

## Draft MOU Between County Crisis and County CST Programs

***The Collaborative Crisis Intervention Services for Youth (CCISY) grant given to our region by the Wisconsin Department of Health Services requires all counties that have a CST Initiative to get an Memorandum of Understanding (MOU) signed between their county crisis program and their CST Initiative that details how the programs will collaborate to assist consumers and families in crisis or at risk for crisis. This is not to be confused with the Interagency Agreement that is part of the CST Initiative, though this can be added as an addendum to that agreement, providing it lays out the agreement similar to this sample MOU.***

The purpose of this MOU is to lay the groundwork for collaboration between the \_\_\_\_\_ County crisis program and the CST program.

The guiding principles of the crisis program are ***(Spell out—if you don't have principles, see attached list for suggestions).***

The guiding principles of the Coordinated Services Team (CST) initiative are ***(Spell out using either the CST Principles in the CST Handbook or in the County CST Interagency Agreement)***

OR

The guiding principles of ***(Agency name)*** are ***(spell out—if the county has countywide guiding principles that are similar to those of both crisis and CST)***

**The role of the crisis program** is to assess all youth presenting in crisis for the risk of suicide, to screen for Severe Emotional Disturbance (SED), to refer to matching professional services and/or informal supports, including the county CST initiative when the youth matches the established criteria of the CST initiative, for a crisis worker to follow-up with youth at risk to suicide within 2 days and to develop or assist in the development of a person-centered crisis plan for all youth at risk for crisis. The crisis program shall act as a consultant to the CST initiative on matters related to crisis planning and crisis intervention for consumers enrolled in the CST initiative and to other units within the agency that serve youth.

**The role of the CST initiative** is to screen youth identified as meeting established criteria ***(spell out criteria here)*** and to develop a Coordinated Service Team (CST) to support the youth and family when indicated, utilizing both professional and natural supports. As a team, a person-centered plan of care, including a crisis plan, will be developed. If the CST needs support in the development of a crisis plan, they will contact the crisis program for consultation (with family consent). Crisis plans will be reviewed after use or at a minimum of every 6 months and updated if necessary. The plan will then be forwarded to the crisis program for review and sign off.

As part of the Informed Consent process, participants in the CST will be informed that crisis planning is part of the CST process and that in the case of a crisis, the crisis plan developed by the Coordinated Services Team will be implemented by the crisis program to the best of their ability. The crisis plan developed by the CST will be shared with the crisis program so that they are aware of how to best meet the needs of the family should there be an acute crisis. If the family has Medicaid or another form of insurance, a release of information will be signed by the family to allow for billing of crisis services. The family will also be informed of who the contacts are for both the crisis program and the CST initiative should a conflict or grievance arise.

The designated contacts for conflict resolution or initial grievances are:

Crisis \_\_\_\_\_  
CST \_\_\_\_\_

In the case of an acute crisis requiring the involvement of the crisis program, the CST initiative coordinator will be notified during normal business hours or notified the following business day in the case of an after-hours crisis. The intervention (or the crisis response) will be documented in accordance with standards in DHS 34. Following the crisis, the CST team and the crisis program will collaboratively review both the crisis plan and the documented intervention(s) and update the crisis plan if necessary. The updated crisis plan will be signed by the designated licensed professional within 14 days for DHS34 certified crisis programs, and copies of the updated plan will be maintained by the crisis program, the CST program and all responsible parties listed on the plan.

_____	_____
<b>(name)</b>	<b>(name)</b>
_____	_____
<b>(position/title)</b>	<b>(position/title)</b>
_____	_____
<b>(date)</b>	<b>(date)</b>

# Core Values / Principles of Human Services Work

(Adapted from the Wisconsin Collaborative Systems of Care website, *CST Handbook (2014 update)* by White Pines Consulting, Inc. [www.mwwb.net](http://www.mwwb.net), and *Practice Guidelines: Core Elements for Responding to Mental Health Crisis*, Rockville, MD: Center for Mental Health Services, SAMHSA, 2009 for use by the Behavioral Health Training Partnership trainings)

- Person Centered/Consumer Driven** -Consumer needs and goals are the central focus of treatment. The consumer is actively involved and takes ownership in all aspects of planning, which is empowering and increases the likelihood of success.
- Strength-Based / Recovery-Focused** -Belief in growth and recovery and identification of consumer/family strengths that support strategies to meet their needs.
- Collaboration Across Systems**-A cooperative process of providers working with consumer/families, where there is understanding of each other and a commitment and willingness to work together.
- Team Approach** — Team member (including consumer/families) strengths and skills are used to develop a plan that leads to success and positive outcomes for consumers/families.
- Builds on Natural Supports**-In addition to formal supports, consumers/families identify their natural supports in the community and these resources are utilized creatively and flexibly, empowering them to develop a network of community supports.
- Ensuring Safety**—When protective services are involved or when a consumer presents at risk to harm self or others, the plan involves keeping the person safe through least restrictive means possible while also protecting the community through good supervision and monitoring.
- Culturally Responsive** — Understanding of the issues specific to gender, age, ethnicity, disability and sexual orientation and making adjustments to address these unique circumstances.
- Healthy Interdependence** -Developing resiliency so that consumers/families rely on others only to the extent necessary to learn and maintain new skills and behaviors.
- Unconditional Care**-A commitment on the part of the system to be there when needed, and care is not dependent upon what the consumer/family does or does not do.
- Trauma Informed Approach** -Understanding that past trauma has an impact on how the world is perceived, both as consumers and providers, and approaching each other in a manner that does not re-traumatize or compound the trauma.
- Outcome Oriented**— Goals are identified, agreed upon and understood by all team members including identification of roles and responsibilities of each member of the team. Progress is monitored and success defined by all team members.

## Department of Health Services Coordinated Services Team Initiative

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### VISION

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*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, that 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 abuse, mental health, child welfare, juvenile justice, and special education.*

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### CORE VALUES GUIDING THIS INITIATIVE

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**Family-Centered:** A family-centered approach means that families are a family of choice defined by the consumers themselves.

**Consumer Involvement:** The family's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success.

**Builds on Natural and Community Supports:** Recognizes and utilizes all resources in our communities creatively and flexibly, including formal and informal supports and service systems.

**Strength-Based:** Strength-based planning builds on the family's unique qualities and identified strengths that can be used to support strategies to meet the family's needs.

**Unconditional Care:** Means that involvement with the family is not dependent on something the child or family does or doesn't do. Rather, it's a commitment on the part of system partners to be there when the family needs them. It is a pledge on the part of the family and providers to work collaboratively to determine appropriate services, support or interventions. It is a vow by the team to not unilaterally assign or terminate services.

**Collaboration Across Systems:** An interactive process in which people with diverse expertise, along with families, generate solutions to mutually defined needs and goals building on identified strengths.

**Team Approach Across Agencies:** Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creative and flexible resources of a diversified, committed, team. Team member strengths, skills, experience, and resources are utilized to select strategies that will support the family in meeting their needs.

**Ensuring Safety:** When child protective services are involved, the team will maintain a focus on child safety. When safety concerns are present, a primary goal of the family team is the protection of the citizens from crime and fear of crime.

**Gender/Age/Culturally Responsive Treatment:** Services reflect an understanding of the issues specific to gender, age, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and embrace an understanding of cultural and lifestyle diversity.

**Self-Sufficiency:** Families will be supported, resources shared, and team members held responsible in achieving self-sufficiency in essential life domains. (Domains include but are not limited to: safety, housing, employment, financial, educational, psychological, emotional, and spiritual.).

**Education and Work Focus:** Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency and self-sufficiency, improved quality of life for self, family, and the community.

**Belief in Growth, Learning, and Recovery:** Family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interactive with individuals with compassion, dignity, and respect.

**Outcome-oriented:** From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members.

# Red Cliff Coordinated Services Team

A cultural approach in working with Families and Community

## **LOVE**

- Belief in growth
- Unconditional care

## **RESPECT**

- Strength-based
- Consumer involvement

## **TRUTH**

- Builds on natural & community support
- Ensuring safety

## **Community** Family-Centered Approach

## **COURAGE**

- Collaboration across systems
- Self-sufficiency

## **HUMILITY**

- Gender/age culturally responsive treatment

## **WISDOM**

- Education & work focus
- Outcome Oriented

## **HONESTY**

- Team approach across agencies