

Reducing the Need for Substitute Care: The Coordinated Services Team Initiative

2009 Children Come First Conference
Kalahari Resort and Conference Center
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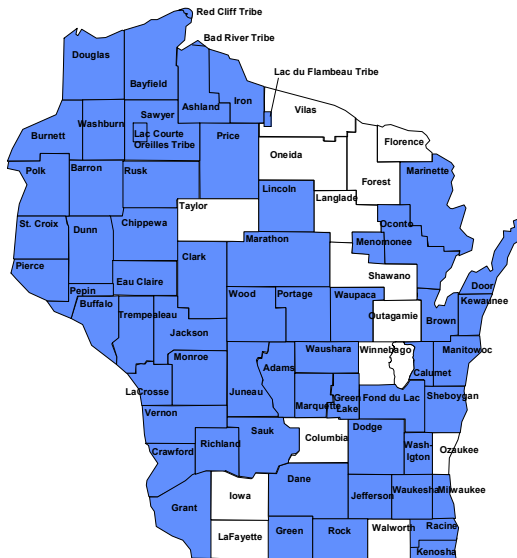
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Wisconsin's Collaborative Systems of Care Serving Children & Families

(Updated July 2009)



Importance of Broad Representation on the Coordinating Committee

- Human Services representing AODA, mental health, developmental disabilities, family support, child welfare, and juvenile justice systems
- Consumers/individuals representing the target population (min 25% of membership)
- Representation from:
 - Education – School Districts, CESA, School Board, Head Start
 - Health Department
 - Domestic Violence Program
 - Law Enforcement
 - Probation & Parole
 - Vocational/Technical School
 - Tribal Community
 - Clergy
 - County Board
 - UW Extension
 - Private Business
 - Additional Community Groups as desired

The Importance of Parent/Consumer Involvement on Coordinating Committees

- Parents are essential for the development of realistic policies and procedures
- A parent perspective ensures the committee stays grounded
- Parents bring real life and experience
- Parents know what works and what doesn't

A Sense of Community Ownership Responsibilities of a Coordinating Committee

- Prepare Interagency Agreement; review annually
- Assess how the program relates to other service coordination programs, taking steps to avoid duplication of services
- Identify and address gaps in service
- Be involved in the review (screening) of referrals
- Establish operational policies & procedures; ensure they are monitored and adhered to
- Ensure quality, including consumer & agency satisfaction
- Plan for sustainability of the system change – beginning year 1
- Ensure any realized savings from substitute care budgets are reinvested in the community-based CST process
- Establish target group to be served
- Be a liaison to the agency/group you represent on the committee
- Attend and participate in Committee meetings and activities

Importance of a Comprehensive Interagency Agreement

- State mission & principles
- Define the persons to be supported (target group)
- Define partner roles & responsibilities
 - At the family/consumer team level
 - Of individuals on the Coordinating Committee
 - Agency role & responsibilities (e.g. referral, funding, system change)
- Define the process for accessing & delivering services
- Define the process for paying for services
- Define the conflict management process
- Define evaluation processes
- Develop Sustainability Plan

Lessons Learned – Keeping People at the Table

- Make the Coordinating Committee an “action committee”
- Use evaluation results as agents for change in policies and procedures
- Clearly identify the roles of Committee members as liaisons between the CST process, their agencies, community, and clients
- Identify and address the unique strengths and needs of partners

Lessons Learned Partner & Family Agreement on Principles

- Family/Consumer centered approach
- Consumer involvement throughout the process
- Building resources on natural and community supports
- Strength-based approach
- Providing unconditional care
- Collaborating across systems
- Using a team approach across agencies
- Being gender/age/and culturally responsive
- Ensure safety
- Promoting self-sufficiency
- Focus on education and employment where appropriate
- A belief in growth, learning and recovery
- Being oriented to outcomes

Target Group

- Involvement in two or more direct services
- Other interventions have not been successful over time; persistent obstacles to service access exist; and/or there is a need for service coordination
- Placement in or at risk of a restrictive living placement
- Willingness to be involved in the wraparound process

Understanding the Changing Role of Parents

- Parents as coordinators for their own and their family's lives
- Parents as partners with members of their team
- Parents as shared or primary service coordinators of their team
- Parents as advocates, service providers, and support for others
- Parents as leaders and consultants

Importance of the “Big Picture” What is the Purpose of a Team?

- **Voice:** The child and parent have a voice in all decisions in the planning process
- **Access:** The child and parent have valid options. No services are withheld for categorical reasons.
- **Ownership:** The child and parent agree with and commit to any plan concerning them.

“My input is respected and I feel I am an important part of the team.”

- A Parent Involved in Wraparound

“The greatest benefit in this team was creating a support system for the family...the child has been able to identify that the people around the team are there to support positive decisions.”

- Wraparound Team Member

Building Relationships with Families: Engagement

- **Genuineness**
 - Being you
 - Being consistent in what you say and do
 - Communicating trustworthiness and acceptance
- **Empathy**
 - Communicate an understanding of and compassion for the person's experience
- **Respect**
 - Believing in the value of each person and the potential within them
 - Your ability to communicate respect in observable ways

Who is Appropriate for Team Membership? Lessons Learned

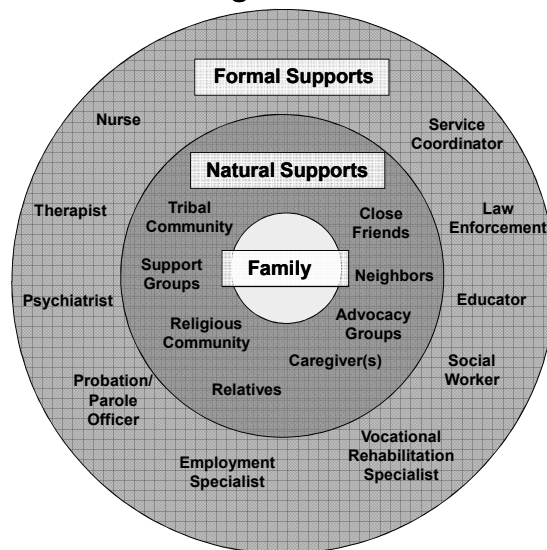
To qualify for team involvement, individuals should:

- Have a role in the lives of the child & family
- Be supportive of the child & family
- Be supported for membership by the parent
- Be committed to participate in the process – including regular team meeting attendance
- Participate in discussions
- Be involved in the Plan of Care

Importance of Involving Natural Supports on Teams

- Emphasize the importance of natural supports as team members with the participant at time of referral and screening
- Make natural support recruitment an ongoing team goal
- Don't give up – it may take months and require creative planning

Lessons Learned – Determining Team Membership



How has involvement on a team helped you in your job?

Summary of comments from School Staff:

- The process helps with communication...in the long run, services are more efficient
- Decreased assumptions and increased effective interventions/job efficiency
- I learned a lot about community resources and programs
- I was kept informed of the entire child
- Learned how to ask the right questions and identify environmental factors

Source: School District Focus Groups – St Croix County, May 2007

Defining the Role of a Care Coordinator Lessons Learned

ROLE:

- “Expert” on the Collaborative Team Process
- Assure Team Completes the Assessment and Plan of Care
- Ensure the Plan of Care is Monitored
- Ensure Reassessment and Plan of Care Updates
- Share Outcomes

NOT ROLE:

- Sole decision-maker
- Person who does all the work
- The only person team members call
- To dictate what should be done, to infringe on, or be a substitute or the policies and procedures of other agencies

The Importance of a Quality Facilitator

- Ability to accurately listen
- Ability to communicate clearly
- Ability to develop trust of team members
- Ability to understand multiple perspectives
- Ability to intervene on ineffective behavior
- Ability to accept feedback without reacting defensively
- Ability to provide support and encouragement
- Ability to maintain and demonstrate patience

Team Facilitation: Promoting Participation

- Clarify team members' roles, strengths, and goals
- Establish team guidelines
- Assure active and sincere participation by all team member
- Identify "hidden agendas" and get them on the table
- Recognize and reward creativity, flexibility, and volunteerism by team members
- Evaluate team member satisfaction with the process at the end of meetings

Orientation – The Importance of Understanding What CST Does and Does Not Offer

- CST Offers
 - A process designed to respond to and improve the lives of individuals who have complex needs.
 - A focus on the *unique strengths* of the participant and the community as possible ways to meet the needs
 - A forum and process for family, natural & community supports, and service providers to partner
- CST Does Not Offer
 - A new funding source for services
 - A person or agency to “take over” a family situation
 - Team therapy

Completing & Reviewing the Summary of Strengths & Needs

- Living situations
- Basic needs and financial status
- Child & family situation
- Mental health
- Social interaction
- Access to community resources
- Cultural involvement
- Spiritual status
- Educational/vocational status
- Legal involvement
- Medical status
- AODA status
- Crisis response

Plan of Care Development – Lessons Learned

- The service coordinator schedules meetings with the family team to develop the plan
- The team reviews process principles, and identifies the strengths of the individual and team member.
- The team reviews each domain, identifying strengths, needs, and the child's current level of functioning.
- The team prioritizes the needs
- The team develops the Plan of Care to include:
 - The child's present level of functioning
 - The goals, objectives and activities
 - Who will be involved
 - How services will be paid for
 - How outcomes will be evaluated

“The wraparound project allows families to sit down with multiple agencies to develop a plan of care that addresses their specific needs.”

- Elementary School Principal

“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 I never knew about.”

- A Parent Involved in Wraparound

Distinguishing Between “Services” and “Needs”

Services

- Are usually provided by paid professionals
- Often have eligibility requirements
- Are often time-limited
- Service providers are often referred to as “formal supports” (therapists, school staff, social workers, etc.)

Needs

- A specific issue that requires attention
- Are best expressed in very specific terms (e.g. adult supervision between the hours of 3:30 and 7:00 PM Mondays and Thursdays)
- Needs can often be addressed by EITHER formal supports (above), OR “informal supports” (relatives, friends, neighbors, etc.)

Crisis Response Plan Development Lessons Learned

“A crisis occurs when adults don’t know what to do.” – Carl Shick

- Expect that a child with multiple needs living in the community will experience crisis.
- Consider the most challenging act(s) that could happen
- Review historical strength-based information regarding strategies that have worked
- Pre-plan interventions with people and/or agencies who may be involved in the safety issue
- Develop a protocol of who will be notified, in what time frame, including responsibilities and communication procedures
- Establish a “blame free” time in which team members cannot fault each other for the crisis
- Develop a process for evaluating the crisis response plan’s use within two weeks of the event.

Comments regarding Crisis Response Plans

“Everyone knew how a crisis would be handled...the planning process reduced the chances that a crisis would occur.”

- Wraparound Team Member

“It (our Crisis Response Plan) kept my son out of jail.”

- A Parent Involved in Wraparound

Source: Saint Croix County Team Closure Survey Responses

Understand Possible Barriers (real or perceived) to Team Involvement

- I don't have signed releases to share or obtain information
- There's no money available to pay for services for needs identified in the Plan
- If I make an exception for one participant, it wouldn't be fair for the others
- My workload is too large – I don't have time!
- My boss is pressuring me to stay in the office & increase “face-to-face” time
- I've never been involved in Wraparound and don't know anything about it
- I've been involved before – it wasn't beneficial
- I must maintain professional boundaries with clients
- I can't stand working with that person/agency!

Utilize Key Principles for Conflict Management

- Encourage equal participation: we are in this together
- Actively listen: you are important and valued
- Separate fact from opinion: challenge categorical statements
- Separate people from the problem: use the board
- Focus on the big picture: reaffirm goals, principles, values
- Build consensus

Adapted from Conflict Management, Hendricks, 1989

The Importance of Evaluation

- Plan of Care
- Quarterly Reports, includes data related to:
 - Education, juvenile justice system involvement, restrictiveness of living environment, mental health, and cost
- Family & Team Member Closure Surveys
- Service Provider Evaluation
- State Family Satisfaction Survey
- Statewide Annual Report

Transition: Lessons Learned

- The intent of the team is *not to solve every problem* that the family or the providers have, rather to *develop skills, gain knowledge and identify and access resources necessary to **meet the needs***.
- Once this process is working and doesn't necessitate team support, the formal team process should end.
- This doesn't mean that services aren't necessary or that supports aren't needed. It simply means the family has *voice, access and ownership*.

Recognize Alumni as a Resource

- Informal Resource
- Advocacy
- Support Groups
- Coordinating Committee Membership
- Screening Committee Membership

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 parents utilizing the services; it increased parents' sense of being able to cope and their acceptance of their situation. (*Kerr & McIntosh, 2000*)

Sustainability: Lessons Learned

- Start planning for sustainability from day one
- Emphasize as central role of Coordinating Committee
- Ensure key partner connections
- Plan for system change at all levels:
 - System
 - Agency
 - Team
 - Family

Funding for Sustainability

- **Utilize/expand sources of State/Federal funding**
(e.g. Medicaid Targeted Case Management, Comprehensive Coordinated Services, Waivers, Office of Justice Assistance...)
- **Utilize/expand sources of county/local funding**
(e.g. partner contribution, substitute-care savings places in community-based services, private organizations, foundations...)

Outcomes

- Reduction in the need for long-term placements in residential care centers and hospitals.
- Counties see an overall positive system impact, especially in terms of people working together better.
- Some counties report saving significant money.
- Family/consumer satisfaction is very high.
- Wraparound in the system has achieved a life of it's own.

Quotes from ISP & CST Sites Regarding Financial Savings

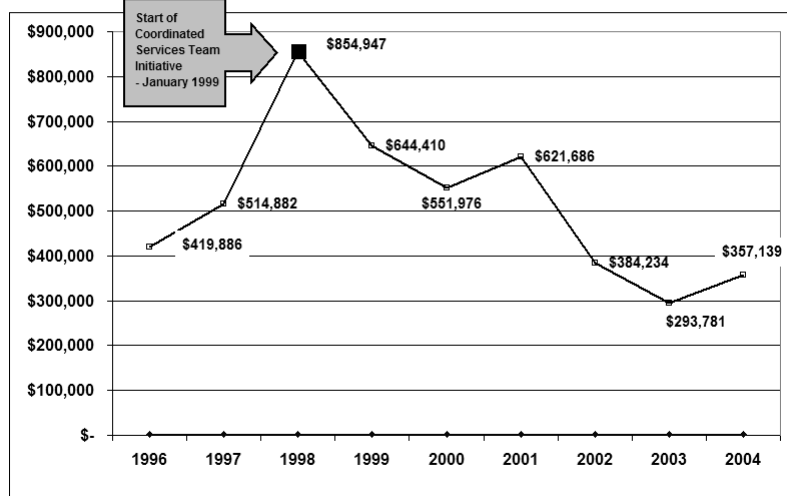
“Involvement in the team process reduces the length of out-of-home placements, and also prevents placements. The estimated cost saving for the first six months of 2006 was \$242,939.”

“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 the Integrated Services Project keeping children in the community.”

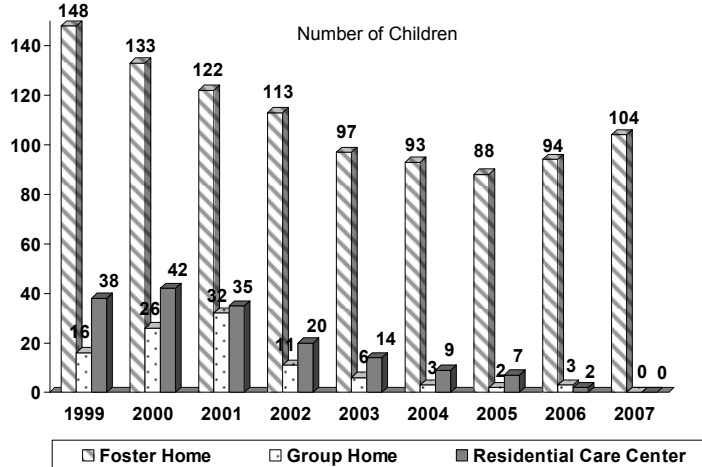
Quote from CST Site Regarding Financial Savings

“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.”

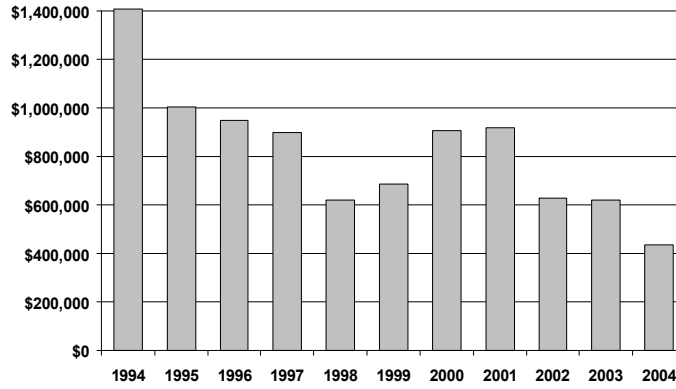
**CALUMET COUNTY
Child Alternative Care Costs
1996 - 2004**



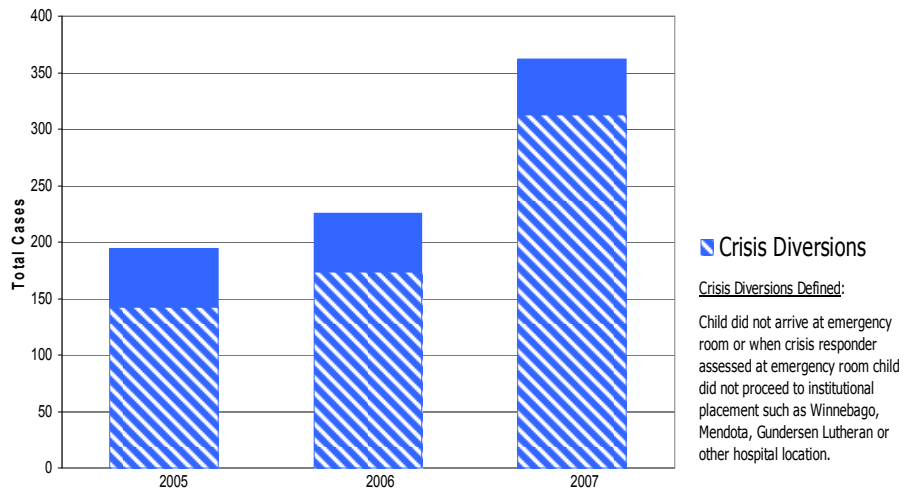
**MANITOWOC COUNTY
1999-2007
YOUTH PLACED IN FOSTER HOMES,
GROUP HOMES AND RESIDENTIAL CARE CENTERS**



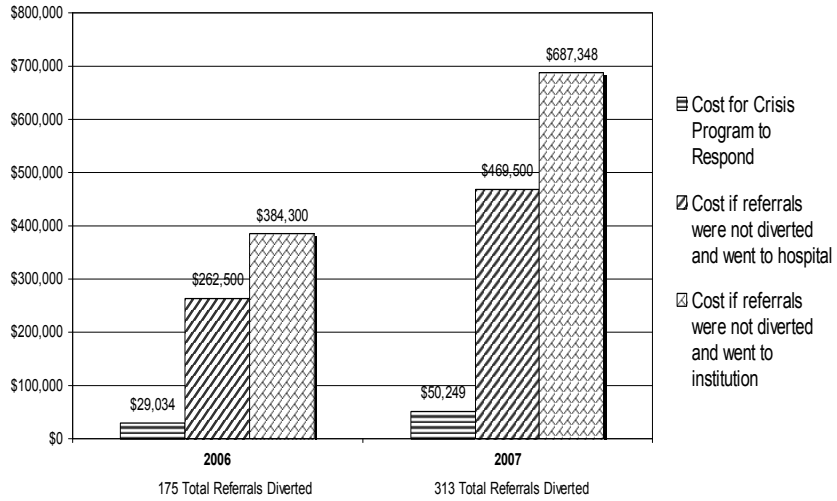
**Cost of all Court Service and Youth Aides Out-of-Home Placements
Waupaca County 1994 – 2004**



**Children's Crisis Access - Yearly Totals
La Crosse County Human Services**



**Children's Crisis Intervention Cost Comparison
La Crosse County Human Services**



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

Location of Services Being Provided	Number of Children Served:
State Institutes	5
Youth Correctional Facility	13
Residential Care Centers	20
In the Community with support of a Team	71 to 206

Outcomes and Impact in Wisconsin

Highlights from the 2007 Statewide Annual Report on Coordinated Services Team (CST) Initiatives and Integrated Services Projects (ISP):

- 3,532 children and family members from 32 CST and ISP sites received services and support
- 90% of children who were in a state mental health facility, inpatient hospital, or residential treatment center at time of enrollment were in community placements at the time of disenrollment
- 78% of children had no school suspensions or expulsions during time of enrollment
- 79% of children enrolled had an overall grade average of "C" or better
- 79% of children enrolled committed no legal offenses in 2007

National Wraparound Data

Includes Data from Wraparound Milwaukee

- Utilization of inpatient facilities decreased 54% in 6 months
- Emotional and behavioral problems were reduced or remained stable for nearly 90% of children after 18 months of enrollment
- 10% increase in number of children who attended school regularly and a 21% increase in the number of children with a passing school performance ("C" or better) after 18 months of enrollment

www.wicollaborative.org



**Wisconsin's Collaborative Systems of Care (WCSOC)
Resource Website**

Home	Core Values	Resources	Contacts	Parents	Partners
Coordinated Services Team Initiative (CST)	Welcome			Trainings and Events	
Integrated Services Projects (ISP)	This website is meant to serve as a resource...			WCSOC Handbooks	
Women's AODA	Materials from Recent Trainings			Success Stories	
	Wisconsin's Collaborative Systems of Care				