## CST TEAM MEMBERS

Team members include the consumer, family (if applicable), the service coordinator, and individuals who are important and influential in the consumer's and/or family lives.

Natural supports may include neighbors, caregivers, religious leaders, relatives, and friends. Professional supports may include social workers, mental health or substance use treatment providers, law enforcement, school personnel, and family advocates. Meetings are scheduled around the consumer and/or family's schedule so that the majority of team members are able to attend.

## COORDINATION COMMITTEE

The Walworth County Department of Health and Human Services (WCDHHS) Coordination Committee provides oversight and direction to the program. The committee is made up of representatives from WCDHHS, local school districts, law enforcement, other community service providers, consumers and parents of consumers.

If you have questions or would like a referral form, please contact the Community Case Management Supervisor or the Manager of Mental Health Recovery Services. Referral sources (both internal and external) need to complete and submit a referral form if CST services are being sought.

**Walworth County**
**Department of Health & Human Services**
1910 County Road NN
P.O. Box 1005
Elkhorn, WI 53121-1005

**(262) 741-3200**

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E-MAIL walcohhs@co.walworth.wi.us
INTERNET www.co.walworth.wi.us

**Intervention Services available**
**24 hours a day - 7 days a week**

- Guiding Principles
- Admission Criteria
- The CST Process
- CST Team Members
- Coordination Committee



DHHS
CST Brochure
01/15

# Walworth County Department of Health & Human Services

# Coordinated Services Team (CST)

WALWORTH COUNTY
Est. 1839
WISCONSIN

Walworth County
Department of Health & Human Services

## CST GUIDING PRINCIPLES

- Family and team member involvement is voluntary.
- Services are consumer and family centered, strength-based and oriented to the least restrictive options.
- Decisions are reached by team agreement whenever possible. All members have input into the plan and take ownership of the plan.
- Teams meet regularly, not only during crisis situations.
- Teams work on a full range of life needs that could affect the consumer and/or family.
- Teams develop crisis and safety plans.
- Teams focus on reaching attainable goals and regularly measure progress.
- Teams celebrate success.
- Care is unconditional; services change if something is not working.
- Competent, trained service coordinators provide services.
- Team meetings are places of trust and all discussions stay within the group. Confidentiality is emphasized and respected.

## ADMISSION CRITERIA

- Have a qualifying Severe Emotional Disability (SED) diagnosis listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders as identified by a licensed mental health professional;
- Have an emotional disability that has persisted for at least 6 months and will be expected to persist for a year or longer;
- Have impairments in multiple areas of their life;
- Be between the age of 4 and 19;
- Be a resident of Walworth County;
- Be involved in two or more systems of direct services.

In addition, priority for services will be given to children who are:

- At risk for placement outside of the home.
- Currently in an institutional setting and would be able to return to the community if services were provided.

Individuals with an autism spectrum diagnosis may be considered for CST admission if there is no waiting list or no other individual is in need of services that meets the above criteria.

## THE CST PROCESS

- During the **Assessment** stage, the service coordinator, the consumer and/or family work together to identify specific strengths and needs. The assessment summary includes family information about 12 life domains. In addition, challenges facing the consumer and/or family are clarified.
- In the **Planning** stage, the team brainstorms about how the consumer's needs may be addressed. The team develops a plan of care which includes long- and short-term goals, tasks, and timelines based on the consumer's needs. Team members take responsibility for completing tasks. All team members commit to supporting the plan of care.
- Throughout the **Monitoring** stage, the team meets to follow up on the progress of the plan. The team reviews and updates the plan regularly to reflect the consumer's and/or family's changing strengths and needs.
- To prepare for potential crisis situations, teams develop safety plans to help ensure the safety of the consumer, community and/or family.