

Co-Service Coordination

Some examples include:

- Offer initial support to help “get the team going”, for example helping identify and orient team members, and scheduling the first team meeting.
- Complete or help complete the initial Assessment Summary of Strengths and Needs – CANS Comprehensive (*Please note: certification is necessary in order to rate the CANS*)
- Facilitation of team meetings, or help with facilitation.
- Taking and/or distributing notes
- Be a central contact for the scheduling/re-scheduling of team meetings
- Assist in monitoring the Plan of Care

The Family Team Process

- **Assessment, Planning, and Crisis Response Planning**
 - Teams meet every 1 – 2 weeks for 45 minutes to 1 hour
 - Phase may last approximately 2 – 3 months
- **Plan Implementation & Monitoring**
 - Teams meet as often as necessary, typically every 3 – 5 weeks
 - Phase may last approximately 6 – 12 months
- **Transition & Closure**
 - Teams may meet every 2 – 3 months while transitioning out of the formal team process

The Role of a Service Coordinator

Role of a Service Coordinator:

- "Expert" on the Collaborative Team Process
- Assure Team Completes the Assessment and Plan of Care
- Ensure the Plan of Care is Monitored
- Ensure Reassessment and Plan of Care Updates
- Share Outcomes
- Promote and support the priorities identified by the family and youth

The Role of a Service Coordinator should not be:

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

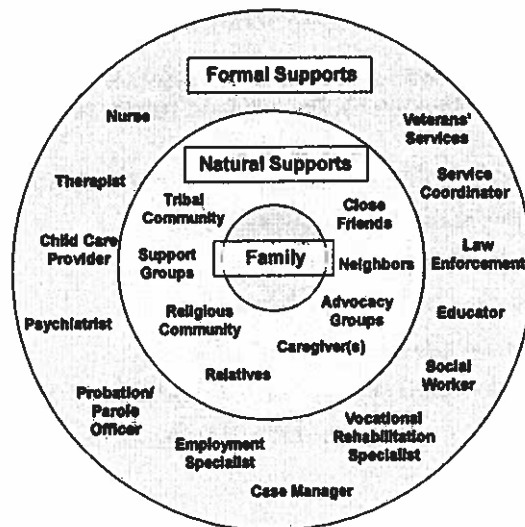
Co-Service Coordination

A shared responsibility for completing the Service Coordination and Team Facilitation tasks for a CST team.

Team Development The Role of Advocacy and Peer Support

- Reinforce Coordinated Services Team process
- Use their experience to support the participant
- Attend & participate in team meetings
- Encourage balanced participation
- Clarify communication
- Ensure team members are being heard
- Encourage active listening

Potential Team Members



Qualifications for Team Involvement

To qualify for team involvement, individuals should:

- Have a role in the lives of the youth and family**
- Be supportive of the youth/family**
- Be committed to participate in the process – including regular team meeting attendance**
- Participate in discussions**
- Be involved in the Plan of Care**
- Be approved for membership by the parent and youth**

Team Development

Informal/Natural Supports as Team Members

- Emphasize the importance of natural supports as team members with the parents and youth at time of referral and screening**
- Help the family and youth identify their natural supports**
 - Who is the first person you call in a crisis?**
 - Who do you trust?**
 - Who has been helpful to you in the past?**
 - Do you have neighbors who could help?**
- Make natural support recruitment an ongoing team goal**
- Don't give up – it may take months and require creative planning**

CST Target Group

- **Children with Severe Emotional Disabilities (SED) are a priority target group**
- **Involvement in two or more direct services**
- **Other interventions have not been successful over time; persistent obstacles to service access exist; and/or there is a need for service coordination**
- **Placement in or at risk of out of home placement**
- **Willingness to be involved in the CST process**

Based on WI State Statute 46.56

The Referral Process

- **Referrals can come from many sources, including service providers, natural/community supports, and self-referral**
- **The person wishing to make a referral should discuss the possibility with the parent or caregiver and youth, and continue the referral process in collaboration with them.**
- **Each county and tribe has a referral process, including a primary CST contact person (CST Project Coordinator).**
- **If it is determined CST is not the best way to meet the family's needs, other supports and services will be explored with the family.**

Based on WI State Statute 46.56

Why Collaborate?

- Share limited resources
- Share information
- Achieve mutual goals
- Reduce conflict; provide a forum for addressing conflicts
- Best use of group members' time
- Offer additional expertise and creativity
- Clarify and understand roles and responsibilities
- Provide wraparound support for youth and their families

Children and Youth in the Child Welfare and Juvenile Justice Systems

- 50% of children and youth in the child welfare system have mental health problems
- 67 – 70% of youth in the juvenile justice system have a diagnosable mental health disorder

National Center for Children in Poverty, Children's Mental Health: Facts for Policymakers, Nov 2006

Child and Family Team Process

Collaboration with Families

"Nothing about me without me"

Quote from the National Mental Health Recovery Initiative

- **Voice:** The child and parent have a voice in decisions that are made.
- **Access:** The child and parent have access to needed services and supports.
- **Ownership:** The child and parent agree with and commit to any plan concerning them.



Advantages of CST From the Perspective of a Special Education Teacher

- Communication is quick and clear
- Genuine commitment to reaching goals
- Support of child, family, E.D. teacher, and all involved
- Positive, no-fail approach
- Consistent accountability
- Informal settings at convenient times
- Pro-active planning
- Appreciation; "Good old-fashioned pats on the back"

"No longer does the E.D. Teacher, parent, or anyone else have to feel like they're the "Wizard of Oz" and provide all of the solutions to all the problems."

Jeff Hutchinson, Special Education Teacher
Wild Rose High School

Role of Agency Partners in Effective Collaborative Systems of Care

- Referral of children and families
- Participation on teams
- In-kind support
- Promotion and involvement in systems change

Maintaining a Coordinating Committee, *continued*

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

Benefits of CST As Identified by Service Providers on Teams

- **Team effort – I’m not alone**
- **Focus on strengths and solutions**
- **Family involvement and support**
- **Keeping connections with schools, social workers, and other service providers**
- **All providers communicating with each other and on the same page**
- **Access to the bigger picture of what’s happening in the child’s life**
- **The increased amount of resources and support available to me and to families**
- **Coordination of efforts and services to families**
- **Individuals with different thoughts and suggestions working toward a common goal**

Possible Subcommittees, continued

Sub-Committee	Purpose	Membership	Meets	Outcomes
Conflict Resolution	<ul style="list-style-type: none"> • Help in resolution of conflicts as outlined in the Conflict Resolution Policy 	<ul style="list-style-type: none"> • From the CC, a family member, an administrator from the contract agency, a representative from the service agency (approx 3 -5 people) 	<ul style="list-style-type: none"> • Initially to develop conflict resolution policy to bring to the CC for adoption • As needed 	<ul style="list-style-type: none"> • Development of conflict resolution policy and procedures • Process to document barriers and resolution
Evaluation & Quality Assurance	<ul style="list-style-type: none"> • Develop and support evaluation efforts • Review data to ensure quality services are maintained and outcomes met • Report on results and recommendations to CC 	<ul style="list-style-type: none"> • From the CC, a family member, an administrator from the contract agency, a representative from the service agency; possibly an evaluation specialist (approx 3 -5 people) 	<ul style="list-style-type: none"> • Initially to determine evaluation data • Quarterly to review data 	<ul style="list-style-type: none"> • Determine data to be collected • Determine methods of data collection • Implement data collection • Review data • Report results
Sustainability	<ul style="list-style-type: none"> • Develop & implement sustainability plan – including agreed upon values and needed funds – after the grant concludes 	<ul style="list-style-type: none"> • From the CC, a family member, an administrator from the contract agency, and others who can help determine potential funding sources (approx 3 -5 people) 	<ul style="list-style-type: none"> • Initially to develop sustainability plan • Ongoing to monitor & adapt plan 	<ul style="list-style-type: none"> • Review public & private funding possibilities • Work with CC to determine funding potential as vision evolves

Maintaining a Coordinating Committee

- Focus on system change and sustainability – both philosophical and financial
- Eliminate barriers to parent and youth involvement
- Help ensure productive and enjoyable meetings
 - Community speakers
 - Use of subcommittees
 - Share results of evaluation
 - Provide treats
- Periodically evaluate the meetings
 - Do members feel meetings are productive and worth their time?
 - Brainstorm suggestions for improvement.

Continued on next slide

The Interagency Service Agreement

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

Source: WI State Statute 46.56

Possible Subcommittees

Sub-Committee	Purpose	Membership	Meets	Outcomes
Administrative	<ul style="list-style-type: none"> ● Monitor day-to-day operations ● Ensure implementation of Work Plan ● Suggest additional policies/procedures to Coordinating Committee (CC) 	<ul style="list-style-type: none"> ● Parent and youth representation ● Reps from CW, JJ, MH, and education ● Initiative Coordinator (approx 6 - 8 people) 	<ul style="list-style-type: none"> ● Monthly or as needed 	<ul style="list-style-type: none"> ● Dissemination of referral & enrollment info ● Draft new policies/procedures for CC review ● Supervision ● Ongoing project oversight
Training & Education	<ul style="list-style-type: none"> ● Identify & provide for education, training, and coaching needs ● Community outreach and education 	<ul style="list-style-type: none"> ● From the CC, should be representative of family members, system, and community people (approx 3 -5 people) 	<ul style="list-style-type: none"> ● Initially to set up plan ● Quarterly to review plan & address additional needs 	<ul style="list-style-type: none"> ● Training plan for all constituencies ● Organize & implement training ● Develop PR Plan ● Ongoing evaluation of training needs
Membership	<ul style="list-style-type: none"> ● Ensure complete representation on CC 	<ul style="list-style-type: none"> ● From the CC, should be representative of family members, system, and community people (approx 3 - 5 people) 	<ul style="list-style-type: none"> ● Initially to ensure appropriate representation ● Quarterly to review, make nominations, & plan for orientation 	<ul style="list-style-type: none"> ● Determine process for involving parent and youth members ● Review CC representation ● Make nominations to CC ● Develop handbook or orientation process for new members

Coordinating Committee Responsibilities

Required Responsibilities

- Prepare interagency agreement(s)
- Assess how the initiative relates to other service coordination programs in the county/tribe, and work with those programs to avoid duplication of services and resources.
- If the county or tribe applies for State funding, assist in developing the application.
- If requested by a parent or partner, review determinations regarding eligibility for assessment, appropriate family resources, or funding of services. The committee shall adopt written procedures for conducting reviews.
- Plan for sustainability of the system change beginning in the first year of any funding received.
- Act as a consortium to pursue additional initiative funding. Maintain formal interagency relationships; include families in the process; address funding and issues related to matching funds; recommend a plan for realized savings from substitute care budgets to be reinvested in community-based care.
- Establish target groups of children who are involved in two or more systems of care to be served by the initiative. Children with SED are required to be a priority target group.
- Oversee the development and implementation of the initiative

Source: WI State Statute 46.56

Coordinating Committee Responsibilities, continued

Required Responsibilities, continued:

- Establish operational policies and procedures (e.g. referral, screening, conflict management, flexible funding); and ensure they are monitored and adhered to.
- Ensure quality, including adherence to the core values
- Develop a plan for orientation of new committee members and coordinated services team members to the CST approach
- Identify and address gaps in services
- Ensure participant and partner agency satisfaction through performance of satisfaction surveys
- Distribute information about the availability and operation of the initiative to the general public and to other service providers

Recommended Responsibilities:

- Direct the initiative coordinator or another person to do the following:
 - Maintain data of enrollments in the initiative and results of screening
 - Establish and report monitoring and evaluation results
 - Monitor targeted case management and in-home services
 - Assist in developing and maintaining additional funding sources
 - Assist in the development and implementation of advocacy for families

Source: WI State Statute 46.56

The Importance of Parent and Youth Involvement on Coordinating Committees

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

Recruiting Parents and Youth as Coordinating Committee Members

- **Make personal contact, initiated by someone who has a trusting relationship with the parent or youth**
- **Eliminate barriers**
 - **Childcare**
 - **Transportation**
 - **Time & location of meeting**
- **Help ensure an active role**
 - **Encourage active participation**
 - **Encourage involvement as a committee officer**
- **Provide a mentor**
- **Provide orientation and ongoing education**

The Coordinating Committee: Required Membership Representation

- The county/tribal department(s) responsible for the following services:
 - child welfare and protection
 - mental health and alcohol and other drug abuse
 - developmental disability
- Family Support Program under 46.985 if the county or tribe has one
- Juvenile Court Administrator or another representative appointed by the judge responsible for cases heard under chs. 48 and 938
- The largest school district in the county and appropriate CESA's
- At least 2 parents or the number that equals 25% of the committee's membership, whichever is greater, of children who are involved in 2 or more systems of care.
- The agency responsible for economic support programs

Source: WI State Statute 46.56

The Coordinating Committee: Optional Membership Representation

- Vocational rehabilitation office
- Physicians specializing in care for children
- Health maintenance organizations
- Law enforcement agencies
- County health department
- Representatives of other agencies located in the county or tribe
- Vocational and technical school
- Local business representatives
- Elected officials including county board and/or tribal council
- Regional offices of the department
- Local faith-based community
- Probation and parole agencies
- Youth member or young adult representative

Based on WI State Statute 46.56

CST and Systems Change

The Coordinated Services Team (CST) process facilitates changes in a community's mental health, substance abuse, child welfare, juvenile justice, and educational systems that reduce barriers to engagement, increase youth and family participation, and achieves meaningful outcomes for children and families.

Options for Developing a Coordinating Committee

- **Partner with an existing collaborative body / committee**
 - Are potential members already meeting as a group/committee?
 - Are the priorities and values of the group compatible with CST?
 - Is the group open to modification of its membership and tasks?

- **Create a new committee**
 - A representative group of stakeholders who are able to participate in decision-making
 - Individuals who are willing to be liaisons between the committee and his/her agency

Source: National Wraparound Initiative Implementation Guide, 2011

Is Wraparound/CST Evidence-Based?

- A meta-analysis¹ of seven controlled studies shows consistent and significant outcomes in favor of the "wraparound group" compared to control groups across a wide range of outcomes domains, including:
 - Residential placement
 - Mental health outcomes
 - School successes, and
 - Juvenile Justice Recidivism

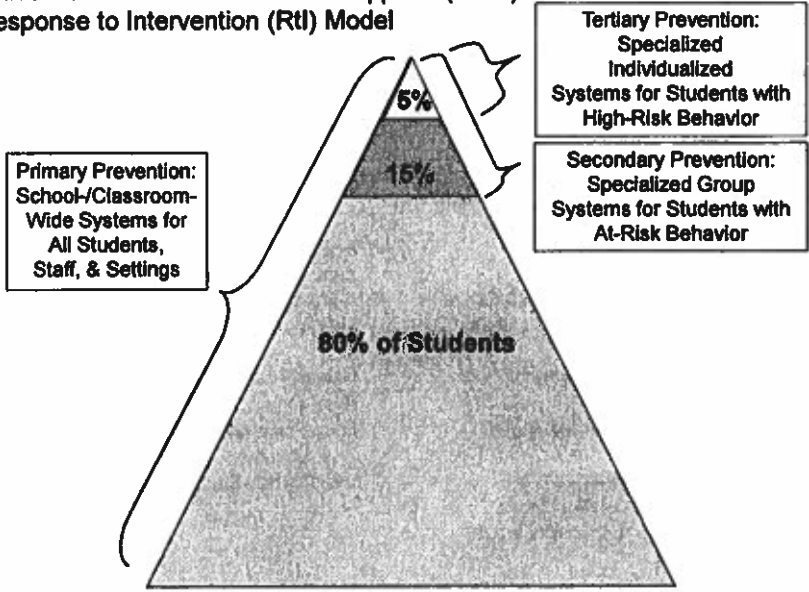
¹ Suler, J.C. & Bruna, E.J. (2009). Effects of wraparound from a meta-analysis of controlled studies. *Clinical Child and Family Psychology Review*, 12, 336-361.

Source: National Wraparound Initiative website publication - "wraparound basics", <http://www.nw4.pdx.edu/wraparoundbasics.shtml>

The Value of the Coordinating Committee

- Creates shared ownership and decision-making
- Helps ensure sustainability
 - Continual support for principles
 - A potential pool for service coordinators
 - Multiple grant and grant-writing options
- CST funding as well as many other grant/funding opportunities require an interagency committee be in place
- Committee may choose to take on other functions and/or support additional initiatives (for example blending CCS and CST coordinating committees)
- Helps strengthen existing intra-agency relationships as well as building new relationships
- Provides an opportunity for an educational forum
- Provides a forum to promote and model appropriate conflict resolution
- Opportunity to enjoy good cookies

**Positive Behavior Interventions & Supports (PBIS)
A Response to Intervention (RtI) Model**



Source: The Role of Wraparound within School-wide Positive Behavior Support Rob Horner, University of Oregon

**The Coordinated Services Team Initiative and
Positive Behavior Interventions and Support (PBIS)**

"The principles of wraparound...are present and linked at every level of PBIS, providing consistent collaboration and analyses across settings, time, and individuals. While each process traditionally has been conceived of in narrow, and often divergent terms, the underlying concepts are closely related."

Scott & Eber (2003) Functional Assessment and Wraparound as Systemic School Processes
(Journal of Positive Behavior Interventions 5(3) p.142)

A Comparison of Core Values

Coordinated Services Team (CST) Initiative

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

Comprehensive Community Services (CCS)

- Meaningful participation of consumers and family members across the lifespan
- Focus on successful living in the community
- Integration of mental health and substance abuse services
- Access to services and supports
- Recovery
- Focus on quality improvement
- Cost-effective
- Meeting individualized needs

A Comparison of Core Values

Trauma Informed Care (TIC)

- Trustworthiness & Transparency
- Voice & Choice
- Empowerment
- Inclusiveness & Shared Purpose
- Safety
- Resilience and Strength-Based
- Peer Support & Mutual Self-Help
- Collaboration & Mutuality
- Cultural, Historical and Gender Issues
- Change Process

Coordinated Services Team (CST) Initiative

- Family-centered approach throughout the process (voice, access and ownership)
- Ensuring Safety
- Strength-based
- Building resources on natural and community supports
- Collaborating across systems
- Gender/age/and culturally responsive
- Promoting growth, learning and recovery
- Providing unconditional care
- Oriented to meaningful outcomes

**“If you care for your own children,
you must take an interest in all,
for your children must go on living
in the world made by all children.”**

– Eleanor Roosevelt



History of CST in Wisconsin

- **1984:** WI received national grant to promote the Child and Adolescent Service System Program approach to address needs of children with SED.
- **1989:** State Statute 46.56 – the Children Come First Act
- **1990 – 1995:** 18 Integrated Services Projects (ISP) established
- **1995:** Wraparound Milwaukee was developed with the support of a 6-year, \$15 million federal grant. In 1996 Wraparound Milwaukee (and eventually Dane County) received a risk-based, capitated contract from the Medicaid.
- **2002:** Development of the Coordinated Services Team (CST) Initiative.
- **2003 – 2011:** Expansion of the Coordinated Services Team Initiative to counties and tribes across Wisconsin.
- **May 13th, 2010:** Enactment of WI Act 334 – updated language of SS 46.56 to reflect CST procedures and expectations.
- **June 30th, 2013:** Enactment of WI Act 20 – Statewide expansion of CST
- **January 2014:** Funding is available to support the development and expansion of CST in all counties and tribes in Wisconsin.

**Green Lake County Coordinated Services Team (CST) Initiative
Overview of CST and the Coordinating Committee**

Monday, December 1st, 2014

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(715) 258-5430
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**The Coordinated Services Team (CST)
Initiative**

- **CST offers a coordinated “wraparound” approach that is grounded in family-centered values and strength-based services and supports.**
- **This approach is the most effective way to achieve meaningful outcomes for children, families, and providers.**
- **The sharing of knowledge, resources, and goals, helps assure maximum effectiveness in the least restrictive setting possible.**

Trauma Informed Care and CST

Providing trauma-informed care includes the ability to look at problems and needs and consider if they are a result of past traumatic experiences.

***“What has happened to you”, not
“What is wrong with you”.***

Trauma Informed Care – Waupaca County’s Experience: Shifting our thought process to create a supportive and caring community. Chuck Price, Director Waupaca County DHHS, November 2013

When is a Team “Done”?

- **Outcome indicators demonstrate that goals are being met or in the process of being met**
- **Informal/natural supports are involved in ongoing support to the family and youth**
- **Family and youth have access, voice and ownership**
- **A plan for transition has been completed**

Reasons for Closure

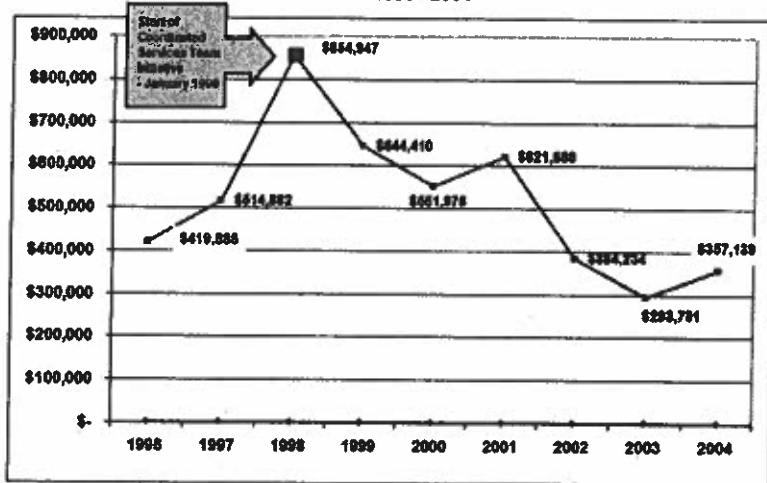
Treatment Goals Met / Being Met	Primary reason for closure.
Family Withdrew Agency Withdrew	Rare occurrence; as emphasis is placed on building trusting relationships, as well as identifying and working through conflicts.
Loss of Eligibility	May be utilized if the youth exceeded the maximum age for involvement, and treatment goals were not being met at time of closure.
Court Order Expired	For most counties and tribes in Wisconsin, families cannot be court ordered to participate in CST. Youth and families enrolled in CST may be involved in the juvenile justice system, however, the ending of a court order should not dictate that a team should end.
Moved out of Service Area	
Other	

WI State Statute 46.56, and PPS

Alumni Involvement

- Informal Resource
- Advocacy
- Support Groups
- Coordinating Committee Membership
- State Committees / Policy-Making

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



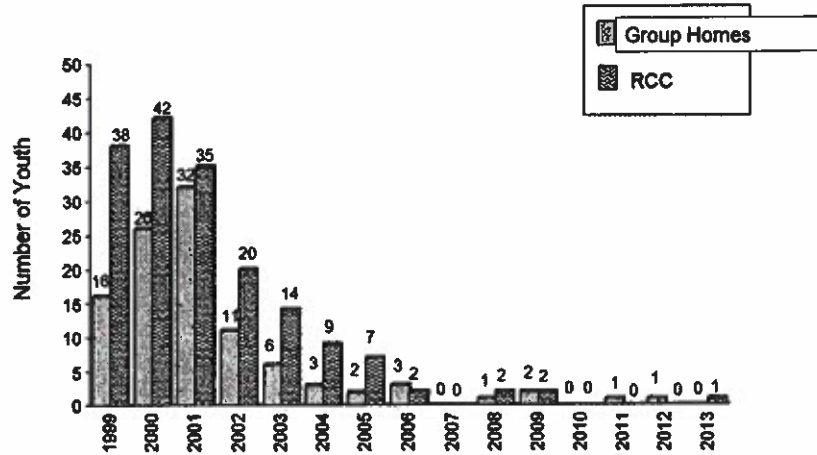
**Evaluation of 28 Families Served by the Coordinated Services Team Initiative (CST)
Calumet County 1999 - 2002**

	Mental Health Related Hospitalizations			Youth Out-of-Home Placements*			Juvenile Justice Delinquencies	Incidents of Child Maltreatment
	Number of Admissions	Days of Care	Average Length of Stay	Number of Admissions	Days of Care	Average Length of Stay		
Pre CST Enrollment	40	1289	32 days	9	2203	245 days	60	14
Post CST Enrollment	4	17	4 days	16	1997	106 days	48	5

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

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

Youth Placed in Group Homes and Residential Care Centers (RCC) Manitowoc County 1999 – 2013



www.wicollaborative.org



Coordinated Services Team (CST) Initiative Statewide Expansion Funding

The Division of Mental Health and Substance Abuse Services (DMHSAS) has issued Action Memo 2815-07 which describes the process for eligible counties and others to apply for CST Statewide Expansion funding.

The memo, along with all of the necessary application documents are available on the DMHSAS's "CST Expansion" website page, which can be accessed by clicking the button below. The application deadline is February 19, 2014.

[CST Statewide Expansion](#)

Training and Technical Assistance for CST Sites

White Pine Consulting Service (APCS) in partnership with Waupaca County Department of Health and Human Services, currently

Statewide Collaborative Systems of Care Directory

Below is a link to download a statewide directory of counties and tribes which are developing or sustaining CST initiatives and other collaborative systems of care.

GOAL #3 - PROGRAM EXPANSION

INVESTMENT CONTINUUM:

**CONVENTIONAL
SILO SERVICES**

**PARTNERS WITH
GENERAL KNOWLEDGE**

**PARTNERS MAKING
REFERRALS TO CST**

**PARTNERS PARTICIPATE
ON TEAMS**

**PARTNERS CONNECT
TO SERVICE FACITATION**

**ONGOING TRAINING
AND SUPERVISION**

**OTHER SERVICES UTILIZE
CST AS PART OF PRACTICE**

**FULLY INTEGRATED
SERVICES**

