STATE OF MICHIGAN
Family Independence Agency

Child and Family Services Review Self-Assessment

Attachment C

INSTITUTE FOR HUMAN SERVICES RESEARCH
OF
HEALTH MANAGEMENT ASSOCIATES

Michigan Interagency Family Preservation Initiative

Final Evaluation Report

120 NORTH WASHINGTON SQUARE
SUITE 705
LANSING, MICHIGAN 48933
TELEPHONE (517) 482-9236
FAX (517) 482-0920

December 1998

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Executive Summary

A three-year long, independent evaluation of the Michigan Interagency Family Preservation Initiative (MIFPI) found that it is achieving its goals. An overwhelming number of its participants reported being satisfied with the initiative. MIFPI was launched eight years ago to more effectively and efficiently coordinate services provided by human service and child welfare agencies to children and their families. MIFPI encompasses 17 sites in 22 counties statewide.

MIFPI is a part of Michigan's system reform effort by state agencies aimed improving the systems serving children and families. Children and their families often found themselves caught among different systems which sometimes had conflicting goals, rules, and eligibility criteria. MIFPI addressed these issues by making collaboration between systems one of its primary focuses. MIFPI uses Community Teams at each site to promote coordination and collaboration between systems.

MIFPI's goal is to promote collaboration at all levels of service delivery. MIPFI strongly emphasizes parent and professional partnerships that empower families by including them in planning and decision making. MIFPI's identified outcomes for families include: family and peer relationships, community involvement, behavior, safety, school experiences, and family's adaptation to care giving.

MIFPI uses a strength-based approach to identify and build on things the family does well. MIFPI employs the Wraparound process which uses relationships, supports and services to 'wrap' a family. The process helps families learn how to address the issues that caused the child to be at risk of being placed out of the home. A mainstay of Wraparound is the child and family team selected by the family. Teams include people who provide natural support to the family as well as local agency staff selected by the family. For example, one child asked an adolescent neighbor he respected to be a part of his team. The teen is a valued member of the team, often providing insights about his friend's behavior and situations involving the family.

Nearly half of the funding for Wraparound in fiscal year 1998 was provided by the Family Independence Agency. A quarter came from the federal mental health block grant and community mental health agencies, with public health, education, family court, and other organizations contributing the rest. MIFPI has access to flexible funds which can be used to help meet families' goals.

MIFPI served 942 children during the evaluation period. The evaluation analysis includes 387 children, whose cases were reported both opened and closed during this period. The average participant age was 12.2 years old and males outnumbered females by a ratio of 2 to 1. Probate courts, the Family Independence Agency, Community Mental Health agencies, and schools referred 90% of MIFPI participants. The average length of time a participant spent in MIFPI was 13.75 months.

MIFPI places safety at the top of its priority list for participants. At the start of the process, each child and family team develops a plan describing steps to take and who to contact during a crisis or escalating situation. Said one participant of her plan, "I feel much calmer in handling crises. I don't feel like it's all on my shoulders. I have a full array of support."

Wraparound helps many children to improve their behavior and social skills. Sites work with participants to develop coping and anger management skills. The process uses schooling alternatives for children with special behavioral needs. For example, sites provide behavior aides in the classroom for some MIFPI participants with behavior problems, allowing those once too disruptive to be in a classroom setting the opportunity to be part of the mainstream learning environment. MIFPI participants have reduced school suspensions, detentions, and out of home placements.

Community involvement plays a major role in improving MIFPI participants' relationships with their peers and others in the community. Sites used activities such as martial arts classes and YMCA memberships, along with creating volunteer opportunities for older children with organizations like Habitat for Humanity, the Humane Society, and local churches. Site resource coordinators inform business owners and others in the community of MIFPI's goals and needs, prompting them to donate goods or services to MIFPI participants. Many sites find that MIFPI children are considered 'community kids' for the way communities came together to support and enhance the children's lives.

The great majority of families stated their satisfaction with Wraparound's assistance with improving their family and peer relationships. One MIFPI mother commented, "I like MIFPI Wraparound because it has helped more dialogue to occur between my child, his father, and myself."

Agencies and participants spoke strongly about the need for more widespread access and earlier intervention for children and their families. When families were asked the question "What changes would you make to Wraparound services?" the number one response was to expand and open the process to more families and increase the visibility of Wraparound. "When people see they need help with a child and ask for help, then help should be available...before a crime is committed," urged one parent. Agencies often experience difficulty creating widespread access to Wraparound because of strict eligibility requirements. Sites sometimes must work around categorical funding and state mandate issues, both of which can affect access to Wraparound.

The principal elements of Wraparound, the child and family team and the strength-based plan, are found to be effective ways of working with MIFPI families. Family members and local agency staff report that the process is more effective than interventions that were used in the past. On the effectiveness of Wraparound, one parent stated, "This child would no longer be in our home if these services were not available."

I. Overview

1. Brief Description of the Initiative

The Michigan Interagency Family Preservation Initiative (MIFPI) was implemented in three phases, starting in July 1992. It encompasses 22 counties in 17 sites throughout Michigan. The evaluation started in the fall of 1995. Sites were asked to submit intake, quarterly functional assessments, quarterly participant satisfaction surveys, and closure forms for MIFPI participants and send them to the evaluator. Analysis in this report is based on closed cases, which allows us to determine length of participation and changes occurring between intake and closure.

MIFPI promotes basic changes in the way services are delivered to children and families. MIFPI is a part of system reform, an initiative by state agencies to mitigate the difficulties caused by receiving services from several agencies. Children and their families were often caught among several systems with conflicting rules, each of which provided services based on very strict eligibility criteria. The over-arching goal of systems reform is to help local systems serving children and families to work together through collaboration and inclusion of families in decision making and to provide support for these activities from state agencies[1].

One of the hallmarks of MIFPI is its emphasis on collaborative planning through a family-driven process that identifies the strengths of the family and builds on them through developing goals and a plan to meet those goals. The child and family plans coordinate services and supports provided to the family. The foremost goal is to develop a workable plan that provides family members with the tools they need to move toward achieving their goals. Some of these require purchased services while others involve the family members learning how to incorporate new behaviors and coping mechanisms into their lives.

Wraparound refers to the process of using relationships and services to 'wrap' a family with the tools it needs to learn how to address the issues which caused the child to be placed out of the home or to be in jeopardy of placement if things do not improve. A major component of the Wraparound process is relationships, among the family itself and among team members. For many families, Wraparound is a process, one that begins with being involved with a Wraparound team composed of professionals and natural supports and eventually evolves into the family understanding more about how it can function successfully as a unit and maintain a strong system of natural supports.

Another component of MIFPI is the use of Community Teams. These teams vary in composition, but the core of them is staff from local agencies. Some of the teams have family members sitting on

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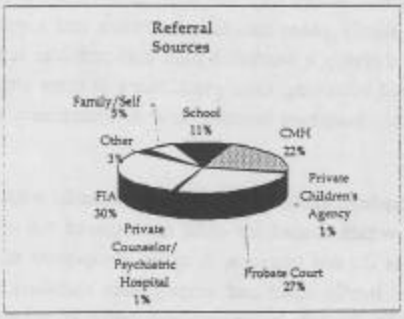
[1] For more information on systems reform, see *Systems Reform for Children and Their Families: Strategies for Change, A Report to the Michigan Human Services Directors*, February 15, 1995.

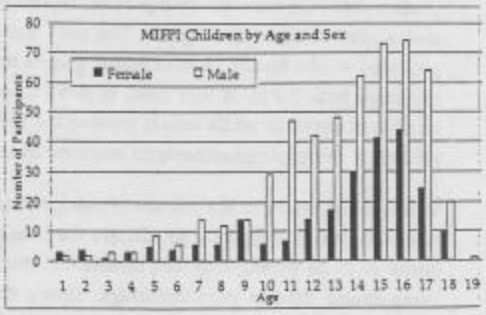
them. The functions of the community teams include gatekeeping, reviewing child and family plans, and approving budgets. The authority of the Community Teams varies from community to community. Most Community Teams recommend improvements to plans, identifying alternative services or funding sources of which the child and family team might not have been aware. A critical function of the community teams is to identify services gaps in the community and to bring these needs to the attention of decision makers. The Community Team members act as liaisons between MIFPI and their agencies, bringing back the concepts of strength-based planning and family-driven processes.

Counties in Michigan also have multi-purpose collaborative bodies (MPCB). The composition and activities of the MPCBs vary but all of them are focused on improving the lives of children and families. In most of the counties with MIFPI pilots, MIPFI is overseen by the MPCB as are other initiatives dealing with child and family issues. The MPCBs act as policy makers, information disseminators and a place where issues such as service gaps can be addressed.

2. Description of MIFPI Evaluation Participants

During the three-year evaluation period, 387 MIFPI cases were reported both opened and closed of the 942 for which we received information from the sites[2]. The average participant age was 12.2 years old. The average length of time in MIFPI was 13.75 months. Males outnumbered females by a ratio of 2 to 1. The quantitative results in this report are based on the 387 participants.





II. Historical Perspective: The Need for MIFPI

At the federal level, the Child and Adolescent Service System Program (CASSP) began providing planning grants in 1986 to state agencies responsible for children's mental health services. The

[2] In order to compare data from the period prior to MIFPI involvement and during MIFPI, we used cases for which we received both an intake and closure form.

Michigan Department of Community Health applied for and received a three-year CASSP planning grant in 1990. Michigan's CASSP project addressed four major issues:

- Integrating interagency service delivery to improve service flexibility
- Strengthening families' capacity to care for their own emotionally disturbed children
- Involving clients, families, and communities in program design and implementation
- Using human service funds more efficiently to offset declining federal funding

Michigan's CASSP planning project officially began in October 1990. The project was renamed the Michigan Interagency Family Preservation Initiative in 1992. MIFPI was implemented in three phases, with six sites starting their pilots in 1992, four in 1993, and seven in 1994.

In late 1992 training by consultants and MIFPI staff was offered to the sites. In 1993 a barrier buster group was started among Michigan human service departments to address barriers to local collaboration stemming from state agency policies. (See Appendix 3 for details.)

III. Process Used to Develop MIFPI Outcomes

MIFPI acted as the catalyst for participants in the Michigan human service system to compare core values. As would be expected given their different missions, each came to the process with specific, strongly held core values. For example, mental health focuses on functioning levels, the courts focus on the safety of the community, social services focuses on the safety of the child from abuse and neglect, and education focuses on schooling. These core values are broadly related but add complexity to identifying common outcomes and methods used to measure and analyze them.

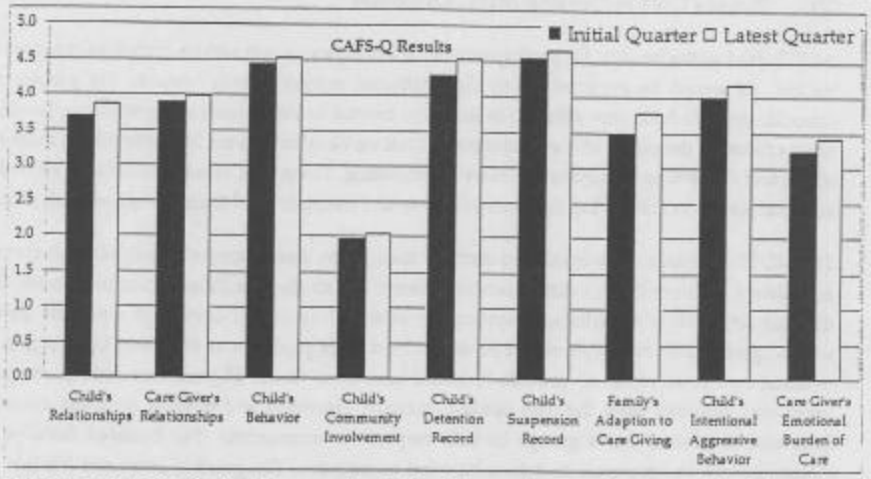
The MIFPI outcomes were developed during a time when there were no research-based outcomes established across child and family service systems. No single data collection source was in place that cut across all of the Michigan systems involved. Thus, MIFPI developed a process through which agreed upon outcomes would be determined. This process was enhanced by bringing in a national outcomes expert to provide technical assistance to MIFPI local and state participants. Input was gathered from the sites about evaluation objectives and possible outcome measures. Sites also conducted focus groups in their respective communities that included families and human service professionals to determine what to measure. The possible outcomes fell into two natural categories, child and family issues and systems. Priorities were set as a group. From these measures, the evaluation design was developed. Having the evaluator involved in the development process added experience and a practical, objective viewpoint on assimilating the information around completing a collaborative outcome evaluation.

CHILD OUTCOMES	FAMILY OUTCOMES	SYSTEMS OUTCOMES
Family and Peer Relationships	Family and Peer Relationships	Family Involvement in the System
Community Involvement	Community Involvement	Collaboration of Systems
Behavior	Behavior	Shared Allocation of Resources
Safety	Safety	Less Restrictive Placements
School	Adaptation to Care Giving	

The outcomes were developed during a year-long process during which time the sites were actively implementing their projects. This parallel process of program implementation and beginning program evaluation added more stress to the sites as most of them had never been involved in a structured evaluation, let alone evaluation of new collaborative processes like MIPFI. The participatory process used allowed the sites to have input into the data collection. The process provided uniform intake and closure forms as well as forms to monitor functioning and satisfaction on a quarterly basis. The MIFPI evaluator provided sites with quarterly reports using the data from these forms. This was also a participatory process with the evaluators seeking input from the sites by presenting prototype reports at a meeting before the quarterly reports were put into production.

IV. Results of the Child and Family Outcomes Analysis

Six outcomes were measured for MIFPI families: family and peer relationships, community involvement, behavior, safety, school experiences, and family's adaptation to care giving. A self-report CAFS-Q tool[3] was administered quarterly to measure functioning and the extent to which



children and their families have good relationships and supportive networks of family and friends. There was an average of four quarters between the first and last CAFS-Q. The results over time of this tool demonstrated an improvement on all scales. In particular, the greatest improvement was in lowering detentions and increasing family's adaptation to care giving.

[3] Child and Family Services Questionnaire

A. Family and Peer Relationships

Nearly all families voiced appreciation to Wraparound for its support in "making them a family again."[4] Many parents stated that Wraparound saved their families and kept them together by focusing on the needs of the family as a whole. Depending on the various needs, the family-centered approach of Wraparound facilitated communication, trust, support, and honesty among family members and friends and relatives.

> "Wraparound has been a life saver for my family."
>
> "I like Wraparound because it has helped more dialogue to occur between my child, his father, and myself."
>
> "I liked having the team made up of people who really know my family."
>
> "It involves people who are in our family's lives that know and have to deal with us."

As participants learned to build on their identified strengths, they became more confident about reaching out to others. Mentors and youth companions encouraged Wraparound participants to develop positive relationships with their peers and improve their social skills. During our site visits, we were often told about children who were now involved in extra-curricular activities and church youth groups. Several examples were presented during the family interviews. One child who previously felt very isolated from her classmates now has developed friendships. Families who had the identified child's peers on the Child and Family Team complimented the valuable insight the child's friends had to offer. One identified child had the fortune of having a neighbor, his age, join the team. He offered simple and intuitive insight as to what was going on in the boy's life and why he reacted accordingly.

An interesting outgrowth has been mentoring among MIFPI participants. A significant number of families reported how much MIFPI had done for them and that they were now helping other families as a means of making a contribution to the community for showing its support for them. We were told of several instances where these mentoring relationships blossomed into close friendships.

B. Community Involvement

Increasing community involvement has improved the development of natural supports and peer relationships in the lives of many MIFPI families. Community activities supported through Wraparound included a wide range of programs including summer camps, YMCA memberships for the whole family, martial arts, aerobics and cooking classes. Participation in such activities has provided opportunities for MIFPI children to interact with their peers, improve their social skills, and learn self-discipline and anger management techniques. Some of the older children volunteer

[4] Wraparound Services Satisfaction Questionnaire (WASS-Q), adapted from the Client Satisfaction Questionnaire (CSQ) designed by Attkinsson, Hargreaves and Nguyen.

at community organizations such as Habitat for Humanity, the Humane Society, and the local CMH.

At site interviews, some parents also talked about their own participation in community activities since their involvement with Wraparound such as volunteering with a summer food program. Especially active parents work as parent aides and advocates for either Wraparound and the Community Team or other advocacy organizations like the Citizens Alliance to Uphold Special Education (CAUSE) and the Association for Children's Mental Health (ACMH). Other parents discussed how involvement with the church youth group led to positive results in their child's life.

C. Behavior

Because of Wraparound, many children have improved their behaviors and social skills. Sites used a variety of methods to address behavior management issues with the families. This includes such techniques as learning new coping skills, anger management, and use of mentors and youth companions. New schooling alternatives have also been used for kids with special behavioral needs that cannot immediately be met in a regular school setting. As a result, MIFPI children have been able to reduce school suspensions, detentions and out of home placements.

D. Safety

All sites make it a priority to design a crisis and safety plan for families in the very early stages of Wraparound. Learning about what to do and who to call during a crisis decreases reliance on professionals and increases a family's independence. MIFPI families' crisis and safety plans are incorporated in their behavior management strategies. For example, one child has learned to recognize when she may start feeling agitated and knows to call her grandmother for a first step in de-escalating the situation. For this family, this plan has been used repeatedly and successfully. For other families who experience problems with their crisis and safety plans, emergency Child and Family Team meetings are convened to address the situation and revise the plan. Sites have also worked with some families who have difficulty recognizing impending crises in their home and managing safety issues on their own. Wraparound has helped families work together and support one another by defining roles for family members, friends, and neighbors during times of crises.

> "Wraparound has made it so we at least have some backup in our home if something happens."
>
> "I feel much calmer in handling crises. I don't feel like it's all on my shoulders. I have a full array of support."
>
> "When my son starts acting out, I know I can just pick up the cordless, go out the back door and make that call to my support worker."

Data from the FIA Abuse and Neglect data base shows that 36.8% of MIFPI children and their siblings had a substantiated history of abuse or neglect; 25.0% occurred prior to the families' involvement with MIFPI, 9.1% occurred during MIFPI and 1.8% occurred after MIFPI.[5] Since the

[5] The FIA Abuse and Neglect data base is purged every ten years so the pre-MIFPI data could be for a period of up to ten years.

time periods vary significantly, it would not be prudent to infer that there was a 16% decrease in abuse and neglect while families were enrolled in MIFPI; however, the rate of under 10% is encouraging. The rate for all children in Michigan in FY 1996 was 8.4 per 1,000.[8]

E. Child's School Experiences

Many sites experienced improved relationships between MIFPI participants and school systems. Various strategies used by sites to encourage positive behavior at school include youth companions, mentors, and one-on-one aides. Youth companions and mentors provide interaction for Wraparound children and have both been successful at getting them involved in productive and educational tasks such as completing their homework, participating in classroom and extra-curricular activities. Some children who need constant supervision have received this from one-on-one aides. Through strategies such as these, many MIFPI children improved their behavior at school. Of the 104 MIFPI children expelled prior to MIFPI, only 51 were expelled during MIFPI.

With the help of her youth companion, one child reached her goal of receiving no expulsions for the entire school year.

A one-on-one aide along with a mentor helps one child participate in special and general education classroom activities and with homework assignments. A plan developed by all involved parties helps the family, school and Child and Family Team keep track of the progress he is making in school.

One site has successfully provided home schooling for some MIFPI children, done through coordination with multiple agencies.

One child showed serious behavioral problems in middle school by stealing, lying and yelling at the teachers and principal. She is now one year away from reaching her goal of successfully graduating from high school without getting suspended or expelled. Her mentor and probation officer have worked together to be constant supports throughout.

A wide range of school involvement in the Wraparound process occurs among the sites. Their experience ranged from teachers and school administrators having little or no involvement, communication and support to schools playing a role on a situation-specific basis to school personnel being very involved in the Wraparound process by sitting on Child and Family Teams and making referrals. Teachers and school administrators tend to become increasingly involved when they see the process work and how it can improve the classroom environment. Once they accept the team approach to caring for a child, they are more likely to support the Wraparound process in their classrooms.

During site visits, two issues were discussed frequently as challenges to full cooperation with school systems. School staff including administrators, teachers and social workers are often unable or unwilling to devote extra time for meetings or to meet during non-school hours, making it difficult for them to participate in Child and Family Team or Community Team meetings. Each county has a significant number of districts, each with several schools, which made cooperation with, and support for, Wraparound highly variable and unpredictable.

[8] Kids Count in Michigan 1997-1998 Data Book

F. Family's Adaptation to Care Giving

During family visits, parents told us about feeling that they can care for their special needs children and the family as a whole better after being involved in MIFPI. With the help, support and guidance of their Child and Family Team, most MIFPI parents feel an increased level of self-esteem and control over their lives giving them the ability to deal with situations as they arise. At site interviews, many parents reported that they are much calmer in crisis situations. This may be partly due to the process of Wraparound in developing preparedness through crisis and safety plans, but it is also due to parents' increased sense of security in seeking help from others and knowing the steps to obtain it. A stronger ability to manage and cope with situations is also related to the development of stronger, more positive relationships with their children and other family members. Many families have learned to communicate better with each other and trust one another through the team approach of Wraparound. MIFPI parents were extremely grateful for the support that Wraparound has given them in addressing their children's needs and caring for the whole family.

"Our family has learned better communication, mediation...how the kids can talk better to their mother."

"My goal was to work on my attitude and be a better mom. I learned to control my behavior, not holler at them...[so] they wouldn't holler at each other. My kids know [me better] and feel a connection with me now."

It's so much better than being alone."

"Honesty from the beginning is the only way they can help you, otherwise it just takes more time. [My support worker] is so perceptive and in tune with what is going on in this family. I trust him so much."

Families initially said it was difficult to share their problems with a group of people but they have learned to trust their team members and know they are there as a resource and support. "It's so much better than being alone," one mother stated. "Honesty from the beginning is the only way they can help you, otherwise it just takes more time. [My support worker] is so perceptive and in tune with what is going on in this family. I trust him so much."

One family, whose son was recently paralyzed, has had the benefit of coordinating with Wraparound funds in order to pay for needed medical supplies.

Another boy who needed immediate counseling due to suicidal tendencies was told there was six-week wait until an appointment was available. The Protective Services worker on the team used his influence to get an appointment that week.

V. Results of the Systems Outcomes Analysis

A. Family Involvement in the System

MIFPI families were involved in several types of system activities. Wraparound conferences, Community Team membership, Child and Family Team membership (for other MIFPI families), and acting as parent advocates and mentors to new Wraparound families were key among these activities.

All of the sites reported frustration recruiting and maintaining family members in their community collaborative bodies. The primary reasons given were scheduling difficulties because the meetings took place during working hours and family members not feeling comfortable in the

meetings. All of the sites wanted family involvement in collaboratives because they clarify issues, bring different perspectives, and provide fresh ideas for addressing or resolving problems.

1. Greater Awareness of Available Services

Overall, sites reported that MIFPI families had improved access to needed services. Through the collaboration of the Wraparound process, families have a variety of advocates who are directly linked to agency resources. As a result, families have experienced not only more and faster access to services, but higher quality as well. This may be due to increased communication and better cooperation among agencies as they identify and procure appropriate services. In the effort to emphasize the strength-based approach and provide family-centered services, MIFPI families have been able to receive much needed non-traditional services, such as new clothes, cooking classes, family-oriented recreational activities, and driving lessons.

> "Many, many families, people are falling through the cracks! Not enough people know about this help!"
>
> "I just was at court and mentioned to a probation officer about people needing help. She said unfortunately we have nothing before the crimes are committed."
>
> "I would like to have begun receiving Wraparound services earlier so as to not be so far down in that hole with your child. I would like to see earlier interventions."
>
> "When people see they need help with a child and ask for help, then help should be available...before a crime is committed."
>
> "Expand the program - include more families!"

The diversity of members on Wraparound teams exposed families to services that might previously have been unknown to them or to which they might not have had access. Tutoring, respite care, counseling, mentors, behavioral aides, and vocational assistance were some of the services identified by the families. Because families were often involved with various agencies, the Wraparound team included many different system representatives who created a cohesive, holistic approach to solving problems the family encountered. Parents greatly appreciated having probation officers, Protective Services workers, school teachers and others involved with their families all at the table with them, developing consistent priorities and plans. Information was shared on an equal and timely basis and appropriate goals were set using the family-led team process. Reaching those goals was accomplished by coordination of resources, filling service gaps and not duplicating services. Since the priorities and plans were developed using a process in which the family was in charge, families were enthusiastic about using the plans and the services identified in them.

Some agencies found it difficult to create more widespread access to Wraparound due to limitations on eligibility requirements. Sites often experienced frustrations due to categorical funding and state mandates, which are factors in determining a family's access to Wraparound and its benefits. Families also felt that MIFPI should be expanded. When asked what changes they would make to Wraparound, parents' top response was to open it to more families and increase advertising of it. Agreeing on the importance of prevention, both agency professionals and

families suggested opening accessibility to the Wraparound process to families before their problems became severe.

2. Increased Involvement in Treatment Planning

Most MIFPI families have a greater role in their treatment planning with Wraparound. Child and Family Team membership was individualized based on child and family needs. They included natural supports (family members, neighbors, friends, and peers) and formal supports (professionals from traditional service agencies such as child and family service agencies, schools, police, and courts). Establishing trust and having a voice that carries as much weight as the professionals encouraged most MIFPI families to become active members of their Child and Family Teams. As the developers of their own plans, families were more likely to take ownership and responsibility for implementing their plans. Families especially liked the way Wraparound would respond and adapt to their changing needs.

What do you like best about Wraparound?

"Giving the kids a chance to do things they want."

"The working 'with' parents and not taking over."

"Letting me bring to the table what I want to do."

"The people treated me better than other programs."

"The bottom line is it's your show."

"I have no difficulty talking about emotional things [with my Team]. I feel safe, comfortable. It would do no good to keep those things from people who can help you."

"You are heard in a Wraparound meeting. I have nothing but the highest regard for our Team."

Despite the support and encouragement that Wraparound offers, some families still had difficulty taking an active role in their treatment planning and assuming control over the team process. Some Wraparound facilitators experienced complications in developing crisis and safety plans with families who had difficulty recognizing crises and identifying problematic issues. In addition, while trying to either revitalize old social networks or establish new ones, several sites found it especially difficult to connect a family who felt isolated from extended family members, neighbors or their community as a whole. Isolation was often the result of the long history of problems. Parents often reported that they could no longer seek help from their families, friends, and neighbors because dealing with the families' troubles had alienated or exhausted these sources of support.

"Sometimes I feel like I have no say over certain decisions concerning my son. I did this to help my family and sometimes it doesn't feel like help but like parental classes made for me."

"They continually tell me to find natural support, I have none. When you have a child with so many problems and issues there are not a lot of people willing to help."

"[What I like least about Wraparound is] displaying my private life."

3. Increased Involvement in Agency/System Policy-Making and Planning

The role of family and community members in MIFPI varied widely across sites. Some felt they were "token" representatives and their voices were unheard, where others became more involved

in taking on larger responsibilities. A general consensus was that family and community member involvement is valued. Several sites have established requirements and goals regarding family and community member participation. For example, one sites' Multi-purpose Collaborative Body has set a goal in the by-laws to maintain 20% membership of consumers. Another site has reserved a role for at least one family member to serve on its Community Team. In addition, some sites were attempting to involve children and youth on their community collaboratives.

Parents who were involved with the community collaborative participated on many different levels including Community Team training sessions, focus groups, parent support/advocacy, the statewide wraparound conference, and evaluation activities. Several sites noted that parents are developing support groups and their own child-care network.

Despite the high value on family involvement, the majority of the sites also expressed frustration with how to support family and community participants in community collaboratives. To encourage participation, some sites offered compensation for time, child care, and/or travel to meetings.

4. Increased Satisfaction with Services

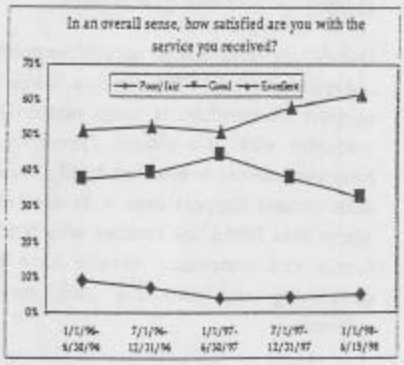
Parents expressed high satisfaction with Wraparound experiences. The satisfaction survey (WASS-Q) results demonstrated a general upward trend ending with over 94% of parents reporting satisfaction with their services.[7] During site visits, they usually pointed out that it had been a vast improvement over the services they received before, which were minimal, fragmented, or nonexistent. Parents stated that WA improved access and quality of services, opened communications, and coordinated available resources.

"We have had an excellent supportive team. They do involve and wrap around the whole family. They make you feel like they are family members."

"The staff is very supportive not only of your family and needs. They care about you as a human. That's a plus."

"This program is very helpful to my son and I. We both feel that someone cares about how we feel and want to help us do better emotionally."

"I would like to thank you for Wraparound services. Me and my family need this program very much, because of positive feedback from members. I know I could not do this by myself."



[7] When asked, "In an overall, general sense, how satisfied are you with the service you received?" 61.6% responded excellent and 32.6% of parents responded good for a total of 94.2%.

Wraparound's continuous support created a significant impact on MIFPI families. When asked what they liked best about Wraparound, nearly half of the comments from parents mentioned the supportive, helpful, and caring people who work with Wraparound. Parents were very impressed with the commitment and respect that they received from their Wraparound facilitators, who encouraged parents and families to be active participants through every step of the process.

5. Increased Independence of Families

Through the Wraparound process, families not only received needed services, but also developed feelings of empowerment in managing and creating change in their own lives. A wide range of Wraparound services was aimed at increasing families' independence, from teaching personal finance and budgeting techniques to locating improved housing situations. Wraparound has been able to provide non-traditional services that build new skills and create new opportunities to become self-reliant and independent.

What do you like best about Wraparound?

"Coordination of efforts by everyone involved with our family."

"The efficiency of the way things are done."

"Working together, communication."

"A group of people working for common goals."

"The way we all worked together to get needs met."

"Great minds all together in one room. The return of laughter."

Wraparound provided parents with the resources necessary to return to work and start providing for their families again. Perhaps the most inspiring sign of independence for MIFPI families is when they give back to other families by working as parent advocates or parent aides.

Developing and using natural supports has been an important factor to increasing the independence of MIFPI families. Some sites reported that the process of developing natural support relationships is much easier with families who are already connected to community resources, such as a church. Previously estranged families have been able to re-establish family ties and further develop their natural support base with the help of Wraparound. Many sites found the families who felt isolated from their family and community usually have the most difficulty developing and nurturing their own natural support systems.

What do you like least about Wraparound?

"Failure of other community service providers to buy into the program completely."

"Lack of collaboration among some agencies."

"The difficulty of bringing everyone together."

"Getting schedules together for meetings."

A few families expressed the feeling that the Wraparound process is intrusive and that they 'don't like everybody knowing their business'. Several of them commented that before Wraparound teams they were able to compartmentalize what other people knew about their families but meeting as a team opened up all issues in front of everyone. For example, school personnel might learn about abuse or neglect problems from social services personnel.

B. Collaboration of Systems

The Wraparound process helped both administrative and direct service agency staff learn more about the services provided by other local agencies. Another important aspect of collaboration was that it helped staff from the community agencies to develop relationships with their counterparts. Most sites found that MIFPI greatly increased communication and information sharing among local agencies. Increased trust and honesty at the administrative and direct service worker levels helped agencies break down boundaries and work together in the best interest of the family. In these communities, building bridges and sharing information became more common. As a result of the Wraparound process, agencies are more able to efficiently allocate and use a wider range of available resources.

In order to address a family's transportation problem, MIFPI arranged and paid for driver's training lessons for the parent.

At site visits, some parents talked about previously losing their jobs as a result of their efforts to care for their children. With the help, support and encouragement of Wraparound, many parents have been able to apply for, interview, and acquire new jobs.

With the support of Wraparound, one parent has been able to attend graduate school to earn her Master's degree in counseling.

One child worked part-time at the local opera house through a summer youth program, and is capable of making financial contributions to some of her Wraparound requests. Many other older Wraparound children also were able to work part-time jobs or include it as a goal.

Many sites are not only developing stronger relationships among human service agencies, but also with other entities in their communities, such as churches, local businesses, and neighbors. Several sites noted that their Community Teams are helpful in identifying patterns of needs and developing community ties to create easier access to services. For example, in response to the high number of car repair requests it was receiving, one site developed a network of local car mechanics willing to provide services to families in need. As a result of efforts such as these, services for MIFPI families have become faster, less restrictive, and less duplicative. Most sites were philosophically committed to the Wraparound process and very positive about collaborating and working together.

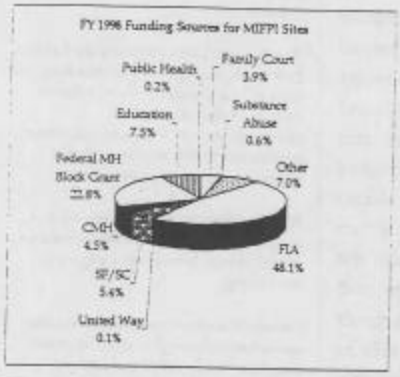
Some sites experienced disagreement in philosophies and models of delivering services. High turnover in staff often compounded this problem by disrupting the flow of service delivery. In addition, like all collaborative efforts, MIFPI requires much time and energy to implement.

These problems may have been related to fluctuating and varying levels of support that MIPFI often has within a community. Together with changes in funding and state mandates for services, sites often experienced these factors as barriers to collaboration.

C. Shared Allocation of Resources

Sites were asked to provide a list of their sources of funds. The total amount of funding for Wraparound in MIFPI sites in fiscal year 1998 was $8.6 million. The largest single contributing source was the Family Independence Agency. Almost two-thirds of that was from one site. All of

the sites received Federal Mental Health Block Grant funds ranging in size from $50,000 to $300,000. The number of sites using specific types of funds and the percent of the total MIFPI funds contributed by the various sources are shown in the pie chart and funding table.



Source of Funds	Total Funds	Number of Sites
Family Independence Agency	$4,119,947	13
Strong Families/Safe Children	$463,883	10
Local Public Community Mental Health Agencies	$389,867	9
Federal Mental Health Block Grant	$1,952,106	17
State and Local Public Education Agencies	$640,374	10
Family Court	$330,418	8
Substance Abuse Coordinating Agencies	$50,500	2
Local United Way	$10,000	1
Other	$598,116	7
Local Public Health Departments	$15,000	3
Total FY 1998 Wraparound Funding	$8,570,211	17

The sites were diligent in demonstrating fiscal responsibility and accountability. During a group exercise at the June 1, 1998 site coordinator meeting, participants were asked to discuss what processes they used to tie the clinical record and financial documents together. Methods reported include:

- All expenditures must be part of an intervention tied to achieving the WA plan;
- All receipts and bills are kept as documentation;
- Separate cost centers are maintained for each source of funds;
- Budgeted to actual expenditures are compared on an ongoing basis;
- Budgets for each family are tracked individually;
- Monthly itemization of all expenditures are kept for each family; and
- Budget plans designate source of funds to use for each service.

At the site visits, sites were able to discuss the range of ways in which they shared funding for services. Some sites expressed extreme frustration with the limits and boundaries of categorical funding. Others were able to pool funds in manners that did not unduly constrain staff and allowed for allocation of funds based on family needs rather than according to funding sources. To create flexible funding measures, sites maximized their Wraparound dollars by putting all of it into one pot and then having a committee manage it according to structured policy and procedure. "It's nobody's money, but it's everybody's money. The mentality is that it's going to be paid...the matter is where it's going to come from. This has helped the spirit of collaboration," one site told us during our visit. Other sites found that the Child and Family Team meetings were a good forum for opening resources by providing successful brainstorming sessions and encouraging

information sharing among agencies, family and community members. With an emphasis on providing non-traditional services in Wraparound, community resources in addition to financial contributions were highly valued among families and agency professionals. One parent expressed that time is a valuable contribution. Especially from the administrative level, attendance at meetings and involvement on work group committees demonstrated commitment and support to the Wraparound process. Other services identified through Wraparound were car repairs and maintenance, appliances, donations of clothing, shoes, and other goods, local job opportunities, and community clubs and organizations like the church, YMCA, or the Boys and Girls Club.

MIFPI families sometimes had difficulty receiving services because of funding issues. Many Wraparound facilitators and resource coordinators often experienced limitations to what they could locate and access for a family. Changes in funding mandates from federal and state agencies also have added more confusion. To overcome these barriers, some sites are beginning to secure additional funding specifically for Wraparound.

D. Less Restrictive Placements

Significantly fewer children were in out-of-home placements during involvement with MIFPI. The first group analyzed had been in a placement setting at the time of Wraparound intake. This group is assumed to have more severe problems. Of this intake group, 71.8% had been in placement before they became involved with Wraparound. After intake, only 44.7% of these participants had an out-of-home placement.

	Number of Placements		Average Length of Stay	
Placement	Before WA	During WA	Before WA	During WA
Foster Care - FIA	52	23	250 days	153 days
Detention	61	61	87 days	69 days
Child Care Institution	29	19	392 days	154 days
Psychiatric Hospitalization	106	22	75 days	50 days

"This child would no longer be in our home if these services were not available."

"I am truly grateful that this service was available for me and my family. I also believe that if I had this service in the beginning my daughter would be here and never in placement. Thank you."

The second group was not in a placement at the time of Wraparound intake. Prior to MIFPI intake, this group had a placement rate of 54.0%, which went down to 32.8% during involvement with Wraparound.

Another significant factor is the decrease in length of stay in out-of-home placements. Percentages in the following table were derived from the 256 MIPFI participants who were not in placement upon Wraparound intake. The length of stay decreased for every category of out-of-home placement.

Appendix 2 has detailed placement tables.

VI. Conclusions and Recommendations

A. Children and Families

The principal elements of Wraparound, the child and family team and the strength-based plan, were found to be effective ways of working with the MIFPI families. Family members and local agency staff alike reported that the process was more effective than interventions that had been used in the past. These families entered MIFPI because of the intensity and complexity of their cases and the fact that traditional interventions had not been able to maintain the families. MIFPI and the Wraparound process were able to make inroads into helping families stay together successfully.

The benefits of a unified strength-based plan cannot be over-exaggerated. The Wraparound plans developed were based on the families' identified strengths and resources. The plans were approved by the various agencies involved with the families so they were all working toward the same goals. This greatly reduced the fragmentation and the feeling of being pulled in many directions that the families had experienced prior to being involved in MIFPI.

This is not to say that all families were able to become self-sufficient and have their children at home. In a few cases, the process revealed that it was in the best interest of the child to be away from his or her parents. In these cases, the Wraparound team was a tremendous asset to the family as they dealt with these difficulties.

The use of parent advocates and aides were services that families and agency staff pointed to as being particularly helpful. Parent advocates were able to provide families entering MIFPI, or considering it, with very useful advice about how the process works and what it did for them. It helps new MIFPI families to enter the process with their eyes open, having realistic expectations of what will happen and the intensity of the process. It also lets them know that Wraparound takes a tremendous commitment from all of the family members involved but is well worth the effort. Aides were used to assist families with behavior management. This allowed some children to be able to attend school and for parents to have an additional resource to use when situations at home began to escalate.

Another feature of MIFPI was the flexible funds available to the teams. These funds helped augment categorical funds to fill in gaps so that plans could be implemented. Sites were very conscientious about using the funds only for budgeted items which were not covered by other funds and about documenting how the funds were used.

A consistent theme of the sites was that Wraparound is an intensive process which takes a considerable amount of staff time, especially in the early stages as families are being screened, team members are being recruited, the strengths assessment is completed, priorities are set and the

plan is developed. Not all agencies had mechanisms in place to accommodate the staff time required for participation in Wraparound. It is essential to the process that staff know that their involvement in the Wraparound process is valued by their agency and they are given adequate administrative means for reporting their Wraparound activities and time. They also need the flexibility to meet with their clients after hours.

Resource coordinators need to play an active role in soliciting community agencies and businesses willing to provide resources. These should be in place as early as possible to expand the Community Teams' options. One resource coordinator told of how she canvasses the community in search of resources and has been very successful at developing a devoted group of community groups and businesses willing to assist with appliances, goods and services.

The data show that placements and length of time in placement decreased for MIFPI children and that functioning levels improved for both MIFPI children and their families. This speaks strongly for the value of MIFPI and the Wraparound process to communities as a means not only of providing families with high quality, effective interventions but also as a means of decreasing use of the most expensive children's services.

B. Systems

In our second annual report we discuss the importance of trust as a foundation of collaboration. Trust must be developed at all levels, between family members and workers, between workers and their agencies, between directors of local community agencies, and between the agencies and the community at large. Some communities are more ready for collaboration than others. Some of the factors involved include:

HISTORY OF COLLABORATION - It is obviously much easier to build on a solid foundation than to start from scratch. It is crucial to determine the reasons why a community has not previously had successful collaborative efforts. Conditions might not have changed enough to have a successful collaboration in the near future if the underlying reasons have not been addressed before collaborative efforts commence. Key stakeholders, decision makers, and workers must 'buy into' the collaborative effort.

COMMITMENT OF THE KEY LOCAL AGENCIES - To successfully implement the Wraparound process, all of the key agencies that work with children and families should be committed to the process, i.e. courts, schools, child welfare agencies, mental health agencies, health departments and others. Without a significant level of commitment to the process, it will be difficult for agencies to pool resources.

SETTING COMMUNITY GOALS – These must be based on a shared vision. Communities need to set short-term, intermediate-term and long-term goals and to monitor their progress toward those goals. The short-term goals would include such start-up issues such as getting all community agencies involved and determining their roles and level of activity, funding sources and the level

to which funds can be pooled, determining staffing needs, determining communication channels, writing procedures, designing forms and data collection protocols and arranging training sessions. Intermediate goals would include implementation issues such as conducting trainings as needed, refining procedures and protocols, and communicating regularly with agency staff and the community about the Wraparound process. Long-term goals are ones aimed at making the Wraparound process 'standard operating procedure' for community agencies and families. Long-term goals include continuing training and inservice opportunities, celebrating successes as a community, developing 'no wrong door' methods of accessing Wraparound, pooling funds as much as possible, and advocating for changes at the state and federal levels which will eliminate barriers to collaboration, especially some of the restrictions on categorical funds which can hinder pooling resources.

NATURAL SUPPORTS - Involving natural supports on teams, especially community-level teams created a challenge for all of the sites. Most sites were able to get families and friends of the Wraparound families involved on child and family teams. However, it proved difficult for most communities to get non-agency staff involved on their community teams and collaborative bodies. This is not for lack of trying. It goes back to history of collaboration and how inclusive past efforts have been. Involving the human service community's natural supports during the start-up phase is important to get them involved in the process. This includes private human service agencies, the faith community, community leaders and elected officials, and service groups.

Once a community had decided it was ready to embark on the Wraparound process within a community collaborative structure, there are factors which can increase its ability to succeed. Some of the factors involved include:

START-UP ACTIVITIES - It is important to provide enough lead time to nurture the process and make the community familiar with Wraparound before implementing the process. This gives agencies opportunities to provide inservices and other training opportunities for their staff and to start thinking about internal changes in processing that need to occur before Wraparound is implemented.

TRAINING - It is important to have community-specific trainings, held locally (or within a fairly easy drive) to get key players together to plan and implement the effort. Especially during times of changes such as the beginning of the effort or when there is significant participant turnover, it is vital to have a means for getting new participants oriented and integrated into the process activities as quickly as possible. Training should be done for community team members, child and family team members, agency staff, and others as needed to meet the community's goals.

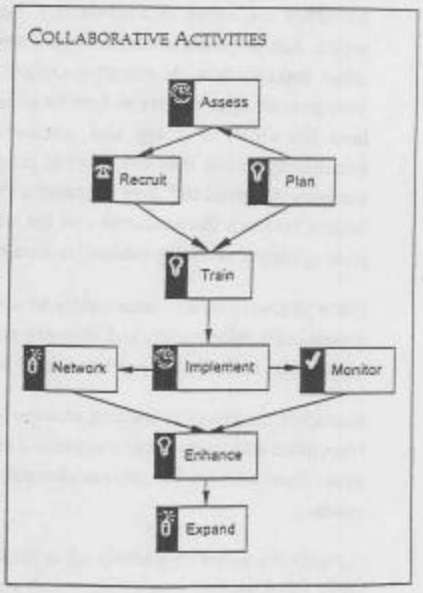
STAFFING - Having local staff who understand the Wraparound process and can get community members excited about it is key. They can be instrumental in implementing the process and recruiting community members and agency staff to be involved. They can make presentations and publish newsletters as well as coordinating Wraparound activities.

LEADERSHIP - Someone with authority needs to be responsible for the Wraparound process. This person ideally is someone with whom the community can identify and someone who is respected in the community. This person would be the spokesperson for the Wraparound process in the community. This person needs to be the champion for the process at the community and state level.

ROLE OF STATE AGENCIES - Providing staff to provide technical assistance, training and information dissemination is crucial. State agency staff can act as a conduit for information transfer by sharing what they have learned about Wraparound and community collaboration with local Wraparound efforts. They can provide forums and other networking opportunities for local Wraparound staff and participants to get together to exchange information and learn from each other's experiences. They can also advocate for changes at the state and federal levels which are needed to enhance the Wraparound process.

VII. An Outline for Success

There are several factors that have an impact on the success of collaborative efforts. Communities embarking on this process need to be aware of the activities involved in creating and maintaining a successful collaborative venture.



ASSESS what it will take to get a collaborative effort underway. This task must be approached very pragmatically. It entails taking a look at whether any other collaborations have occurred and their outcomes. It involves considering other factors in the community such as the political climate, hot-button issues, and relationships among key players.

RECRUIT agencies, community groups, and advocates to be involved and committed. This involves a lot of one-on-one meetings with people in the community who can either make or break the collaborative effort. Make sure people understand what is being attempted, the benefits it will bring the community and what is expected of them and their agencies or groups.

PLAN the process. Determine goals and methods to use for accomplishing them. Be specific. People from the different systems will come to the process with their own set of core values. Each system must be willing to compromise with the others in order to reach consensus on a mutual set of core

values. These core values are what drives the process of determining the goals of the project. Clearly delineate the goals of the project and develop outcomes and measures that will accurately capture whether the goals are being met. Make sure roles and responsibilities are clear and that they are fully accepted. Determine whether there are external factors that need to be addressed and work to resolve them.

TRAIN agency staff about their roles in the collaborative effort and hold periodic training sessions so new staff can attend. Make sure there are training opportunities for people who are more experienced in collaboration so they can learn new techniques.

IMPLEMENT the specific collaborative effort. Start on a small scale with people who have been trained and are excited about the process. This is the time to make announcements to the community in press releases, newsletters and speaking engagements. Get to word out about the opportunities involved and the benefits to the community that can come from successful collaboration.

MONITOR the effort to address any 'bugs' in the implementation. Identify additional training topics. Ask those involved, both staff and participants, how things are going. Get feed back from other stakeholders. Monitoring should be a continuous process. It helps staff determine the outcomes of their efforts and make adjustments as necessary. It helps agency directors to know how the effort is doing and whether their staff is participating as necessary. It helps the community to see that the effort is progressing and having an impact. On the state level, have someone assigned full time to monitor the evaluation, working with the evaluator and acting as a liaison between the evaluator and the sites. This also allows for information dissemination to the state agencies, allowing evaluation data to be used as a decision-making tool on an ongoing basis.

NETWORK with other communities who are implementing similar collaborative efforts. This helps disseminate information and shortens everyone's learning curve. Networking can also occur with researchers and other experts to help expand the pool of knowledge.

ENHANCE the effort by making changes identified while monitoring the process and those learned from other communities and experts. Collaborative efforts are dynamic systems which evolve over time. They take on the unique characteristics of their communities and address their particular needs.

EXPAND the effort to address other issues which are related to the original one. Also expand to serve more participants as more staff are trained and more community members learn about the effort's successes.

VIII. Appendices

Appendix 1: Demographic Data

Age	Female	Percent of Total	Male	Percent of Total	Total	Percent of Total
0	3	0.4%	2	0.3%	5	0.7%
1	4	0.5%	2	0.3%	6	0.8%
2	1	0.1%	3	0.4%	4	0.5%
3	3	0.4%	3	0.4%	6	0.8%
4	5	0.7%	9	1.2%	14	1.8%
5	4	0.5%	6	0.8%	10	1.3%
6	6	0.8%	14	1.8%	20	2.6%
7	6	0.8%	12	1.6%	18	2.4%
8	14	1.8%	14	1.8%	28	3.7%
9	6	0.8%	29	3.8%	35	4.6%
10	7	0.9%	47	6.2%	54	7.1%
11	14	1.8%	42	5.5%	56	7.3%
12	17	2.2%	48	6.3%	65	8.5%
13	30	3.9%	62	8.1%	92	12.0%
14	41	5.4%	73	9.6%	114	14.9%
15	44	5.8%	74	9.7%	118	15.4%
16	24	3.1%	64	8.4%	88	11.5%
17	10	1.3%	20	2.6%	30	3.9%
18	0	0.0%	1	0.1%	1	0.1%
Total	239	31.3%	525	68.7%	764	100.0%

Income Category	At Intake	Percent of Total	At Closure	Percent of Total
Not Reported	28	7.3%	100	25.8%
$0	46	11.9%	13	3.4%
$1 to $4,999	6	1.6%	12	3.1%
$5,000 to $7,499	20	5.2%	16	4.1%
$7,500 to $9,999	27	7.0%	19	4.9%
$10,000 to $12,499	42	10.9%	43	11.1%
$12,500 to $14,999	19	4.9%	15	3.9%
$15,000 to $19,999	47	12.2%	38	9.8%
$20,000 to $24,999	54	14.0%	34	8.8%
$25,000 to $29,999	14	3.6%	19	4.9%
$30,000 to $39,999	29	7.5%	34	8.8%
$40,000 and Over	53	13.8%	42	10.9%
Total Respondents	385	100.0%	387	100.0%

Children in Various Educational Settings: X indicates settings included in total

Regular Education	Special Education	Alternative Education	Residential Setting	Home-based Instruction	Total	Percent of Total
X					127	33.0%
	X				93	24.2%
X	X				63	16.4%
		X			15	3.9%
X			X		12	3.1%
X	X		X		11	2.9%
			X		9	2.3%
	X		X		9	2.3%
X		X			9	2.3%
	X	X		X	8	2.1%
					6	1.6%
				X	3	0.8%
		X	X		3	0.8%
X	X		X	X	3	0.8%
	X	X			2	0.5%
X				X	2	0.5%
X	X			X	2	0.5%
X	X	X			2	0.5%
	X			X	1	0.3%
	X	X		X	1	0.3%
	X	X	X		1	0.3%
X			X	X	1	0.3%
X		X	X		1	0.3%
X	X	X	X		1	0.3%
					385	100.0%

Source of Income	At Intake	Percent of Total	At Closure	Percent of Total
Employment Wages	277	73.3%	276	76.7%
TANF/Public Assistance	101	26.7%	72	20.0%
Child Support	55	14.6%	59	16.4%
Social Security Disability or Survivors's Benefits	132	34.9%	123	34.2%
Food Stamps	39	10.3%	50	13.9%
Foster Care Program	16	4.2%	29	8.1%
Adoption Subsidy	8	2.1%	12	3.3%
Family Support Subsidy	2	0.5%	5	1.4%
Pension or Retirement Income Other than Social	7	1.9%	10	2.8%
Unemployment	1	0.3%	1	0.3%
Worker's Compensation	6	1.6%	3	0.8%
Self-Employment	4	1.1%	7	1.9%
Alimony	3	0.8%	3	0.8%
Independent Living	1	0.3%	1	0.3%
Other	5	1.3%	7	1.9%
Total Respondents	378	100.0%	360	100.0%

Living Arrangement	At Intake	Percent of Total	At Closure	Percent of Total
Home of Biological Parent(s)	205	53.2%	217	56.1%
Relative Other than Biological Parent(s)	25	6.5%	25	6.5%
Adoptive Home	13	3.4%	18	4.7%
Home of Family Friend	1	0.3%	6	1.6%
Independent Living with Friend/Sibling/Alone	3	0.8%	11	2.8%
Regualr Foster Care	22	5.7%	23	5.9%
Therapeutic/ Specialized Foster Care	21	5.5%	12	3.1%
Group Home	4	1.0%	9	2.3%
Juvenile Detention Center	8	2.1%	22	5.7%
Child Caring Institution	28	7.3%	9	2.3%
Inpatient in Psychiatric Hospital	7	1.8%	4	1.0%
Emergency Shelter	0	0.0%	1	0.3%
AWOL/ Unkown	0	0.0%	7	1.8%
Jail/Prison	0	0.0%	3	0.8%
Legal Guardian	1	0.3%	3	0.8%
Residential Sex Offender Treatment Program	0	0.0%	2	0.5%
Respite	0	0.0%	0	0.0%
Other	2	0.5%	5	1.3%
Not Reported	44	11.4%	10	2.6%
Total Respondents	385	100.0%	387	100.0%

Reason for Referral by Source of Referral	Family/ Self	School	CMH	Probate Court	FIA	Private Child Serving/ Placing Agency	Private Therapist Counselor Psychologist Psychiatrist Psychiatric Hospital	Other	Total
Abuse	5	10	17	9	53	0	0	2	81
Neglect	7	9	17	9	59	1	0	5	89
Delinquency	13	21	50	116	74	1	2	5	222
Foster Care Program	3	2	12	15	32	0	0	2	57
Substance Abuse	6	8	8	20	32	0	0	2	61
Chronic Physical Condition, Illness or Disability	3	11	21	11	17	1	2	4	60
Emotional Disturbance	12	29	80	45	58	3	6	8	182
Emotional/Physical Inability of Parent(s) to Care for Child/ren	4	6	9	7	6	1	1	1	27
Behavior Problems in School/ Poor Social or Academic Functioning	7	21	21	30	16	1	2	3	80
Goal of Family Reunification/ To Maintain Family Together	6	5	11	21	17	1	0	3	53
Sexual Acting Out	1	0	4	4	4	1	0	1	11
Sexual Assault	1	1	3	2	3	0	0	0	8
Other	3	4	5	7	6	0	0	4	18
Total Respondents	23	53	101	125	140	4	6	14	343

Type of Service	At Intake	At Intake	At Closure	At Closure
Case Management	269	70.2%	208	59.6%
Intensive Home-based Services	143	37.3%	110	31.5%
Outpatient Psychotherapy/ Counseling	274	71.5%	208	59.6%
Day Treatment/ Partial Hospitalization	28	7.3%	18	5.2%
Respite	114	29.8%	95	27.2%
Substance Abuse Treatment	67	17.5%	55	15.8%
Youth Companion, Buddy, or Other One-on-One Services for	143	37.3%	107	30.7%
Recreational Services	132	34.5%	122	35.0%
Assessment/ Medical Management of Chronic Disease, Condition or Disability	59	15.4%	45	12.9%
Employment Services	32	8.4%	55	15.8%
Education/ Training	133	34.7%	129	37.0%
Transportation Services	123	32.1%	87	24.9%
Concrete Services	122	31.9%	105	30.1%
Assessment/ Medical Treatement for Emotional or Behavioral Disturbance	37	9.7%	59	16.9%
Regular/ Therapeutic Foster Care	15	3.9%	29	8.3%
Latch Key/ After School Programming	2	0.5%	3	0.9%
Domestic Violence/ Spousal Abuse Support Services	4	1.0%	7	2.0%
Behavior Incentives/ Management/ Rewards/ Motivators	41	10.7%	66	18.9%
Court Services	61	15.9%	88	25.2%
Homemaking, Parent Aide or Other One-on-One Services for Parents	10	2.6%	19	5.4%
Consultation Services	11	2.9%	22	6.3%
Psychiatric Hospitalization	10	2.6%	9	2.6%
Residential Treatment	12	3.1%	27	7.7%
Emergency Services	11	2.9%	21	6.0%
Parent Pregnancy/ Infant Program	2	0.5%	3	0.9%
Individualized/ Alternative Educational Services	23	6.0%	49	14.0%
Self-esteem Support Group	4	1.0%	10	2.9%
Camp	6	1.6%	28	8.0%
Supported Independent Living	1	0.3%	3	0.9%
Advocacy	18	4.7%	40	11.5%
Early On/ Other Early Intervention Programs			2	0.6%
Publich Health Services			5	1.4%
Immunization			8	2.3%
Child Care			13	3.7%
Other	8	2.1%	23	6.6%
Total Respondents	383	100.0%	349	100.0%

Team Member: Multiple responses are possible	At Intake	Percent of Total	At Closure	Percent of Total
Case Manager	222	58.0%	189	51.9%
Psychotherapist/Counselor	208	54.3%	173	47.5%
Social Worker	137	35.8%	89	24.5%
Minister	31	8.1%	24	6.6%
Teacher	110	28.7%	92	25.3%
Parent	351	91.6%	328	90.1%
Relative other than Parent	171	44.6%	140	38.5%
Care Giver other than Relative	98	25.6%	73	20.1%
Identified Child	312	81.5%	258	70.9%
Friend of Child or Child's Sibling	80	20.9%	85	23.4%
Friend of Parent	115	30.0%	89	24.5%
Probation/Parole Officer, Court Volunteer/Officer	138	36.0%	118	32.4%
Child Welfare Worker	97	25.3%	79	21.7%
WA Facilitator/ Resource	187	48.8%	257	70.6%
Sibling/Other Child in Home	40	10.4%	66	18.1%
Youth Companion, Buddy, or Other One-on-One Companion for Child	52	13.6%	59	16.2%
Youth Companion Supervisor/ Administrator	20	5.2%	31	8.5%
Child or Family Advocate	22	5.7%	19	5.2%
School Personnel	50	13.1%	65	17.9%
Homemaker/Parent/Aide/ Support Worker	19	5.0%	19	5.2%
Police Officer/ Detective	6	1.6%	8	2.2%
Child Welfare Supervisor/ Administrator	2	0.5%	3	0.8%
Recreational Therapist	1	0.3%	0	0.0%
Respite Worker/ Coordinator	9	2.3%	13	3.6%
Attorney	2	0.5%	4	1.1%
Families First Worker	4	1.0%	6	1.6%
Consultant	1	0.3%	3	0.8%
Public Health Nurse/ Health Care Worker	6	1.6%	7	1.9%
Psychiatrist	2	0.5%	3	0.8%
Occupational Therapist	0	0.0%	1	0.3%
Adoption Subsidy Worker	1	0.3%	3	0.8%
Teens-in-Transition Worker	1	0.3%	1	0.3%
Domestic Abuse Worker	2	0.5%	2	0.5%
Sign Language Interpreter	0	0.0%	1	0.3%
Foster Care Worker	4	1.0%	11	3.0%
Residential Treatment Facility Staff	7	1.8%	8	2.2%
Previous Foster Parent to Child	2	0.5%	5	1.4%
Student Intern	4	1.0%	1	0.3%
Personal Safety Trainer	2	0.5%	0	0.0%
Total Respondents	383	100.0%	364	100.0%

Appendix 2: Placement Data from the Family Independence Agency

Participants Not In a Placement When Beginning MIFPI Before 3/31/98 and Ending MIFPI Before 3/31/98, Verified Placements Prior to MIFPI

Place Description	Number of Episodes	Number of Participants	% of Participants	Total Days	ALOS per Episode	ALOS per Participant
Mental Health Facility	106	58	42.0%	4,329	41	75
Foster Home - DSS	52	45	32.6%	12,366	242	280
Detention	61	42	30.4%	3,647	60	87
Relatives (1)	28	27	19.6%	11,025	394	408
Private Child Care Institution	29	21	15.2%	8,255	284	393
Foster Home - Private Agency	22	18	13.0%	6,330	288	352
Res. Care Center (DSS)	10	6	4.3%	395	40	66
DSS Camp	6	6	4.3%	1,146	191	191
AWOL	6	6	4.3%	454	76	76
Adoptive Home	4	3	2.2%	313	78	104
Boarding School, Runaway Facility, Hosp	2	2	1.4%	437	219	219
DSS Training School	2	2	1.4%	7	4	4
Arbor Heights	1	1	0.7%	584	584	584
Number of Participants Having A Placement	1	1	0.7%	429	429	429
Number of Participants Not in Placement When Beginning MIFPI		138	53.9%			
Number of Participants Beginning and Ending MIFPI before 3/31/98		256	71.3%			
		359				

(1) FIA considers kinship care a placement in its data base

Participants Not In a Placement When Beginning MIFPI Before 3/31/98 and Ending MIFPI Before 3/31/98, Verified Placements During MIFPI

Place Description	Number of Episodes	Number of Participants	% of Participants	Total Days	ALOS per Episode	ALOS per Participant
Detention	61	35	41.7%	2431	40	69
Foster Home - DSS	25	20	23.8%	3057	153	153
Private Child Care Institution	19	16	19.0%	2486	130	134
Mental Health Facility	22	13	15.5%	654	30	50
Relatives	11	11	13.1%	1700	155	155
Foster Home - Private Agency	6	6	7.1%	1830	305	305
Res. Care Center (DSS)	4	4	4.8%	340	85	85
Jail	4	4	4.8%	146	37	37
AWOL	4	4	4.8%	326	82	82
Independent Living	3	3	3.6%	487	162	162
Group Home (DSS)	3	3	3.6%	30	10	10
Home of Friends	4	3	3.6%	115	29	38
Respite	2	2	2.4%	35	18	18
Own Home, Parents	1	1	1.2%	598	598	598
Legal Guardian	1	1	1.2%	28	28	28
Public Shelter Home / Facility	1	1	1.2%	9	9	9
DSS Camp	1	1	1.2%	4	4	4
Out-of-State Placement	1	1	1.2%	30	30	30
Boarding School, Runaway Facility, Hosp	1	1	1.2%	53	53	53
Residential Sex Offender	1	1	1.2%	28	28	28
Number of Participants Having A Placement		84	32.8%			
Number of Participants Not in Placement When Beginning MIFPI		256	71.3%			
Number of Participants Beginning and Ending MIFPI before 3/31/98		359				

Participants In a Placement When Beginning MIFPI Before 3/31/98 and Ending MIFPI Before 3/31/98, Verified Immediate Placement						
Place Description	Number of Episodes	Number of Participants	% of Participants	Total Days	ALOS per Episode	ALOS per Participant
Detention	24	16	34.8%	938	39	59
Foster Home - DSS	17	12	26.1%	1860	109	155
Relatives	14	11	23.9%	1149	82	104
Foster Home - Private Agency	12	9	19.6%	2570	214	286
Private Child Care Institution	10	8	17.4%	1226	123	153
Independent Living	7	6	13.0%	1526	218	254
Mental Health Facility	5	5	10.9%	258	52	52
AWOL	7	5	10.9%	314	45	63
Group Home (DSS)	4	3	6.5%	181	45	60
Res. Care Center (DSS)	3	3	6.5%	443	148	148
Public Shelter Home / Facility	4	2	4.3%	34	9	17
Legal Guardian	1	1	2.2%	2	2	2
Residential Sex Offender	1	1	2.2%	32	32	32
Respite	1	1	2.2%	2	2	2
Number of Participants Having a Placement		46	44.7%			
Number of Participants in Placement When Beginning MIFPI		103	28.7%			
Number of Participants Beginning and Ending MIFPI before 3/31/98		359				

Participants In a Placement When Beginning MIFPI Before 3/31/98 and Ending MIFPI Before 3/31/98, Verified Immediate Placement						
Place Description	Number of Episodes	Number of Participants	% of Participants	Total Days	ALOS per Episode	ALOS per Participant
Foster Home - DSS	49	29	39.2%	20,064	409	692
Mental Health Facility	43	26	35.1%	2,939	68	113
Foster Home - Private Agency	34	22	29.7%	8,398	246	380
Detention	27	17	23.0%	1,478	55	87
Private Child Care Institution	21	16	21.6%	5,174	246	323
Relatives	21	14	18.9%	12,821	611	916
Group Home (DSS)	5	5	6.8%	659	132	132
AWOL	5	5	6.8%	293	59	59
Public Shelter Home / Facility	3	3	4.1%	1,556	519	519
Adoptive Home	4	3	4.1%	93	23	31
Res. Care Center (DSS)	3	2	2.7%	1,420	473	710
DSS Training School	2	2	2.7%	547	274	274
Boarding School, Runaway Facility, Hosp	5	2	2.7%	916	183	458
Court Treatment Facility	1	1	1.4%	20	20	20
Arbor Heights	1	1	1.4%	447	447	447
Number of Participants Having a Placement		74	71.8%			
Number of Participants in Placement When Beginning MIFPI		103	28.7%			
Number of Participants Beginning and Ending MIFPI before 3/31/98		359				

Appendix 3: Background of the Michigan Interagency Family Preservation Initiative

MIFPI, the Michigan Interagency Family Preservation Initiative, began in 1990 when Michigan joined the nationwide Child and Adolescent Service System Program (CASSP). CASSP, initiated in 1984 by the National Institute of Mental Health (NIMH), began providing planning grants in 1986 to state agencies responsible for children's mental health. The Michigan Department of Mental Health applied for and received a 3-year CASSP planning grant in 1990.

Jane Knitzer's (1982) book, *Unclaimed Children*, documented the conditions that precipitated the establishment of CASSP: an increasing number of children and youth, nationwide, coming to official attention for emotional disturbance; and inadequate quantity, range, and organization of available services for them. These conditions motivated staff in the Michigan Department of Mental Health to apply for a CASSP planning grant.

During evaluation of Michigan's CASSP planning grant, state and county-level human services staff were interviewed about conditions in the state for serving severely emotionally disturbed children and youth. The interviewed staff described the following situations as typical:

- Children for whom no or too few appropriate services were available.
- Children institutionalized for lack of alternative services, provided little or no meaningful help during institutionalization, and returned to a home not prepared to care for them.
- Children shuffled back and forth among agencies (Social Services, Mental Health, Special Education, law enforcement) without continuity of care.
- Children with similar difficulties handled quite differently by different agencies.
- Agencies handling complex cases alone for lack of service coordinating mechanisms.
- Agencies struggling to provide (or not providing) obviously needed services because their funding sources did not reimburse the costs of those services.

Michigan's initial CASSP planning project was designed as a modest attempt "to increase the quality and availability of services for children and adolescents with, and at risk of, severe emotional disturbances and their families":

- It would establish a state-level coordinating structure.
- It would develop a model for care, and implement it in two pilot counties.
- It would provide a state-level training capacity to support local agencies providing services to children and youth with severe emotional disturbance.
- It would search for ways to increase funding for "family-centered, community-based care as opposed to unnecessary hospitalization and residential treatment."

Michigan's CASSP project reflected four trends gathering strength across the United States in the late 1980s and early 1990s, trends which CASSP catalyzed:

- Integrating interagency service delivery to improve service flexibility. There was increasing staff frustration with the inefficiencies and ineffectiveness of segmented service delivery to the same clients by multiple

agencies. Michigan's CASSP project was initiated as a practical step toward integrating services to individual clients and families across agencies.

- Using human service dollars more efficiently to offset declining federal funding. Human service agencies everywhere were struggling with diminishing levels of funding. The absolute potential of Michigan's CASSP project to reduce agency budgets was not dramatic. "Million dollar cases" – the worst examples of ineffective and fragmented service delivery – were dramatic in themselves, however, and the project offered the possibility of reducing expenditure by substituting less costly and more effective alternatives for expensive out-of-home placements.

- Strengthening families' capacity to care for their own emotionally disturbed children. Human agency staff and academic researchers were increasingly concluding that emotionally disturbed children and youth reflected family and community conditions, not just idiosyncratic personal dysfunction. Michigan's CASSP project was designed to implement and communicate practical ways, using community resources, to help families provide healthier environments for emotionally disturbed children and youth.

- Involving clients, families, and communities in program design and implementation. There was a growing realization across the country that clients, their families, and their communities held the majority of the resources available for addressing issues of emotional disturbance; and that efficient and effective programming required facilitating the use of those resources. Michigan's CASSP project specifically aimed to provide training and other technical support to pilot counties exploring client-centered, family-focused, community-based programming to address severe emotional disturbance in children and youth.

Michigan's CASSP project began in the midst of a more general transition in Michigan toward coordinated human service delivery – a transition to which the project contributed significantly. Three elements in that transition were particularly significant for the CASSP planning project:

- In the late 1980s Michigan initiated Early On, the state's use of the Part H federal funding to coordinate human services to families of infants with physical disabilities and/or developmental delays. This program established successful state-level and county-level precedents for interagency collaboration in providing services to a defined population with a specific need. Early On provided a reservoir of state- and local-level staff who were experienced in collaborative planning and service implementation.

- In 1989, the Prevention Services unit of the Michigan Department of Mental Health began funding prevention coordinators for counties that established a Human Services Coordinating Body (HSCB). HSCBs included all major public human service agencies, and received staff support from the prevention coordinators for joint planning and service implementation. As the CASSP planning project evolved into MIFPI and expanded, the establishment of HSCBs provided a set of candidate counties for participation – counties in which a framework of collaborative planning had already been established.

- In 1990, several state department directors met to address common concerns. Against the backdrop of growing interest in a single agency to address children's issues, they emphasized the need for service coordination, chose children's issues as the foremost priority, and encouraged the submission of Michigan's proposal for a CASSP planning grant.

Michigan's CASSP planning project officially began in October 1990. As project development got under way in early 1991, newly-elected Governor Engler was installing his administration. The project and its concept caught the attention of key new department administrators. As a result, the state-level interagency effort was strengthened; the original plan for two pilot counties was replaced by a plan to start the project in six counties (selected in July 1992); additional grant funding was obtained; and the overall project was re-named the

Michigan Interagency Family Preservation Initiative (MIFPI). Two years later, the project had expanded to include 22 counties – six counties added in July 1993, and 10 more in July 1994.

The initial structure of Michigan's CASSP planning project included a Steering Committee and four subcommittees, composed primarily of employees from the four principal participating agencies (Mental Health, Public Health, Education, Social Services) and the Department of Management and Budget, with some consumer representatives. As the subcommittees developed and submitted their recommendations, project action increasingly centered in the efforts of the core staff implementing the CASSP grant.

In June 1992, a retreat of the Steering Committee prepared for a new stage of project organization. With six counties shortly to be selected as implementation sites, and new grant funding secured to support that implementation, two key changes were made:

(1) The overall program was designated the Michigan Interagency Family Preservation Initiative. The CASSP planning project became simply one source of funds for the overall Initiative.

(2) Groundwork was laid for project guidance using committees of staff from the implementation sites. The Steering Committee, having provided initial project design, had by 1994 been essentially superseded. The later structure used groups of staff from the implementation sites for policy development, and the core state-level staff for program implementation and coordination.

Among the many decisions and events that propelled Michigan's CASSP planning project into the program that MIFPI has become, a handful had exceptional impact:

◊ Defining program eligibility in administrative rather than clinical terms. In 1991, the subcommittee defining program eligibility struggled to turn clinical diagnostic criteria into a straightforward eligibility definition. The frustration of the task led to a shift of thinking – that referral could be based on behavior and effects on others rather than a diagnostic conclusion about internal causes. As a result of this approach to eligibility definition:

– Individual eligibility decisions became easier and more consistent, since they were based on readily observable events.

– The effectiveness of service could more easily be judged, by using changes in the frequency of eligibility defining behaviors.

– The instrument adopted for client assessment was behaviorally based and highly pragmatic, facilitating acceptance and implementation by human services staff.

◊ The report of the Finance Subcommittee. This report, in 1991, identified several potential funding sources and catalyzed considerable action over the next two years to explore those sources. Among the specific results:

– State staff and sites developed mechanisms to use 1915A federal funding to pay for services provided through MIFPI.

– A matrix was devised to record relevant funding sources to all local participating agencies. The resulting information demonstrated how much funding was already available for services if ways could be found to apply it.

- The directive to expand the number of initial counties. In 1992, the state department directors asked that more counties be included in the program. This decision abruptly changed a small demonstration project into the first stage of a much larger program. It accelerated the development of MIFPI by two years or more, particularly the search for additional funding sources to support the expansion.

- The process for selecting implementation sites. The process developed (and first applied in 1992) was competitive. All counties in the state were eligible, and interested counties (or groups of counties) applied by describing how they would implement MIFPI locally. Selection was strongly affected by evidence of motivation to institute MIFPI principles locally. As a result, the initial counties contained many strong agency administrators for whom agency collaboration was an important goal. This commitment was essential to project success, since local financial payoff was dependent on local implementation, rather than direct payment from the state project.

- Opening training to staff throughout the state. Training opportunities, by MIFPI staff and by contracted consultants, was made available beginning in late 1992. These training opportunities were successively expanded, and provided in locations throughout the state. The response to this training demonstrated a wide demand for understanding and implementing the principles underlying MIFPI. This expanded training helped additional counties prepare themselves to be implementation sites as the program expanded. It also helped to spread the principles of MIFPI even to counties that were not formal implementation sites.

- The establishment of the Barrier Busters group. In 1993, a meeting of staff from the implementation sites surfaced a significant number of complaints about barriers to local collaboration that were rooted in state agency policies. A state-level group was established to address these issues. One practical effect was removing or reducing some of the identified barriers. More importantly, the group represented the recognition that coordination required more than interagency work at the state level and at the local level; it also required systemically considering how state-level policy affects local agency behavior.

- Establishing advisory groups consisting of local staff and clients involved in implementing MIFPI. As this structure was developed in 1993–4, it provided a mechanism for consistent feedback from local staff and clients, and a forum for interaction among staff and clients from different areas. In general, this structure helped maintain a high level of commitment to the program. It was particularly useful with respect to developing evaluation. The shared process of developing the evaluation design addressed three of the most difficult issues evaluations face:

  - Inducing staff commitment to the process of data collection, and use of evaluation results.
  - Establishing a process for evaluation that can be continued without great expense.
  - Orienting staff to outcomes rather than activities in reviewing program operation.

MIFPI has addressed interwoven issues of concern to top officials in state government. As a result, its activities have consistently attracted their attention and support. Its design ensures that payoff for participation comes from effort, not as a direct reward. As a result, the program has attracted very motivated staff at both the state and local level. The quality and motivation of the staff involved have been essential both to the program's expansion and its effectiveness in diffusing its principles throughout the state's human services programs.