efforts to strengthen the Coordinating Committee by recruiting more parent members and increasing Tribal representation. We will continue efforts to educate collaborating schools and agencies on the CST/ISP process and its benefits. We will continue attempts to provide quality; cost-effective; family-driven services. One way in which we will do this is by combining our ISP and CST programs. We also recommend continued efforts to seek other funding opportunities for sustainability of ISP and CST.
- The partial reduction of IV-E funding in 2009 has been absorbed by the county through property tax revenues. The eventual loss of all IV-E funds in 2010 may seriously challenge the program since it is highly unlikely the county will be able to replace these dollars from local tax revenues.
- We would like to look to our Coordinating Committee to explore the development of a mentoring program and continue to look for consumer involvement
- Increase community knowledge of the program and develop a more user-friendly tool for the Plan of Care. Improve the orientation for families and team members too.
- To continue on with children well into their 20's through the CCS funding process as a bridging mechanism to give these kids a chance to grow develop and hone their social skills to be successful. To continue to grow and incorporate the CST principals and philosophy in all areas of service in Iron County.
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- (1) Have the state facilitate more coordination and conversation between counties that border one another.(2) Streamline the paperwork used with families and the reports due for counties that have CCS and CST.(3) Provide ongoing; subject-specific training for CST teams and CST facilitators (e.g.; managing challenging teams).(4) Conduct state and/or regional WISLINE calls.
- Enhance parental involvement on Coordinating Committee. Enhance access to informal

supports.

- As mentioned in #11 we need to find a way to move families along when we feel they are ready to carry on the process themselves; even if they don't want us to discharge. Some families have been with us for 4 years or longer and are becoming too dependent; and that is not our goal. I want to have an impact on as many families as possible so we need to find a way to move some families on and open up to others.
- We need some sort of system in place for showing the value of the program to Burnett County; and our Coordinating Committee is in need of revitalization
- Recommendations we have for the state: As stated above; it is important to have sustainability of funding for the program. In these hard economic times intervention and prevention programs are usually the first to be cut. Due to fiscal pressures we are unsure if this program will survive without additional funding at this time. We believe that because of this program many more families have been able to be served and supported in Douglas County and it would be an injustice to the community if the program were to end. We would recommend an increase in support for the state database as it can be hard to maneuver at times. We also would like an increase in timeliness of response from IT support for the database as in the past it has taken a long time to get responses to questions or concerns. Recommendations we have for our program: Due to the large volume of referrals; we have had to form a waiting list for service provision. We have talked internally about the need to establish a tighter timeframe; so that more families would end the process sooner and new families could be served within a shorter wait period. We have found that we had the ability to service about twice the number of families than anticipated. We are pleased that we have been able to accommodate this number of families. We will continue to provide training to the community about the Wraparound Process and encourage Systems Change. If Systems Change occurred the waiting list would no longer be an issue.
- Continue with on-site consultation.
- More referrals would be good. We also need more team facilitators trained who are willing to take on the team process. We have sent our letters to recruit both families and facilitators.
- Continuing Polk county systems change: more community buy in; community education; funding (sustainability); continued training. Continuing strengthening Coordinating committee (expand; utilize subcommittees; etc)The need for a better tracking system; this will help show cost savings; etc.
- Continued system wide collaboration with the County.
- I think things are going well; but I would like to see some families have more natural support systems.
- We think that the technological problem has been resolved. The purchase of two laptops for the wrap-around workers.
- Going forward; we have lost our flex spending and that will make a difference in how we help our families move forward.
- We would like to improve our transition resources/process for SED children. This process is strong for PD/DD children; and we are a Family Care county. So if we have a SED child who is dually diagnosed we can refer them to the ADRC for a functional screen to see if they might qualify for Family Care. Otherwise; a doctor referral is needed for adult CSP/CCS in our county; and I am concerned about our children who might fall through the cracks. We are making this our priority for 2009.
- We want to more fully introduce our Family Partners to the CST process; as well as having the Family Partner make the first engagement with the family. This is part of an overall plan to provide better outreach to families interested in the CST process. In addition; we want to

implement a system to track data and outcomes with a more formal evaluation process.

- 1. Increased trainings for the community regarding wraparound and teaming2. Other improvements are stated in our 2009 Work Plan.
- Diversification of funding will be addressed throughout 2009 and beyond with fund raising events and involvement in other county services namely CCS. Consistent county-wide education will also keep our CST service available and utilized to its full capacity.
- 1.) Increase staff and funding. 2.) I would like to see the State do a better job of monitoring their MA providers to address the issues above.
- We will be going back to the MH advisory committee and seeing about changing their recommendation on the types of kids that we are serving.
- The improvement that we need to make and are currently working on is getting the correct information to community partners and agencies which in turn; will improve communication. We are diligently working on communicating to families and helping professionals that the overall initiative is an overall change in how we provide services; not just a program within Child Protective Services. But overall; the feedback has been very positive and involvement is very consistent. Once a person learns about the program and gets involved in the process they are very often asked to be team members. They may also be a resource or referring families whom they feel would greatly benefit due to complexity of a family's needs.
- Many of the concerns still linger for Racine County. Staff continues to recognize the need for access to advanced trainings which specifically relates to families who live in an urban environment. Delinquency case managers currently carry large case loads of 75-85 juveniles at a time; making the intensive effort of family based teams difficult to manage. They are starting to embrace the concept and viewing the process as an ultimate time saver; by enlisting informals in the communities to help with family stability. School populations in Racine's Schools are larger than the towns and villages served by many other ISP projects. Yet funding remains the same. RUSD also has one of the largest Special Education populations and continues to state that budget restraints often hinder them from providing all the services the SED population needs to be successful. They often try to resort to reduced schedules; to compensate for the lack of services for SED children. Meeting the needs of our children in the schools continue to be the most challenging demands of our teams. Approximately 40% of Racine's population is minorities. Consequently there is a wide range of cultural values and practices that staff needs to understand and respect. The Hispanic population is being underserved; due to the lack of a bilingual team member. Most families served continue to be isolated and have little to no family in the area; do not trust the ones who are; do not know their neighbors and are not connected to any social or religious group. Finding informal supports have been challenging; since the family have little to no ties to the community. We have had to look to the schools to be that contact; since they will be the agency that will have the most contact with a family for extended years. They have begun to embrace the idea; as many of the school social workers have been around for years. The continued need for additional funds and experienced staff are ongoing needs for improvements. Therapists are offered a lower wage to do in-home work than many out-patient organizations offer their therapist. This has left us with a pool of often inexperienced therapists; who are being expected to work with the most difficult families; in often unsafe areas.