

The Coordinated Services Team Initiative
Northeastern Regional Meeting

Developing Creative Plans of Care

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Fox Valley Technical College
Appleton, WI

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The Coordinated Services Team Initiative

The Coordinated Services Team (CST) Initiative offers a child and family-centered team approach to respond to individuals and families with multiple, often serious needs in the least-restrictive setting possible.

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
- Oriented to meaningful outcomes

Building Trust: Interviews with family members

- Listen with true concern without judging
- Don't rush decision-making
- Two-way conversation – get to know each other
- Be honest
- Don't pretend to understand if you don't
- Treat parents as equals – acknowledge they know their child best
- Step “into their world” – work with families where they're at
- If you don't know the answer, say you don't
- Clear Expectations

Adapted from interviews between Wisconsin Family Ties advocate,
Tina Swinford and parents involved in the CST/ISP process
6/04

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:

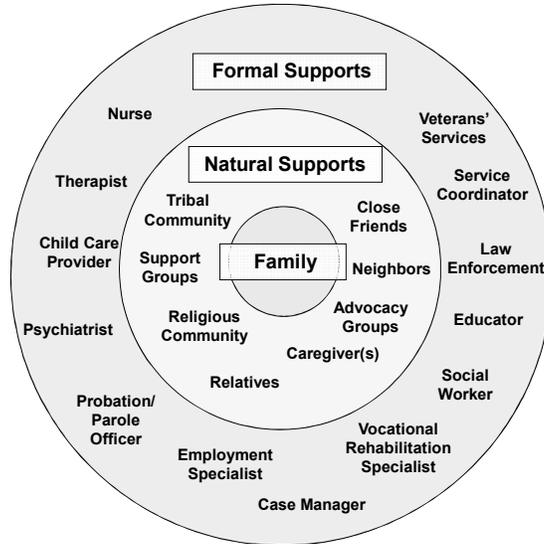
- The sole decision-maker
- Person who does all the work
- The only person team members call
- To dictate what should be done, to infringe on, or be a substitute for the policies and procedures of other agencies

Qualifications for Team Involvement

To qualify for team involvement, individuals should:

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

Develop Your Team



Benefits of Engaging Natural and Community Supports

- Incorporates family and youth cultural needs and preferences
- Creates a plan that is individualized
- Creates “normalization”
- Combats stigma
- Creates an easier transition from formal services
- Promotes sustainability for families

Adapted from: It Takes a Village: Engaging Informal and Natural Supports; Technical Assistance Partnership Webinar Series.

What Natural and Community Supports Bring to the Table

- Willingness to help with immediate tasks.
- Able to see the family and youth from a different perspective, including recognizing strengths other team members may have missed.
- Can help point out strengths to the family and youth.
- Can often be frank with the family and youth regarding needs.
- Add to what parents and youth say
- Ongoing, round-the-clock support, particularly in crisis situations.

Adapted from: Lessons from the Field: What Helps in Utilizing Family Strengths in Wraparound; Rick Phillips, Ph.D.

Goals of First Team Meeting

- Build Relationships
- Team members understand “the process”
- Team members understand each others’ roles
- Team members feel invested
- Consensus on a common team goal

Family-Driven Care

Families have a primary decision-making role in the care of their own children, as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

This includes:

- Choosing culturally and linguistically competent supports, services, and providers
- Setting goals
- Designing, implementing and evaluating programs
- Monitoring outcomes
- Partnering in funding decisions

Shared in a presentation by Hugh Davis, Wisconsin Family Ties 4/29/14
Source: Health, N. F. (2008). *Working Definition of Family-Driven Care*. Rockville: <http://www.fcmh.org/>

Assessment Summary of Strengths & Needs *Child and Adolescent Needs and Strengths (CANS)*

- Living situations
- Youth & family situation
- Trauma
- Mental, emotional, and behavioral health
- Physical health
- Developmental status
- Youth and family acculturation
- Child welfare
- Social and recreational activities
- Cultural and spiritual status
- Educational/vocational status
- Legal involvement
- AODA status
- Crisis response
- Youth strengths
- Caregiver needs & strengths

Going from Assessment to Planning

- Review Assessment of Strengths & Needs Summary
- Determine top 3 areas of need
- Prioritize

When Plans of Care Go Wrong

- Loss of consumer focus
 - Doesn't capture strengths & needs
 - Match strengths to strategies
 - Make needs specific rather than generic
 - Doesn't tell the story
 - Communicate "why" you're doing it on the form
 - Doesn't get to hopes & dreams/isn't future oriented
 - Document mission/vision on every page
 - Use words which are descriptive of client/team

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When Plans of Care Go Wrong

- Lack of detail work and follow through
 - Doesn't get distributed
 - To consumer
 - To other team members
 - Poorly written
 - Make it legible
 - Not specific enough
 - Spell out who, what and when
 - Share tasks across team members to hold team accountable

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Plan of Care Development

- The service coordinator schedules meetings with the team to develop the plan
- The team reviews process principles, and identifies the strengths of the individual and team member.
- The team reviews each domain, identifying strengths, needs, and the participant's current level of functioning.
- The team prioritizes the needs
- The team develops the Plan of Care to include:
 - The participant's present level of functioning
 - The goals, objectives and activities
 - Who will be involved
 - How services will be paid for
 - How outcomes will be evaluated (as evidenced by...)

Strength-Based Planning

- Strength-based planning means
 - Clearly identifying the consumer & team's unique needs
 - Using the resources of the team to meet needs
 - Considering the consumer, family and team members' interests, relationships, hobbies, activities and personal traits

The First Step in Successful Planning

Clearly identify the need

Needs are not services or places. Services and places are one way to address needs.

Tips for Addressing Needs

- Start with specific, relevant & functional strengths
- Speak to the need not the problem
- Check for understanding of perspectives, not agreement
- Avoid prescribing the solution, allow the team to identify options
- Assume positive intent

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Need or Service?

- Transportation to work
- Parenting class
- Help with math homework
- Foster care
- A telephone
- Family Therapy
- A mentor
- Energy Assistance
- Individual Education Plan
- YMCA membership
- Respite Care

Commitments

- Why make Commitments?
 - Assures follow through
 - Creates team-based solutions
- Build on natural support people first
- Attempt to move people “out of the box” by securing commitments outside of traditional job roles
- Avoid over commitments from any one team member

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Tips for Moving to Action

- Avoid reliance on existing service definition
- Encourage volunteerism by informal support people
- Identify key steps to meeting needs (look for hidden challenges and linkages)
- Addressed perceived funding barriers
- Encourage participation by all team members
- Break down complex actions into manageable parts
- Tailor interventions to the strengths of the neighborhood as well s the family and individual

Strength-Based Planning, Patricia Miles, Neil Brown & John Franz; Paperboat Consulting, Madison WI

Brainstorm

- Put every idea on the board (at least 3)
- Don't allow ideas to be judged
- Don't be afraid of silence
- Encourage participation
- Encourage creativity
- Refer to Summary of Strengths & Needs Assessment

When to Use Different Decision-Making Methods

<p style="text-align: center;">Consensus</p> <ul style="list-style-type: none"> ● Use with small groups (10 or less) ● When decisions are important or affect a lot of people ● The group is informed and individual members feel a similar level of investment 	<p style="text-align: center;">Voting</p> <ul style="list-style-type: none"> ● When it is known that consensus is highly unlikely in the time allowed ● Members are equally informed on the subject matter and understand each others' viewpoints ● Have a plan for how to keep those who "lose" from becoming defensive
<p style="text-align: center;">Subgroup</p> <ul style="list-style-type: none"> ● When the whole group is truly comfortable delegating their authority ● When the subgroup has the necessary information and expertise to make the decision 	<p style="text-align: center;">One Person</p> <ul style="list-style-type: none"> ● When it's an emergency ● One person has all of the relevant information ● One person is especially trusted to make a good decision ● The outcome only impacts the decision-maker

Adapted from The Team Handbook; Sholtes, 1996

Build Consensus

- Choose an option or options
- Determine if it's been tried before
 - Has it worked? What made it work?
 - Did it work sometimes? Consider what-if's

Sharing and Monitoring Responsibility

- Determining Specific Tasks:
 - Solicit ideas without judgment – use the board
- Determining Responsibility:
 - This is done with the team
 - Look for volunteerism
 - Look for sharing in the work
 - Look for natural assignments
- Monitoring:
 - This is done with the team during meetings (POC)
 - Service coordinator may need to check in with team members individually

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

www.wicollaborative.org



The screenshot shows the homepage of the Collaborative Systems of Care Resource Website. At the top, there is a navigation menu with links for Home, About, Testimonials, CST Handbooks, Training and Workshops, CST Coordinators, Parents, and Blog. Below the navigation menu, there are three main sections: a photo of a family, a photo of a child, and a photo of a meeting. To the right of these photos is a 'Welcome!' section with a brief description of the website's purpose and a button labeled 'About Collaborative Systems of Care'. Below the photos and welcome section, there are two columns of text: 'Wisconsin's Collaborative Systems of Care Training and Technical Assistance' and 'Statewide Collaborative Systems of Care Directory'.

Collaborative Systems of Care Resource Website

Home About Testimonials CST Handbooks Training and Workshops CST Coordinators Parents Blog

Providers, Community, Family

"Like Us" on Facebook to receive ongoing updates on topics of interest

Welcome!

This website is a resource for Coordinated Services Team (CST) Initiatives, service providers, families, and community members who wish to learn more about Collaborative Systems of Care (CSOC) in Wisconsin.

[About Collaborative Systems of Care](#)

Wisconsin's Collaborative Systems of Care Training and Technical Assistance

White Pine Consulting Service (WPCS), in partnership with Waupaca County Department of Health and Human Services, currently holds a contract with the

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 in Wisconsin. The directory also includes contact information for various