Wisconsin Department of Health Services

A Comparison of Coordinated Services Teams (CST) and Comprehensive Community Services (CCS)

Category	Similarities	Differences
Overview	Both address mental health and supportive activities for children and youth who live with serious mental health challenges and their families.	• CST provides services to children, youth, and families up to the age of 21 whereas CCS has no age limits. • Generally, because of the broader age focus, Chapter DHS 36, the document that prescribes practices that must be incorporated into CCS, assigns to the county the responsibility for identifying specific differences in the way CCS will address the needs of individuals of various ages. • CST serves only children, youth, and families, so it is more sharply focused specifically on their needs.
	Both are guided by the values of systems of care, wraparound, person/family centered planning, emphasis upon strengths, resilience, and recovery.	• CCS is a Medicaid funded program that provides funding to support a broad array of services whereas CST is a vehicle that provides a model or framework for serving children, youth, and families that can be used in a variety of settings. • State funding supports approximately one staff member per CST. • If a county or region accepts CST expansion funding, decisions are made locally regarding how broadly the county wants to use this model. • Sometimes CST is embedded in a CCS program and/or the county seeks other funding sources such as Targeted Case Management or Children's Long Term Support to support direct services. • CST is organized around values and principles, whereas CCS is organized around the requirements for certification which incorporate and attempt to operationalize the values. Since CCS is organized around certification requirements, the values and principles are somewhat less obvious to a casual reader than in CST literature.
	Both have quality assurance responsibilities that go beyond advisory committees and monitoring outcomes.	Supervision and training are examples of quality assurance efforts that are addressed in CCS with greater specificity than in CST. These programmatic responsibilities, however, are also included in the national literature for systems of care and possibly will be added to existing efforts to support CST staff in carrying out their responsibilities to children, youth, and families.

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Participant involvement in program development and monitoring, system change efforts, and quality assurance	Both require local oversight by committees that include a variety of stakeholders, including participants.	Membership requirements vary between committees in CCS and CST. Percentage of participants required on CCS committees is larger than for CST to facilitate representation by people representing different age groups. Membership and functions also differ based on the funding and oversight requirements.
	Both involve a collaborative effort across a variety of agencies in order to carry out their responsibilities and use contracts and/or MOUs to ensure understanding and compliance in implementation.	• In CST, this is a process defined by the various stakeholders represented on the advisory committee. In essence, this committee determines how the CST will function and the roles of partner agencies. • In CCS, the advisory committee is made up of a variety of stakeholders. The county/tribe that has the CCS certification has the responsibility for ensuring that decisions and actions accepted from the advisory committee are in compliance with laws and certification guidelines.
	Both have QA/QI responsibilities which include participation by a range of stakeholders. Both are required to report and summarize their activities on an ongoing basis. Both are outcome oriented and have requirements for data collection through PPS and other instruments.	• There is a certain degree of latitude in how these advisory committees function, as long as they comply with the requirements. • It is permissible for a county to integrate these committees, but this can become unwieldy, dissatisfying, and potentially dysfunctional unless this is done with thoughtfulness about how the combination will meet the requirements. One of the components of successful combined committees is usually that work is done by subcommittees that submit their work product to the overall committee for consideration.

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Team building and supports	Both are focused on a team-based process to support identification of goals by the young people and their families, implementation of the plan, monitoring, and support.	• In CCS, the team functions primarily in an advisory capacity and the role of team members in implementation of the plan varies, based upon their broader roles with the family and the plan that is developed. • In CST, the expectation is that the plan will focus extensively on what team members will do to support the family. • Team membership should always be determined by the family. CST places greater emphasis upon involving informal supports though it is intended that informal supports will be included on teams in CCS as well.
	Natural and peer supports are considered essential features of both CST and CCS.	There probably is a greater reliance on natural supports in CST than in CCS. This is both a philosophical perspective and also necessity since CSTs do not inherently have funding for services beyond the staff who provide oversight and coordination.
Eligibility	Both serve children and youth with serious mental health conditions and their families and both also may serve others as well. CCS serves people of all ages who have functional deficits due to mental health or substance use disorders based on age-appropriate functional screens.	• Admission criteria are different for CCS and CST. CCS serves individuals of all ages with serious mental health conditions. CST serves only children and youth but not all of them are admitted due to serious mental health conditions. • The CST coordinator, in conjunction with the coordinating committee, determine who is admitted to CST. Initiatives involved in the statewide expansion are required to identify minors with serious emotional disorders (SED) as a target population.
	Both serve individuals who are involved in systems of care and have serious emotional disorders.	• CCS programs use age appropriate functional screens to determine eligibility. For youth 18-21, CCS can use either the screen for children or the adult screen, based upon the development of the young person. • CST does not admit individuals with only substance use disorders as part of their target population. CCS admits individuals with co-occurring disorders or either mental health or substance use disorders who have functional disorders identified through a functional screen.

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Processes from admission to discharge	Both have requirements that are intended to result in timely provision of services, assessment, planning, and implementation processes based upon a team that is supportive to the participant and utilizes a person centered approach. Both provide staff to oversee implementation and ensure compliance with the plan developed by the team and any other relevant requirements.	• In the course of the implementation of both CCS and CST, there have been efforts to increase the similarity of the processes by which assessments, planning, and implementation occur. However, there continue to be differences in the timelines by which completion of these activities is required. Through local decision-making based on a thorough knowledge of the requirements, it is possible to combine the processes. • It is commonly said that the team processes "are different" in CCS and CST. There are some differences in the requirements, but the degree of these differences is less than perceived by many involved in with the programs. • It is often said that children's services should have "no wrong doors" or "many entry points or "one door." These statements seem to reflect a desire to simplify the way that families are served in Wisconsin. This is a perspective with which many providers agree. A first step can be to seek consultation from the Division of Mental Health and Substance Abuse Services so that the advisory committees from CCS and CST can consider potential modifications in the way these initiatives are implemented.

The DHS website has more information on CST and CCS.

- CST: https://www.dhs.wisconsin.gov/cst/index.htm
- CCS: https://www.dhs.wisconsin.gov/ccs/index.htm