

Public Hearing
Senate Committee on Children and Families, and Workforce Development
Wednesday, March 17th 2010
State Capitol

Assembly Bill 296 / Senate Bill 210

Relating to: children and their families who are involved in two or more systems
of care and making an appropriation

Overview of Collaborative Systems of Care in Wisconsin

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

In 2008, Integrated Services Projects and Coordinated Services Team Initiatives served:

- 1,026 children and youth.
- 2,497 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 – 25.4%, Child Welfare – 18.1%, Juvenile Justice – 18.0%, Schools – 19.0%, Family – 14.7%, AODA – 1.2% and Other – 3.6%.

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.

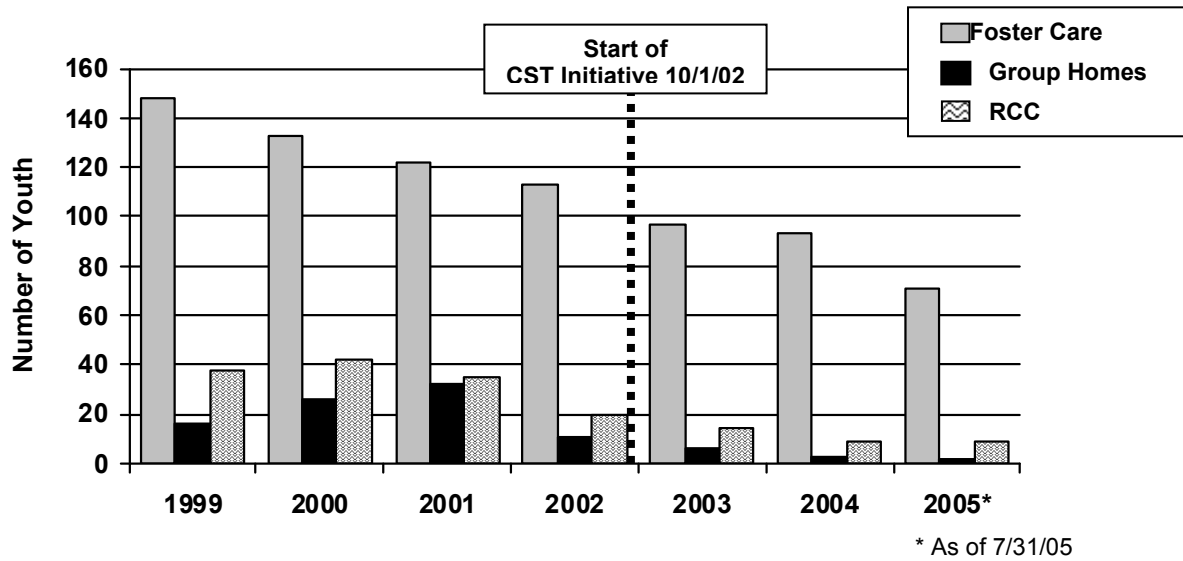
The Power of Parent to Parent Support

- 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)

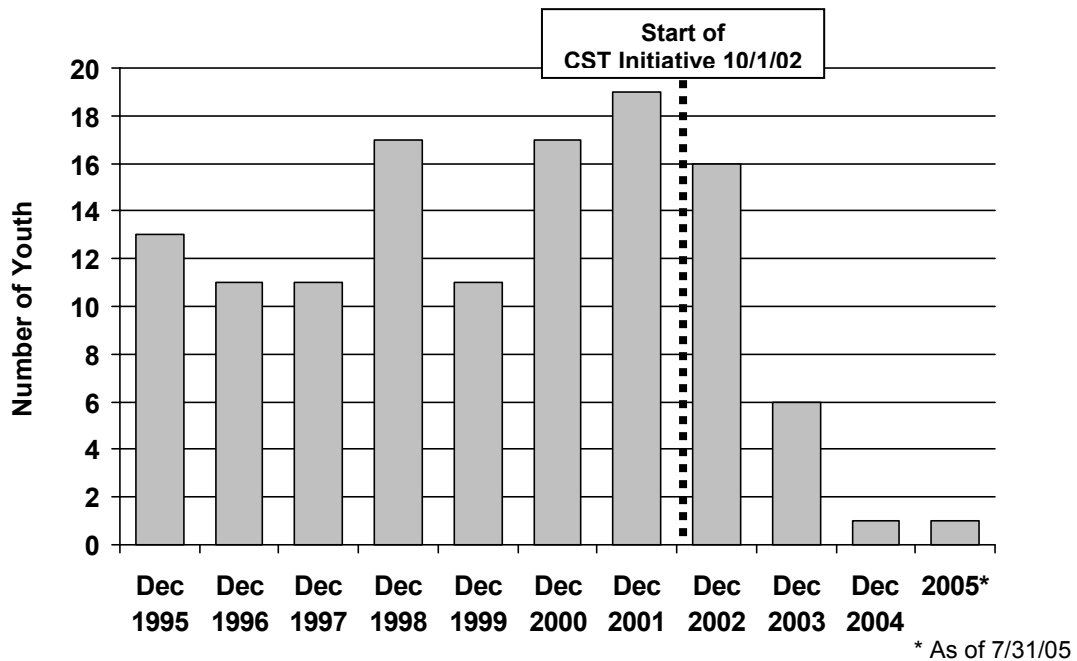
Selected Quotes from ISP/CST Sites Regarding Financial Savings

- 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.

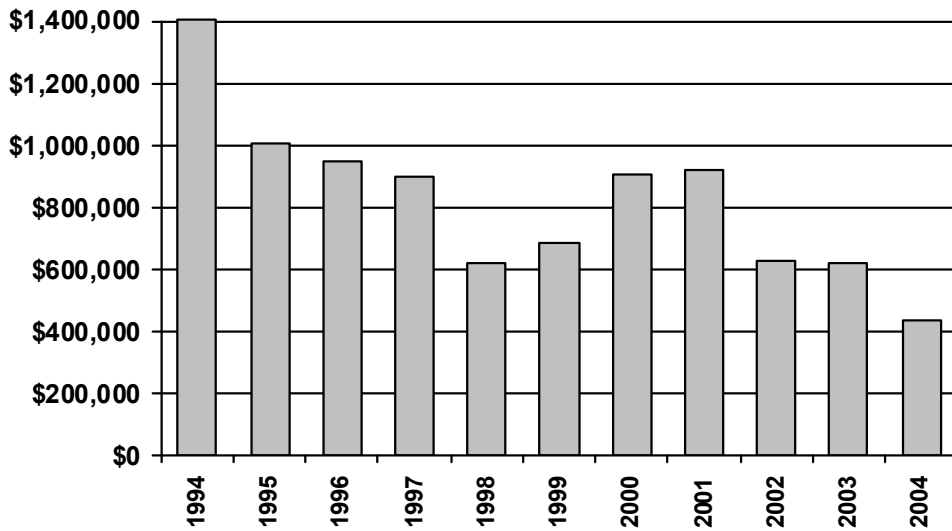
Youth Placed in Foster Care, Group Homes, and Residential Care Centers (RCC) Manitowoc County 1999 – 2005*



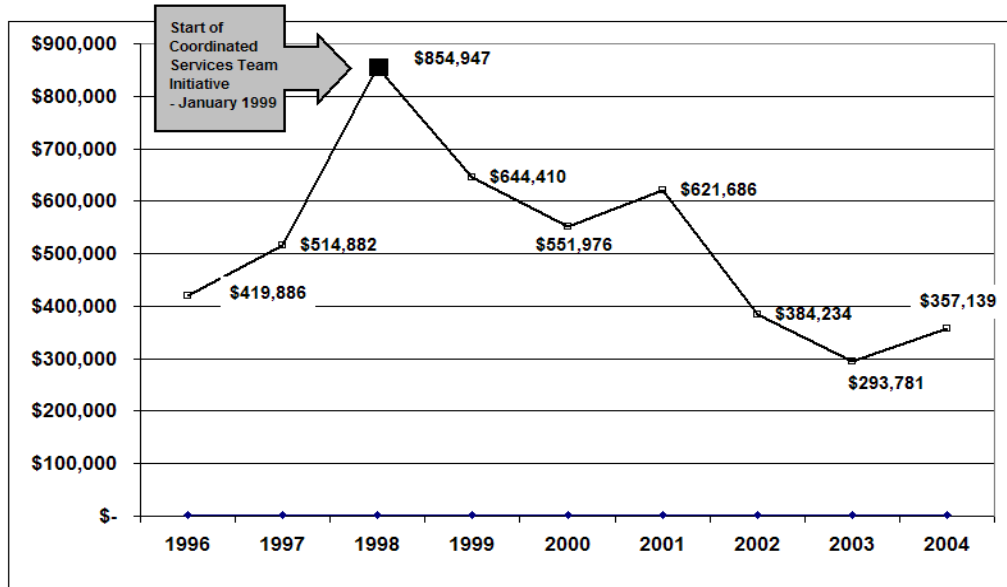
Number of Youth from Manitowoc County at Lincoln Hills Correctional Facility 1995 – 2005



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



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



How many children can be served for \$1.5 million in one year?

Location of Services* Being Provided:	Approximate Number of Children Served:
Mendota Mental Health Institute	6
Winnebago Mental Health Institute	6
Lincoln Hills	16
Residential Care Centers	16
In the Community with support of a Team	71 to 206

* "Services" includes community mental health services, inpatient mental health services, and educational services.

As of February 2008, the annual rate to serve a child placed at: Mendota Mental Health Institute is \$272,880 (6 children served per year by \$1.5 mil); Winnebago Mental Health Institute is \$253,800 (6 children served/year); and Lincoln Hills is \$96,480 (16 children served/year). Similarly, the average cost per year to serve a child in a Residential Care Center in Wisconsin is \$94,860 (16 children served).

Based on data collected in 2004 by the Wisconsin Bureau of Mental Health and Substance Abuse Services from counties operating Integrated Services Projects (ISPs), the average cost of providing services (including community mental health, inpatient mental health, and education) to a child in the community is \$21,088 (71 children served per year by \$1.5 mil). Note that all children enrolled in ISPs have a mental health diagnosis of "Severely Emotional Disabled". Based on a review of National data (references below), the average annual cost per child for such services is \$7,271 (206 children served per year by \$1.5 mil).

References:

Foster, E.M., Connor, T. (2005). A Road Map for Cost Analyses of Systems of Care. In Epstein, M., Kutash, K., Duchnowski, A., (Eds.) *Outcomes for Children and Youth with Behavioral and Emotional Disorders and Their Families*. (pp. 225-245). Austin: Pro-Ed.

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E. Jane Costello, Ph.D., William Copeland, Ph.D., Alexander Cowell, Ph.D., and Gordon Keeler, M.S. (2007). Service Costs of Caring for Adolescents With Mental Illness in a Rural Community, 1993–2000. *American Journal of Psychiatry* 164:36-42.