

**Integrated Services Project (ISP) and Coordinated Services Team (CST) Initiative  
Project Directors Meeting  
Tuesday, April 5<sup>th</sup>, 2011  
Holiday Inn & Convention Center, Stevens Point**

**1. Introductions**

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*Sites were asked to share one or two things they do to work toward sustainability.*

- Nancy Marz – Clinical Consultant, Bureau of Prevention Treatment & Recovery (BPTR)
- Marie Danforth – Supervisor, Women, Youth and Families Unit, BPTR
- Kenya Bright – Integrated Services Section Chief, BPTR
- Hugh Davis – Executive Director, Wisconsin Family Ties
- Nic Dibble – Consultant, School of Social Work Services, Department of Public Instruction
- Lori Martin – White Pine Consulting Service
- Dottie Moffat – CST Consultant, White Pine Consulting Service
- Tim Connor & Janae Goodrich – UW Population Health Institute; Tim is contracted by DHS as a Mental Health Evaluation Specialist; Janae has been a part of recent CST data collection and analyses
- Angela Moran – Southeast Region Area Coordinator
- Jan Devore – Southern Region Area Coordinator
- *Lac Courte Oreilles (LCO) Band of Lake Superior Chippewa Indians:* Jenny Bisonette and Joleen Gokey – currently implementing the process for reimbursement of Targeted Case Management (TCM) services
- *Buffalo County:* Shannon Larson – they are aware of TCM and other possible funding sources, but have yet to implement the necessary processes
- *Iron County:* Pam Snyder – stressed the importance of strong community partnerships, and encouraged sites to ask for help when needed
- *Price County:* Tammy Holman – an analysis of actual placement costs vs. projected costs for families involved in CST has resulted in seeing large savings; also stressed the importance of strong partnerships
- *La Crosse County:* Christine Buehler – their family advocate and family resource liaison play a very important role in their project's success; they are able to wrap around families before formal DHS services are needed
- *Ozaukee County:* Cheri Farnsworth – they are focusing on community ownership of the process from the beginning, as well as emphasizing natural supports
- *Marquette County:* Roger Klug, Northland Community Services, and Jeremy Kral, Marquette Department of Human Services – they have maintained CST thus far by showing savings to the county board, but now with the budget, there may be nothing left to support the initiative
- *Juneau County:* Mike Roraff – very concerned regarding state budget cuts and financial sustainability of the initiative. Spoke to the importance of partnership, relationships, and the sharing of families' experiences
- *Manitowoc County:* Nancy Randolph – with these tough economic times, she has seen a larger sense of responsibility from private partners and organizations. Shared several examples: an organization that covered the cost for lead removal from a family's home; a local church looking into the possibility of opening a shelter; and a hospital creating transitional employment opportunities.
- *Door County:* Margaret Buhk – considering a single point of entry, also considering a talk circle to encourage community dialog

- *Waushara County*: Cindy Gray – have strong interagency support and collaboration between departments; also have strong support of County Board and community partners
- *Chippewa County*: Tim Easker – billing for children’s crisis issues; partnering with public health for referral and screening; integrated approach throughout agency
- *Monroe County*: Ryan Schaller – CST project has had considerable staff turnover, currently working to reintroduce CST to partners; just recently began formal sustainability discussion; focus on more informal supports
- *Racine County*: Leslie Shelby
- *Adams County*: Annaliese Vandre, Bridges for Youth – CST grant funding has ended, families are being transitioned to the Comprehensive Community Services (CCS) program. Have an agreement with school district to receive limited funding to support families in CST process.
- *Marinette County*: Rob Valentine – currently utilizing intensive in-home therapy in conjunction with CST, trying to utilize private insurance resources, also working on CCS certification, goal is to prevent out of home placements
- *Lac du Flambeau Band of Lake Superior Chippewa Indians*: Linda Daniels, Jillian Smart, Mike Zimmerman, and Azael Meza – it’s important to think about systems change, not just sustaining a position; focus on cross-training partner agencies in the wraparound model; stressed the importance of partnerships; have three grants in addition to the CST grant that support the CST process. Also looking at TCM billing and partnering with county human service agency.
- *Fond du Lac County*: Lauren Martin – currently utilizing TCM and Children’s Long Term Support Waiver (CLTSW); also using CST process across departments; emphasis on early intervention; cross-training with schools; the Positive Behavioral Interventions and Supports (PBIS) initiative in schools involves utilizing the CST process.
- *Trempealeau County*: Connie Oates and Jocelyn Deavers – cross training with schools, looking into TCM and CLTSW
- *Rock County*: Rebecca Westrick – emphasized the importance of data collection and the documentation of outcomes; billing Medical Assistance and HMO’s wherever possible; work closely with in-home family therapy teams; goal to keep children in their community and prevent out of home placement
- *Washington County*: Mike Marlett – focus on earlier intervention; work with partners, especially schools to intervene earlier and keep children out of the child welfare system. Reduction of children in out-of-home placement – last year saved \$250,000, and he feels it’s due to CST.
- *Eau Claire County*: Carol Pulkrabek – currently billing for TCM and CLTSW; a subcommittee of their coordinating committee is focusing on collecting donations; recently partnered with Goodwill to be their 501c3 to make donating more attractive. Another subcommittee focuses on the development of an annual report to present to the Human Services Board.
- *Barron County*: Judy Demars – importance of tracking outcomes, especially financial benefits of CST; would like to eventually bill for TCM; would also like service coordination training for partner agencies
- *Red Cliff Band of Lake Superior Chippewa*: Nannette Gokee – cross training with coordinating committee members; looking at possibility of working with mental health providers to bill for TCM
- *Burnett County*: Nicole Johnson-Weltzin – looking to partner with the Saint Croix Tribe; the county is set up to bill for TCM, but lacking support of administrators
- *Vilas County*: Kate Gardner – just starting to develop the CST process; looking at ways to partner with the Lac du Flambeau Tribe
- *Dodge County*: Paul Toellner, Family Youth Interaction, and Alyssa Schultz, Dodge County Human Services – CST project is doing well; the cost to support CST has been incorporated into their budget. A County Board member is the Chair of their Coordinating Committee; importance of documenting outcomes and savings; expanded CCS services to include children; working closely with Wisconsin Family Ties

- *Kewaunee County*: Kristin Veleke – everyone at human services has been trained in CST. The County Sheriff chairs their Coordinating Committee
- *Washburn County*: Laura Braenne – increased use of billing for TCM services
- *Oconto County*: Carrie Krajewski – there is a sustainability subcommittee of the Coordinating Committee; currently utilizing TCM and CLTSW
- *St. Croix County*: Dawn Campbell – currently bill for TCM and Crisis services, also utilizing CLTSW; emphasis on cross-training within agency and with partner agencies, with a focus on sharing service coordination responsibilities.
- *Polk County*: Linda Mueller – focus on educating and partnering with schools and community agencies
- *Grant County*: Meghan Skemp – billing for TCM services; stressed importance of community ownership of the CST process, and the sharing of the responsibility of service coordination with schools and other partners; also partnering with domestic violence shelter; retired individuals are a source of support for their project
- *Shawano County*: Kelly Bueschel
- *Sawyer County*: Trinke McNurlin – works closely with Lac Courte Oreilles' CST project, have combined coordinating committee meetings and a shared work plan; strong relationship with housing authority and UW extension; good buy-in from partners in private sector, for example a Christian coffee shop/bookstore offers their meeting room for CST meetings
- *Vernon County*: Kelsey Wiemerslage – Working on co-service coordination with school personnel; county currently has its lowest out-of-home placement budget ever
- *Waupaca County*: Mark Maglior – billing for TCM; importance of creating voice, access and ownership with families; build personal relationships with partners and others in the community
- *Waupaca County*: Vicki Gehrke – had 49 teams last year, covering all seven of the county's school districts; there are a core group of people in each school district who support the process. Recently provided CST training for all human service staff – invited school staff and police officers. Seeing a trend toward younger children being referred to CST.
- *Kenosha County*: Debbie McGrain – encouraged sites to ask for assistance from partners; she shared an example – through donations they were able to completely furnish two apartments for families in need
- *Sheboygan County*: Edie Ritsman and Nancy Koene – formation of children and family resource unit has been very beneficial – housed with juvenile justice and child protective services, resources are more available, relationships & communication stronger; has had luck with fundraising
- *Menominee County*: Amy Perez – just began billing for TCM, working closely with schools and the Menominee Tribe
- *Green County*: Georgien Walls – working to implement TCM billing; coordinating committee subcommittees are active – one working to expand service coordination to schools, another focuses on community resources/donations, etc.
- *Iowa County*: Michele Klusendorf & Lori Cerutti
- *Ashland County*: Laura Scheder – looking at budget to find ways to cut back, training staff in CST
- *Portage County*: Sarah Nelson, Kathy Kelk, and Yengyee Lor-Yang – currently utilizing CLTSW, CCS and TCM; working to spread CST philosophy throughout human services department
- *Dunn County*: Dorinda Kobs and Sara Olinger

## 2. Bureau and White Pine Updates

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### Update from Kenya Bright – Bureau of Prevention Treatment and Recovery

- Dennis Smith is newly appointed Secretary of the Department of Health Services. John Easterday resigned as the department's administrator; the assistant administrator, Linda Harris is currently taking on the administrator's responsibilities. There have been a number of retirements, among them, George Hulick. Nancy Marz is now the Bureau contact for all CST sites: (608) 261-6746, [nancy.marz@wisconsin.gov](mailto:nancy.marz@wisconsin.gov).
- Update on MHSa infrastructure report and chapter 51 – no new movement in this area, efforts haven't been stopped, but there currently isn't another meeting scheduled.

### Update from White Pine Consulting Service

- Lori Martin shared a handout that referenced upcoming statewide conferences and training opportunities. Information regarding upcoming Regional CST Meetings, Statewide Project Director meetings, and upcoming trainings of interest can be found on White Pine's website: [www.wicollaborative.org](http://www.wicollaborative.org), click on "Upcoming Trainings and Events" link on right side of home page. If you have questions or would like to be put on our upcoming CST training notification list, please contact Lori at (715) 258-5430 or [whitepine@mwwb.net](mailto:whitepine@mwwb.net).

## 3. Wisconsin Council on Children and Families (WCCF) – State Budget Items Impacting Children and Families

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### Presentation by Sabrina Gentile, Manager of Government Relations, WCCF

(608) 284-0580 x306, [sgentile@wccf.org](mailto:sgentile@wccf.org)

- Presentation: "2011 – 2013 State Budget Overview: How the Budget Affects Children and Families"
  - The state budget deficit has been estimated up to \$3.6 billion.
  - There are deep proposed cuts for schools (\$749 million cut in equalization aid to schools and another \$60 million in categorical school aids), shared revenue to counties and municipalities (\$100 million cut), Medicaid (\$500 million cut); other major proposed cuts include cuts to TANF, the Earned Income Tax Credit, technical colleges, recycling, transportation, juvenile justice, and libraries.
  - The biennial budget doesn't specify how Badger Care Plus will be affected; instead, the bill preempts the legislature's policymaking role for Medicaid-related programs. Effects will depend in large part on federal waivers, and then will be made by the DHS Secretary.
  - Spending increases are proposed for building roads (\$410 million), and for Milwaukee private schools
  - WCCF argues that these cuts are not necessary, but that a balanced approach that includes increasing revenue should be considered. Some possible ways to increase revenue include: raising sales tax by one cent, collecting tax on investment profits, surtax on incomes over \$250,000, put a sales tax on professional services.
  - As citizens, we are urged to contact Governor Walker and our legislators
  - The Joint Finance Committee is holding budget hearings across the state, beginning April 7<sup>th</sup> in Stevens Point.
  - For more information, you can visit the WCCF website: [www.wccf.org](http://www.wccf.org). Other helpful websites include: [www.thewheelereport.com](http://www.thewheelereport.com); [www.wispolitics.com](http://www.wispolitics.com); and [www.wisconsinbudgetproject.org](http://www.wisconsinbudgetproject.org).

- Question (Q) and Answer (A):
  - Q: Any good news? A: (Sabrina Gentile) In his budget proposal, the Governor maintains funding for the child welfare system at the Department of Children and Families. Also, the Governor didn't repeal a new tax bracket that was passed in the 2009 – 2011 budget by then Governor Doyle.
  - Q: Are there going to be any cuts to CST? A: (Kenya Bright) It depends on what source of funding your program utilizes. The department is currently reviewing the issue.

#### **4. Wisconsin Family Ties (WFT)**

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##### **Update from Hugh Davis, Executive Director WFT**

- Upcoming Events
  - The first week in May is Children's Mental Health Week. WFT is collaborating with other non-profit organizations to celebrate. There will be a public service announcement; green ribbons to signify mental health; and a regional conference co-sponsored by WFT and WI FACETS – Saturday, May 7<sup>th</sup> in Madison. WFT is also working to complete a report on the status of children's mental health in Wisconsin.
  - Family Fun Day will be Tuesday, July 12<sup>th</sup> at Mt Olympus Waterpark in Wisconsin Dells
  - The Children Come First Conference – Wisconsin Dells, November 17<sup>th</sup> & 18<sup>th</sup>.
- Need for Advocacy and Committee Membership Training for Parents
  - Hugh passed around a detailed sample training agenda entitled "The Parent Perspective: Committee Participation Education", and asked the group for feedback.
  - WFT may be able to provide such a training this summer
  - If anyone would like to host a session, please contact Hugh at (608) 267-6888 or [hugh@wifamilyties.org](mailto:hugh@wifamilyties.org).
- Hugh referenced a report put out by the Wisconsin Center for Investigative Journalism that takes a look at Wisconsin's public mental health system compared to other states, and the possible effects of Governor Walker's proposed budget. The article, "Wisconsin's mental health system braces for major cuts under Walker", can be found at [www.wisconsinwatch.org](http://www.wisconsinwatch.org).

##### **Update on Family Satisfaction Survey**

- The compilation of results is not yet complete. Nancy Marz will work to get individual county/tribal results out to each site.

#### **6. Confidentiality Related to School Records – Nic Dibble, Department of Public Instruction (DPI)**

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- Nic presented on relatively new information related to sharing of information about students between schools, law enforcement and district attorneys.
  - Effective 5/12/10, Wisconsin Act 309 expanded information sharing parameters between schools, law enforcement, and district attorneys. An over view of the changes includes:
    - School boards may now adopt "policies to promote the disclosure of pupil records and information permitted by law for purposed of school safety" – must not violate state and federal laws regarding confidentiality.
    - Pupil records must be made available to designated police-school liaison officers
      - Nic made a suggestion that school districts may wish to have police-school liaison officers sign a statement to document that they understand the limits of re-disclosure

- School districts must now “disclose pertinent pupil records to an investigating law enforcement agency or district attorney”.
  - Nic made a suggestion that schools, law enforcement, and district attorneys may wish to meet proactively to agree on what kinds of pupil records are pertinent to what kinds of investigations.
- Interagency agreements – there are circumstances under which school districts can disclose records related to the juvenile justice system to several entities including: city attorney, corporation counsel, the county social service agency, child welfare/juvenile justice intake worker, court of record, municipal, court, private school, and another school district.
- A higher level of confidentiality for pupil records where a student may pose a physical risk to others.
- Specifies information that law enforcement officers can share with school officials. Note: school district officials are no longer required to notify the student or parent of the receipt of this information.
  - Nic made a suggestion that school district officials may wish to ask the law enforcement officer sharing the information if disclosure to the student and parent will adversely affect any investigation.
- District attorneys must make a reasonable attempt to notify a student’s school that criminal charges have been filed against the student
- Question (Q) and Answer (A)
  - (Q): What are the implications for CST and the Assessment Summary? (A): When the information enters the school, it becomes part of the school record. Some information, for example, mental health information, would be considered state health care information and would be held to a higher level of confidentiality. Regarding the interagency release of information signed by parents, specifying specifically who within the school can have the information is important (please note: listing only one person would be problematic).
- Additional Resources:
  - Nic shared how to access an initiative whose goal is to help schools become more responsive to children who have experienced trauma. Following is a link to the DPI website page dedicated to “Creating Trauma-Sensitive Schools to Improve Learning: A Response to Intervention (RtI) Model”: <http://www.dpi.state.wi.us/sspw/mhtrauma.html>
  - Other links referenced:
    - Sharing information across systems: <http://www.dpi.gov/sspw/sharing.html>
    - Student records and confidentiality: <http://www.dpi.gov/sspw/srconfid03.html>
    - Safe schools legal resource manual: <http://www.doj.state.wi.us/docs/safeschoolmanual.pdf>
    - Forum guide to protecting the privacy of student information: <http://www.nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2004330>
    - Uniform pupil transcript: <http://www.dpi.gov/cte/pdf/pupiltrn.pdf>
    - Wisconsin records retention schedule for school districts: <http://www.dpi.gov/lbstat/pdf/wi-rssd.pdf>
  - Training on sharing confidential information across systems is available at no cost to sites through DPI (minimum of 25 people) – for more information, visit: <http://www.dpi.gov/sspw/pstrainings.html>
  - Nic Dibble’s contact information: (608) 266-0963, [nic.dibble@dpi.wi.gov](mailto:nic.dibble@dpi.wi.gov)

## 5. Evaluation/Data

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### Update from Tim Connor, Mental Health Evaluation Specialist, UW Population Health, under contract with the Bureau of Prevention Treatment and Recovery

- The 2010 Systems Change Update Survey has been completed by all counties and tribes except one (Tim is working with them). Once all of the data is in, it will be analyzed and summarized for the statewide 2010 CST annual report. If you have additional 2010 CST data that has not yet been entered into the Citrix System, please enter it as soon as possible.
- **Update on the Child & Adolescent Needs and Strengths Scale (CANS) –**
  - The decision was made to move from the Mental Health version of the CANS to utilizing a Comprehensive version of the CANS. The primary reason for this change is that the Department of Children and Families (DCF) has adopted the use of the CANS Comprehensive tool within their out of home care system. This version of the CANS provides a broader range of domains on which to assess children and families. There is a version for ages 5 – 17 as well as for younger children.
  - Highlights of similarities and differences: items from the mental health version are all found on the comprehensive version. In addition, the comprehensive version includes items that address trauma and acculturation, as well as providing the opportunity to rate multiple caregivers.
  - DCF is also developing a web-based training system that will accommodate all reliable rater training and recertification. Tim is working with DCF to develop their system so it can also accommodate CANS data from CST sites.
  - There will be a training in Madison on Monday April 25<sup>th</sup> for CST/ISP staff who have already been trained to rate the CANS mental health version. More information will come soon via email from Tim. There will be additional opportunities – in person and web-based, for those who can't make the April 25<sup>th</sup> training.
  - For staff who haven't been trained in the mental health version and need to be trained as reliable raters of the Comprehensive version – plan to utilize the web-based training system that is planned to be on-line this summer (June is target date).
  - Submitting CANS data – Tim is looking into the possibility entering through WISACWIS (DCF will be using the WISACWIS system to submit their CANS data). Several people have voiced concern regarding CST families having to be a part of the WISACWIS system if they are not already involved in the child welfare system. Tim will look into possibilities with DCF. Please direct additional comments or questions to Tim at: (608) 261-6744 or [tim.connor@wisconsin.gov](mailto:tim.connor@wisconsin.gov).

## 6. Breakout Sessions

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- Sites chose from the following breakout session options to attend. See attached for notes from each session.
  - **Discussion Regarding Funding Sources** – facilitated by Kenya Bright (*no notes taken*)
  - **Open Forum** – facilitated by Howard Harrington
  - **School Record Confidentiality and Working with Schools** – facilitated by Nic Dibble (*no notes taken*)
  - **CANS** – facilitated by Tim Connor

**CST/ISP Project Director Meeting**  
**“CANS” Breakout Session**  
**4/5/10**

**Facilitated by:** Tim Connor – UW Population Health  
**Note taker:** Janae Goodrich

Comments (Based on current knowledge)

- Concerns voiced regarding using WISACWIS to enter CANS data for families in CST
  - High security and problems with access
  - Don't want records in WISACWIS from families who are voluntarily involved with human services via CST
  - Tim explained he envisions a CST branch of the WISACWIS system – no one else would have access to data other than designated staff. The system could allow sites to designate if they want information for each child to be shared. One advantage is that the WISACWIS system would provide more complete data reports for sites than they currently get from the CITRIX system. If CST's do end up using the WISACWIS system, they will not have to double-enter in the CITRIX system.
  - How would this system be different than the child and adult functional screens? Counties can release information in the function screens as they want. System must be secure and confidential. Tim suggests a screen as soon as you log in where you can specify voluntary involvement and whether the data can be shared.
  - The Tribes can't enter data into WISACWIS.
  - Buffalo County doesn't formally do HSRS forms now, it's somehow calculated out of WISACWIS. Comment – why not move everything to WISACWIS (not more HSRS, CITRIX, etc.)
- Concerns regarding the possible need to complete more than one CANS if the child is involved in multiple systems that require the CANS
  - If families are involved in the out-of-home care system and CST, it will be helpful if the CANS only had to be completed once. Attendees question whether the different child-serving systems that use the CANS will collaborate to a point where only one CANS will need to be completed.
  - Tim suggests that the way we approach the CANS data collection could lead to agencies working together because of the ability to share information as needed. There are models in other states, such as Indiana, where all agencies utilize the CANS.
  - Discussion regarding how beneficial it could be to share information with court systems, helping them make more informed orders.
  - As issue is who does the assessment first – people don't want more paperwork – whose responsibility is it to complete the assessment, and who would be responsible for forwarding it to the necessary people?
  - Workers in the child welfare system only doing CANS with out-of-home placements to determine level of care. Needs to be updated if it changes within a couple months and another agency wants to use the data for something else – the screen would need to be done again.
  - For CST, the CANS must be updated every 6 months
- Additional Comments and Questions
  - Has anything changed in the current CANS version? Tim asked that sites continue to use the CANS mental health version until they've been trained on the new CANS items. April 25<sup>th</sup> is the first training opportunity. June will be the earliest date for training of new staff/raters.
  - People really like the trauma section on the CAN-Comprehensive – was difficult to communicate on the CANS-MH

- CANS is recognized as a tool with Medicaid for prior authorization for MA Targeted Case Management and In-Home Family Therapy. Tim will ask White Pine's consultants to make the above point during site visits.
- 0 – 4 CANS Tool:
  - Like it because it gives a more comprehensive view of children's lives – it helps to be able to check-in with kids and put necessary supports in place
  - Can anyone participate in the on-line CANS training? Sites are working on cross-training staff to detect co-occurring disorders. Tim noted that there are items available for co-occurring disorders – could give these to sites without having to report it to the state – it would be just for sites' internal use. Also have the GAIN tool that assesses substance abuse in children; the GAIN can be found on the Wisconsin Family Ties website: <http://www.wifamilyties.org/gainss/public/>
  - Tim suggested that the training by John Lyons on the 25<sup>th</sup> would be the best opportunity for raters to talk with Dr. Lyons and learn about the new CANS items. There will also be time to practice rating the new items. If unable to attend, Tim may be able to do an in-person training for northern WI in May (possibly in Stevens Point). The third option is web-training, which will be available around June. Tim highly recommends attending an in-person training, if possible.
  - Some people did the training together with a group of people at the site where they watched the videos in the morning and discussed it in the afternoon. Tim thinks that would be a part of the recommendation for the training.
  - Once the on-line training is available and sites have had a chance to use it, Tim may plan a conference call to get feedback.
  - The plan is to incorporate the new CANS items into the current CST Assessment Summary
  - Tim can email an electronic version of the comprehensive CANS for those who need/want it.

**CST/ISP Project Director Meeting**  
**“Open Forum” Breakout Session**  
**4/5/10**

**Facilitated by:** Howard Harrington – White Pine Consulting Service  
Notes submitted by: Howard Harrington

**1. CANS**

Discussed use of CANS scoring sheet as a planning document. Mixed reviews about the use of the CANS with the family and team. Some concern was expressed over the box checking format and the impact on practice. Comments emphasized the relationship building emphasis in early meetings with the family. If the CANS is completed mechanically, that could negatively impact family engagement.

When billing targeted case management, the 12 domain narrative assessment is required. Plans to incorporate the comprehensive CANS items into the CST Strengths and Needs Summary should help meet the MA assessment requirement. CLTS functional screens will continue to be a separate and additional document. Chippewa County is working on one assessment format that will accommodate all program requirements: CST, CANS, and CLTS. It was mentioned that the CST assessment and plans are acceptable for CCS.

Some concern was expressed about the lack of WISACWIS connection for tribes and private agencies administering CST. Group was mixed about using WISACWIS for CST voluntary cases with no CPS involvement. Common assessment and access to data reporting are positives. Including non CPS families in the child welfare data system concerns some people.

**2. Spreading CST practice and principles to other work units**

One county is planning to expand CST style teams into the juvenile justice unit and asked for suggestions. One county is 2 years into that practice shift and reported mixed results. Some staff embrace family teams, some resist. The group discussed the need for clear top down leadership in the practice shift. Clear expectations for team practice are critical. Staff will need clear guidance and thorough coaching. The role of the supervisor is primary in this process.

**3. CST records**

One new county asked how others are handling CST case records. Most counties present are placing CST records into their general records system. CST documents and notes are in a distinct section or separate paper file. Content of CST records was discussed. Emphasis was placed on brevity and factual, no room for opinion. It may be necessary to have standards for team meeting minutes to distribute to team members who take minutes. Only plan review, identification of domains, decisions, and plan activities should be in minutes: no personal details.