

CSP Helps Persons With:

- Schizophrenia –
Worsens without good treatment; afflicts 1% of the population; fills 25% of all hospital beds; develops in the prime of life; costs 3% of health care \$; has biological substrates; 10% complete suicide; Usually is incurable; runs in families
- Bipolar Disorder/Manic Depression –
Worsens without good treatment; afflicts 1 in every 100, or 1% have strong genetic affinity; 10-15% complete suicide; runs in families
- Major Depressive Disorder -
Cuts across all social classes; afflicts 10-25% of women; afflicts 5-12% of men; 15% complete suicide; runs in families.
- Schizoaffective Disorder –
Mood and thought symptoms; worsens without treatment; 10% complete suicide
- Delusional Disorder

Q: What do these disorders have in common?

A: They are TREATABLE!
(Turn the page to find out how)

CSP

Community Support Program

627 Main Street

Darlington, WI 53530

608-776-4800

608-776-4914 (fax)

CSP

Community Support Program

Quality Community Treatment
Services for Persons with Severe and
Persistent Mental Illness – Through:

*Lafayette County
Human Services*



COMMUNITY IS THE CLASSROOM

PRINCIPLES OF TREATMENT

Respectful
Individualized
Flexible
Mobile
Long-Term
Normalized
In-Vivo
Optimistic and Hopeful
Potentially Intensive
Fixed-Point of Responsibility

TREATMENT SERVICES

Vocational: Work and School
Community Transition and Advocacy
Psychiatry
Nursing and Medical Services
Medication and Supervision
Symptom Management and Psychotherapy
Budgeting and Payeeship
Dual Diagnosis Treatment and AODA
Housing and Home Ownership
ADL Life Skills, Nutrition, and Social Skills Training
Crisis Intervention – 24 Hours
Group Psychotherapy
Practical Assistance and Transportation

TREATMENT AND RECOVERY SERVICES

CSP is designed to serve the most needful persons with serious and persistent mental illness by providing the kind of environment conducive to *recovery* (a *cure* is still being sought). CSP promotes meaningful recovery from the illness through the treatment of acute or active symptoms (like hallucinations, delusions, anxiety and depression) and rehabilitation or residual symptoms (like social isolation, diminished motivation, blunted emotional expression, etc.). Services are established on a respectful, hopeful and consumer-centered approach with sound treatment practices and the latest in rehabilitation technology. Vocational rehabilitation – work or school – is at the very foundation of treatment, establishing the context for all other treatment services.

PRINCIPLE-BASED COMMUNITY TREATMENT

Each participant in the program is assigned a clinical case manager who is responsible for collaboratively assessing needs, planning treatment and organizing care. The graphic on the previous page depicts the central focus on the consumer and family surrounded by the essential aspects of CSP, aspiring toward the principles of quality treatment (on the left) and a full range of treatment services (at the right), most of which are provided directly through the multidisciplinary CSP team itself. The Care Manager provides a fixed point of responsibility and serves as the primary therapist in a long-term treatment relationship. The result is a highly organized and coordinated care team, thus minimizing the potential for service fragmentation or the “falling through the cracks syndrome.”

PROFESSIONAL MOBILE TEAM APPROACH

Professional multi-disciplinary staff with specialized roles (e.g., vocational, nursing, therapists, psychiatry, housing, alcohol & drug) render a wide range of treatment services where the participant lives and works – namely in the community. Staff are mobile, make home visits, and coach independent living skills *in vivo*.

DYNAMIC LONG-TERM RELATIONSHIP

As participants in the program recover and make improvements, services are flexed according to need, not withdrawn. As a person’s functional capabilities are restored, the rehabilitative infrastructure of support is not discontinued, but only adjusted to their level of need. Later on, if an episode of illness or the fate of circumstances brings about an increased need for services, interventions are tailored to need in a dynamic way.

ELIGIBILITY FOR SERVICES REQUIRES:

- 1) A qualifying diagnosis (e.g., like those listed) **And**
- 2) A significant risk of continuing pattern of institutionalization (e.g., hospital, group home, nursing home) or living in a severely dysfunctional way if CSP services are not provided **And**
- 3) A consistent impairment in a major adult role.

TO LEARN MORE ABOUT CSP, CONTACT:
Shane Schuhmacher, Director

TO APPLY FOR SERVICES, CONTACT:
LCHS AT 608-776-4800

24-Hour Crisis Hotline: 608-776-4848