Expanding the Coordinated Services Team (CST) Initiative Statewide

Committee on Strengthening Wisconsin Families
Monday, March 19th 2007

Prepared by:

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1. An Overview of the Coordinated Services Team Initiative

Our Vision*: To implement a practice change and system transformation in Wisconsin by having a strength-based coordinated system of care, driven by a shared set of core values, that is reflected and measured in the way we interact with and deliver supports and services for families who are involved in multiple systems including substance abuse, mental health, child welfare, workforce development, correctional, and education services.*

When we provide services in a family-centered, strength-based way, we not only achieve better individual, family and community outcomes, but reduce duplication, cross purposes, and many of the crises that rob us of time and limited resources. It is imperative that we must use our resources as effectively as possible to reduce long-term risks and more expensive alternatives. Our shared values include: an emphasis on a family-centered approach; family involvement throughout the process; building resources on natural and community supports; a strength-based approach; a safe environment for all; providing unconditional care; collaborating across systems; using a team approach across agencies; being gender/age/and culturally responsive; promoting self-sufficiency; a focus on education and employment where appropriate; a belief in growth, learning and recovery; and being oriented to outcomes.

Currently funding for 28 counties and 1 tribe comes from a combination of Federal and State sources including the Substance Abuse Block Grant, the Mental Health Block Grant, Division of Children and Family Services and Hospital Diversion savings. Five of these sites (Grant, Lac Courte Oreilles (LCO), Juneau, Buffalo, and Washington) receive limited TTA funding (not full grants). Each site is required to develop a substantial amount of matching funds as well as a clear plan for sustainability to ensure continuation after funding ends. The goal is to provide funding for three to five years. Each site is required to establish a local collaborative group of agencies and organizations including system representatives from substance abuse, mental health, child welfare, workforce development, juvenile justice and education, as well as consumers. The collaborative group often referred to as the "Coordinating Committee" is responsible for establishing policies and procedures that promote the values of the CST initiative and system change necessary to have a significantly positive impact on the lives of children and families in Wisconsin. The current list of CST sites includes:

> ***Counties:*** Adams, Bayfield, Brown, Buffalo, Calumet, Crawford, Dodge, Douglas, Eau Claire, Grant, Green Lake, Iron, Jefferson, Juneau, LaCrosse, Lafayette, Manitowoc, Marquette, Pierce, Polk, Portage, Richland, Sauk, Sheboygan, St Croix, Waupaca, Washburn, and Washington
>
> ***Tribe:*** Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin

Family/Consumer Role

The family role is clearly articulated in the CST core values. Families/consumers have been an active force behind significant growth in system change resulting in improved access to needed services for children and families across the state.

- Families are active members on state and local committees developed to establish policies and procedures and monitor progress
- Families are active and essential members on individual family teams
- Support is provided to initiatives ensuring that barriers encountered by families such as timing of meetings, child care, transportation and training, are being resolved to ensure meaningful involvement

Role of Team Members

The goal for team membership is to have a balance of natural (informal) support people such as relatives, friends and neighbors and; service providers such as a therapist, teacher, and social worker. To qualify for team involvement, individuals should:

- Have a role in the lives of the child and/or family
- Be supportive of the child and family
- Be supported for membership by the parent
- Be committed to the process (includes regular attendance at meetings, participation in decisions, and involvement in the plan of care)

Phases of Team Involvement

Assessment & Planning

- Complete *Assessment Summary of Strengths & Needs*
- Develop *Individualized Plan of Care*
- Develop *Crisis Response Plans* for home, school & community

Ongoing Monitoring

- Implementation of the Plan of Care, including ongoing support and monitoring

Transition & Closure

- The family has *knowledge* of and *access* to services and a *voice* in decisions that are made about their child and family
- Team develops a *Transition Plan*

Project Administration

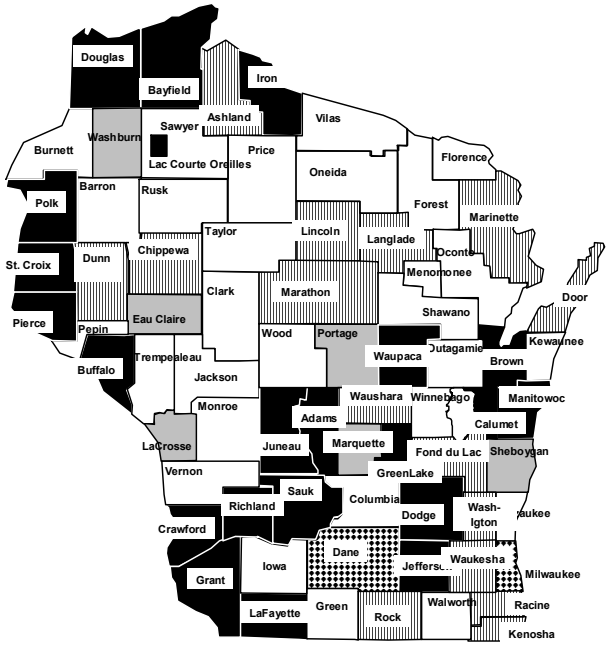
Project Administration is being accomplished by a team consisting of state staff, county and community providers, consumers and advocates.

Training, Coaching and Technical Assistance

Training and technical assistance, specific to site and/or regional needs, is conducted by a cadre of individuals addressing several issues for consumers and service providers including but not limited to: service coordination, team facilitation, advocacy, MA targeted case management, evaluation, and collaborating with multiple systems (e.g. juvenile justice, W-2, AODA, mental health, special education, and child welfare systems). Scholarships are also available for consumers and providers to attend statewide trainings such as the Annual Crisis Conference, and Children Come First Conference.

Wisconsin's Collaborative Systems of Care for Children & Families

(Updated February 2007)



ISPs = 15 (doesn't include sites that receive both ISP & CST funding, marked as)

CSTs = 22 (doesn't include sites that receive both ISP & CST funding, marked as)

ISP and CST = 6

Managed Care = 2

42 counties and **1 Tribe** are currently receiving State and/or Federal funding to implement Collaborative Systems of Care Serving Children and Families in Wisconsin.

2. Fiscal Impact

Funds needed in addition to what is currently available to support current 40 sites at $75,000 per site: **$770,000**

Plus

Funds needed to support remaining 30 counties at 5 counties per year over 6 years:

	New Sites	Total
Year 1	$587,000	$1,357,000
Year 2	$966,000	$1,736,000
Year 3	$1,345,000	$2,115,000
Year 4	$1,724,000	$2,494,000
Year 5	$2,103,000	$2,873,000
Year 6	$2,482,000	$3,252,000

3. Selected Data Results

A. Excerpts from 2005 Annual Report on Integrated Services Projects and Coordinated Services Teams Executive Summary:

Outcomes

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

- 26 percent problem severity reduction and corresponding improvements in functioning during that time period;
- 21 percent school problem severity reduction and corresponding improvements in school functioning; and
- 28 percent reduction in delinquency severity and corresponding improvements in community functioning.

Consumer Satisfaction

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

- 92% agree they are treated as an important member of their child and family team;
- 69% agree their family is getting better at coping with life and its daily challenges;
- 87% agree their team is sensitive to their cultural, ethnic, and religious preferences and values; and
- 89% agree that overall they are satisfied with the efforts of the team on their families' behalf.

Financial Savings

Counties with ISP/CST are asked to fill out an annual "Collaborative Systems of Care Update" survey that captures information on the impact of the collaborative initiative on the larger service system. Twenty-eight of 32 sites identified financial savings. Below are selected comments:

In the year 2000, we had 17 youth at Lincoln Hills (correctional facility for youth) at a cost of $734,255. Since then, placements have dropped to 1 youth at Lincoln Hills at a cost of $47,994.

The number of children placed in out-of-home care went from 375 children in 2001 to 217 children in 2005.

We diverted 2-4 foster care placements that could have cost us in upwards of $450-$1,000/month each.

As of 11/30/05, we've spent $27,420 on services to keep children in homes. The estimated cost of out of home placement, either residential, treatment foster care, or regular foster care would be $167,008.

For additional information, please contact:

Bureau of Mental Health and Substance Abuse Services
1 W. Wilson Street, Room 433
Madison, WI 53707-7851
George Hulick, (608) 266-0907, hulicgh@dhfs.state.wi.us
Nancy Marz, (608) 261-6746, marzna@dhfs.state.wi.us

B. Letters of Support & Success:

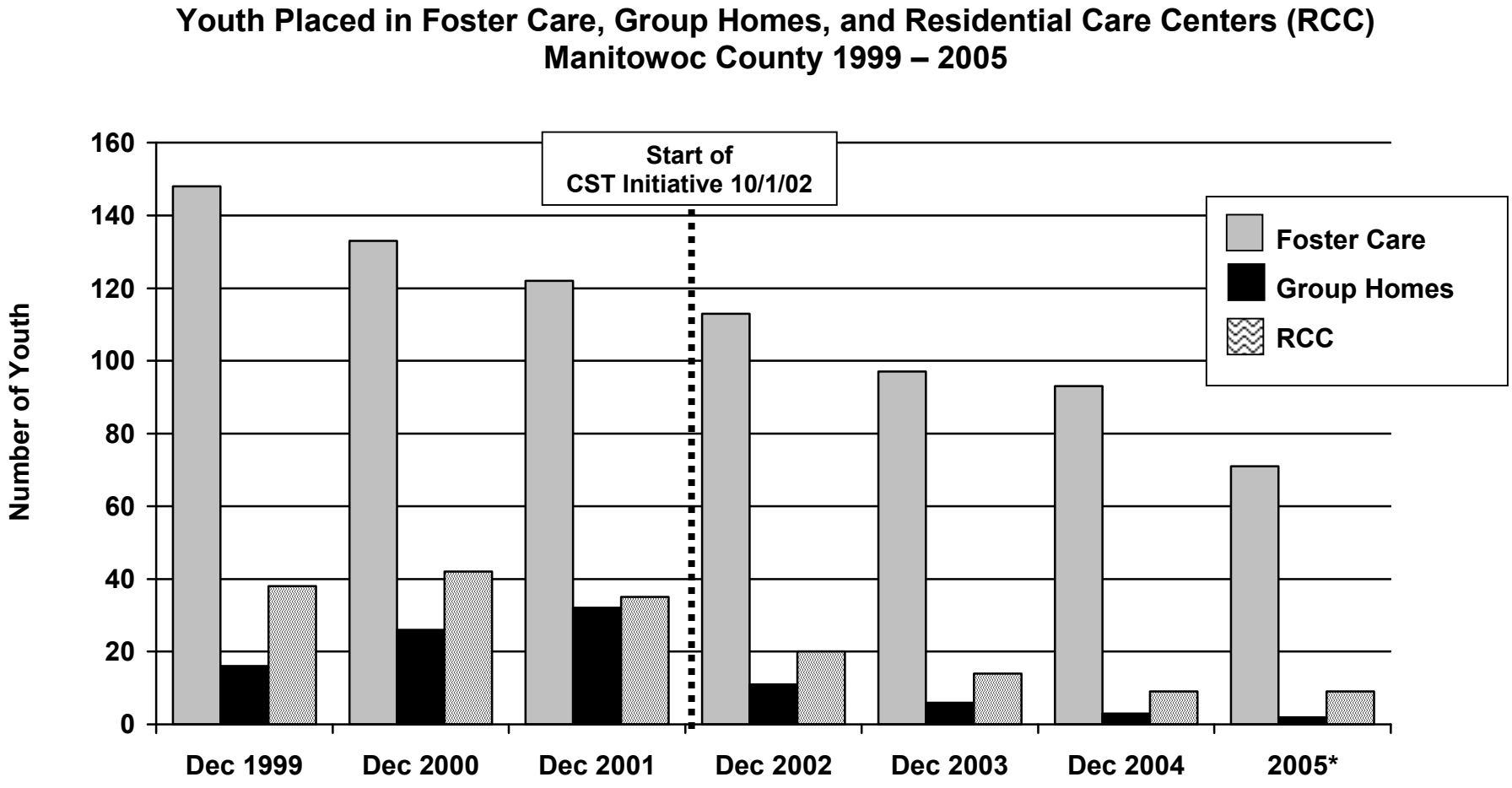
In the Appendix, starting on page 15, please find selected examples of written support for the Coordinated Services Team process from three counties, including letters and a story from:

Amy Steuer, Post Adoption Resource Specialist
Post Adoption Resource Center of Southern Wisconsin
Jefferson County

Connie Grantors, AmeriCorps Member
Pierce County

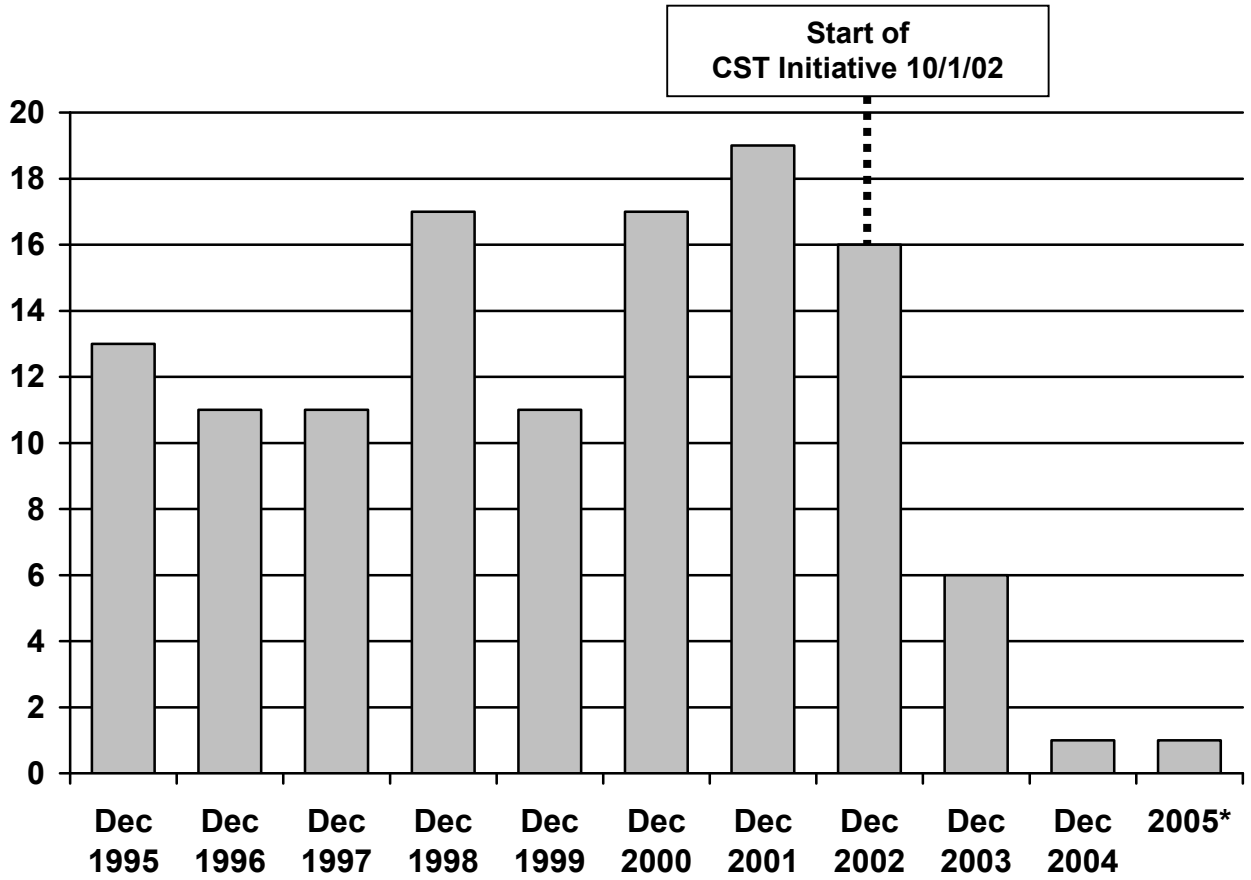
Leitha Schenkenberg, High School Special Education Teacher
Hurley School District
Iron County

C. Cost Savings Data from Selected Counties



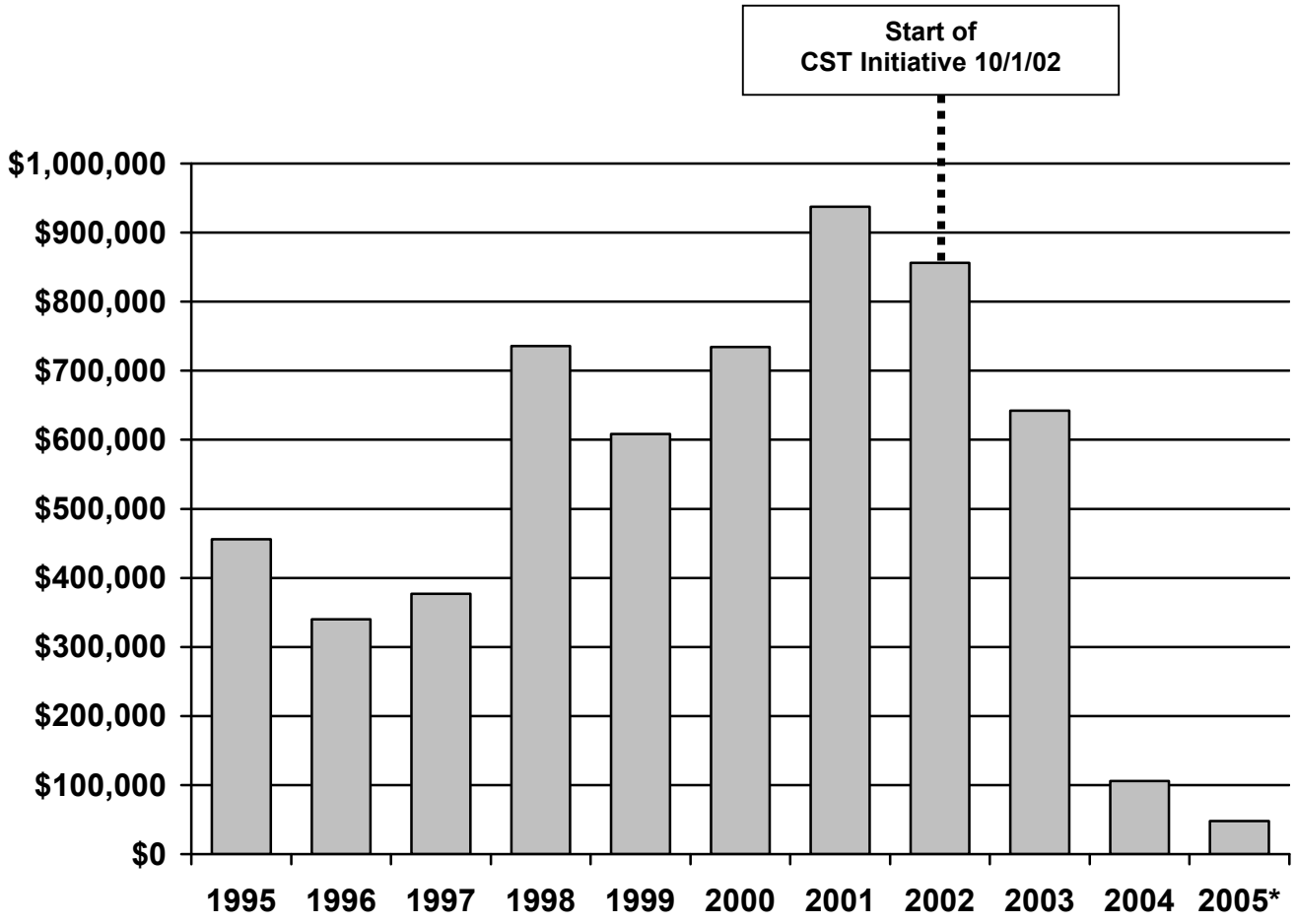
* As of 7/31/05

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



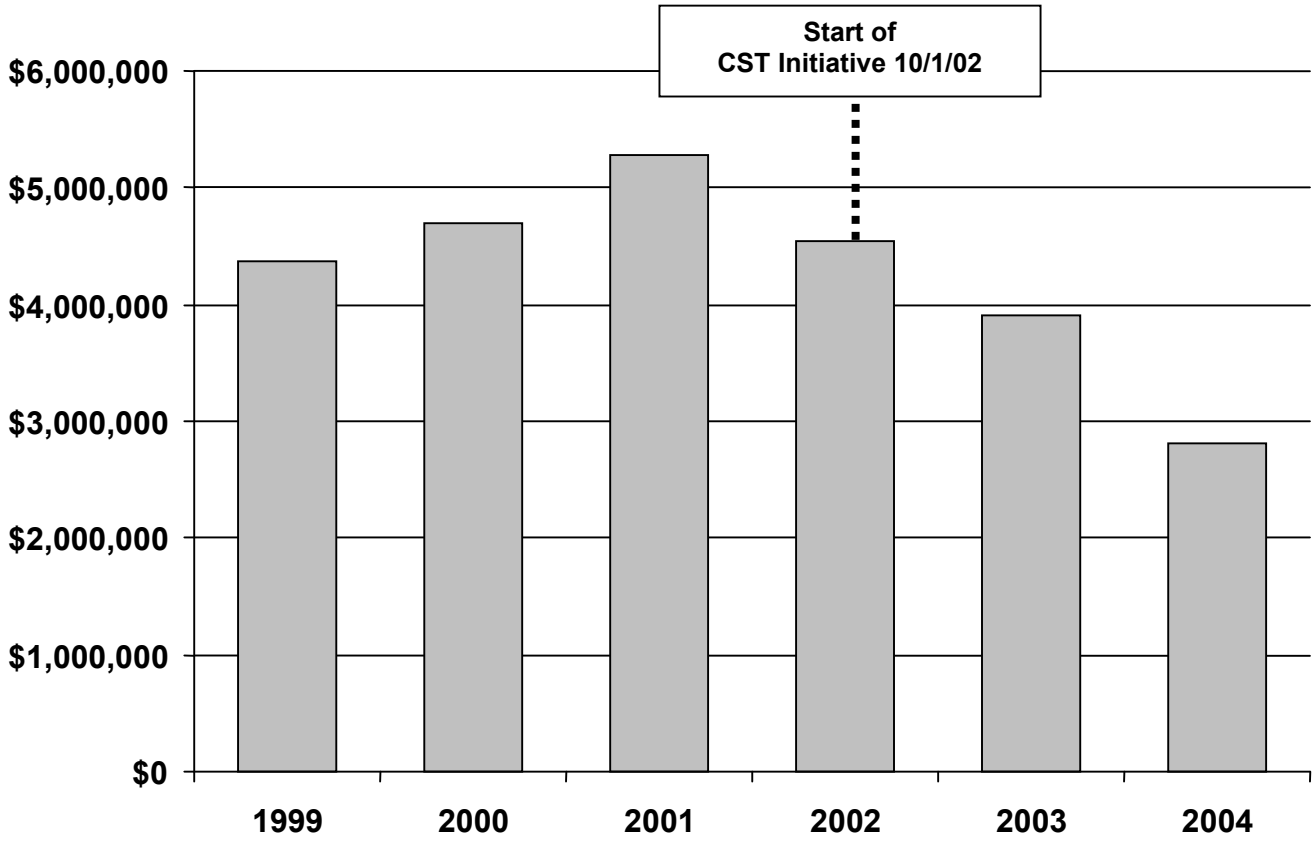
* As of 7/31/05

Annual Cost
Youth Placed at Lincoln Hills Correctional Facility
Manitowoc County 1995 – 2005



* As of 7/31/05

Cost of Supportive Services* for Children and Families
Manitowoc County 1999 – 2004



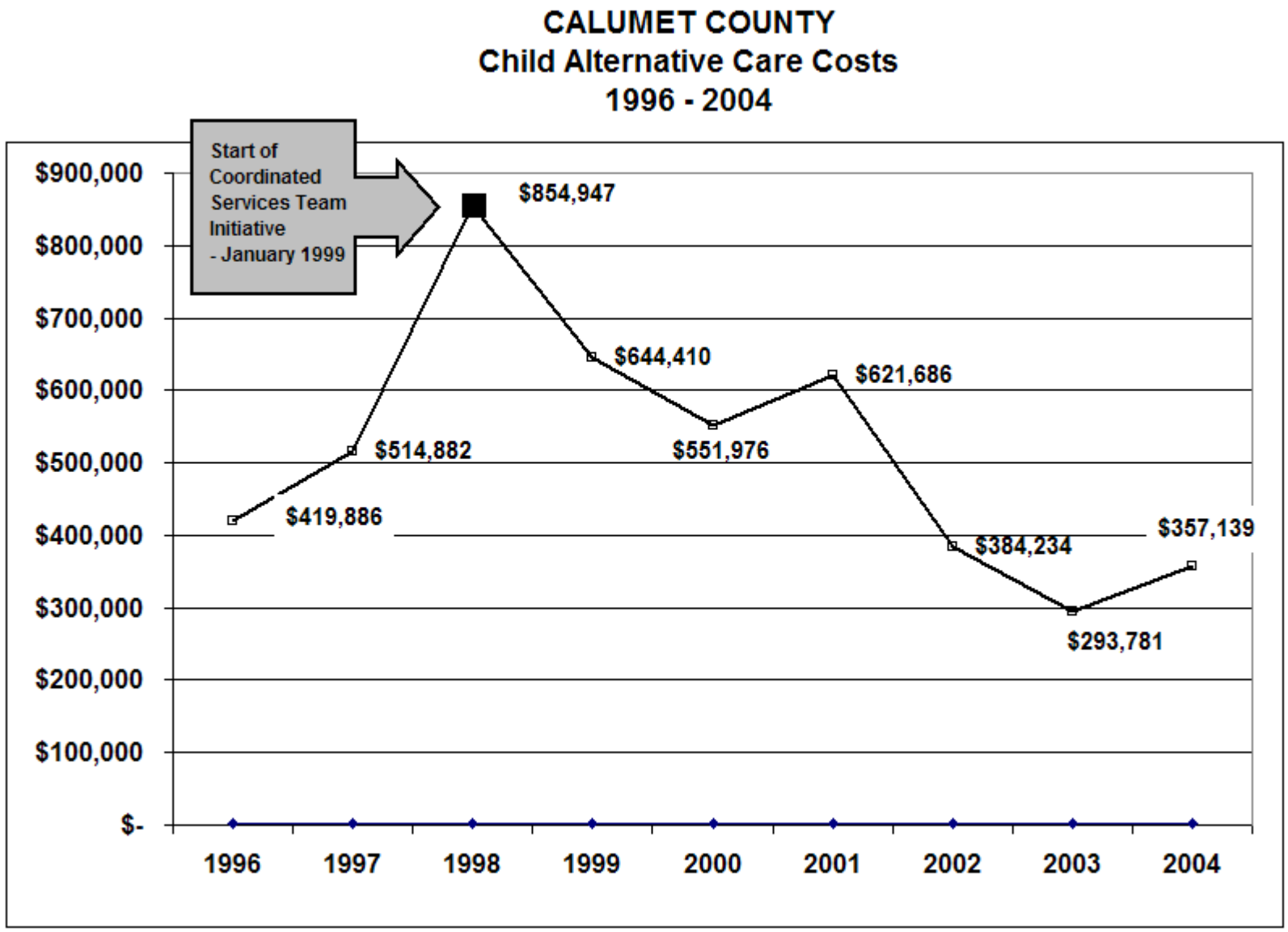
* "Supportive Services" include: Intensive Supervision, Youth Aids, Alternate Care, Parent Aide, and Family Preservation Services

Evaluation of 28 Families Served by the Coordinated Services Team Initiative (CST)
Calumet County 1999 – 2002

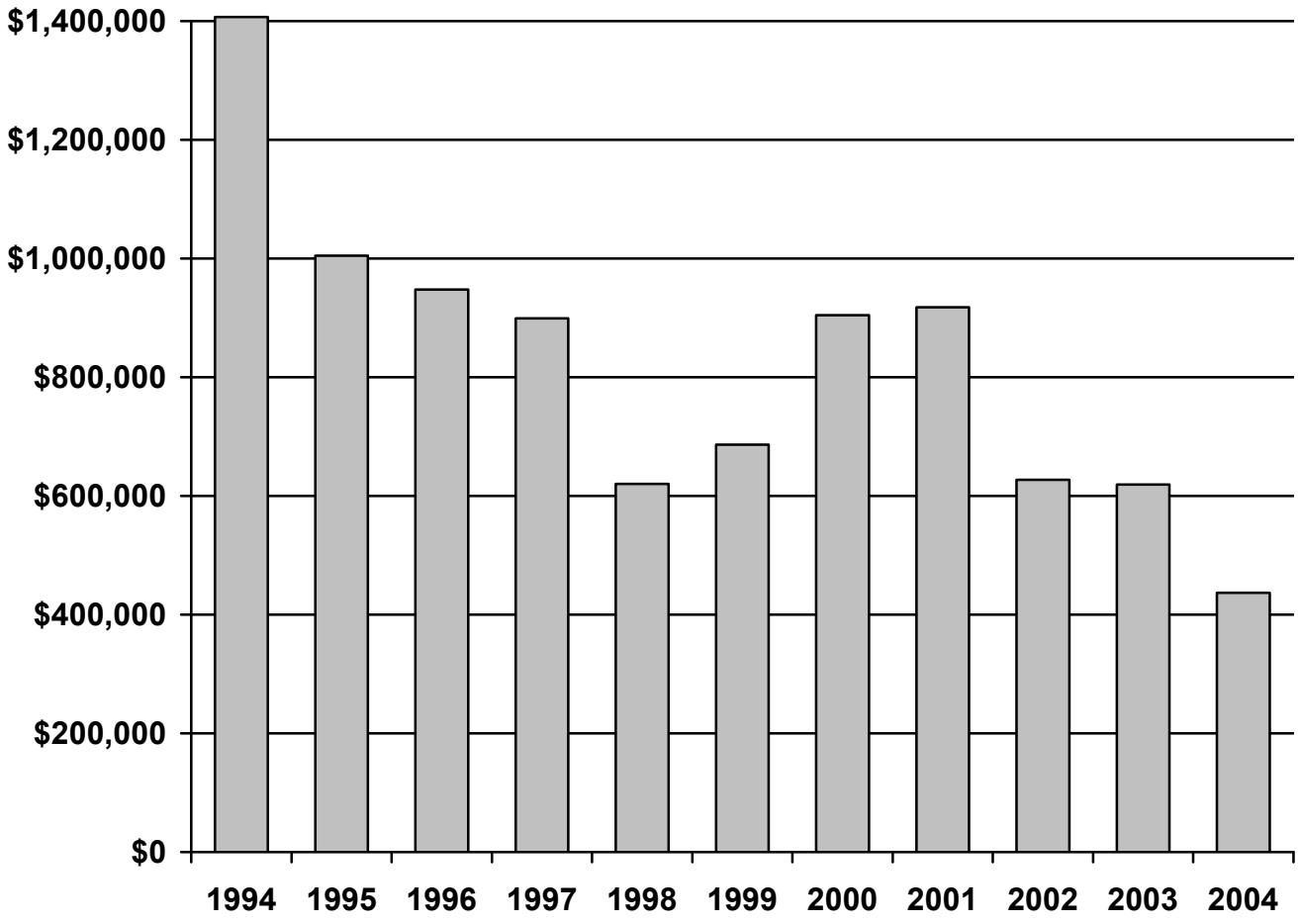
	Mental Health Related Hospitalizations			Youth Out-of-Home Placements*			Juvenile Justice Offenses	Incidents of Child Maltreatment
	Number of Admissions	Days of Care	Average Length of Stay	Number of Admissions	Days of Care	Average Length of Stay		
Pre CST Enrollment	40	1289	32 days	9	2203	245 days	60	14
Post CST Enrollment	4	17	4 days	16	1697	106 days	46	5

* Includes placements in foster care, group homes, residential care centers, and correctional facilities

- Although county human service departments don't pay for the cost of most hospitalizations of children, there are major savings to the State Medical Assistance Program as a result of Coordinated Services Team initiative. The savings to Medical Assistance 1999-2002 for Calumet County are estimated at $763,000.
- The savings to Calumet County in out-of-home placement costs were $210,000 in the first year (1999) of CST implementation and $470,713 by the fourth year (2002).


CALUMET COUNTY
Child Alternative Care Costs
1996 - 2004
Start of Coordinated Services Team Initiative - January 1999
$900,000
$800,000
$700,000
$600,000
$500,000
$400,000
$300,000
$200,000
$100,000
$-
$419,886
$514,882
$854,947
$644,410
$551,976
$621,686
$384,234
$293,781
$357,139
1996
1997
1998
1999
2000
2001
2002
2003
2004

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



* As of 7/31/05

4. Site Evaluation

Goals and Expected Outcomes Checklist

Site (County) _____
Date _____
Contact(s) _____
_____

1 Ready to begin
2 Planning
3 Initial implementation phase/learning
4 Expanding implementation
5 Fully developed/operational

The program will be expected to establish program goals and accomplish a number of outcomes. The agency must develop and implement an evaluation component to report on the following outcomes:

System outcomes supporting CST

1.__ A local cross-system collaborative will be established (interagency coordinating committee) that receives funding and promotes meaningful collaboration.

2.__ Interagency agreement specifies roles and responsibilities of partners – including funding match

3.__ CST core values will be implemented across substance abuse, mental health, child welfare, and other identified systems as evidenced by consistent use of family-centered, strength-based plans of care and planning process that involves families and natural supports and all key service providers.

4.__ Appropriate staff-to-family ratio for service coordination.

5.__ Team approach used to identify and develop needed informal and formal services.

6.__ Services are family-centered and strength-based.

7.__ Services are gender and culturally competent.

8.__ The family is involved throughout the process.

9.__ If necessary, focus will be given to education/literacy and employment.

10.__ Plans of care are designed to promote self-sufficiency that builds on involvement with natural and community supports, reducing or ending the need for formal services

11.__ Any realized savings from substitute care budget are re-invested in the community-based CST process. Savings would be one of the funding sources for future sustainability. Planning for future sustainability begins in year one.

12.__ A formal system change evaluation process is established.

13.__ Provider needs are being met and providers are satisfied with the process.

Process outcomes supporting CST

1.__ Families are involved as full partners throughout the process.
2.__ Advocacy is assured for each family.
3.__ Collaborative, multi-system family teams are established including all providers and agencies involved with the family.
4.__ Natural/community supports and flexible funding will be utilized to support plans of care.
5.__ .A process for referral, service coordination, intake, assessment, plan of care development, and transition will be established.
6.__ A single, coordinated plan of care will be developed for each family team.
7.__ Ongoing collaborative training is provided for all agency staff. Each agency will have trained facilitators. All family members involved in the process will receive training
8.__ Adolescents are ensured a planned transition to adult life
9.__ An agency will be able to document a reduction in the number of children entering out-of-home care
10.__ An agency will be able to document that the length of time children spend in out-of-home care is reduced
11.__ An agency will be able to document there is a reduction in the number of children re-entering out-of-home care
12.__ An agency will be able to document a reduction in the rate of recurrence of child maltreatment
13.__ A process evaluation procedure is established

Family-specific outcomes

1.__ Family needs are being met and families are satisfied with the process.
2.__ Families have a voice in the decisions that are made, access to needed services, and ownership of their plan of care.
3.__ Families evidence the ability to provide for the ongoing safety of all family members.
4.__ Natural/community supports and flexible funding will be utilized to support plans of care.
5.__ Families are progressing towards completion of functional goals and achieving self-sufficiency. Examples may include, but are not limited to:
    - Improvement/recovery from substance abuse.
    - Improvement in parenting, family functioning, and wellness.
    - Reduced involvement with the justice system.
    - Meeting child welfare mandates.
    - Improvement in mental health.
    - Improvement in basic living skills.
    - Improvement in educational/vocational outcomes.
    - Meeting individual team goals.

5. Options for Legislation

Option 1: Implement amendments as proposed to current legislation.

Option 2: Direct a small workgroup of consumer and providers to prepare a complete redraft of current legislation based on 16 years of experience.

Option 3: As submitted by John Franz: Development of an Integrated Family Services Act for Wisconsin. Instead of drafting a set of amendments to 46.56, I'd like to write a memo challenging people to take a bigger step. I think Wisconsin is ready to move back to the lead in the country in human services innovation. I think our mission should be to help Wisconsin's publicly funded human services come together in a well-aligned, highly effective and responsive system that consistently and cost-effectively matches the right help with the right need, regardless of category or diagnosis, while supporting child, family and community safety, stability and well-being.

6. Appendix

Following are selected letters and stories of support:

POST ADOPTION RESOURCE CENTER of Southern Wisconsin

426 S. Yellowstone Drive
Suite 100
Madison, WI 53719
(608) 833-4800
(608) 833-7897 Fax
postadoption@tds.net

Administrative Offices
3577 High Point Rd.
P.O. Box 46550
Madison, WI 53744-6550
(608) 821-3100 Fax
(608) 821-3125

1-888-485-7385

Wisconsin Post Adoption Resource Centers

CATHOLIC CHARITIES
DIOCESE OF MADISON

February 5, 2007

Jefferson County Board
Attn: Sharon Schmeling, Chair
Courthouse
Jefferson, WI 53549

Dear Members of the Jefferson County Board,

My Name is Amy Steuer and I am the Post Adoption Resource Specialist for the Southern Region of Wisconsin. As part of my job, I receive calls from families who may be in crisis and in need of resources. In November of last year I received such a call from a family who resides in Jefferson County.

This particular family has 3 adopted children. Their oldest, (age 8) has significant special needs which include a diagnosis of Reactive Attachment Disorder. The family had been attending therapy sessions at least 3 times a week and their son had recently been placed in an in-patient facility in Oconomowoc. The family was financially and emotionally taxed. They were talking of dissolving the adoption.

I contacted Jefferson County Human Services, Director Tom Schleitwiler looking for resources for the family. Mr. Schleitwiler suggested that the family contact the Human Services Department and inquire about the Jefferson County Wraparound Project.

I had a phone call from this same family last Friday (2/2/07). They were calling to update me and to say thank you. The family stated that they had been working with the Jefferson County Wraparound Program and that their son had a mentor and that the family had a wonderful caseworker. The caller stated, "They've given us hope and we are actually optimistic".

Jefferson County Human Services and the Wraparound Project has distinguished itself and has most certainly contributed in achieving its goals and mission of keeping families together. In times of dwindling funding and budget cuts, I want to thank you for supporting programs such as the Wraparound Project. I am pleased and honored to have the opportunity to work with people who are genuinely interested in providing quantitative and qualitative combined services that are working.

Sincerely,

Amy J. Steuer
Post Adoption Resource Specialist

CC: Jefferson County Human Services
Tom Schleitwiler

Story of Service 2005-2006
AmeriCorps *NCCC - Wraparound Family Teams of Pierce County
Pierce County, Wisconsin

You'll read no devastating report of an F5 tornado, no thrilling story of a family's survival sitting out Hurricane Katrina's gales on their rooftop, no recounting of an amazingly undaunted spirit to overcome life's tragedies.

These words will tell of a silent menace among our communities - one that often takes its time, slowly ripping and tearing apart families and homes from the inside out. It's mental illness: a pervasive, generational pounding on families that often results in isolation, low self-esteem, addiction and sometimes death.

I've witnessed a middle-school student withdraw from the world, huddle under a scoreboard on a vacant athletic field and somehow sleep, risking hypothermia. I watched a 16 year-old boy escape his reality with alcohol and drugs, only to discover he will be a father in the fall. I've seen another refuse to leave his room, his safe-haven, for an overwhelming fear of failure grips him even though he is academically capable, charming and handsome. A teen-aged girt caused harm to herself to intentionally abort her unplanned pregnancy. I've learned that our school faculty and social service workers still believe in these kids, but our greater society either doesn't know about the underlying issues these kids face or perhaps our society doesn't care to know.

Through AmeriCorps, I serve families like these. They are referred by the school district to a process called Coordinated Services Team or *Wraparound.* The child/ren, parents, teachers, social workers, extended family, counselors, community members, clergy - any one appropriate to support the family is invited to the team. Together, we meet several times a month, tapering off to once or twice per month depending on the families' needs. Although this is not a typical AmeriCorps member service position, it is one I embrace with great passion. Having eight years experience as a foster parent working with families in crises, my skills were well suited to organize and facilitate team meetings.

The silent menace called mental illness is anything but silent within these families' homes. Raging outbursts are common; tears flow freely or are dried up by years of refusing to feel. A family team can provide a peaceful, more controlled environment. We establish team rules in the beginning while building relationships within and among our team members. Together we determine the highest levels of need for these families and children; very often families need support and encouragement as fellow community members.

The stigma associated with having an emotional, behavioral, or mental disorder is daunting. Parents may blame themselves or may be too embarrassed to discuss the possibility of a mental disorder with an outside source.

Family teaming offers a safe environment of dedicated people assisting families in crises. Parents begin to share more openly about the daily realities they face. The children watch as adults speak respectfully and work out problems peacefully. They learn that what happens at home doesn't have to happen everywhere or forever. Roles of team members begin to shift from teacher to empathetic parent, Social Worker to number one fan. These shifts in perspective are keys to the success of a family team. Community and relationship begin with an equal level of respect for one another.

Resources are shared and ventures are created to help strengthen the family in need. Isolation becomes less of an issue. The family is guided by the team, becoming actively involved in their child's education, their neighborhood and/or community. Some may in turn become advocates themselves for other families referred to *Wraparound.*

My AmeriCorps service experience has humbled me. A parent myself, I'd learned that raising healthy, well adjusted children takes more than just my influence. Serving families suffering from generational mental illness, offering them support, sharing knowledge and skills, proves that it truly does take a community to raise our children.

When we invest ourselves into our community's children, the world is the benefactor - one family at a time.

A National Corps of *Capable, Committed Individuals*
Story by Connie Grantors, AmeriCorps Member 2005-2006

From: Leitha Schenkenberg [SCHENKEN@hurley.k12.wi.us]
Sent: Monday, December 18, 2006 9:14 AM
To: Pam Snyder
Subject: CST services

Hi Pam:

For years, throughout my teaching career, it was discussed that an inclusive program should be provided for the children referred. With the CST meetings, this coordination of services has taken place. It puts everyone in touch with each other. It lets families, students, teachers, and providers know who is doing what with whom. It takes the one/one with teacher and student to another level, making it tolerable for the teacher to know that they are not the only person working with a student. CST provides for the student, the family, and the school staff.

I appreciate that someone is in charge of this group and all its participants. I appreciate that there is parental requirement for involvement. I appreciate the accountability of each member.

Yes, there are times when nothing works out; when it is impossible for meetings to take place; to satisfy everyones needs. However, overall, I find the CST process to be a worthy one. In today's society, we need more than one avenue to solve a problem, to offer help and assistance, and to get the job done.

If I had my way, I'd have the CST team concept be located right in the school building---accessible to immediate interaction and daily communication. I'd have direct hook-up with all the school programs. In that manner, the student would have ONE communication stop each day vs. a conference each month.

So, insofar as needing to be funded...YES! This is as close to a 'wrap-around' program for students in an isolated area as can be provided. Students, of course, think they need nothing. However, we know better. One person can no longer get the job done. Parents appreciate NOT having to go alone. Teachers are aware of what they can/cannot get accomplished.

Furthermore, if just ONE child is helped...it's cheaper than incarceration down the line.
If ONE child is helped...we've saved a life.
If One family is helped...our taxes have not gone to waste.
If ONE family is helped....the world...their world...is a better place.

Note: *Leitha Schenkenberg is a High School Special Education Teacher with the Hurley School District in Iron County*