

Wisconsin Council on Children's Long-Term Supports

RECOMMENDATIONS FOR IMPROVING LONG-TERM SUPPORTS AND SERVICES FOR FAMILIES AND CHILDREN WITH DISABILITIES – March 2014

- 1. Maximize the best possible outcomes for children and their families* who access public supports. Educate, support and empower families.**
 - a. As an evaluation strategy for the CLTS programs, undertake a process to develop outcome measures identified by the CLTS Council, counties and families and implement a family periodic evaluation process to obtain information from families about the effectiveness of supports and services. Use this information to guide quality improvement efforts.
 - b. Assure that annual planning for current and future needs of a child and family is based on the family identified outcomes, not a menu of services. Shift conversations from services to supports for the family's vision.
 - c. Start early and continue often to help families shape a positive vision for the future and actualize that vision as partners and advocates with schools, CLTS, and their communities.
 - d. Support opportunities for families to acquire skills and knowledge to be effective partners and advocates.
 - e. Develop an integrated, web-based CLTS information technology system that improves data reporting that describes CLTS including elements such as numbers served and on waiting lists; costs; spending trends; service utilization and demographics.

- 2. Improve access to helpful people, supports and service for families who interact with CLTS. Refocus role of front-line CLTS staff on relationships and support to families.**
 - a. Increase access to one-to-one service coordination supports for CLTS eligible families on a wait list who seek assistance with navigating programs, problem-solving and maximizing personal, community and public resources.
 - b. Prioritize values-based, family-centered training that is focused on increasing skills and knowledge of CLTS service coordinators to partner with families, use culturally effective practices, identify family outcomes and increase family access to generic community and natural supports, Medicaid covered services, private insurance, school supports and futures planning.
 - c. Provide regular learning opportunities for families and ensure ongoing interactions with service coordinators include information about connecting with other families for emotional supports, a vision for the future, partnering with professionals, and maximizing school and community resources.

- 3. Make sure the system is equitable for all families and children who are eligible and want assistance. Provide the right support, at the right amount, when it is needed.**

* The term "family" used in the broadest sense and is inclusive of the individual with a disability.

- a. Increase funding to reduce and eventually eliminate waiting lists for access to the CLTS for all children waiting, regardless of diagnosis. Any new funding should reduce the inequity between children with different disabilities.
- b. Assure that all children have equal access to eligibility determination using the functional screen with particular attention to children with severe emotional disturbance.
- c. Assure families have access to information that is understandable, reliable and culturally appropriate. This is accomplished by improving the competencies of those working with families as well as the quality and consistency of information available to families.

4. Improve efficiency and reduce duplication of effort. Eliminate barriers to coordination within DHS.

- a. Expand COMPASS Wisconsin-Threshold statewide to improve access to information, supports and eligibility determination, building on proven efficiencies experienced in counties using this single point of entry.
- b. Address barriers that prevent service coordinators from creative problem-solving that facilitates inclusion for the child and family and maximizes access of neighborhood and community supports.
- c. Minimize burdensome paperwork and regulatory processes for counties to allow them to redirect their time and resources to direct support to families.
- d. Make self-directed personal care, incontinent supplies and NEMT available to families.
- e. Improve access to and coordination with Medicaid prior authorization, private insurance and HealthCheck Other Services to reduce cost shifting to CLTS.
- f. Provide training to service coordinators on working with school and community partners to increase community capacity to support and include children with disabilities. Improve skills needed to integrate a variety of funding sources to meet family needs.