

CST 2014 ANNUAL REPORT - EXECUTIVE SUMMARY

State law requires an annual report on Coordinated Services Teams (CSTs) Initiatives be forwarded to the Children Come First Advisory Committee, the group that is statutorily responsible for monitoring the development of CSTs in Wisconsin. This report is written for the Children Come First Advisory Committee and highlights the work of Wisconsin CSTs for calendar year 2014.

State investment fuels expansion, with 27 new sites added in 2014

The 2013-2015 state budget included \$3.75 million in funding to support expansion of CSTs to additional counties and tribes. As a result, at the end of 2014, there were 64 counties and 11 tribes funded to provide an initiative, including 43 established CSTs with three or more years of funding, five developing CSTs with two years of funding, and 27 CSTs with new funding in 2014. Each new or expansion county and tribe in 2014 received approximately \$60,000 in state money to fund their initiative.

New sites received funding to initiate services in April 2014. New CSTs typically require six to 12 months to develop their initiative before enrolling youth and families. Between April and December 2014, the new sites were focused on initiative development, including recruiting, hiring, and training staff and partners as well as broad community outreach. In addition, in May 2014, the Department of Health Services (DHS) introduced new requirements for all CSTs regarding data collection and a new system for the submission of this information. Because of this transition, this report has limits to the data available for analysis.

CSTs serve a record-high number of youth in 2014

Wisconsin CSTs served a record 1,097 youth in 2014, with 97 percent of youth served by established CSTs. The average number of youth served per CST in 2014 was 25. There were 1,973 additional family members served in developed CSTs in 2014, averaging 46 per CST.

CSTs serve many youth with serious, multi-system needs

Most CSTs have developed an extensive system of care in their community. Of the 41 developed CSTs that reported in 2014, 85 percent receive referrals from three or more different child-serving agencies. According to provider assessments using the Child and Adolescent Needs and Strengths (CANS) assessment tool, 85 percent of youth (N=391) had multi-dimensional, or multi-system, needs at the time of enrollment into their CST. More than half of these youth had needs that warranted intervention from the mental health, school, child welfare, and/or juvenile justice systems.

The Family Team approach works for parents and providers

CST parents and providers reported high levels of agreement about the CST Family Team process being inclusive of youth and families, strengths based, and accessible. Slightly more than 80 percent of CST providers reported parents were always full partners on their individual teams regarding activities such as setting convenient meeting times, selecting their team members, and having their child present at team meetings. More than 90 percent of providers reported their individualized plans of care were always culturally sensitive and strengths based. Ninety-five percent of parents agree they are treated as an important member of their team. Another 90 percent of parents agree the team used their child's strengths in setting goals and 90 percent would refer another family/child to a CST.

Preliminary cost savings estimates look promising

CSTs are community-based initiatives that serve as alternatives to more restrictive out-of-home placements for some youth. Of the 458 youth participants in 2014 with available data, 46 percent were projected at a group home level of need and 16 percent were projected at a residential treatment level of need. Because these youth were served through CSTs instead, an estimated savings of \$2,838,220 in group home costs and \$3,664,308 in residential treatment center costs were incurred, or \$14,198 per enrolled youth. If complete data were available for all of the 1,092 youth who participated in CSTs in 2014, the projected savings could potentially be twice as high. Cost savings are preliminary estimates until data on other factors are available for consideration.

Most youth benefit from CST participation, but a minority may still need more

Parent satisfaction data indicated 60 to 70 percent of parents were satisfied with their youth's progress in handling daily life with their family, friends, and schooling. Parents were surveyed during their child's participation, so the satisfaction levels could change before actual disenrollment.

Of the 182 discharged youth with placement data participating in a CST in 2014, 83 percent were living with their parents, relatives, or friends at the time of their enrollment. At discharge, slightly fewer youth (78%) were at home with family and slightly more youth were in out-of-home settings. Among the youth discharged in 2014, 8 percent were in foster care, 6 percent in residential/group home facilities, 3 percent in institutional inpatient settings, 3 percent in correctional facilities, and 2 percent in other settings. Of the 175 youth discharged with offense data and more than six months of participation in 2014, 83 percent had no offenses after the first six months of involvement with their CST. The other 17 percent of youth committed offenses after six months of participation in a CST. Youth with no history of offenses in the six months prior to their enrollment were slightly less likely to commit offenses after CST involvement than those with a prior history.

CST providers' overall rating of a youth's final status at discharge revealed that 29 percent had completed participation successfully, 45 percent had a continuing need for services to which they were transferred or an unknown reason for their disenrollment, and 26 percent experienced an early disenrollment caused by voluntary family withdrawal, a provider-initiated withdrawal, or loss of eligibility. Other data indicate the group of youth with ongoing needs or unknown reasons for disenrollment had a median length of stay in their CST of 13 months, one month longer than youth who completed successfully. Also, half of youth reported with unknown reasons were in out-of-home placements at disenrollment.

For youth and families with an early disenrollment from their CST, the average length of stay was eight months, 25 percent shorter than other youth. Youth in this group were the most likely (29%) to have committed offenses after the first six months of CST participation. Only 17 percent of youth with an early disenrollment ended in an out-of-home placement, so the decision to disenroll was more likely to be a family- or agency-initiated early withdrawal for other reasons.

Across different indicators, a fairly consistent 75 to 80 percent of youth and families have a successful CST experience. More complete, consistent data will help in further exploring reasons why the remaining 20 to 25 percent have ongoing needs or unsuccessful experiences. A full year of data from the new data system for CSTs in 2015 may provide more consistent data.

Organizational, resources, and youth engagement cited as areas for improvement

Both CST parents and providers were asked for their recommendations on what, if anything, needs to be done to improve their CST initiative. The most common response by parents and providers was that their local CST was mostly successful and no changes were needed. Of the parents who responded to the survey, 58 percent specifically wrote a response that indicated nothing needed to be changed and everything was working well.

When providers described areas of need, their top-rated items focused on organizational needs:

- Increase community outreach and integration with other agencies
- Increase parent participation on coordinating committee
- Increase use of parent and peer supports

When parents described areas of need, their top-rated items focused on the need for additional service resources and youth engagement techniques:

- Increase CST facilitators and teams
- Increase service resources for CST
- Improve methods to motivate youth to participate

Full report available at: <https://www.dhs.wisconsin.gov/cst/index.htm>