Implementation of WISE CSP

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WISE began in April of 2009

- CSP is one of the most utilized services
- Medicaid billable, easy to set rules
- Necessary to maintain rules as services were billable
- Gradual client build up
Providers

- Many providers applied to be credentialed knowing little about what WISE entailed
- CSP sounded similar to Case Management and other agency current practices
- We found many differences, challenges and opportunities for growth
Case Management vs CSP

**Case Management**
- Focus on Monitoring
- Doing for client
- Problem solving
- Linkage

**CSP**
- Rehabilitation focus
  - Teaching skills
- Levels of assistance-
  Maximum to Independent
- Intervention, Client
  Response, Next steps
Challenges

- Documentation
  - Description of each interaction instead of narrative
  - Refocus the note
- Accountability of staff
  - Intervention provided, next steps
- Accountability of client
  - Response to intervention, next steps
Opportunities for Growth

- Documentation and interventions resulted in a reciprocal process.
- Does the staff understand the psych rehab process?
- Does the client understand the psych rehab process?
- Supervision is essential to assist staff in learning a new style of doing their work.
How we learned

- Credentialing process
- Webinars
- Site visits
- Desk Audits
- Agency specific meetings
- Provider Meeting
- Consulting
Collaboration Process

- WISE had a steady but slow growth process
- One client at a time, one agency at a time
- Learned by example, consultation and sharing the process (DMHAS, ABH and provider)
- We were equal partners in the learning
Moving Forward

- Some agencies with WISE clients will have an advantage to meeting the fidelity of the CSP process
- In this transition there are more clients, bigger system = larger change
- Implementation will be more structured and timely yet still provide the teaching and skill building approach via the same venues: site visits, audits, provider meeting and agency specific training