The Coordinated Services Team Initiative Advanced Team Facilitation

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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.

Skill Set for Effective Team Facilitation

- Phases of the Team
 - Engagement of Family, Natural Supports and Providers

ed Services Teams/Family Teaming Process by Jodee Liedtke, MSW, White Pine Con

- Assessment of Strengths and Needs
- Family Team Planning
- Implement and Monitor the Plan
- Transition

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Building Care Coordinator Competencies

- Phase 1. Orientation: 2 Day Care Coordination Fundamentals workshop.
- Phase 2. Apprenticeship and Observation: Pairing with experienced care coordinator(s) / Coach. From observation to leading activities with coach supervision.
- Phase 3. Ongoing Coaching and Supervision: Regularly scheduled support and feedback.

Care Coordinator Performance Review

- Respect of children and their families
- Knowledge of children's issues
- Understanding of community-based care
- Knowledge of interventions and support
- Promote individualized services and supports
- Ability to facilitate family teams
- Knowledge of resources
- Knowledge of data collection and reporting
- Actively participates in the team process

Key Principles of Collaborative Systems of Care

- Family-centered approach; emphasizing family involvement throughout the process
- Building resources on natural and community supports
- Strength-based approach
- Providing unconditional care
- Collaborative team approach across agencies and systems
- Being gender/age/and culturally responsive
- Ensure safety
- Focus on home and community-based services and supports

Access

Oriented to meaningful outcomes



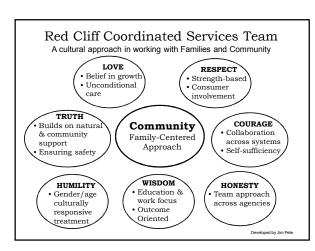




Values of Trauma-Informed Care

Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services, Scott Webb, 2014

- Understanding the prevalence and impact of trauma
- Pursue the person's strength, choice, and autonomy
- Providers must earn trust
- Healing happens in relationships
- Provide holistic care
- Share power
- Communicate with compassion
- Promote safety
- Embrace diversity
- Respect human rights





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 supportsPromoting 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

Services (CCS) Meaningful participation of consumers and family members across the lifespan

Comprehensive Community

- Access to services and supports
- . Recovery
- Focus on quality improvement Cost-effective
- Meeting individualized needs

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)

Building Motivational Interviewing Skills

- Resist the righting reflex
- Understand the child/family motivation
- · Listen to the child/family
- · Empower the child/family

- · Focus on successful living in the community Integration of mental health and substance abuse services

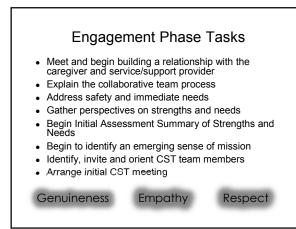
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Why Collaborate?

- Share limited resources
- Share information
- Achieve mutual goals
- Reduce conflict
- Best use of group members' expertise
- Nice people to meet with





Individual and Family Culture

- Culture is defined as "the unique values, ideas, customs, skills, arts, of a family or a people that are transferred, communicated and passed along"
- "Culture" refers to the unique way an individual or family operates and functions, including habits, characteristics, preferences, roles, values, traditions etc.
- Sometimes we have difficulty identifying individual and family culture or reflecting it in Plans of Care. Culture is much more than ethnicity, language or food preferences. Without a quality and thorough discovery of family culture, and without reflecting that culture in the work of the team, plans are less likely to be successful.



Team Member Selection – Family and Youth Voice and Choice

- The family and youth should be provided with support for making informed decisions about whom they invite to join the team, as well as support for dealing with any conflicts or negative emotions that may arise from working with such team members.
- The family and youth should be supported to explore options such as inviting a different representative from an agency or organization.

Source: National Wraparound Initiative – The Principles of Wraparound; Chapter 2.1; Oct 1 2004

Best Practices for Increasing Meaningful Youth Participation in Collaborative Team Planning

- Organizational Support for Participation
 - · Organizational culture values youth participation
 - Youth are present when decisions are made
 - · Assist the youth in preparing for the meeting
 - · Help youth determine who a support person might be
- · Create a Safe and Respectful Meeting Environment
- 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 that are made and next steps.
- Gather Meeting Feedback from the Youth

Source: Best Practices for Increasing Meaningful Youth Participation in Collaborative Team Planning; Research and Training Center, Portland State University, May 8th, 2008

Consequences of Not Involving Key Individuals / Agency Representation

- Team may not have access to resources or interpersonal support that would otherwise be available
- Activities or supports offered may not be coordinated with the team's efforts
- Lost opportunity for the family and youth to have the team's support in working with an individual or agency they view as challenging or unsupportive
- If the person is a service provider, the team may lose the opportunity to access services or funds that are available through that person's organization or agency
- Undesired consequences independent decisions may be made outside the team process

ource: National Wraparound Initiative – The Principles of Wraparound; Chapter 2.1; Oct 1 2004

Team Development Informal/Natural Supports as Team Members

- Emphasize the importance of natural supports as team members with the participant at time of referral and screening
- Help the family 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

Involving Peer Support Specialists

- A parent or caregiver of a child with emotional or behavioral disorders
- Specifically trained for an information, support, and advocacy role
- Genuinely understands and appreciates the culture of a family living with a child with special needs, because it is also their culture
- Typically employed by an organization other than service-providing agencies

Source: Employing Parent Peer Specialists to Improve Outcomes, Hugh Davis, Wisconsin Family Ties

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

Service Coordination: Abilities for Effective Team Facilitation

- Ability to accurately listen
- Ability to communicate clearly
- Ability to develop trust of team members
- Ability to understand multiple perspectives
- Ability to intervene on ineffective behavior
- · Ability to accept feedback without reacting defensively
- Ability to provide support and encouragement
- · Ability to maintain and demonstrate patience

Team Facilitation: Important Details

- Ensure all team members are aware of meeting time and location – address possible barriers to attendance
- · Hold meetings when & where it is best for most
- Conduct regularly scheduled meetings
- Establish meeting time and end as planned
- Establish and follow an agenda
- Ensure that someone is responsible for taking and distributing meeting minutes
- Follow-through on commitments

Team Facilitation: Promoting Participation

- Clarify team members' roles, strengths, and goals
- Establish team guidelines
- Assure active and sincere participation by all team member
- Identify "hidden agendas" and get them on the table
- Recognize and reward creativity, flexibility, and volunteerism by team members
- Evaluate team member satisfaction with the process at the end of meetings

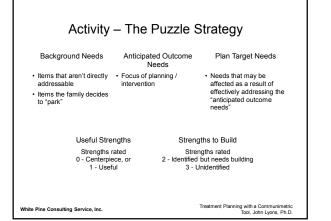
Facilitating The Meeting Process: Closing the Meeting

- Summarize Decisions
- Review action items and discuss "homework"
- Schedule next meeting(s)
- Evaluate the meeting
- Thank team members

Source: The Team Handbook, Second Edition; Scholtes, Peter; Joiner, Brian; and Streibel, Barbara. 1996, Joiner Associates, Inc.

Purpose of the Assessment Process

- Team Level
 - Communicate the family's story
 - · Helps create a shared vision or common goal
 - The identification of needs and strengths leads to planning decisions
- · County, Tribal, and State Levels
 - Are the lives of youth and families improving?
 - Compare outcomes with other youth and families being served in the public mental health system





Developing Creative and Effective Plans of Care

- ✓ Reach consensus on plan target needs
- ✓ Determine a long-term goal
- ✓ Determine objectives (SMART objectives)
- ✓ Determine tasks / activities who does what, by when, how it will be paid for
- ✓ Review and evaluate

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Crisis Prevention Planning

- Distinguish between Crisis/Safety issues and "Plan of Care" issues
- Some crises will be prevented as a result of collaborative planning based on identified needs and strengths
- Accurate information regarding early warning signs of a crisis can allow for timely and appropriate response
- For staff, less time is spent managing crises and more time on activities that promote meaningful long-term outcomes for families.

Brainstorm Strategies

- Consider strategies or interventions that have worked in the past
 - Experiences of family, youth, and team members
 - What are some things that help you calm down when you start to get upset?
- Consider strengths of the family, youth, team, and community
- Don't stop at "contact law enforcement", or "call 911". Develop options through these interventions with agency representatives

Source: The Emerging Science of Trauma Informed Care - Kevin Ann Huckshorn, 2004

Team Process Review Summary

- Team and meeting preparation
- Team communication
- Assessment / Goal setting
- Plan of care
- Closing Summary

Principles for Conflict Management

- Encourage equal participation: we are in this together
- Actively listen: you are important and valued
- Separate fact from opinion: challenge categorical statements
- Separate people from the problem: use the board
- Focus on the big picture: reaffirm goals, principles, values
- Build consensus

Adapted from Conflict Management, Hendricks, 1989

Key Stages in Collaborative Conflict Management

- 1. Introduction establish ground rule, build trust
- 2. Clearly frame the conflict story telling
- 3. Brainstorming generate alternative solutions, separate fact from opinion
- 4. Agreement Record the resolution and steps necessary to achieve it
- 5. Future steps schedule follow-up, possible impact if not resolved, need for third party

Team Meeting Analysis Sample Documents

- Family team meeting review
- Youth evaluation
- Parent/Caregiver evaluation

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