

**Coordinated Services Team (CST) Initiative  
Statewide Director's Meeting  
Holiday Inn Convention Center, Stevens Point, WI  
Tuesday, April 29<sup>th</sup>, 2014**

**1. Welcome and Introductions – Joyce Allen**

- Joyce Allen is the Director of the Bureau of Prevention Treatment and Recovery (BPTR) with the Division of Mental Health and Substance Abuse Services. She welcomed the group and reviewed the day's agenda.

**2. Division of Mental Health and Substance Abuse Services (DMHSAS) Update – Joyce Allen**

- Marie Danforth has retired from State service, effective today.
- All three CST positions have been filled. Sally Raschick has been hired for one of the three positions – the other individuals will also be starting May 5<sup>th</sup> or 6<sup>th</sup>.
- Faith Boresma is taking a new position – she will be the Peer Run Respite Coordinator.
- Elizabeth Hudson has become the Director of the new Office of Children's Mental Health. Her former position which coordinated trauma informed care is expected to be filled.
- There is also an additional Comprehensive Community Services (CCS) position which is expected to be filled soon.
- CST Funding for all sites have been approved; if a county or tribe has not yet received a contract, they can expect one shortly. Contracts may have terms and condition included – need to meet minimums of state law, may also ask to add goals/objectives related to outcomes. Rebecca and Joyce will work with sites to help them comply.
- Goal is to have a numbered memo out in May regarding 2015 CST funding levels. At this time there will also be another funding opportunity available for the counties and tribes that did not apply. A goal is to move toward a consistent statewide program – including all counties and tribes receiving the same amount of funding. Also working to move toward all counties having a contract start date of January 1<sup>st</sup>, and all tribes having an October 1<sup>st</sup> start date. In order to accomplish this, some counties may have shortened (6 month) contracts in 2014 to get everyone to same start date.
- Regional CST initiatives are now an option – BPTR staff will work with counties and tribes who wish to accomplish this.
- Tim Connor shared an update on the Bureau's efforts to streamline the CST data reporting system. For more information, please see the following handouts: "CST Data Requirements Summary", and "Data Requirements in the PPS System".

**3. Legislative Update – Joyce Allen**

- Comprehensive Community Services (CCS): if counties / tribes form regions, the state will pick up non-federal share of funding for the program. In order to receive the funds, the Division of Mental Health and Substance Abuse Services (DMHSAS) conducted a study of long-term costs, and which counties/tribes may be interested in developing regional CCS initiatives. DMHSAS worked with advisory committees, county directors and tribal leaders across the state. The final report is based on letters of intent from 20+ regions who expressed interest. The legislature received the report and is planning for a public hearing – possibly in early May. If funds are released they would be available July 1<sup>st</sup>. A formal request/application will need to be submitted by each region. It is expected that trainings will be held in May and June to assist counties and tribes in the application process. Counties and tribes who did not submit a letter of request are also welcome to be part of an application. The goal of the DMHSAS is to provide statewide coverage.

- In-home outpatient counseling for children and youth is now permissible as a Medicaid benefit
- Office of Children’s mental health – *see agenda item #5*
- An RFP related to peer run respite is available
- A Speaker of the House task force is looking at additional ways to improve mental health in Wisconsin. The current priority is to work on CST and CCS, but to then work on additional initiatives including: Crisis Intervention Team (CIT) training grant; child psychiatry consultation line; expansion of resources for peer-run respite grants; expansion of primary and psychiatric health care in underserved areas in the state; youth with SED can receive intensive in-home without the failure of outpatient; grants in the area of supportive employment – provide grants to counties and tribes to fund Individual Placement and Support (IPS); certified crisis program grant to develop mobile crisis teams in rural areas; and requiring counties to report what services they provide in their county.

**4. CST Training and Technical Assistance – DMHSAS and White Pine Consulting Service**

- There are three basic categories of training and technical assistance:
  - 1) *Activities available to all sites* such as regional and statewide meetings; websites such as [www.wicollaborative.org](http://www.wicollaborative.org) and [www.dhs.wisconsin.gov/mh\\_bcmh/CST/index.htm](http://www.dhs.wisconsin.gov/mh_bcmh/CST/index.htm); peer mentorship; and statewide conferences.
  - 2) *Onsite technical assistance*, which is available to newly funded sites, and
  - 3) *Training and technical assistance which may require a formal request and state approval*
- For more information, please see “CST Training and Technical Assistance” handout

**5. Office of Children’s Mental Health (OCMH) – Elizabeth Hudson**

- Newly created office whose goal is to, “study and recommend ways to coordinate initiatives, improve the integration across state agencies of mental health services provided to children and monitor the performance of programs that provide those services”. Elizabeth Hudson is the office’s Director, and Kim Eithun-Harshner is the Operations Lead. The plan is to also hire a Research Analyst, as well as a Child Youth and Family Relations Coordinator.
- Office is currently located at the Department of Health Services – 6<sup>th</sup> floor, but the OCMH is not “attached” to the department.
- Utilizing a “Collective Impact” approach to addressing very complex issues. The approach includes a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and a backbone organization (OCMH). For more information, please see “OCMH” handout.

**6. Wisconsin Family Ties Update – Hugh Davis**

- Joyce introduced Hugh Davis, Executive Director of Wisconsin Family Ties (WFT) and Co-Chair of the Children Come First Advisory Committee
- Hugh clarified that the CCF Advisory Committee’s recommendation regarding CST funding is that the DMHSAS research the base amount necessary to support CST in a county or tribe regardless of size, and then consider additional/tiered funding to be available to sites based on specific criteria.
- Annual WFT Family Fun Day – Mount Olympus Water and Theme Park in Wisconsin Dells, cost - \$12/person, children under 2 are free (normal cost is approximately \$40 per person). Cost includes lunch. In the past, some CST sites have sponsored families to attend; some have funded buses. WFT will be sending flyers – please encourage families to attend and consider sponsoring families.
- CCF Conference – November 9<sup>th</sup> and 10<sup>th</sup> in Wisconsin Dells. Theme – Fostering Resilience. What can adults do to help build resilience in children. 3 Keynote speakers – Nan Hendersen,

national speaker; Christian Moore – developer of program “Why Try?”. The CCF Conference has historically been closely tied to the CST initiative; WFT is trying to find ways to bring this tie back. Please share suggestions for the conference / speakers / topics with Hugh / Wisconsin Family Ties.

- Highlighted a Bill which is in House of Representatives (HR3717) – “Helping Families in Mental Health Crisis Act of 2013”; draws a line between the medical model of treating mental health issues and the consumer-family directed model. Would only allow the Fed government to fund initiatives that follow the narrowly-defined medical model. It would impact organizations like WFT.
- Have four new Parent Peer Specialists (PPS) who are serving Grant, Adams, Dane, and St. Croix Counties. For more information on how to get a PPS, please contact Hugh or Deb.
- Parent Peer Specialist Certification – group working on a state-based certification; recommendations went to state mid 2013; hasn’t yet come to fruition. There is a national certification – they are in the process of assessing whether to move forward with certification.

**7. Family Driven/Youth Guided Care, and Recruiting Parents/Caretakers to serve on the Coordinating Committee** – Hugh Davis, Deb Ramacher, and Michelle Lloyd

- For more information, please see PowerPoint handout, “Family Driven Care”.

**8. Breakout Sessions**

- Group 1: New Grantees
  - Vision and Core Values – Hugh Davis
  - 46.56 Checklist; Work Plan/Budget; Six Month Performance Review; Annual Performance and Expenditure Report – Joyce Allen and Rebecca Wigg-Ninham
  - CANS – Rebecca Wigg-Ninham and Tim Connor
  - Stepping Stones for Implementing a Systems Change Using the CST Process – Dan Naylor and Carol Pulkrabek
- Group 2: Developing and Implementing a Training Plan for the Coordinating Committee – Tom Schleitwiler and Don Battenberg
- Group 3: Youth Empowerment – Sally Raschick, Karen Schiller, and Barb Gang

**9. Adjourn** – Joyce Allen

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**Afternoon Breakout Session Group 1: New Grantees**

- 1. Vision and Core Values** – Hugh Davis
  - Hugh highlighted the “Ten Principles of the Wraparound Process”, which is available as part of the National Wraparound Initiative.
  - Family voice and choice – families choose their team. Wraparound is needs-driven, not service-driven. Families can select/choose from options that are available to them; teams help identify different options for families to choose from. If something isn't going well on a team, chances are there is a principle that isn't being followed.
  
- 2. 46.56 Checklist; Work Plan/Budget; Six Month Performance Review; Annual Performance and Expenditure Report** – Joyce Allen and Rebecca Wigg-Ninham
  - If a site hasn't already received a contract, they will be going out soon. The funding is ongoing – not time limited. Expected to be around \$60,000 per year.
  - Tiered funding – recommendation from the CCF Advisory Committee is to look at this year as a transition year – fund everyone, bring everyone to same amount. Move toward a process that is tiered (2016), recognizing different characteristics such as size or performance (in addition to base funding).
  - Some contracts may have terms and conditions. Find the person in your agency who would have received and signed the contract to see what the terms and conditions might be. Questions – contact Rebecca or Joyce.
  - Chapter 46.56 checklist tool can be used to help ensure compliance with the law. If you have any questions or difficulties, please contact Rebecca or Joyce. Important to maintain / focus on vision as well.
  - Work plans and budgets are expected on an annual basis per contract. Budgets can be adjusted throughout the year – contact your state contract administrator to request changes.
  - Sites are required to use SMART objectives on work plans – want to be able to measure where you were and where you are now in relationship to your objectives. Important to have deliverables tied to a timetable.
  - White Pine Consulting and the Department will be in touch with new sites to schedule an initial visit. Sites don't have to wait for this meeting to get started with development of their CST.
  - Formal State Site Visits will also occur – sites will be informed ahead of time including what type of documentation should be prepared; can also review objectives and strategies related to barriers.
  - A six month evaluation will be sent to be completed regarding where budget and objectives are at. There will also be a 1-year evaluation of accomplishments.
  - The CST Legislative checklist is a good reference regarding priorities.
  
- 3. Child and Adolescent Needs and Strengths (CANS)** – Rebecca Wigg-Ninham and Tim Connor
  - Communimetric tool – effort to integrate clinical information and a strengths perspective. Should encourage communication with the family about the family and about the systems

of care involved with the family. Relationship between assessment results and services needed – way to collect information that leads to a prioritized plan. Shared vision. Expectation is that someone in your agency/county/tribe who becomes certified as a CANS rater – the children involved in CST should all have a CANS assessment.

- Certification – online certification is available. Rebecca is the state support person for CST sites. Individuals have to recertify every year
- CANS assessments are updated every 6 months for each youth enrolled in CST. Enrollment and Discharge CANS will be reported through the PPS system.
- Tim Connor reviewed “monitoring your CST performance through child and family data” handout as well as the “CST data requirements summary” handout.
- The DMHSAS is working on data sharing agreements between the Department of Public Instruction (DPI) and the Department of Children and Family Services (DCFS)
- Tim gave an overview of the switch from the CITRIX data collection system to the PPS system. Definitions of terms will be provided (a manual will be sent to all sites)
- One additional type of information – types of services, units, etc. must be entered into PPS. Costs must be submitted, but will probably be done via survey annually.

**4. Stepping Stones for Implementing a Systems Change Using the CST Process – Dan Naylor and Carol Pulkrabek**

- For more information, please see “Stepping Stones” handout.

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**Afternoon Breakout Session Group 2:  
Developing and Implementing a Training Plan for the Coordinating Committee**

Facilitated by Tom Schleitwiler and Don Battenberg

For more information, please see PowerPoint handout "Coordinating Committee Training Plan".

At the onset of our presentation we encouraged questions and discussion at any time and let the group know that our presentation would focus on the technical and required aspects of putting together training plans as well as the need for relationship development, trust and a willingness to work together. We noted also at the onset that an over-riding goal of CST is system change which requires organizations and collectives to modify the way they do business in the interest of helping CST families who need and deserve to have their care needs coordinated. In addition to the material in the PowerPoint we provided other information including the importance of family and youth participation, examples of successful youth involvement in Committee work using adult mentoring, building Committee training needs into the Coordinating Committee agreement, varying the location of Committee meeting as an educational tool and ways to plan for membership succession. We had good participation throughout the session and a couple of attendees indicated the information provided to them would be used for their future planning.

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**Afternoon Breakout Session Group 3:  
Youth Empowerment**

Facilitated by: Sally Raschick, Karen Schiller, and Barb Gang

Karen Schiller and Barb Gang presented on activities in their counties to engage young people. Karen is the Youth Coordinator at NAMI Fox Valley and described the array of activities that NAMI Fox Valley makes accessible to youth. Some of the events are mostly fun and others are focused on helping young people better understand the challenges in their lives—and lots of options in between. The broad array of activities were designed to draw in people from a variety of ages and interest categories. Barb spoke about a particular activity that draws in a single group of youth and engages them in projects of their choice over a series of weeks. The opportunity for exploring one's own creativity within a larger group and discovering what brings pleasure to each person was explored. The audience was able to view the video that the youth created. It was exciting to see the range of things being done in Wisconsin communities.