

**Integrated Services Project (ISP) and Coordinated Services Team (CST) Initiative**  
**Project Directors Meeting**  
**Tuesday, October 06, 2009**  
**Holiday Inn & Convention Center, Stevens Point**

## **1. Introductions**

---

*Existing sites were asked to give one piece of advice to share based on "lessons learned". New sites were asked to share their biggest concern regarding the development of CST.*

- Dan Naylor – CST Project Specialist, White Pine Consulting Service
- George Hulick – Clinical Consultant, Bureau of Prevention Treatment & Recovery (BPTR)
- Nancy Marz – Clinical Consultant, BPTR
- Hugh Davis – Executive Director, Wisconsin Family Ties
- Lori Martin – White Pine Consulting Service
- John Easterday – Administrator, Division of Mental Health and Substance Abuse Services
- Cheryl Lofton – Comprehensive Community Services (CCS) Coordinator, BPTR
- *Marinette County:* Joann Liska – stressed the importance of flexibility in working with families and providers
- *Racine County:* Leslie Shelby – ask questions, don't hesitate to use the resources available to you (training and informational materials, White Pine consultants, State staff, colleagues in other counties/tribes)
- *Jefferson County:* Barb Gang – network with partners, especially schools where there is a turnover, build & nurture relationships
- Dottie Moffat – consultant with White Pine Consulting: connect with each other, use your colleagues and consultants as resources
- *Ashland County:* Laura Scheder – trainings are helpful, attend as many as you can
- *Marquette County:* Roger Klug, Northland Community Services
- *Juneau County:* Mike Roraff, Northland Community Services – it's helpful to know the array of supports and services available to families
- *Kewaunee County:* Chris Coffey & Kristen Veleke – new CST site; currently working on developing their Coordinating Committee
- *Waupaca County:* Stephanie Suchowski – continue orienting new staff, especially school staff and law enforcement. Start focusing on outcomes and data collection from the beginning.
- *Menominee County:* Ludene Balke-Smiths & Bryant Duchow – it's been difficult to develop CCS and CST at the same time
- *Richland County:* Will Buros, chair of Richland County's coordinating committee
- *Eau Claire County:* Carol Pulkrabek & Gina Caldwell – be persistent, takes time to change the way of doing business
- *Lac Courte Oreilles Tribe:* Jenny Bisonette and Sue Smith – don't spend all your energy trying to get everyone to buy-in to the team process. Get going with teams...providers who participate on teams will then see the benefit of the process. Family advocates are extremely important and helpful.
- *Douglas County:* Sara Leskela
- *Crawford County:* Brandie Wagner – know your resources and use your colleagues, ask questions
- *Dunn County:* Lori Radcliffe and Dorinda Kobs – it's been a challenge to sell the process to colleagues (social workers)
- Angie Moran – Southeastern Region Administrator
- Gail Chapman – Northern Region Administrator
- Chris Craiggs – Northeastern Region Administrator
- Sue Matczynski – Northeastern Region Administrator
- *Buffalo County:* Shannon Larson – get started, even if you only have a few schools on board
- *Lac Du Flambeau Tribe:* Denise Wildcat and Jamie Wildcat
- *Brown County:* Treva Norman – important to have decision-makers on the Coordinating Committee, also important to include consumers on the committee
- *Oconto County:* Greg Benesh & Carrie VanEvera – strengthen connection with resources

- *Wood County*: Quinn Hansen and Paul Stoltz – interested in utilizing school staff to facilitate teams; and how to expand the project with limited resources
- *Portage County*: Susan Dolski – tap into other funding streams to financially support your efforts
- *Waukesha County*: Eve Altizer & Lisa Miller-Malecki – have developed a multisystem workgroup, set up policy for teaming across services, utilizing child welfare & juvenile justice more on teams. Parent alumni are utilized for mentoring, parent support & fund raising
- *Door County*: Margaret Buhk– continually build and nurture relationships; utilize parents when promoting the process to others
- *Trempealeau County*: Zach Todd – ask questions, use resources available – colleagues and consultants
- *Polk County*: Corby Rae Stark – importance of persistence
- *St Croix County*: Dawn Campbell & Courtney Nelson – remember that this is a process – stay true to the process and everything else will fall into place
- *Chippewa County*: Tara Mrozinski
- *La Crosse County*: Kristine Buehler & Angela Bakken – keep people true to the team process & philosophy
- *Sawyer County*: Trinke McNurlin – some people understand the theory but not how to put the process into practice
- *Washburn County*: Laura Braenne & Cathy Maas– Flexibility, look for the positive
- *Barron County*: Shelby Fader – developing CST as part of the Western Regional Partnership Grant
- *Waushara County*: Cindy Gray – pays off to build relationships, strengthen interagency agreement & coordinating committee. Strong mentoring program is beneficial.
- *Adams County*: Patty Bula & Jamie Bula – get people involved; the best way to sell the process is to have people come to team meetings
- *Iron County*: Pam Snyder – it's difficult to develop CCS & CST simultaneously; important to remember that this is about children & families and putting together a plan that works for them.
- *Rock County*: Rebecca Westrick
- *Washington County*: Mike Marlett – new to his position as ISP coordinator; it's a challenge combining direct services with being a team coordinator

## 2. Bureau & White Pine Consulting Updates

---

- **Legislative and budget issues by John Easterday**
  - John Easterday was formerly the director of Washington County (a county with ISP), and is now the Administrator of the Division of Mental Health & Substance Abuse Services
  - Has visited several of the CST projects and has enjoyed experiencing what sites are doing
  - Budget Updates
    - Mental Health & Substance Abuse have fared fairly well in the budget process
    - Wisconsin's Mental Health Institutes (Mendota Mental Health Institute and Winnebago Mental Health Institute) are being affected:
      - Interaction is now required between local mental health agency & local law enforcement before an emergency detention is completed. This has resulted in a substantial census decrease.
      - Counties are now accountable for the State match portion of MA when people are put in an institute.
      - Some institute programs are being consolidated
    - No cut in funding for CST – seen as a state priority area to sustain
    - Expansion in Badger Care & Badger Care Plus – more families covered
    - Money is allocated in the budget that can be utilized by counties for match for mobile crisis, CCS, or CSP
- **Bureau update by George Hulick**
  - Reminder that there is funding available for additional training and technical assistance to sites. Contact George if you're interested – (608) 266-0907, [George.hulick@wisconsin.gov](mailto:George.hulick@wisconsin.gov)
  - Please make sure your state liaison (George Hulick or Nancy Marz) and Dan Naylor (for CST sites) are on your sites' mailing/e-mailing lists for Coordinating Committee agendas & minutes.

- Paperwork Reduction – change in annual reporting requirements
  - Introduction of combined tool – the “Annual System of Care Review” combines two required evaluation tools – the Eight Key Components, and the Goals & Expected Outcomes Checklist – into one document. This combined tool reduces duplication that existed across tools.
  - Timing – all CST & ISP sites should complete the “Annual System of Care Review” annually to reflect the past calendar year, with a due date of 1/30. Initial completion dates differ, depending on when your site began CST funding – see grid below for initial completion/due dates:

	Counties & Tribes	First Due Date
<b>ISP Sites</b> (that don't receive CST funding*)	Chippewa, Door, Dunn, Fond du Lac, Kenosha, Marinette, Racine, Rock, Washington, Waukesha & Waushara Counties	1/30/10 for 2009 calendar year
<b>New CST Sites</b>	Bad River Tribe, Lac du Flambeau Tribe, Clark, Green Kewaunee, and Oconto Counties	1/30/11 for the 2010 calendar year
<b>Existing CST Sites**</b> (7/1 – 6/30 budget cycle)	Adams, Brown, Crawford, Douglas, Eau Claire, Juneau, La Crosse, Pierce, Polk, Richland, Sawyer, Sheboygan, St. Croix, Vernon, Washburn, and Wood Counties	1/30/10 for 2009 calendar year
<b>Existing CST Sites</b> (10/1 – 9/30 budget cycle)	Lac Courte Oreilles and Red Cliff Tribes, Ashland, Buffalo, Burnett, Dodge, Menominee, Monroe, and Price Counties	1/30/11 for the 2010 calendar year

**\*Please Note:** Sites that receive funding for both ISP and CST should complete one single “Annual System of Care Review” to reflect all of the children served by their ISP/CST.

\*\* Includes CST sites whose grant funding ended on 6/30/09 (reporting should reflect 1/1/09 – 6/30/09)

- **CANS Update – Lori Martin, White Pine Consulting and Tim Connor, BPTR**

- CANS updates by Lori Martin:
  - There have been questions regarding the use of the assessment summary by service coordinators who haven't been trained to rate the CANS. If you haven't been trained to rate the CANS, please utilize the version of the Assessment Summary that doesn't incorporate the CANS items until you are able to receive CANS training (both versions of the assessment summary can be found on our website – [www.wicollaborative.org](http://www.wicollaborative.org) (click on “CST Reports and Forms” then on “Team Forms”))
  - All sites' primary service coordinators should receive “CANS Reliable Rater” training. There are currently approximately 175 individuals from ISP/CST sites trained as raters of the CANS. We are tentatively planning a CANS Reliable Rater Training for early-mid December.
  - If you have staff in need of CANS training, please let Lori Martin know: [whitepine@mwwb.net](mailto:whitepine@mwwb.net) or (715) 258-5430
- CANS updates by Tim Connor
  - Expansion of use of the CANS – State Child Welfare Department is looking on utilization of the CANS within foster care system
  - CANS items have now been added to the web-based data entry system, as well as two reports for use by counties and tribes. One report will let you know when children's 6 month re-assessments are due. Sites should start entering children's CANS scores into the web-based system. Please go back to the beginning of 2009 and enter CANS scores.
  - Although a formal memo hasn't been released, you can now utilize the CANS for preauthorization for MA In-home therapy

- **Annual Family Satisfaction Survey – Tim Connor and Nancy Marz, BPTR**

- The satisfaction survey process will be different than in the past. This year, we're utilizing a tool the state has been using in years past to a statewide random sample of individuals receiving mental health services. By utilizing this survey, we will be able to compare results from families involved in CST/ISP with families in Wisconsin who are receiving mental health services outside the ISP/CST process. This will be done in partnership with the University of Wisconsin Survey Center who will distribute & collect the surveys. Tim Conner will send more information to sites in the coming weeks.

- **Updates by Dan Naylor – White Pine Consulting Service**

- Shared resource information on Domestic Violence. There is a link to the Wisconsin Coalition on Domestic Violence on our website: [www.wicollaborative.org](http://www.wicollaborative.org) (Click on “Resources” then on “Domestic Violence”). Domestic Violence will also be a topic on each of the Regional meetings’ upcoming agendas.
- The sample interagency “Release of Information Form” has recently been updated. The updated sample can be found on our website (click on “handbooks” – its part of the Referral Form document). Updates include instructions on page 1 to cross off unused agency/individual boxes; as well as more information regarding signatures required for the release of mental health and AODA records.
- Update on “CST legislation” – proposed expanded funding for CST...currently in the Joint Finance Committee

### **3. Wisconsin Family Ties (WFT) – Hugh Davis, Executive Director**

---

- 1,800 people participated in Family Fun Day this past July (twice as many as in past years) – thanks to all sites who supported families’ attendance
- Children Come First Conference – November 16<sup>th</sup> & 17<sup>th</sup> at the Kalahari in Wisconsin Dells. For more information, and/or to download a brochure, go to the WFT website: [www.wifamilyties.org](http://www.wifamilyties.org)
- Family Guide to Adolescent Substance Abuse Information & Services in Wisconsin – also available on their website.
- Out of Darkness...Into the Light – new approaches to reducing the use of seclusion and restraint with Wisconsin Children. For more information, please visit the WFT website.

### **4. Suicide Prevention Initiative – Debi Traeders, Mental Health America (MHA) and Dottie Moffat**

---

- Debi is a trainer of the Q.P.R. Method for Suicide Prevention – Question, Persuade, Refer. This training program offers a method of how to get information, deal with the initial situation, and get help.
- Debi shared a couple of recent stories where she incorporated the QPR process.
- Debi made a plea to start coalitions – if you’re interested or know someone who is interested in starting a Suicide Prevention Coalition, please contact her - (715) 551-0966
- She will go into more depth on the Q.P.R method during the “Suicide Prevention” breakout session

### **5. Resources for Veterans – Dan Naylor, White Pine Consulting**

---

- Please consider inviting your County or Tribal Veteran’s Services Officer (VSO) to be a part of your Coordinating Committee. A list of VSO’s can be found on the Collaborative Systems of Care website: [www.wicollaborative.org](http://www.wicollaborative.org) (click on Resources, then on Resources for Veterans)
- Dan shared a few additional resources – the Guide for Military Personnel, and a Guide for Families; both can also be accessed from our website.

### **6. Working with Mental Health Institutes – Paul Lane, Mendota Mental Health Institute (MMHI) and Erin Sarauer, Winnebago Mental Health Institute (WMHI)**

---

- Erin commented on some of the changes that are being undergone by the Institutes. Both adult and youth admissions are low. As a result, two children’s units have been combined. Additional changes – reorganization of treatment provision. School hours expanded to evenings & weekends, hours of treatment expanded. Expanded opportunities for students to obtain school credit for treatment. Integrated treatment across children’s units. Revamped programming for children – with opportunity to move through levels of treatment faster, resulting in shorter lengths of stay – working more collaboratively with counties.
- Paul Lane commented that it’s probable that Mendota will be narrowing its focus to primarily working with adolescent males. Expressed the importance of working with community teams, especially with regards to discharge planning. Video conferencing capability has been expanded. Treatment plans are now more recovery-focused. Neuro-psych evaluations are also now available at Mendota. Encouraged sites to visit the Institutes.
- Dan Naylor emphasized the important role that a CST/ISP team plays when a child is at an Institute, especially with regards to planning for a child/youth’s return to their home community.

## 7. Small Group Breakouts

---

### **Working Well with the Mental Health Institutes**

**Facilitated by:** Paul Lane – Mendota Mental Health Institute (MMHI) – (608) 301-1143, and Erin Sarauer – Winnebago Mental Health Institute (WMHI) – (920) 235-4910 x 2360

The majority of the children admitted to the institutes have a transition plan started at the time of the admission. It is the minority that do not have a transition plan; in these cases, there is usually zero contact with the county or the social worker involved.

Discharge planning from WMHI has changed based on feedback that occurred through regional directors meetings. It is now child need focused and not specific to a placement recommendation. The discharge needs assessment includes Security/Supervision and Monitoring.

One of the primary difficulties is that for specific types of admissions all of the team members are not identified. For instance, Juvenile Justice may identify members related to juvenile justice, but not team members related to education or mental health. In some of these situations the County doesn't get the referral until the child is coming out of Winnebago.

The Recovery Treatment Plans were described as awesome by those that have seen them and worked with them.

Additional ways to connect during discharge planning and some outside of the box ideas were discussed such as the possibility of using very short term admission as a type of respite for children that are very difficult to find a place for on discharge.

Counties identified the need for institutions to take the lead specialist role in various clinical area (sensory etc...) and to advice on behavioral supports.

Erin also discussed the importance of school involvement if at all possible. The school at Winnebago is open to the idea of working with the schools children will be going back to.

Video connections for team meeting are a good possibility to work things out in the future and many schools actually have that capability available also.

## **Suicide Prevention**

**Facilitated by:** Debi Traeder – Youth Suicide Prevention Coordinator, Mental Health America of Wisconsin, (715) 551-0966

- Suicide is a public health issue. Every 2 hours in the U.S. someone age 15 – 24 attempts suicide. Suicide is the second leading cause of death in the U.S. for young people, and 8<sup>th</sup> form adults over 18.
- Q.P.R. Method for Suicide Prevention – Question, Persuade, Refer
  - Similar to CPR of the Heimlich Maneuver
    - Access
    - Active intervention
    - Accompanied referral
    - Alleviation of immediate risk factors
    - Accurate diagnosis
    - Aggressive Treatment
- Warning signs of suicide:
  - Suicide threats
  - Previous suicide attempts
  - Alcohol and drug abuse
  - Statements revealing a desire to die
  - Sudden changes in behavior
  - Prolonged depression
  - Making final arrangements
  - Giving away prized possessions
  - Purchasing a gun or stockpiling pills
- QPR for Suicide Prevention
  - **Q:** Question the person about suicide.
    - Do they have thoughts? Feelings? Plans? Don't be afraid to ask
  - **P:** Persuade the person to get help
    - Listen carefully. Then say, "Let me help." Or, "Come with me to find help."
  - **R:** Refer for help.
    - If a child or adolescent, contact any adult, any parent. Or call you minister, rabbi, tribal elder, a teacher, coach or counselor. Or call the following resource number: 1-800-273-TALK (8255)
- For more information:
  - Mental Health America of Wisconsin website: [www.mhawisconsin.org](http://www.mhawisconsin.org)

## **CANS and Evaluation for New Sites**

**Facilitated by:** Tim Connor, Mental Health Evaluation Specialist – (608) 261-6744, [tim.connor@wisconsin.gov](mailto:tim.connor@wisconsin.gov), and Lori Martin, White Pine Consulting Service – (715) 258-5430, [whitepine@mwwb.net](mailto:whitepine@mwwb.net)

- Overview of the CANS Tool
  - CANS – Child and Adolescent Needs and Strengths
  - Developed as part of the child welfare system reform in Illinois
  - Communication tool
  - Multi-level tool – useful at the child and family/team level, as well as at the system-of-care level
  - History of the CANS in Wisconsin
    - Adopted for use in the fall of 2007
    - Based on the mental health version of the CANS, adapted for use in a collaborative cross-system team setting
    - There are currently around 200 people trained in Wisconsin to rate the CANS with children and their families
  - CANS Domains: risk behaviors, functioning, problem presentation, child safety, caregiver needs & strengths, child/youth strengths
  - CANS and the CST/ISP Assessment Summary Process – the CANS items have been integrated into the current CST/ISP assessment process/form
  - CANS and the planning process: scores translate to action (0 – no need/no action to 3 – severe problems/action needed now).
  - Training and recertification: users of the CANS must receive “reliable rater” training by a certified CANS trainer. Many CST/ISP sites have certified trainers on staff. Recently funded 2008 sites do not have certified trainers on staff – we are planning a statewide CANS reliable rater training for December.
  - For more information – contact Lori or Tim (contact information above) or visit [www.wicollaborative.org](http://www.wicollaborative.org) (click on “CANS Tool” link on left side of home page)
  
- Overview of Evaluation Tools

*For more specifics on the following tools including due dates, please contact Lori Martin or download “Forms & Evaluation Tools Completed Annually” from our website – [www.wicollaborative.org](http://www.wicollaborative.org) (click on “CST Report & Forms” on left side of home page).*

  - Tool used at the Child and Family Team level:
    - Assessment Summary
    - Plan of Care
    - Family & Team Member Closure Surveys
  - Project and System Level Tools:
    - Work Plan
    - Budget Worksheets (Request & Actual Expenditures)
    - Family Satisfaction Survey
    - Provider Satisfaction Survey
    - System of Care Review