Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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Coordinated Services Teams (CST) Initiatives

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What Is CST?

- Provides a wraparound approach to address the complex needs of children and youth involved in multiple systems of care
- Values family-centered and strength-based services and supports
- Creates plans to meet the unique and holistic needs of children, youth, and their families

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Historical System-Based Problems

- Little mental health care for children (unserved or underserved)
- Overuse of excessively restrictive settings
- Limited service options (outpatient, inpatient, residential)
- Lack of intensive home and community-based services and supports

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Historical System-Based Problems

- Lack of interventions tailored to the unique child and family needs
- Lack of partnerships with families and youth
- Lack of attention to cultural differences
- Providers not skilled in evidence-informed practices

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Poor Client Outcomes

- School dropout
- Substance use
- Suicide
- Lack of vocational success
- Correctional system involvement
- Inability to live independently

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Vision of CST in Wisconsin

The overall vision is to implement a **practice change** and **system transformation** in Wisconsin by having a strength-based coordinated system of care, driven by a shared set of core values.

This change is reflected and **measured in the way we interact with and deliver supports and services for families involved in multiple systems of care**, such as substance use, mental health, child welfare, juvenile justice, and special education.

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System Collaboration and CST: A New Way to Help Children and Families!

- Systems that support families with multiple needs are in silos.
- Each system has different philosophies, rules, laws, structures, funding streams, and eligibility criteria.
- Systems don't work together well for families unless there is a way to bring them together.

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The Silos

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Traditional Services	Wraparound
The service provider is the expert.	Family and youth have insight into their own needs and strengths.
Family and youth have little input in or ownership of plans concerning them.	Family and youth have input and ownership of plans concerning them.
Family and youth are often seen as the cause of the problem.	Blame is not placed on the family of youth; care is unconditional.
Relatives and other natural and community supports are not utilized in treatment.	Relatives and other non-service providers are key to the plan.
Family and youth are left with little support following treatment.	Family and youth are left with long-lasting support.

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CST Core Values

- Family centered
- Consumer involvement
- Natural and community supports
- Strength based
- Unconditional care

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CST Core Values

- Collaboration across systems
- Team approach across agencies
- Ensuring safety
- Gender, age, culturally responsive treatment
- Self-sufficiency

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CST Core Values

- Education and work focus
- Belief in growth, learning, and recovery
- Outcome oriented

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History of CST in Wisconsin

- **1984:** Wisconsin received national grant to promote the Child and Adolescent Service System Program approach to address needs of children with severe emotional disturbance (SED).
- **1989:** Wisconsin created Wis. Stat. § 46.56: Children Come First Act.
- **1990–1995:** Wisconsin established18 integrated services projects (ISP).

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History of CST in Wisconsin

- **1995:** Wraparound Milwaukee was developed with the support of a 6-year, $15 million federal grant.
- **1996:** Wraparound Milwaukee (and eventually Dane County) received a risk-based, capitated contract from Medicaid.
- **2002:** CST Initiatives were developed.

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History of CST in Wisconsin

- **2003–2011:** The expansion of CST Initiatives to counties and tribes occurred across Wisconsin.
- **2010:** Wisconsin enacted Wisconsin Act 334, and updated language of Wis. Stat. § 46.56 to reflect CST procedures and expectations.

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History of CST in Wisconsin

- **2013:** Wisconsin enacted Act 20, which included statewide expansion of CST.
- **2014**: Funding became available to support the development and expansion of CST in all counties and tribes in Wisconsin.

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2014 Statewide Expansion

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CST Target Group

- Children with severe emotional disabilities (SED) are a priority target group.
- Children are involved in two or more services.
- Other interventions have not been successful over time, persistent obstacles to service access exist, and/or there is a need for service coordination.

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CST Target Group

- Children are placed in or at risk of out-of-home placement.
- Family is willing to be involved in the CST process.

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Benefits of CST as Identified by Service Providers on Teams

- Using team effort—I'm not alone
- Focusing on strengths and solutions
- Prioritizing family involvement and support
- Keeping connections with schools, social workers, and other service providers

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Benefits of CST as Identified by Service Providers on Teams

- Having providers communicating and on the same page
- Accessing the bigger picture of what's happening with the child
- Increasing the amount of resources and support available

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Benefits of CST as Identified by Service Providers on Teams

- Coordinating efforts and services to families
- Working toward a common goal with individuals who have different suggestions

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Collaboration With Consumers

"Nothing about me without me"
Quote from the National Mental

Voice: The consumer has a voice in decisions made.

Access: The consumer has access to needed services and supports.

Ownership: The consumer agrees with and commits to any plan concerning her or him.

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We Believe That Parents Want To:

- Be proud of their child.
- Have a positive influence on their child.
- Hear good news about their child and about what their child does well.

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We Believe That Parents Want To:

- Provide their child a good education and a good chance of success in life.
- Have a good relationship with their child.
- Believe they are good parents.

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Best Practices for Increasing Meaningful Youth Participation

- Provide organizational support for participation
- Create a safe and respectful meeting environment

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Best Practices for Increasing Meaningful Youth Participation

- Ensure the youth is part of the team.
  - What the youth says matters and has an impact on decisions.
  - The youth's strengths, talents, and achievements are a focus.
  - Everyone, including the youth, understands decisions and next steps.
- Gather meeting feedback from the youth.

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Characteristics of Team Members

- Be selected by the consumer for involvement.
- Have a role in the life of the consumer.
- Be supportive of the consumer.

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Characteristics of Team Members

- Understand and respect each other's strengths, roles, and limitations.
- Be committed to participate in the process, including planning.
- Be approved for membership by the parents and youth.

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Informal and Natural Supports

- Emphasize the importance of natural supports.
- Help the consumer identify her or his natural supports.
  - Who is the first person you call in a crisis?
  - Whom do you trust?
  - Who has been helpful to you in the past?
  - Do you have neighbors who could help?

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Informal and Natural Supports

- Make natural support recruitment an ongoing team goal.
- Don't give up—it may take months and require creative planning.

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Development of the Team

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The Referral Process

- Referrals can come from many sources, including parents, service providers, and natural and community supports.
- Any person wishing to make a referral should discuss the possibility with the parent and youth, and continue the referral process in collaboration with them.

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The Referral Process

- Each county and tribe has a referral process, including a primary contact person.
- If it is determined that CST is not the best way to meet the family's needs, other supports and services are explored with the family.

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Child and Adolescent Needs and Strengths Assessment (CANS)

Youth needs (ages 5–17):

- Trauma
- Life functioning
- School
- Youth and family acculturation
- Youth behavioral and emotional needs
- Youth risk behaviors

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Child and Adolescent Needs and Strengths Assessment (CANS)

- Youth strengths (ages 5–17)
- Current caregiver strengths and needs
- Identified permanent resource strengths and needs

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Developing an Effective Plan of Care

- Determine strengths and actionable needs.
- Prioritize needs.
- Help the youth and family develop a person-centered long-term goal.
- Develop objectives to address the goal.
- Brainstorm to determine tasks and interventions.

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Plan Review

- Review the plan at team meetings.
  - Determine effectiveness.
  - Re-evaluate appropriateness.
  - Revise as necessary.
  - Celebrate progress and successes!

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Coordinating Committee Required Membership Representation

- The county or tribal department responsible for:
  - Child welfare and protection
  - Mental health and alcohol and drug abuse
  - Developmental disability
- Juvenile court administrator

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Coordinating Committee Required Membership Representation

- Largest school district in the county
- At least two parents or the number equal to 25% of the membership, whichever is greater
- Agency responsible for economic support programs

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Coordinating Committee Responsibilities

- Establish operational policies and procedures (for example: referral, screening, conflict management, flexible funding).
- Ensure operational policies and procedures are followed.
- Identify and address gaps in service.

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Coordinating Committee Responsibilities

- Prepare interagency agreement(s).
- Ensure quality, including adherence to the core values.
- Monitor the evaluation process.
- Plan for sustainability of the system change beginning in the first year of any funding received.

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Values for Responsive Systems of Care

- Flexible access
- Voice
- Ownership
- Effective parent support
- Outcome-focused planning

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Values for Responsive Systems of Care

- Strength-based, need-driven services
- Flexible, integrated service delivery
- Community-based care
- Consistent interagency coordination

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CST Evaluation Tools

- Statewide
  - CANS scores (enrollment and disenrollment)
  - Annual family satisfaction survey
  - Annual CST initiatives survey
  - Work plan goals met
- Site-based
  - Family closure survey
  - Team member closure survey
  - Plan of care goals met

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Positive Return on Investment

- Redeploy resources from higher-cost restrictive services to lower-cost home and community-based services and supports.
- Increase home and community-based treatment services and supports.
- Decrease admissions and lengths of stay in out-of-home care settings.
- Reduce costs across systems (for example: child welfare and juvenile justice).

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www.wicollaborative.org

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dhs.wisconsin.gov/cst
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Mental Health
Coordinated Services Team Initiatives (CST)
Coordinated Services Teams (CST) Initiatives
CST Home
CST Consumer Resources
CST Provider Resources
CST Locations
Coordinated Services Teams (CST) Initiatives
Wisconsin has long supported children struggling to maintain their emotional, physical, and social well-being because of multiple and serious challenges in their lives. The first collaborative systems of care to address the behavioral health needs of these children and support community-based options for care were created in 1989. In the years since, these collaborative systems of care evolved and became known as Coordinated Services Teams (CST) Initiatives.
CST Initiatives are designed to develop a comprehensive, individualized system of care for children with complex behavioral health needs. The CST itself is a group that includes family members, service providers, and others that work to develop and carry out a coordinated services plan for the child. This model of care is often referred to as wraparound it. The result is a Plan of Care that addresses the needs of the child and family with community-based supports, which allows the child to live in their home and community, and realize their hopes and dreams.
In 2013, the Department of Health Services published a vision statement and a set of core values for CST Initiatives.
Eligibility for CST Initiatives
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