Coordinated Family Services (CFS)

A Collaborative System of Care in St. Croix County

What is Coordinated Family Services (CFS) or Coordinated Services Teams (CST)?

- The Coordinated Service Team Initiative is an evidenced-based practice model of care used across the State of Wisconsin which strives to keep juveniles ages 0-18 with multiple and persistent needs, including substance abuse, juvenile delinquency and mental health in their homes, schools and communities through a comprehensive, coordinated interagency system of care.

What is CFS/CST….

- CST is team-based and focuses on the child and their family along with the various systems involved in the child's life. The supports and services include the mental health rehabilitation interventions and other supports necessary to assist the child in achieving and maintaining rehabilitative, resiliency, and recovery goals.
- CST is developed and designed to meet the educational, vocational, residential, mental health, co-occurring, financial, social, and other treatment support needs of the youth and their families.

Eligibility

- Youth who are involved in two or more systems of care (such as Juvenile Justice, Special Education, Child Welfare, Mental Health, AODA, etc.)
- Other interventions have not been successful over time; persistent obstacles to service access; and/or there is a need for service coordination
- Child is risk of out of home/more restrictive placement
- Parent(s) are willing to be involved in the CST team process (or willing to learn more about it)

History of CST Statewide

- **1984:** WI received national grant to promote the Child and Adolescent Service System Program approach to address needs of children with Severe Emotional Disturbance.
- **1989**:Children Come First Act, State Statute 46.56, was enacted
- **1990 – 1995:** 18 Children Come First / Integrated Services Projects (ISP) were established
- **2002:** Development of the Coordinated Services Team (CST) Initiative

History Continued….

- **2003 – 2011:** Expansion of the Coordinated Services Team Initiative to counties and tribes across Wisconsin
- **June 30th, 2013:** Enactment of WI Act 20 - Statewide expansion of CST
- **January 2014:** Funding is available to support the development and expansion of CST in all counties and tribes in Wisconsin

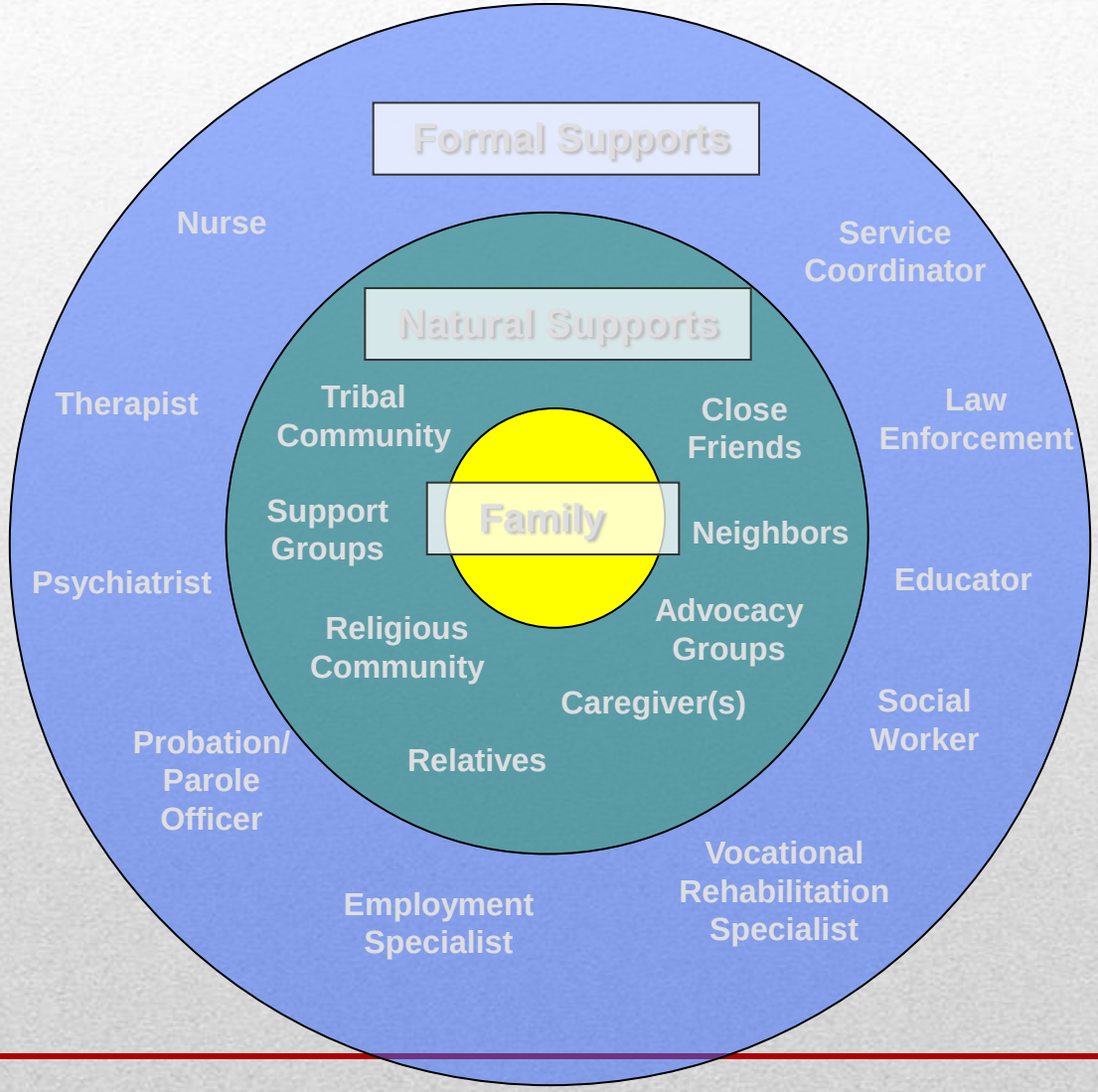
2013: CST sites reported serving 902 total teams across Wisconsin

Qualifications for Team Involvement

To qualify for team involvement, individuals should:

- Have a role in the lives of the child & family
- Be supportive of the child & family
- Be supported for membership by the child/parent
- Be committed to participate in the process – including regular team meeting attendance
- Participate in discussions
- Be involved in the Plan of Care

Potential Members of Teams



Levels of Team Involvement

Assessment, Planning, and Crisis Response Planning

- Teams meet every 1 – 2 weeks for approximately 1 hour
- Phase may last approximately 2 – 3 months

Plan Implementation & Monitoring

- Teams meet as often as necessary, typically every 3 – 5 weeks
- Phase may last approximately 6 – 12 months

Transition & Closure

- Teams may meet every 2 – 3 months while transitioning out of the formal team process

Phase 1: Assessment and Planning

- Determine Strengths and Needs
- Complete Assessment
- Develop Plan of Care
- Develop Crisis/Safety Plans

Summary of Strengths & Needs Assessment

- Living situations
- Basic needs and financial status
- Child & family situation
- Mental health
- Social interaction
- Access to community resources
- Cultural involvement
- Spiritual status
- Educational/vocational status
- Legal involvement
- Medical status
- AODA status
- Crisis response

Plan of Care Development

- The family team meets regularly to work on the development of the plan
- The team reviews process principles, and identifies the strengths of the individuals and team members
- The team reviews each domain, identifying strengths, needs, and the current level of need
- The team prioritizes the needs

Plan Development…

The team develops the Plan of Care to include

- Child's present level of functioning
- Goals, objectives and activities
- Who will be involved
- How services will be paid for
- How outcomes will be evaluated

Crisis Response Plan Development

"A crisis occurs when adults don't know what to do." **– Carl Shick**

- Expect that a child with multiple needs will experience crisis
- Consider the most challenging act(s) that could happen
- Review past strategies that have worked
- Pre-plan interventions with people and/or agencies
- Distribution to all necessary parties
- Ongoing evaluation/revision

Phase II: Ongoing Monitoring

- Implementation of the Plan of Care
- Ongoing Support and monitoring

Phase III: Transition and Closure

- Develop transition plan
- Minimum contact and monitoring
- Formal team participation ends
- Family utilizes community support network

Transition

Intent of the team is not to solve every problem, rather to develop skills, gain knowledge and identify and access resources necessary to meet the needs

- Once this process is working the formal team process should end
- This doesn't mean that services aren't necessary or that supports aren't needed.
- Family has developed the skills/resources to meet their own needs

Guiding Principles of CFS

- ***Family Centered:*** A family-centered approach means that families are a family of choice defined by the consumer themselves
- ***Consumer Involvement***: The family's involvement in the process is empowering and increases the likelihood of cooperation, ownership and success

Guiding Principles…

- ***Belief in Growth, Learning and Recovery:*** Family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting compassionately with dignity and respect
- ***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

Guiding Principles…

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

Guiding Principles…

- ***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

Guiding Principles…

- ***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:*** The team will maintain a focus on child safety. In addition, a primary goal is the protection of the citizens from crime and fear of crime

Guiding Principles…

- ***Self-Sufficiency:*** Families will be supported, resources shared, and team members held responsible in achieving self-sufficiency in essential life domains
- ***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

Guiding Principles…

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

Collaboration with Families

An underlying goal for every family involved in CST is that they have:

Voice: The child and parent are listened to and heard in all phases of the planning process.

Access: The child and parent should have valid options and access to the services needed to meet their needs.

Ownership: The parent agrees with and is committed to plans concerning their child and family.

The Changing Role of Parents

As families move through the CFS process, parents' roles begin to change and expand.

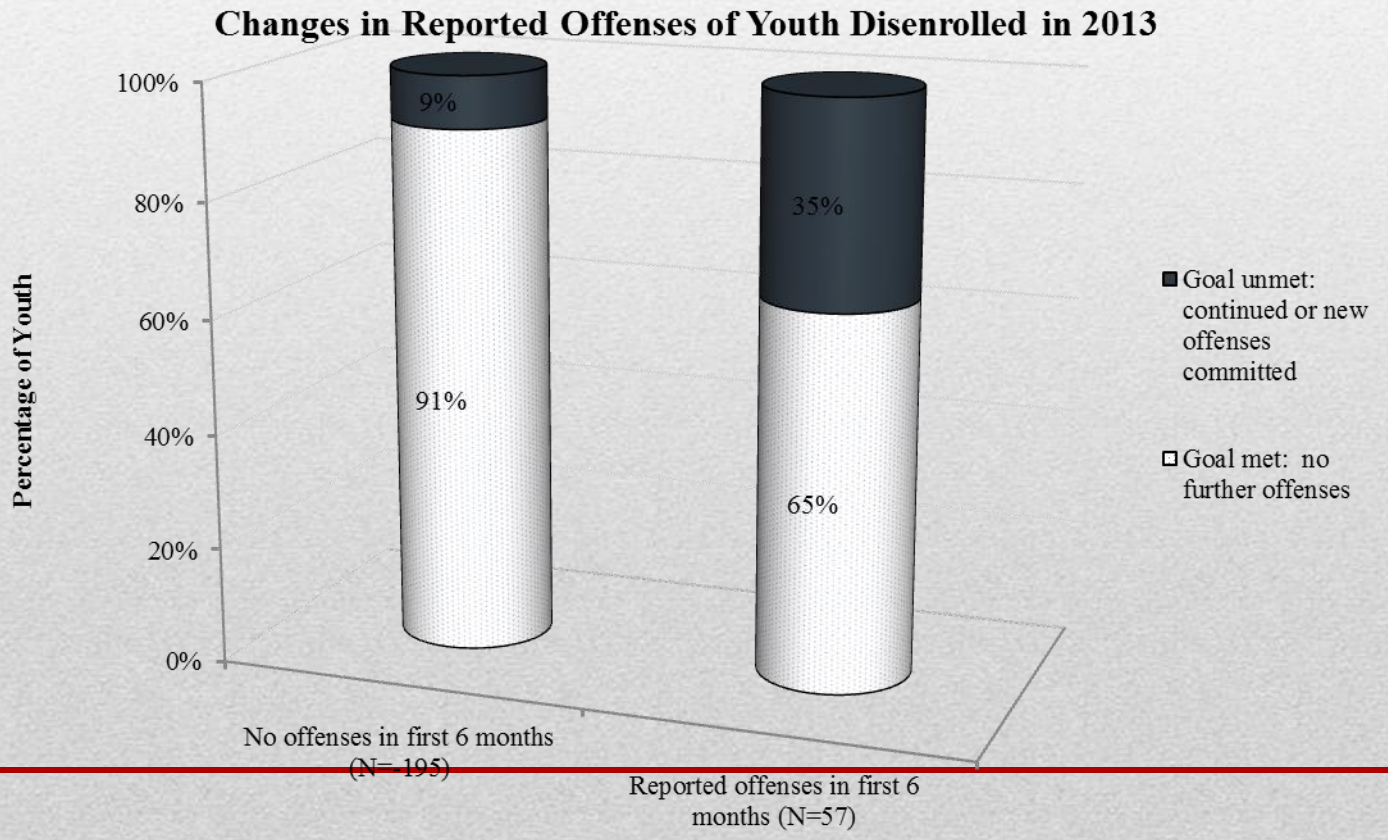
- Parents as Partners
- Parents as Service Providers
- Parents as Advocates for their Family
- Parents as Co-Service Coordinators
- Parents as Advocates for Other Families

Sampling of Outcomes/Benefits

- Majority of children remain in their home, school & community
- Increases involvement of informal supports
- Improved communication, collaboration, and coordination
- Increase in family advocacy
- Less duplication of services, workload is shared
- Pro-active planning (meet during non-crisis times)
- Increased/shared resources

Statewide Outcomes

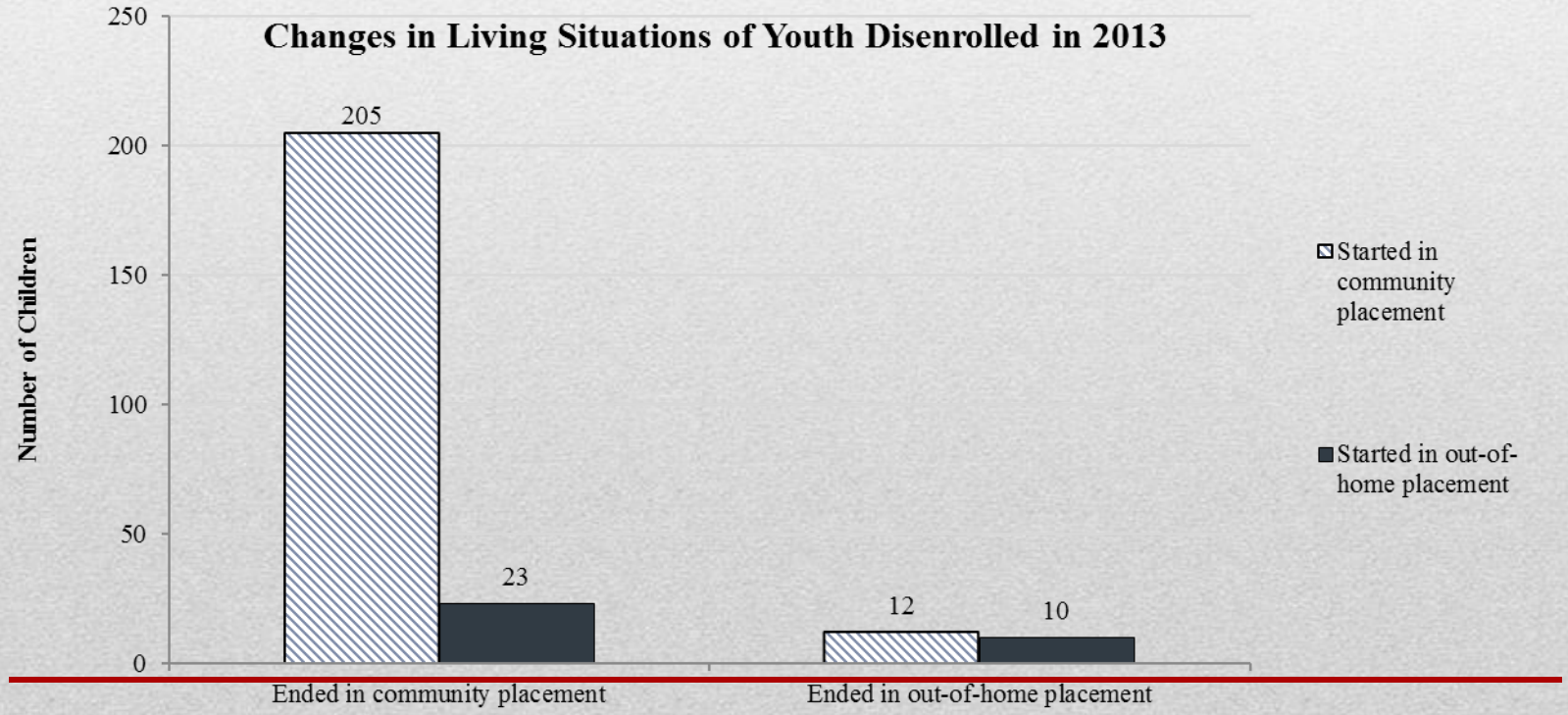
Of the 252 youth disenrolled in 2013, 195 committed no offenses before or during the first six months of their participation in CST. 91% of these youth avoided committing any offenses through the remainder of their CST participation as well. 9% committed juvenile offenses after their first six months of participation



Statewide Outcomes…

Of the 217 children living with a parent, friend, or relative at enrollment, 94% were also living with a parent, friend, or relative at the time of their disenrollment

Of the 33 children who began enrollment in a residential or shelter facility, foster care or group home 70% were living with a parent, friend, or relative at the time of their disenrollment



Bryan's Success

- School Then and Now
- Sobriety Then and Now
- Involvement in the Juvenile Justice System Then and Now
- Family Relationships Then and Now
- Attitude/Outlook Then and Now

For More Information….

Collaborative Systems of Care Resource Website

www.wicollaboritave.org

National Wraparound Initiative

http://www.nwi.pdx.edu