



ROCK COUNTY HUMAN SERVICES DEPARTMENT  
ADOLESCENT SERVICES  
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**COORDINATED SERVICES TEAM (CST)  
COORDINATING COMMITTEE  
Minutes for March 8, 2013**

**PRESENT:** Gabrielle Berget, Beth Blum, John Dalee, Kelley Fearn, Jamie Fugate, Amanda Galaviz, Julie Heim, Lance Horozewski, Tera O'Connor, Don Oswald, Barb Werfal, Rebecca Westrick, and Greg Winkler

**ABSENT:** Marci Bullen, Tina Day, Jessica DuBois, Jennifer Fay, Misty Frutiger, Michael Gray, Nancy Hagen, Heather Helgestad, Teresa Hermanson, Steve Howland, Alicia Oczus, Jennifer Patridge, Carol Plante, Cheri Salava, Carol Trout, and John Weber

**GUEST:** Kate Flanagan and Suzanne Knight

**Call to Order**

Chairperson Horozewski called the meeting to order at 8:30 a.m.

**Approval of the Agenda**

Ms. Blum moved to approve the agenda, seconded by Mr. Winkler. Carried

**Approval of the Minutes**

Ms. Westrick moved to approve the minutes submitted, seconded by Ms. Berget. Carried.

**Citizen Participation and Announcements**

The offer was extended for any citizen participation or announcements; none given.

**Annual System of Care Review**

Ms. O'Connor sought team help on this document, viewed as a tool to let the committee know how it is doing and what it needs to work on. Completed form will be submitted to the State and covers three sections: rate 8 Components of Collaborative Systems of Care; rate System and Process Outcomes; and give Committee Recommendations. Time taken today for input, many responses recognizing that the committee was still in a development process. Team members requested copies of the final document with compiled responses.

**Review of Updated Interagency Agreement**

The subgroup formulated an interagency agreement, modifying the previous CCSN document to match guidelines on the Family Cooperative website. A section mentioning a court order is to be deleted; persons participate voluntarily although they would be non-compliant to a court order if they chose not to follow it. While there is some inadvertent duplication, other areas that appear as duplicates are intended. Specific agency responsibilities may be the same as many others, but they could more readily reference their own this way. Discussed use of specific personnel as a starting point for reaching out when another position may be better suited. Agreed to ask for representation and have whomever that person may be to sign in. Members suggested additional facilities and agencies to add to the list. Ms. Werfal moved to approve the revised agreement overall and with these modifications, to use as a talking point. Motion seconded by Mr. Oswald. Motion carried.

### **Modification of CST Eligibility Criteria**

Regarding criteria for serving a child at risk for out-of-home placement already placed outside his/her home, Ms. Werfal made the motion to approve a proposal increasing the targeted date of return from 30 days or less to 90 days or less to make coordinating a plan with the family and CST team more conducive. Motion seconded by Ms. O'Conner and carried.

### **Comprehensive Community Supports (CCS) – Kate Flanagan, MH/AODA Division Mgr.**

Ms. Flanagan explained CCS as an initiative for the mental health division this year, with the goal of certification by year-end. Having a client-defined focus on both the child and adult continuum who are experiencing mental health and/or substance abuse issues, CCS benefit hallmark is a flexible service array for reimbursement by medical assistant dollars. (Service must meet federal definition of psychosocial rehabilitation). Adults served are those whose mental illness is not severe enough for community support case management. A requirement is formation of a CCS Coordinating Committee. Since both share a recovery-oriented philosophy of care and could potentially have the same team members, other counties combine their CCS and CST committees. CST coordinates the care process, and CCS arranges or provides direct services. Combining committees would require a change to a smaller group to get the ratio right, with a decrease in parents and of providers represented. A flyer is being sent out to engage consumers at a 2 p.m. informational meeting March 22<sup>nd</sup>. Positives to combining are the fact CST is in a development stage, the promise of CCS to fill gaps in service for transitioning ages, and more efficient use of staff time commitments. CST committee agreed to discuss options, one possibly to avoid loss of ability for a specialized focus by becoming a subcommittee.

### **Update on Parent Peer Support Development**

Ms. Galaviz reports need for a more targeted focus, as the subgroup foresees three groups, separating support for those experiencing mental health, substance abuse, or physical abuse. Inviting a consultant to help may prove a duplication of efforts as the March 22<sup>nd</sup> meeting on CCS plans could provide a core base finding interested persons, with peer support sought for the adult population as well.

### **Program Spotlight**

Program spotlight is deferred this month due to lateness of this meeting.

### **Time and Date of Next Meeting**

The next meeting will be June 14<sup>th</sup> at 8:30 a.m. at the Rock County Job Center, room D/E.

Today's meeting adjourned at 10:25 a.m.

Respectfully submitted,

Gay McRoberts, Administrative Assistant  
(for Diana Daly, Administrative Assistant for ASC/CST)

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE

cc: Committee Members  
Mai Zong Vue

## Annual System of Care Review for Coordinated Services Team (CST) Initiatives

**County/Tribe:** Rock County **Date:** 1/11/13  
**Contact Person:** Tera O'Connor  
**Phone:** 608-758-8421  
**Email:** oconnor@co.rock.wi.us

### Overview and Completion Instructions:

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The "Annual System of Care Review" combines two previously required evaluation tools – the Eight Key Components, and the Goals and Expected Outcomes Checklist, into one document.

This system review is a self-evaluation tool that should be completed annually by your site's Coordinating Committee, your Project Coordinator and (if applicable) with your site's CST Consultant.

Results of this evaluation should be considered when developing your site's budget and work plan for the upcoming funding cycle. Results will also be helpful in the development of your training and technical assistance plan for the upcoming year.

The tool is divided into three sections. Please complete all three sections:

- *Section A:* Eight Key Components of Collaborative Systems of Care
- *Section B:* System of Care and Process Outcomes
- *Section C:* Coordinating Committee Recommendations

### Submitting Results:

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Please complete and send a copy of this review by January 30<sup>th</sup> to:

Dan Naylor, CST Project Specialist  
White Pine Consulting Service  
N3000 Rusch Road  
Waupaca, WI 54981  
(715) 258-5430  
Fax: (920) 744-1681  
Email: [whitepine@mwwb.net](mailto:whitepine@mwwb.net)

*Results can be sent via email, mail, or fax – whatever is most convenient for your site.*

**PART A: Eight Key Components of Collaborative Systems of Care**

Please use the following rating scale: 4 – Always 3 – Often 2 – Seldom 1 – Never

<b>1. Parents* are involved as full partners at every level of activity. *The term "parent" represents the primary caregiver(s).</b>	
1. Parents may request team meetings that are convenient to them.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
2. Parents are present at team meetings.	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
3. On child/family teams, the child/youth is present whenever possible and appropriate.	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
4. Parents are involved in selection of team members.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
5. Parents represent at least 25% of the membership on the Coordinating Committee and appropriate subcommittees.	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1
6. Parents attend at least 75% of scheduled Coordinating Committee meetings.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
7. Parents feel they are listened to by other committee members and that they have an important role on the committee.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

<b>2. An inclusive interagency group (Coordinating Committee) serving children and families has agreed upon the Core Values and Guiding Principles which are in the Interagency Agreement.</b>	
1. The Coordinating Committee reviews interagency agreements annually.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Processes for referral, service coordination, intake, assessment, plan of care development, and transition are established.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. The Coordinating Committee meets at least quarterly.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Conflict resolution policies are clearly written and reviewed at least annually.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. The Coordinating Committee assures that the core values and guiding principles are evident in the operation of the collaborative system of care.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. The Provider Satisfaction Survey is utilized to monitor the satisfaction of collaborating agencies with the process.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>3. Collaborative family teams create and implement individualized support and plans of care for families.</b>	
1. Orientation to the team process is provided to all team members.	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
2. The team approach is used to identify and develop needed informal and formal supports and services.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
3. There are enough service coordinators to serve the needs of all families screened for enrollment.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
4. Team composition is consistent with family culture and preferences.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
5. Process is a collaborative team effort that begins with an individualized assessment of strengths and needs.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
6. A single Plan of Care which guides the team process is developed for each child and family team.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
7. Plans of Care incorporate strengths of the child, family, and team as identified in the Assessment Summary of Strengths and Needs.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
8. Plans of Care include specific actions to meet identified needs, including who is responsible for completing the action.	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
9. Family and other team members sign the Plans of Care.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
10. On child/family teams, transition is addressed for major life changes (e.g. transition to different living environments, educational environments, etc.).	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

**Please use the following rating scale: 4 – Always 3 – Often 2 – Seldom 1 – Never**

<b>4. Significant collaborative funding is available to meet the financial needs identified in the Plan of Care.</b>	
1. Partner agencies contribute resources such as staff and other in-kind to support the collaborative team process.	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1
2. Partner agencies contribute financial resources to support the collaborative team process.	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1
3. Child and family teams use funding flexibly to support individualized service.	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1
4. Child and family teams access informal community resources.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

<b>5. Advocacy is provided for each family.</b>	
1. Peer support (other parents with children who have multiple needs) and an advocate (someone who has been trained to support families involved in the team process) are offered as options to enrolled families, and may participate as team members.	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1
2. Team members (including the service coordinator) advocate for families.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
3. Families are provided the option to attend formal training on how to become better advocates for their children.	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 1

<b>6. Ongoing training is provided to all participants</b>	
1. Coordinating Committee and Project Coordinator identify training needs on an ongoing basis.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Annual local training opportunities are made available to families, staff, and all others involved with the CST process.	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Team facilitator and/or service coordinator receive training and ongoing support.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Service coordinators have been trained and are certified to utilize the Child and Adolescent Needs and Strengths (CANS) tool.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. A representative of the CST attends annual statewide and regional project directors meetings.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. Functional goals are monitored and measured, emphasizing participant satisfaction</b>	
1. Our CST participates in the statewide evaluation process, reporting required child and family data, including CANS items, at least every 3 months.	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
2. Plans of Care include measureable goals.	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
3. Child/family teams review and modify Plans of Care at least every 3 months, based on progress toward goals.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
4. Families are satisfied with the team process.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
5. Families are satisfied with outcomes.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
6. Providers are satisfied with process.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
7. Providers are satisfied with outcomes.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
8. Families have a voice in the decisions that are made, access to needed supports and services, and ownership of their plan of care.	<input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
9. Families evidence the ability to provide for the ongoing safety of all family members.	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

Please use the following rating scale: 4 – Always 3 – Often 2 – Seldom 1 – Never

8. Adolescents are ensured a planned transition to adult life.	
1. A process is in place to identify children age 14 and older who have long-term treatment needs and who will require services beyond age 18.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. For children age 14 and older identified as needing services beyond age 18, do their plans of care (within one year of transition to adult living), contain:	
a. Clearly defined action steps	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
b. Documentation that needed referrals have been made	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
c. Notation that future collaborators are invited to team meetings	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1

### **PART B: System of Care and Process Outcomes**

**Note:** some of the indicators in this section may not apply to Tribal CST initiatives.

System Outcomes	
1. CST core values are implemented across substance abuse, mental health, child welfare, and other identified systems as evidenced by consistent use of family-centered, strength-based plans of care and planning process that involves families and natural supports and all key service providers.	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1
2. Any realized savings from substitute care budget are re-invested in the community-based CST process. Savings would be one of the funding sources for future sustainability. Planning for future sustainability begins in year one.	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 1

Process Outcomes	
1. The administering agency is able to document a reduction in the number of children entering out-of-home care.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. The administering agency is able to document that the length of time children spend in out-of-home care is reduced.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. The administering agency is able to document there is a reduction in the number of children re-entering out-of-home care.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. The administering agency is able to document a reduction in the rate of recurrence of child maltreatment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. A process evaluation procedure is established.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### **PART C: Coordinating Committee Recommendations**

1. Based on the results of this review, what recommendations does the Coordinating Committee have to improve your local CST process?
1. Have Dan Naylor review this with the Coordinating Committee and make recommendations.
2. Education, understanding, and cohesion is needed. Re-energize and empower the Coordinating Committee to feel like they have decision making power and responsibility in the process. Gain agreement of staff and committee on core values, mission, and vision for CST.
3. Training of parent supports and peer advocates with ongoing formal training when needed. Increase parental and youth involvement at all levels of care, including parent representation on the coordinating committee.
4. Increase training and supervision for CST staff and families.
5. Work with state on collecting provider and family satisfaction surveys.
6. Create a system for data collection within the county system to show the reduction in out of home care so it

enables administration to move dollars back into the CST program instead of into the substitute care budget. This would also include a creation of a flexible pot of spending money for the day to day needs of the program. This will also help with sustainability goals as well.

7. Create a process and/or system for children who are transitioning to adult services.