

The Importance of Coordinated Services Team (CST) Initiatives in Wisconsin Public Schools

Taylor Sobotta¹ and Henry J Grubb^{2*}

1 University of Wisconsin – Madison, USA

2 University of Dubuque, USA

Abstract

This paper describes the Coordinated Services Treatment (CST) initiatives in the state of Wisconsin and its importance for school age children's academic success and mental health. A literature review, program description, and policy analysis are given. The authors recommend that this worthy initiative be implemented in a coordinated, school supported and consistent manner for maximal results.

Keywords: Coordinated services treatment; Mental health; Policy analysis; Child abuse; Risk behavior

Received: September 27, 2017; **Accepted:** October 03, 2017; **Published:** October 13, 2017

Introduction

The development of the Coordinate Services Team (CST) Initiatives in the state of Wisconsin has seen a boon for student academic performance. It also is a means to involve parents in the school life, placing them squarely involved, with the teachers and other school professionals, in the overall social, emotional, and academic growth of their offspring. In order to assure the best possible outcome of a potentially worthy intervention, the authors complete an historical review, a literature review, program analysis and conclude with some suggestions for best practices.

Background

In 2013, Wisconsin had 68,247 total referrals for child abuse and neglect [1]. School staffs are in contact with school-aged children five out of seven days of the week and nine months out of the year, giving school staff a crucial role in identifying if there is possible abuse or neglect within the home [2].

About half of two to 14-year-olds investigated in child welfare have significant emotional or behavioral needs [3]. In 2014, there were 415,000 children across the nation in foster care [4]. Due to their history of abuse or neglect, children that are in foster care have a higher likelihood of exhibiting elevated levels of behavioral and emotional problems. These children are also more likely to be suspended or expelled from school, to show low levels of school engagement and less apt to become involved in extracurricular activities [4]. If a child is unable to return home and "ages out" of the foster care system, the child may struggle with the transition

*Corresponding author:

Henry J Grubb

✉ HGrubb@dbq.edu

Professor of Psychology, Assistant to the Vice President for Academic Affairs on Diversity and Clinical Internship Director, 310 Severance Hall, University of Dubuque, 2000 University Avenue, Dubuque, Iowa 52001, USA.

Tel: 563-589-3847

Fax: 563-589-3416

Citation: Sobotta T, Grubb HJ (2017) The Importance of Coordinated Services Team Initiatives (CST) in Wisconsin Public Schools. Acta Psychopathol. Vol. 3 No. 5:66

to adulthood. In a proactive move, Coordinated Services Teams (CST) is often put in place to keep the child safe and in their home. "Coordinated Services Teams Initiatives are designed to develop a comprehensive, individualized system of care for children with complex behavioral health needs" [5]. CST addresses the individual needs of children, youth and families. Within the CST process, the family works with a care coordinator that facilitates meetings regularly. These meetings consist of formal and informal supports of the family to bring everyone around the table to center around the child to create a Plan of Care to help the child be safe and successful. CST must be supported by policies and a strong provider network to be able to serve children and families in their community without the trauma of family separation of youth from their home due to safety concerns. Support from the community is a key principle to making CST successful for children and families. CST creates a plan of care to be able to implement community-based supports that allow the child to live in their home and stay in school.

An eligibility criterion of CST is that the child is at risk of being placed out-of-home. By implementing a CST with students that are involved in child welfare, it is a preventative measure to

keep children in their homes by helping to develop supports and services to meet their needs within the community in the least restrictive setting.

The Child Adolescent Needs and Strengths assessment is used by CST when a family is enrolled to measure their risk of being placed out-of-home. This assessment collects information from the child and family. Various categories of information are assessed ranging from behavioral health, social functioning, risk behavior, school performance and trauma to determine the level of need of the child. This information is then scored and used to estimate what it would cost to support the child out-of-home. This information can also be used to determine how much money is being saved by using CST as a preventative measure against the cost of foster placement [5]. Data from 2014 showed that 46% of children involved in CST were at a level of need that warranted a group home and 16% were scored at a residential treatment level. "The total potential savings amounted to \$ 2,838,220 in group home costs and \$3,664,308 in residential treatment center cost, which is a combined total of \$ 6,502,528 or \$ 14,198 per enrolled youth" [5].

In 2014, of the 391 Wisconsin youth with multi-dimensional needs, 72% of children involved in CST had school needs ranging from serious problems in attendance, behavior, academics and/or relations with teachers. Seventy-one percent of these children had child welfare needs ranging from trauma, self-injurious behaviors, and/or caregiver problems putting the youth at risk of harm or placement [5]. It can be assumed that there is a great deal of overlap between students struggling with school needs and child welfare needs.

Findings from the Research Literature

Children with emotional and behavioral disabilities have the highest dropout rates, lowest grades and academic achievement, and the highest rate of restrictive and out-of-home placements [6]. "In a national study of school programs, Knitzer, Steinberg, and Fleisch indicated that lack of appropriate services, little coordination or integration with other provider agencies, and limited support for families contributed to these poor outcomes". Teachers are able to identify the lack of support they receive when working with students dealing with emotional and behavioral problems. In addition, there is a great deal of pressure from the school as well as difficulties in communicating with service providers which makes it difficult to implement effective and flexible interventions that work for children struggling with emotional or behavioral difficulties leading to poor academic performances [6].

To mend this, CST is a beneficial program for all participants, including school staff and service providers. By allowing teachers the availability to attend regular CST meetings, it is creating support and communication for everyone involved in the child's life which leads to positive outcomes. Furthermore, positive outcomes then lead to safety and the child staying in their home and not being placed out of home and enduring even more emotional or behavioral trauma.

It has been observed that although schools may refer a student to the CST program, schools still do not coordinate the services they are providing, creating a great barrier to implementing

a successful Plan of Care. This barrier may be attributed to the difference of thinking CST requires. For example, CST is a family-driven, strength-based program. To be able to deliver an effective plan for a child and family, there first needs to be an interactive team in which supports and empowers everyone on the team to be able to give appropriate services to the child.

The majority of students are not those whom struggle with emotional and behavioral issues and although these students create only a small number of students served, they still require much time and resources from school districts and staff [7]. It is often difficult for school staff to create and implement an effective plan alone. With the help of other programs, such as CST, communications and planning could be significantly improved for students at risk of developing emotional or behavioral problems.

The implementation of CST within schools has positively correlated with improved outcomes for students in different classroom settings [6]. An important part of the CST process is that it requires all perspectives from individuals involved in the child and family's life to agree upon a plan the team feels will help the child reach his or her goals, such as returning or staying in their home. By bringing together families with their natural and professional supports, such as teachers, to create a group plan for the child, effective behavioral strategies are more likely to occur [8]. It is being recognized by more and more schools that a preventative program is needed for student behavior rather than a reactive and disciplinary approach. A preventative program such as CST would, therefore, lead to safer school environments [8].

Often, families struggle to coordinate all of the services in their lives, even having duplication at times. To be able to work collaboratively with all members involved can create a successful plan of care for the child. Research has shown that children involved in the child welfare system have significantly poorer educational achievement compared to their counterparts [7]. Research has also indicated a correlation between out-of-home placement and a student's academic success as well as behavioral problems and suspensions [9]. Furthermore, it is often the case that parents and social workers of children in foster care have a lack of communication of the student's academics. CST would create a way to remedy this situation.

In Wisconsin, satisfaction surveys are collected by the Department of Human Services. These surveys are sent to parents to give input on how their child is doing within CST. It was reported that 69% of students were doing better with their school work after the involvement of the program. Furthermore, 54% of parents also reported that their child could cope when things went wrong better than before intervention. Within these surveys it was also noted as a suggestion from parents and providers that there was still a need to increase the community outreach and the integration with other agencies to have even more successful teams [5].

Discussion

As the research suggests, it is crucial for at-risk children and families struggling with multi-dimensional needs to have coordinated wraparound support. To be able to avoid suspensions, expulsions and out-of-home placements for youth, it is imperative to have

all members the family invites to their team, to be an active participant. To be able to give the youth and family the best support possible, all professionals involved need to be able to come together as a team to provide advice, ideas and guidance for the family. Each professional has a different, yet essential role in the child and family's life. Everyone has something unique to add during team meetings.

Apart from giving the child and family support, the CST also gives the school staff support. This will alleviate stress from school providers that are struggling to provide appropriate interventions to these at-risk youths. Additional support can be given to school staff during monthly Coordinating Committee meetings. Coordinating Committee meetings support county collaboration between agencies to effectively fill service gaps.

Although there is much data on Coordinated Services Teams, there are still limitations. Multiple factors contribute to a child entering foster care and returning home again. Research has shown the CST model has greatly helped many children stay in their homes but it is difficult for it to show a direct causal link. Nonetheless, many families have been vocal about their positive experiences and how CST has improved their child and family's functioning.

"It is in the best interests of children and youth for schools, local child welfare agencies and local law enforcement agencies to work together cooperatively to protect young people" [2]. To support best practice of CST and to be able to have successful teams, it is imperative to have all key players, that are identified, participate.

Many students that are enrolled in CST wish to have their teachers are a part of their teams to empower them. Unfortunately, with class schedules and school meetings, it often makes it difficult for teachers to attend these team meetings regularly. It is proposed that your school district implement a policy allowing all school staff to be active participants in CST.

Recommendations

1. All school staff should attend all CST meetings they are invited to, unless unable to attend due to pre-approved obligations. These exceptions would be approved by the school principal.
2. School staff will be active participants in all CST meetings. This includes, but is not limited to, actively listening, giving updates, and suggesting possible ideas. Furthermore, this would also include if a school staff is unable to attend a meeting, written contact to the care coordinator informing them of any updates since the last meeting or any input after the missed meeting.
3. Accommodations will be made for teachers to regularly attend CST meetings. Accommodations may include classroom coverage or schedule flexibility if meetings need to be scheduled before or after working hours.
4. A representative for your school will be a part of monthly Coordinating Committee meetings and collaborate with county agencies.

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