

Peters, Tammy

From: Jacqueline R. Moen [jackie@commonthreadsmadison.org]
Sent: Wednesday, August 18, 2010 11:04 AM
To: CDD Applications
Attachments: Common Threads answers to Committee questions Aug 2010 (3).doc

Thank you. We plan on attending the meeting.

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*~ Response from:
Common Threads*

1. What formalized fund develop plans does this agency have in the works?

Much of our revenue comes from formal contracts we have with most of the area's major HMO's as well as Medical Assistance and fee for service. We also work closely with and accepts funding from Family Support and Resource Center, Lutheran Social Services of Rock County, and Community Partnerships—Children Come First program.

In addition, Common Threads hosts one large fundraiser or pledge drive each year. We also apply to various organizations that host a fundraiser for a chosen recipient. We have been successful with the Madison Junior Women's Club, Walgreens Distribution Center, Knupp and Watson- Goodstock. We have also been awarded grants and donations from many of the area community service groups such as Children's Health Fund, several Rotary groups, Kiwanis, Alliant Energy, Cap Times Kids Fund, The Allyn Foundation Inc., Lazarz Family Foundation, Chicago Community Foundation, Norman Basset Foundation, American Family Insurance, and our local Lioness Club.

2. Are there formal referral plans in place for the youth deemed to difficult to handle through the program after initial involvement?

If a group therapy client/member is in need of a referral to an additional or alternative therapeutic service the following steps will be made by Common Threads therapy team.

- a. The clients/students family will be contacted to discuss the concerns of the therapy team and the plan for discontinuation or continuation (continuation would be an option if the referral process is related to more in-depth services needed and not due to clients unsafe or aggressive behaviors/challenges) of group therapy services.
- b. The family will be provided with referral options for their child, typically we anticipate that a child in need of a referral will need more intensive therapeutic interventions in a one-on-one capacity, related to anger management, sensory processing, physical or emotional regulation, and or social skill development.

Referral agencies we may use include (but are not limited to):

- i. Meriter Hospital Child & Adolescent Psychiatry
- ii. Dane Count Dept of Human Services
- iii. Community Partnerships
- iv. Rainbow Project
- v. Dane County Family Services
- vi. Common Threads individual therapy services

3. What other agencies providing services in this area is this agency allied with?

We are unaware of another area agency that duplicates the services we provide to individuals with autism or other behavioral disorders such as Oppositional Defiant Disorder or Reactive Attachment Disorder. Based on the inquiries we get from area school districts for mental health therapeutic services with their students who are just now receiving diagnoses of Autism spectrum disorder, presenting more significant behaviors, or experiencing new challenges, we believe there is a need for this service within our community and that this need is not already being addressed by another agency or funding source.

4. How will the schools be determined for service?

We will notify all area districts and if the response exceeds three school districts for the first year and six school districts for the second year we then plan to use a lottery process.

5. How will translation services be paid for?

According to area special education directors, special education students whose natural language is not English have translators that accompany them throughout their academic day. This program would fall within the parameters of their IEP program and translator services.

6. Justify the cost per individual delivery of services.

As discussed in question #9 below, the clinicians perform many tasks beyond actual group therapy time. Total clinician hours are estimated to be 30 hours per week at \$25 per hour, with a total cost for the program of \$29,250 including benefits, etc. In addition, significant clerical support will be needed to maintain files, handle phone calls and other means of communication. This brings the total personnel cost to \$31,746 for the program.

We estimate that additional operating costs will be about \$17,000, to include maintenance for office space, insurance, copier maintenance and depreciation, telephone, computer maintenance, supplies such as postage and paper supplies, and transportation costs.

Last, we estimate a cost of \$10,000 for the program's portion of utilities, building maintenance, and mortgage principal and interest.

The result is a total cost of \$58,746 for the program in the first year. With 72 clients, the cost per client is \$816 per client.

7. How long has the agency been a 501c3?

Approximately four years, since November 2006.

8. Is there another Community resources priority that you believe Common Threads addresses?

We feel children with autism and other behavioral and mental health issues represent a marginalized group that often becomes separated from mainstream society in various ways. However, individuals in this group often have keen strengths that go untapped because they are not understood. With the proper support and guidance, they can become self-sufficient, productive members of society. Providing this support early in life rather than later saves money and resources. For these reasons, we feel that our program also addresses both goals A1 and B1 of program area 3.

9. What other activities does the therapist do outside of the 6 hours of group therapy time?

Outside of the 6 hours of group therapy time, clinicians will be responsible to set up group therapy space and take-down/cleanup group therapy spaces within each school setting weekly. Additionally, they will be checking in and updating school personnel regarding the students within the groups during this setup/cleanup time. We anticipated a total of 30 minutes prior to each group and 30 minutes following each group would allow for both the group preparation and take-down, plus the constant and vital communication between the group therapist and the educational teams working with the children.

Additionally, group therapy staff will be composing therapeutic treatment plans for each child/client in conjunction with the school support team and the family and client goals for each group member. The staff will be documenting all group therapy sessions and maintaining weekly group therapy progress notes. They will be updating treatment plans as needed and consulting all team members when doing so. They will be contacting families regularly to talk about their child's treatment and will be creating group therapy experiential and lesson plans prior to each group therapy session. We have allowed six hours of time per week to meet these areas of importance. We will be also following up with referral needs when appropriate.

Lastly, clinicians will be required to travel to and from school settings. We have allowed for three hours per week for this expense.

10. Does the agency have a plan to diversify the Board, staff or volunteers?

We do not have a formal plan to diversify the Board, staff, or volunteers. However, as we grow our agency, we plan to actively incorporate more diversity in our make-up. As an agency that specializes in children with autism, our very philosophy is one that values differences and individual strengths. We see the

value of diversity in our day-to-day interactions, and strive to increase diversity in our management and staff as well.

11. How does this program match the Goals and Priorities of our Program Area 1?

One of the stated goals of our program is increased school success for middle school children with autism and other behavioral and mental health issues. Although not targeted specifically to low income families, with traditional treatment for these issues costing in the tens of thousands of dollars, most of these families are struggling with a major financial burden. As such, our program meets the A1 goal for program area 1.

Another stated goal of our program is “decrease in negative social behaviors (truancy aggression trouble with the law suspension)”. Many of these kids are at risk of involvement in the criminal justice system. Because of this aspect, our program also meets the B3 goal for program area 1.

Noel, Laura

From: CDD Applications
Sent: Tuesday, August 17, 2010 8:16 AM
To: Noel, Laura; Wendorf, Lorri; Clingan, William
Subject: FW: Response to Question from CSC

From: Meg Miller [mailto:megm@respitcenter.org]
Sent: Monday, August 16, 2010 1:24 PM
To: CDD Applications
Subject: Response to Question from CSC

Committee members:

The Respite Center will provide 26,000 hours of child care to 700 children from 400 families. Already in 2010 we have had an duplicated 8% increase in families and a 16% increase in children over the numbers from 2009. Our visits are also up 5% mainly in the 2nd quarter due to the increase in staffing during the day time hours that you were able to fund this summer. We have figured that we have between able to schedule 2 -3 extra children a day with the fully staffed (two child care staff) shift. We like to have lower numbers of unduplicated families and children and higher visits and child care hours because that means we are doing more for fewer people which is a good thing in the reducing stress business.

Meg Miller

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Youth Services of Southern Wisconsin, Inc.
Responses to CSC question for DV/SA/CI Area

Program Name: 8. Briarpatch Runaway and Homeless Youth Program

Question: Why is three months of not running away considered an appropriate outcome?

The Briarpatch Runaway and Homeless Youth Program is a short-term program designed to address the immediate needs of runaway and homeless youth. The program typically works with youth who are in crisis due to lack of safe shelter, lack of adequate food, and family conflicts that precipitated the youth's running away from home.

A counseling session(s) with the youth and their family, focused on resolving the immediate crisis situation, usually allows runaway youth to return home within a few days of intake. Brief individual and/or family counseling may also be provided as indicated.

The 3 months of not running away from home is used to measure the effectiveness of these brief interventions.

YWCA Madison
D. Transit Night Program
OCS: Domestic Violence, Sexual Assault, Crisis Intervention
A1: Direct Service DV/SA (CSC)

1. Why is the program unable to track unduplicated users?

Due to a recent upgrade in our rider tracking software, we are now able to track unduplicated riders for our day program. To clarify, there is some overlap between riders of the day and night program. The total number of unduplicated individuals served in 2009 for the YW Transit Night program is 172 individuals. YW Transit provided 5,866 rides to those 172 people. The total number of unduplicated rides for the 2009 YW Transit - JobRide program was 267. Currently, YW Transit – Sexual Assault Prevention is unable to track unduplicated riders.

2. Agency lists user fees in their budget but in the narrative they indicate the program is free for all clients. Please explain.

The user fees represent the revenue from YW Transit - JobRide. User fees provide additional resources to the night program. Pre-arranged JobRides are a guaranteed door-to-door service and a fee is charged to the individual (JobRide) if they are utilizing that service. The rides provided as a part of the Sexual Assault Prevention program at night, which are on a first call first served basis with priority given to crisis calls, are free of charge. Crisis calls are responded to immediately.

3. Please explain the challenge of getting more volunteer assistance.

YW Transit was originally designed utilizing volunteers in a key role in providing service. However, the program needed to be altered due to the inability to obtain/maintain volunteers during the late night hours when volunteers were unavailable. The WETAP grant also allowed some funding to replace volunteers with paid staff ensuring that the program was staffed appropriately.