



ROCK COUNTY HUMAN SERVICES DEPARTMENT
ADOLESCENT SERVICES
3530 N. COUNTY TRUNK HIGHWAY F, P.O. BOX 1649
JANESVILLE, WISCONSIN 53547-1649
608/757-5378 (Office) 608/758-8435 (Fax)

**COORDINATED SERVICES TEAM (CST)
COORDINATING COMMITTEE
Minutes for September 13, 2013**

PRESENT: Tera O'Connor, Lance Horozewski, Charmian Klyve, Gabrielle Berget, Rebecca Westrick, Julie Heim, Tina Day, Alicia Oczus, Heather Helgestad, Jenna Singer, Kelley Fearn, Jamie Fugate, Beth Blum, Barb Werfal, Theresa Hermanson, Kayla Svabek, Jennifer Fay, Greg Winkler, Marci Bullen, Misty Frutiger

ABSENT: Steve Howland, Cheri Salava, John Dalee, Carol Trout, Jennifer Patridge, Jessica DuBois, Nancy Hagen, Michael Gray, Carol Plante, John Weber

Call to Order

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

Approval of the Agenda

Tina Day moved to approve the agenda; seconded by Tera O'Connor. Carried.

Approval of the Minutes

Tera O'Connor moved to approve the minutes submitted; seconded by Greg Winkler. Carried.

Citizen Participation and Announcements

Jennifer Fay will be leaving the County for a Social Worker position at McNeel Middle School.

Jenna Singer was introduced as the new Juvenile Diversion supervisor. Previously, Amanda Galaviz held the position. Amanda is now the Youth Services Center Superintendent.

CST Process Presentation

The CST Service Coordinators gave a PowerPoint presentation on the CST process.

Rebecca Westrick - Families have been told what they *need* or *have* to do by providers such as Juvenile Justice, medical staff, coaches, principals, teachers, case workers, etc. CST brings these entities together to work *with* the family. The Values of CST are Voice (parents should feel they have a voice in the decisions that are made about their child and family); Access (the child and parent have access to the services they need); and Ownership (the parent agrees with and is committed to the plans concerning their child).

Gabrielle Berget - There are eight steps to the CST Process:

- Referral - The referral is filled out *with* the family. It then goes to Screening Committee where it is screened in or out. A letter goes to the family letting them know the Committee's decision. If the family is screened in, a worker is assigned and goes out to talk to the family again to make sure this is something the family wants. If they are screened out, a letter is sent to the family letting them know why with suggestions for services.
- Intake - The intake paperwork (financial, releases, etc.) is done to open a file.
- Assessment - A Child and Adolescent Needs and Strengths assessment is completed.
- Planning - Team members are chosen, contacted and meetings are scheduled. A Plan of Care (measurable long- and short-term goals) is done; the team meets frequently during this part of the process.
- Behavior Response Plan - This plan anticipates struggles and plans for what family and team members can do to prevent a crisis. It is reviewed and modified often.

CST Process Presentation (cont.)

Gabrielle Berget

- Monitoring - Implementation of the Plan of Care; monitor and track progress. During this phase of the process, the Team meets less often.
- Transition - The Team will develop a transition plan when family is ready and the team feels like their needs are being met
- Closure - Formal Team meetings end as the family has knowledge of and use community supports. The family is encouraged to become peer supports and committee members.

Tina Day - What is a team member? Team members are by "invitation only" by the family. Team members can change throughout the process. Everyone on a team is equal and meet as people, not as service providers. Having an open mind is crucial. It is important for team members to attend all meetings, even if it needs to be by phone. Team folders are given to all members, which includes pen, paper, and information. Every meeting starts with what's been going well. The facilitator's responsibility is to keep things flowing; there may be different facilitator at each meeting. One advantage of this approach is that the family works hard with providers to make *their* plan a success. Another is that service providers are relieved of responsibility; they don't have to "solve the problem." Everyone works together to resolve it. Instead of a youth being removed from the home, they remain in their home and everyone works together to make changes in the home.

Julie Heim - To be eligibility, families must meet all the following criteria:

- The child must currently be involved in two or more direct services (e.g., special education, mental health, juvenile justices, Child Protective Services, AODA treatment)
- The child is at risk of out-of-home placement with a return date of 90 days or less
- Other interventions have been tried and been unsuccessful.
- The most important criteria is that the parents *want* to be involved in the CST process.

There isn't a set amount of time to be involved the process. The average is 11 months, but the time can be shorter or longer.

Guest Speaker

Tina Day introduced the guest speaker who is a CST participant. She gave a synopsis of what his life was like before and during the CST process and what it is like now. CST Committee members were given the chance to ask questions.

CST Regional Meeting Update

Tera O'Connor updated the Committee on the Children Come First Advisory Committee. Key points were:

Program Integration

- Eliminate legacy Integrated Services Programs (ISPs) and operate a single program (CST)
- The state should minimize barriers to integrating CST and Comprehensive Community Services (CCS) for children and youth

Funding Allocation

- There should be a base amount of funding allocated to operate CST, regardless of site size or complexity. The State should analyze required CST components/activities to determine this base funding level
- The committee does not support an allocation method that simply divides total funding by the number of sites. There is no utility in funding CST at a level that does not allow sites to meet programmatic requirements and produce good outcomes for children and families
- There should be a transitional approach to the new funding model, eventually resulting in a tiered funding model based on site characteristics and/or performance. In general, the committee supports a transition plan that:
 - In year one, provides the same level of funding currently being received to existing CST grantees and legacy ISP sites, provides a TBD amount of funding to active CST sites no longer receiving CST grant funding, and provides TBD planning funds to sites without a current CST which express their commitment to implement CST.

CST Regional Meeting Update

Funding Allocation (cont.)

- In year two, provides base funding to all CST's statewide
- In year three, implements a tier-based funding model consisting of base funding for all sites and additional funds based on TBD site characteristics and/or site performance
- Dane and Milwaukee Counties operate children's wraparound programs but are not CST grantees. There are eligibility limitations for these programs (e.g., required youth to be enrolled in Medicaid). During transition year one, the State should explore with Dane and Milwaukee Counties the opportunity for CST funding and its potential impact on their programs
- The State should have the flexibility to allocate a nominal amount of funding to non-CST wraparound initiatives (e.g., Wraparound Milwaukee, Dane County Children Come First) to enable their participation in statewide data collection and reporting

Funding Duration

- The duration of CST funding for sites should be ongoing rather than time-limited as it is today, contingent upon meeting all program requirements

Application for Funds

- There should be an application process for CST rather than an automatic allocation of funds
- All counties / tribes should have an opportunity to apply for CST funding, regardless of whether or not they have sustained CST operations post-grant, and regardless of whether or not they declined CST funding in the past
- Existing CST grantees should reapply along with other counties / tribes at a TBD date
- Counties / tribes should be able to decline participation in CST

Target Population / Eligibility

- CST sites should be required to regularly and periodically report on various demographic characteristics of populations served
- The State should take measures to ensure that a minimum of 70% of the enrolled youth meet SED criteria (in aggregate at the State level)
- Recognizing the fact that children who meet SED criteria are identified by statute as a "priority target group," sites should use an eligibility form that identifies whether referred youth meet SED criteria. These forms should be submitted to the State for aggregate analytical purposes.

Quality Assurance

- The Committee encourages the State to research more effective and cost-effective methods of delivering training and technical assistance
- The State should develop mechanisms to monitor the ongoing sufficiency of training and technical assistance available to CST sites
- The State should use existing DMHSAS staff to work on outcomes reporting for CST rather than allocate funds from CST for that purpose

CST System Components

- Parent peer support should be considered an essential component of CST (i.e., sites would have to meet TBD standards / requirement). Other core components that should be required for sites to receive full funding are process fidelity, adherence to data collection / reporting requirements, a plan to address diversity, and a plan to address sustainability / expansion
- "System change" should remain as a core element of CST. In addition, it should be more clearly defined

Regionalization

- The Department of Health Services should support and incentivize regionalization, but ultimately leave the decision to regionalize to counties / tribes
- Multi-jurisdictional (i.e., multiple counties and/or tribes) CST sites should receive the same amount of total funding that they would have collectively received if applying individually

CST Committee Outreach Update

Tina Day reported the Committee has met two times (every two weeks). Members include Heather Helgestad, Lance Horozewski, Julie Heim, Alicia Oczus, Gabrielle Berget, and Ben Dobson. Anyone wanting to volunteer to be a member of the committee is welcome. A future goal of the Committee is to do a presentation to all of Human

CST Committee Outreach Update (cont.)

Services (possibly the end of October) and the community (possibly December), which will include the PowerPoint presentation, and (what CST calls) Champions. Champions are people (parents and clients) who have been involved CST and can reach members of the audience.

Grievance Procedure Update

Gabrielle Berget handed out a new copy of the Conflict Resolution Process form. All suggestions from the last Coordinating Committee meeting were included in the new form and it was also made more user friendly. Charmian Klyve will let Gabrielle know who the contact person is. Lance Horozewski made a motion to adopt the form as it is outlined (contact person's name to be added later); Greg Winkler seconded. Carried.

Time and Date of Next Meeting

The next meeting will be December 13, 2013 at 8:30 a.m. at the Rock County Job Center, Rooms D & E.

Meeting adjourned by Lance Horozewski at 10:00 a.m.

Respectfully submitted,

Diana Daly, Administrative Assistant
Rock County Human Services
(608) 757-5378
daly@co.rock.wi.us

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE

cc: Committee Members
Mai Zong Vue
Rebecca Wigg-Ninham