

Impact of Collaborative Systems of Care on the Larger Service System

Counties with Integrated Services Projects (ISP) and Coordinated Services Team Initiatives (CST) are asked to fill out an annual "Collaborative Systems of Care Update" survey, which captures information on the impact of their collaborative initiative on the larger service system.

Counties were asked to share their comments and recommendations in the following four 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
- Concerns, issues and challenges
- Recommendations for improvement

Below is a summary from 25 counties that completed the survey. Please note that several counties gave multiple answers for each question.

_____ **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?** _____

Positive Impacts:

Expansion of the coordinated team process as a "way of doing business" throughout the service system was identified by 13 counties. Selected comments:

The team concept continues to grow in the fields of child welfare, juvenile justice, legal system, mental health, and schools.

The best practice philosophy of CST has challenged the other units (Juvenile Justice and Child Protective Services) to look at their practice. We are looking at incorporating the core elements of CST (family-driven, team-based, strengths-based and outcome-based) into all of our work with families.

System collaboration is now being aimed at the juvenile justice population, and a more formal "team process" is being evaluated for implementation within the traditional forms of child protective and delinquency case management.

Better way of doing business – more effective use of time & resources was identified by 12 counties. Selected comments:

Team collaboration allows for care providers to support the efforts of each other and work towards the same goals ultimately having a greater impact on change.

Workers have identified that they do not feel as though they are in the case management role alone; they can turn to the team to identify plans, make recommendations for court, etc. It has reduced the amount of time previously spent responding to crisis situations.

It has provided a way of agencies – public and private – to come together to share resources, including personnel.

More effective planning and pooling of resources to offer greater array of successful solution options.

Improved communication was identified by 9 counties. Selected comments:

It has been instrumental in maintaining open communication.

The team process continues to increase communication and enhance working relationships between Health & Human Services, schools, counseling/therapeutic agencies, law enforcement, and sharing in appropriate services amongst these agencies.

The team process facilitates communication between the parents, school, doctor, therapist, social worker and other care professionals. Sometimes parents become frustrated by conflicting messages from care providers. Collaboration decreases communication problems and parents feel more support and less confused.

A way to better identify and meet individual family needs was identified by 6 counties. Selected comments:

The service facilitation offered through the teaming process provides a forum to better meet individual family needs.

It is a way for families to find ways to get their needs met that otherwise may not have been considered.

Serve children in their community – reduction of out-of-home placements was identified by 6 counties. Selected comments:

Without our team, I know I would not have my son who is Bi-Polar living in my home. *(comment by a parent)*

The collaborative team process has prevented or shortened out-of-home placements for children.

Collaborative plans help keep children in their home and community setting as often as possible. By keeping children in our community, we are building new supports and services for children and families that enhance everyone's life.

Family and service provider satisfaction with the process was identified by 6 counties. Selected comments:

The schools, the mental health agencies, the hospitals, and parents love our program and the benefits it provides to the community. We continue to get a steady number of referrals from all of them.

Team effectiveness and family satisfaction surveys show a high level of support for using the Wraparound approach in serving families with high needs. Team members have expressed that this approach assists them with working with some of the most difficult youth and families.

Prevention and Early Intervention was identified by 5 counties. Selected comments:

CST involvement provides early referrals, earlier intervention, and resource information to families.

Involvement in CST has helped keep children out of the juvenile justice and child welfare systems.

Increased awareness of children & families with multiple needs – including mental health needs was identified by 4 counties. Selected comments:

Participating team members see improvements in the understanding of children and families with special needs.

The team process offers a forum to educate providers as well as family members on emotional/behavioral difficulties.

Advocacy for families was identified by 4 counties. Selected comments:

Through the use of our CST grant monies, we have contracted with Wisconsin Family Ties for a Family Advocate. The Family Advocate works with teams and on system issues that focus on family inclusion in the process.

Following involvement in CST with my own son, I have now been assisting another family as a mentor. *(Comment from a parent)*

Reducing truancy – improved school attendance was identified by 2 counties. Selected comments:

A few of the teams have been focused on reducing truancy. One child is attending school every day as a result of the team process.

There has been a favorable impact on school attendance in at least two cases.

Negative Impacts:

1 county reflected on challenges. Selected comments:

One challenge is defining roles for our child welfare, delinquency and special needs social workers when families crossover. With all the different requirements and expectations of each of these individual systems it can be quite confusing at times.

One of the emerging trends we have noticed is due to our success it appears we have some families moving here due to what we have to offer and we also seem to be receiving a high number of adoptive placements through the state.

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

24 counties responded “yes” (1 county did not submit an answer). Most comments were related to the increased use of natural and community supports and services and decreased use in more costly services and out-of-home placements. Selected comments:

Because of the development of crisis plans, clients are not hospitalized as quickly; parents and community have worked with teams to resolve conflict sooner and keeps clients in home. Because of CST involvement, one client was able to locate resources in the community for her mental illness without her having to rely on county funding and mental health staff.

Currently there are 18 children that we are serving that would most likely not be in their home without the level of support that the CST process provides. Using conservative numbers, if each of these children were in out of home placement at a level to meet their individual needs the cost would be approx \$949,125. The actual cost for these children right now utilizing the CST team process is \$555,234 – a savings of \$393,891.

It is cost-effective for the entire county system: less money going to out-of-home placements and long-term care facilities; more effective and efficient employees who spend less time traveling to visit children in out-of-county care; more education and advocacy for families and all community members including providers; better communication between and among agencies and families leading to less crisis calls, police involvement, and court time spent on these issues; an increased number of new services developed in-county to meet the increased needs of our children and families; shared resources between agencies, more county money being spent on healthy community development that enhances everyone's life.

About 90% of the youth referred to the Project have been maintained in their home and community. When out-of-home placement took place, there were coordinated efforts from the team to transition the youth back to their home quicker with a higher success rate of maintaining the youth in their home. Referrals of children already out of home accomplished their reunification goal. Systems are put in place to respond to safety and crisis situations, so out-of-home placement does not repeat. Utilizing natural supports has allowed teams not to rely on paid service providers. By working as a team there is decreased duplication of services and the need for communication and coordination is reduced. Team members share the workload in providing support and services, which also helps reduce the overall time and commitment by any one individual.

Service Coordinators have had a portion of their positions designated to providing some of the additional support needs of the child/family, reducing the need to purchase these services elsewhere. Efforts to utilize natural community supports and resources also reduces the need for purchased community services.

Are there Cost Savings?

24 counties responded, “Yes, there are cost savings” (1 county did not submit an answer).

Most comments were related to the decrease in number and length of out-of-home placements such as foster care and hospitalization as a result of the collaborative team process. 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 Project keeping children in the community rather than an out-of-home placement.

Currently there are 18 children that we are serving through the collaborative team process. Without the team process, each child would need a continuum of care ranging from foster home to treatment foster home, group home, or residential placement. The cost for supporting these 18 children in out-of-home placement (using conservative numbers) would be approx \$949,125. The actual cost for these children right now using ISP/CST, CLTSW, and CCS funding sources is \$555,234. The total savings to the county, state and/or feds (depending on the funding source) is \$393,891.

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.

One family alone in our ISP project was referred by Child Protective Services and involved a father with a significant brain disorder as well as his four children who were all considered to be Severely Emotionally Disabled. Maintaining this family alone through community supports saved both the state and county over \$12,000.00 a month in out of home placement costs alone.

In the past, our county utilized out-of-county placements for children that were not able to stay in their homes. Currently, if a child involved in the team process needs to be placed out-of-home, we are able to maintain them in foster care or treatment foster care homes within the county. This is about a savings of \$4000 per child per month depending on the situation.

About 90% of the youth referred to the Project have been maintained in their home and community. When out of home placement took place, there were coordinated efforts from the team to transition the youth back in their home quicker with a higher success rate of maintaining the youth in their home.

What concerns, issues, and challenges do you identify?

Financial sustainability of CST was identified by 13 counties. Selected comments:

Sustainability of CST is very difficult when monies from the state to county are curtailed or capped. I believe this is the first time in many years that monies for children's service programs in this county will be cut. We will be looking for revenue sources in 2007-08.

Our Office of Justice Assistance grant will be done after 2007, other grants will be ending and as a non-mandated program there is always the risk of program/staff cuts in those areas.

A major concern continues to be lack of funding. Although many things have been accomplished through creative collaborative efforts, there becomes a point where services are limited because of a lack of adequate funding, e.g., county wide 24 hour crisis response services, affordable respite options for families, additional staff for service coordination as well as the continued need for increased amounts of flexible funds. There continues to be a need to develop better transition services for our youth to adult services, where waiting lists for service delivery can be up to seven years, as well as the complications and restrictions of the Medicaid HMO's and the new children's waiver.

Once the State dollars that have supported our project are discontinued, we will face the challenge of both being able to continue the level of service as well as expand the number of families we will be able to serve.

Community & provider education and buy-in was identified by 9 counties. Selected comments:

Both within the agency and with outside providers, there still exists the challenge of team members and staff not completely understanding or demonstrating the philosophy of CST.

A lack of buy-in from the court system and law enforcement.

Main concern is changing the mind frame of those in the human service department and neighboring agencies from a negative outlook to one of strength based and family centered.

Although we have developed stronger relationships with partners in the community, there continues to be those who are either not aware of the project and its benefits or are not willing to commit themselves to participating fully on teams.

Coordinating Committee issues were identified by 5 counties. Selected comments:

Low attendance at Coordinating and/or Screening Committee meetings.

We want our coordinating committee to be representative of our community – inclusive of all partners, including parents. We also want the committee to become a decision-making committee.

Keeping school partners on board given their time constraints is always a challenge.

Lack of specific services for children & families was identified by 5 counties. Selected comments:

We continue to struggle to find mentors for our children.

There is a short supply of local mental health providers who provide adolescent assessment. The early identification of adolescents' mental health needs may prevent their involvement in the court system.

There continues to be a high need for youth and parent mentors for the families we serve and very limited community resources in this area.

Our county lacks foster homes, crisis centers for children, and group homes.

Development/use of informal supports was identified by 5 counties. Selected comments:

Identifying and utilizing natural supports in our rural community is a challenge.

We would like to ensure all teams are considering the utilization of natural support systems.

Paperwork concerns was identified by 5 counties. Selected comments:

We are concerned about the amount of mandatory paperwork, namely the strengths and needs assessment and the plan of care.

Eliminate paperwork requirements as much as possible (e.g. quarterly reports), which are only time consuming and do nothing on our end to enhance services or service delivery.

We are concerned with the child evaluation and data collection process.

Need for training was identified by 5 counties. Selected comments:

Increasing the knowledge and skill of our service facilitators to better be able to fully utilize the team process.

Providing training for team members.

Supervision for effective team facilitation.

Lack of advocacy resources was identified by 4 counties. Selected comments:

We are working to include the availability of parent advocates to our teams.

We are working to pursue funding sources to increase Family Advocate time with families.

We continually work to encourage parents who have struggled and succeeded to be parent advocates, but few ever follow through.

High caseloads was identified by 2 counties. Selected comments:

Case managers within the Child Welfare and Juvenile Justice system have historically had caseloads that were not conducive to using the CST process. As workers become familiar with the process they are seeing the process as a time reducing way of successfully managing a case using formal and informal supports.

Expanding caseloads due to our success may require a waiting list and/or less intensive services in 2007.

Challenge of supporting multiple collaborative initiatives was identified by 2 counties. Selected comments:

Getting through the bureaucracy of the various programs is difficult for staff and hard for families to understand.

It has been a challenge learning all of the different benefits (i.e. Targeted Case Management, Children's Long Term Support, and Comprehensive Community Services), the requirements, the paperwork, etc.

What recommendations do you make to improve your ISP process?

Strengthen relationships and communication with partners and community was identified by 8 counties. Selected Comments:

We need to improve our communication with school and reach out to meet their needs as well as the families' needs.

Increased communication with other agencies and providers.

Continue to gather input from partners and families.

Continued education of the community and partners to build support for the project and for the families.

Continue to communicate with partners and address differences, problems to improve the success of the program.

Improvements to the Coordinating Committee was identified by 7 counties. Selected Comments:

Increased parent participation on the coordinating committee.

Increase parent and law enforcement participation on the coordinating committee.

Revitalize the coordinating committee and update our interagency agreement and conflict resolution policies.

Complete the development of our infrastructure of the coordinating committee to include fully developed outcomes, satisfaction surveys and cost savings.

Training for Service Coordinators/Team Facilitators was identified by 6 counties. Selected comments:

Advanced training specifically as it relates to strategies for families who live in urban areas. Although some strategies can be universally applied, we are confronted with some situations (such as high case loads and large community/school populations) which are unique to urban areas.

Our ISP Coordinator would like to have consultation available to her on an as needed basis for teams that have "broken down".

Continued education for Service Coordinators to enhance their effectiveness in ensuring strong and effective teams.

Advocacy for parents was identified by 4 counties. Selected comments:

A parent advocate and/or advocacy group for support to parents/caregivers involved in ISP/CST.

More support or groups for parents who have children with mental illness as well as support groups or activities for siblings.

Increase advocacy on teams through the parent-to-parent support network.

Paperwork issues was identified by 4 counties. Selected comments:

Reduce the Assessment Summary of Strengths and Needs form, or allow counties to make adjustments to the form.

Eliminate the duplicative documentation systems between ISP requirements and WISACWIS.

Decreased paperwork to allow for more direct time with families.

Expansion of the Initiative/Target Group was identified by 3 counties. Selected Comments:

Increase our capacity to serve children in the juvenile justice system that have mental health issues.

Integrate the team process with the child welfare, juvenile justice and school systems.

Other Selected Comments:

Continue emphasis on developing strength-based plans.

Although we have a transition policy and procedure in place for children when they turn 18, results of our Family Satisfaction Survey show parents feel this is an area we need to work on.

Move toward outcome based planning and evaluation on teams .

Continue to educate staff about the various funding streams and the requirements for them.

Expand our teams to include more informal/natural supports for families rather than reliance on professional service providers.

Continue with pursuit of alternative funding sources.

New efforts to engage law enforcement to help us develop crisis plans that they would be willing to follow and enforce.

Finalize the outcome data requirements, especially with regards to which tool will replace CAFAS.