

**Coordinated Services Team Initiative**

**Guide to Sustainability  
of Collaborative Systems of Care**

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# 1. Introduction

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## Elements for Sustainability

Planning for the long-term sustainability of the Coordinated Services Team process in your community should start from day one, and be an on-going subject of discussion at the Coordinating Committee level.

Sustaining a collaborative approach has two major elements. The first is ensuring that the collaborative approach is firmly established in agency and community values and practices. The “Checklist for Sustainability Planning” found in the “Tools” section, can be used as a checklist to gauge progress toward necessary indicators at the team, agency, and system levels.

The second element of sustainability is to fund staff and resources to carry out the collaborative service. Collaborative services often emerge as systems change agents to deal with high costs for out of home care. Since county funds are already committed to these existing out of home costs, funds are not available to direct to collaborative services. Collaborative service grants, including Coordinated Services Teams (CST), Integrated Services Projects (ISP) and Hospital Diversion grants, can provide the start up money to demonstrate the effectiveness of the collaborative approach and fund upfront costs such as training, project and service coordination, community partnership development, and parent advocacy. Eventual savings in deep-end costs can be transferred into community services to not only replace the grant funds but also increase collaborative staff and services.

## An Example of Cost Savings and Reinvestment

One county, by reducing its out of home costs by 51% over nine years, was able to shift funds to increase their child welfare staff from 14 to 25 positions over the same time, and to add preventive and early intervention services.

A key to ensuring sustained funding is the ability to demonstrate the impact and effectiveness of the service. One such way is by tracking reductions in out of home or expensive community services as mentioned above.

Another evaluation technique is to demonstrate the impact of the service on the actual children served. There are many ways to do this but thinking about it prior to initiating the collaborative service would allow for data collection on the baseline year. One county agency was able to use past service records already in the agency's files, to do a pre and post service evaluation. In the first three years of CST operation, the 28 children served had 17 days of hospitalization compared to 1289 days prior to the CST program. These same children experienced 506 less days less in residential, group, correctional or foster care. They also experienced lower levels of juvenile justice involvement and child maltreatment. The savings to this county in out-of-home placement costs were \$210,000 in the first year (1999) and \$470,713 by the fourth year (2002). This type of evaluation can have a major impact on local decision makers.

Below is a summary of this county's comparison before and after enrollment in CST.

**Pre and Post Enrollment Evaluation – 28 Families Served**  
Coordinated Service Programs (1999 - 2002)

	HOSPITALIZATIONS			CHILD OUT OF HOME PLACEMENTS (FOSTER CARE, GROUP HOME, RESIDENTIAL CARE CENTERS, CORRECTIONAL)			JUVENILE JUSTICE OFFENSES	CHILD MALTREATMENT INCIDENTS
	Number of Admissions	Days of Care	Average Length of Stay	Number of Admissions	Days of Care	Average Length of Stay		
Pre-enrollment in Coordinated Services	40	1289	32 days	9	2203	245 days	60	14
Post Enrollment in Coordinated Services	4	17	4 days	16	1697	106 days	46	5

## 2. Possible Sustainability Resources

### Flexible Funds

CST/ISP Coordinating Committees often choose to set up “flexible funds” that can be accessed by child and family teams for costs associated with implementation of the Plan of Care that arise for which no other funds are available. Two types of funds are common among sites: the Flex Fund, and the Revolving Loan.

Flex Funds are quick access resources to cover emergency expenses and other Plan of Care related activities that may arise on child and family teams such as: celebration of successes by buying a pizza or cake; or fees for school activities such as a field trip or recreation activity. This fund is generally limited to \$200 per child & family team per year. Repayment to the fund is an option, but not usually required. Whenever possible, full team consensus and reference to the Plan of Care is required. A Team Flex Fund Request Form (*sample in “Tools”*) should be completed by the service coordinator with the team and submitted to the project coordinator. Receipts should be required.

Occasionally, funds are needed for more significant expenses such as car repair/purchase, furnace repair, and phone service restoration. In addition to self-pay and commercial or private loans, the system may have access to a limited revolving loan fund. The no interest short-term loan should be a last resort. Whenever possible, full team consensus and reference to the Plan of Care is required. The project coordinator and service coordinator will plan for access to the funds. Receipts are required. An agreed upon monthly repayment plan should be established (see sample Revolving Loan Repayment Agreement in “Tools”).

Financial support for such funds can come from several sources including but not limited to: charitable organizations, community service agencies, partner agencies, and donations from individuals or local businesses.

### Collaborative Partners

A collaborative approach views community organizations as equal partners in wrapping services around children and families. In a true collaborative process, wraparound is not “the county’s service”, rather a process, or “way of doing business” that is owned by the entire community. Community partners may be sources of support by contributing team facilitators or contributing to a flexible funding pool. They may also be important liaisons to encourage participation by their peers and to solicit support from community

organizations. Schools, law enforcement agencies, and community-based organizations all are sources for financial participation. Even if collaborative agencies are unable to contribute actual dollars, their willingness to commit staff resources to serving on Child and Family Teams and participation in the development and implementation of the Plan of Care is an added benefit.

Other organizations to look to are Health Care Organizations serving both private insurance and low-income Medicaid families. A collaborative approach has proven to reduce Medicaid and insurance reimbursed inpatient psychiatric costs. Collaborative services can also help improve the health outcomes for children, and Health Care Organizations' performance is measured by these outcomes. By demonstrating to these organizations that the wraparound process can help reduce their inpatient costs and improve their performance, they may be willing to contribute resources. At the very least, discussion with them regarding the gains from collaboration, may encourage their psychiatrists or therapists to participate on a Child and Family Team.

### **Charitable Organizations**

Almost all communities have Community Foundations, United Ways or other charitable organizations. Collaborative programs could ask about their specific funding priorities. Coordinating Committee members may know of funding sources and be good resources to make contacts with local funding sources. The more definable, persistent, and visible the identities and mission CST, the easier it will be to attract financial support from both charities and foundations.

Individual churches or faith-based organizations are also sources to approach. They may have funding to meet special family needs or might provide services such as transportation. Connecting families with these resources might provide the families with ongoing natural supports.

### **Short-Term Grants**

Counties are sometimes reluctant to apply for grants because the grants are limited to "start up" costs or end after a year or two. A short-term grant can be used to do the up front, intensive work to get a program started. One county used a COP Link grant to hire a limited term employee to do all the functional screens and assessments for the large number of children and adults being converted to Comprehensive Community Services (CCS), the Children's Long Term Support Waivers and to Coordinated Services. Although the county intended the person to be short term, the added Medical Assistance revenue from these new funding sources is allowing them to continue the person as an ongoing coordinator/child and family team facilitator.

### **State and Federal Allocations**

Counties receive a number of State/Federal allocations that can be used for collaborative service. These include Community Aids, Mental Health Block Grant, Substance Abuse Block Grant, Safe and Stable Families, and IVE Incentive funds. Most of these allocations are of fixed amounts and may be committed to other services but can be redirected based on a county's needs and priorities.

### **Existing Community Resources**

Community resources available to all children and families can be a way of increasing services available and integrating the child and family into the community. For example, an after school program for all children might be looked to for a child with a disability. Asking the program to make a modification to accommodate the child's needs or offering to provide additional support until the child is assimilated into the program might be required.

### 3. An Overview of Wisconsin Medicaid (Medical Assistance) Funding

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The ability to maximize Wisconsin Medicaid Revenue is dependent on each agency's number of Medicaid eligible persons within the county population, service structure, staffing and supervisory pattern, historical use of resources, and the ability to devote resources to the up front work required to meet funding requirements. Estimating the numbers of consumers and costs eligible for each funding source is a good first step in deciding where to focus efforts. Potential revenue gains will need to be balanced against the required organizational changes and costs.

The philosophy of most of the Medicaid mental health and substance abuse funding sources is generally consistent with the principles and values of Coordinated Services but may use different language – for example, “person-centered planning” in Long Term Support or “recovery-focused” in Comprehensive Community Services (CCS). Combined assessments and treatment plans are being developed to eliminate duplicative paperwork when possible.

Maximizing these revenues, however, requires collaboration within the agency. Some of the services require authorization and service oversight/supervision by therapists and prescriptions by psychiatrists. It may also require staff willing to learn the intricacies of complying with multiple administrative or certification rules, Medicaid Provider Updates/handbooks or contact requirements. Billing staff may need to set up new systems to capture costs and do billing. The type of collaboration required to make use of these Medical Assistance funds within an agency mirrors the collaboration expected of child & family team partners.

The information below provides a very simplified look at the requirements, covered services, and considerations for use of some key Medicaid funding sources. Much more detail is needed to make decisions about use of the revenue sources. To view all Medicaid publications, refer to [www.dhfs.wisconsin.gov/medicaid](http://www.dhfs.wisconsin.gov/medicaid).

#### Children's Long Term Support Waivers

##### **Program Requirements**

Child must have a developmental or physical disability, or meet the criteria for severe emotional disturbance. The child must also be at home or in foster care.

The funding is an entitlement until child reaches 22; funding must continue if child moves across county lines until the other county can serve them (e.g. In the case of a waiting list, the original county must cover the child's services until he/she comes up on the waiting list).

Once a child is receiving waiver services the child receives a Medical Assistance “card” and the county does not pay the local share of card services.

For more information, refer to “Children Long Term Support Waiver Programs” at [http://dhfs.wisconsin.gov/dhfs\\_info/num\\_memos/2005/2005-09.htm](http://dhfs.wisconsin.gov/dhfs_info/num_memos/2005/2005-09.htm)

##### **Medicaid-Waiver Covered and Non-Covered Services**

Funds can be utilized to cover the individualized need of the child such as daily living skills, respite care, intensive in-home services, adaptive aids, as well as the medical and habilitative services of adult Waivers.

Does not cover any out-of-home costs, or intensive in-home treatment service (SPC 512).

Within the Children's Long-Term Support Waivers are special state-funded crisis slots. Children's Crisis Waiver slots are state-matched, obtained from a statewide pool of slots for families

experiencing new or increased stress. The Waiver funding is to be used to allow them to keep their child at home. Slots revert to the state pool when no longer needed, the county does not retain the slot for another child. Child is required to obtain a disability determination. To learn more about the requirements for crisis funding please go to:

[http://dhfs.wisconsin.gov/dsl\\_info/NumberedMemos/DDES/CY\\_2004/NMemo2004-22-DDES.htm](http://dhfs.wisconsin.gov/dsl_info/NumberedMemos/DDES/CY_2004/NMemo2004-22-DDES.htm)

### **Considerations**

- Using Waiver funding for even a few children with high costs currently served with county funds can be a quick way of freeing up county funds.
- Consider the impact on the county's waiting list.
- Be aware of the likelihood and liability if a child being served by the Waiver moves out of the county.
- There is also some staff time associated with the training for the functional screen, Waiver planning, and ongoing monitoring.

### **For More Information**

Please visit The Children's Long Term Support Waivers (CLTS) portion of the DHFS website: <http://dhfs.wisconsin.gov/bdds/clts/index.htm>, or refer to **Section 7: State Contact Directory** in this document.

## **Comprehensive Community Services (CCS)**

### **Program Requirements**

Comprehensive Community Services provide a flexible array of individualized community based psycho-social rehabilitation services authorized by a mental health professional to consumers with mental health or substance use issues.

The intent of the services and supports is to provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders, to restore consumers to the best possible level of functioning, and to facilitate their recovery. There is no age restriction. Eligible children and adults must meet criteria through a Mental Health/Substance Abuse Functional Screen.

The services to be provided are individualized to each person's need for rehabilitation as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under CFR 440.130 (d). Only counties and tribes may be certified as CCS under HFS 36, Wis. Admin. Code, by the Division of Quality Assurance.

### **Medicaid Coverage Requirements**

Medicaid will certify only those counties and tribes that are certified as CCS by the Division of Quality Assurance. The county or tribe must provide the state nonfederal Medicaid share of CCS services. For any consumers who receive all Medicaid services on a fee-for-service basis, counties and tribes must pay for any diagnostic evaluations, psychotherapy, and mental health day treatment services within CCS. These three services are not paid as separate benefits under Medicaid. HealthCheck "Other Services" In-home Mental Health and Substance Abuse Treatment and HealthCheck "Other Services" Child/Adolescent Day Treatment are not included in CCS and are reimbursed separately. There are no prior authorization or copayment requirements.

For consumers enrolled in Medicaid managed care, CCS may be provided on a fee-for-service basis. Medicaid pays CCS providers based on cost reports. On an annual basis, each CCS providers receive interim rates based on submitted cost reports. Medicaid does an annual cost settlement so that providers receive the federal share of all approved costs. Within the annual interim rate process and/or program and fiscal cost settlement, counties and tribes submit a small sample of medical records for review to ensure that declared costs only cover psychosocial rehabilitative services.

### ***For More Information***

Please visit the Comprehensive Community Services (CCS) portion of the DHFS website: [http://dhfs.wisconsin.gov/mh\\_bcmh/CCS/CCSIndex.htm](http://dhfs.wisconsin.gov/mh_bcmh/CCS/CCSIndex.htm), or refer to **Section 7: State Contact Directory** in this document.

## **Crisis Intervention**

### ***Program Requirements***

Covered crisis treatment services are services provided by the Division of Quality Assurance certified crisis provider to a recipient in crisis or in a situation that may develop into a crisis if professional supports are not provided. All crisis intervention services must conform to the standards in HFS 34, Wis. Admin. Code. Crisis intervention services include initial assessment and planning, crisis linkage and follow-up services, and optional crisis stabilization services.

Crisis services do not include those services normally provided by providers of mental health and substance abuse services who routinely deal with crises while providing services (e.g., a psychotherapist who helps a recipient through a crisis during their scheduled psychotherapy session).

There is no age restriction. Providers must be certified as a crisis intervention provider under HFS 34, Subchapter III by the Division of Quality Assurance.

### ***Medicaid Coverage Requirements***

Medicaid will certify only those counties and tribes that are certified as Crisis Intervention Providers, HFS 34, Subchapter III by the Division of Quality Assurance. The county or tribe must provide the state nonfederal Medicaid share of crisis intervention services. There are no prior authorization or copayment requirements. Services beyond the assessment and initial plan must be authorized by a licensed psychiatrist or psychologist within five days. For crisis stabilization one of these two professionals must sign every five days verifying the need for crisis stabilization services.

For consumers enrolled in Medicaid managed care, crisis intervention may be provided on a fee-for-service basis.

Medicaid has set maximum allowable fees, and pays crisis intervention providers up to the federal share of the maximum allowable fee. Some costs above the rate for some counties are paid to counties. Any remaining costs above the rate are paid through the WIMCR process. Other costs above the rate are kept by the State..

### ***For More Information***

Please refer to **Section 7: State Contact Directory** in this document.

## Medicaid Targeted Case Management

### **Program Requirements**

Case management services include assisting consumers, and when appropriate, their families gain access to and coordinate a fully array of services, including medical, social, educational, vocational, and other services. Case management services include assessment, case plan development, and ongoing monitoring and service coordination. Covered services do not include any direct service provision. Medicaid certified counties or tribes must meet the administrative code requirements (HFS 107, Wis. Admin. Code) There are no separate Division of Quality Assurance requirements.

### **Medicaid Covered Services Requirements**

Medicaid will certify only those counties and tribes that meet the case management requirements in HFS 107, Wis. Admin. Code. The county or tribe must provide the state nonfederal Medicaid share of case management services. Case management includes gaining access to or coordinating non-Medicaid services as well as Medicaid services. Wisconsin Medicaid, however, does not cover service provision as part of the case management benefit. The following are examples of activities not covered as case management: medication set-up, money management, skill training, and taking a client shopping. There are no prior authorization or co-payment requirements.

### **For More Information**

Please visit the Wisconsin Medicaid Targeted Case Management Handbook on the web: [http://dhfs.wisconsin.gov/Medicaid2/handbooks/case\\_management/index.htm](http://dhfs.wisconsin.gov/Medicaid2/handbooks/case_management/index.htm), or refer to **Section 7: State Contact Directory** in this document.

## HealthCheck “Other Services” In-Home Mental Health and Substance Abuse Treatment Services

### **Program and Medicaid Requirements**

In-home mental health and substance abuse treatment services are covered when medically necessary and are designed to address an individual child’s treatment needs. These services may be individual or family treatment modalities, or a combination. Treatment needs are determined by an in-depth assessment of the child/adolescent, and an individualized treatment plan with measurable goals and objective s are developed for the in-home services. The child and family are integral to the development of the plan of care and treatment goals.

Wisconsin Medicaid may cover various treatment approaches. Two approaches, team and individual, have been most common, although they are not the only treatment approaches covered by Medicaid.

- Reimbursable for Medicaid recipients up to and including age 21.
- Provider must be certified as an outpatient mental health clinic or an outpatient substance abuse clinic by the Bureau of Quality Assurance.
- Since this a HealthCheck “Other Service,” prior authorization is required at the beginning of service.

### **For More Information**

Please refer to **Section 7: State Contact Directory** in this document.

## 4. Title IV-E Child Welfare Services

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### **Requirements**

The federal Title IV-E program is the main source of federal funding for children, youth and families served in the child welfare system. Title IV-E child welfare services include child protective services and community-based juvenile justice services. In Wisconsin, all Title IV-E funds are claimed by the Department of Health and Family Services (DHFS) through the state's cost allocation process.

### **Covered Services**

Costs covered by the Title IV-E program include case management services provided to prevent child placement or to achieve permanency for a child or youth who has been temporarily placed outside of his or her family home. Placement costs for a Title IV-E eligible child or youth are also covered by the Title IV-E program. Title IV-E does not cover direct services such as mental health counseling, parenting classes or support groups.

### **Considerations**

- Activities related to Title IV-E are determined by DHFS based on results from the state's Random Moment Time Study (RMTS) and applied to costs reported by county human and social services agencies and the Bureau of Milwaukee Child Welfare. Placement costs for all Title IV-E eligible children or youth are also claimed to the Title IV-E program by DHFS.
- Children, youth, and their families served in the child welfare system are often eligible to be served under other federally funded programs. In order to ensure that multiple federal funding sources are not claimed by state and local agencies and providers, the following policy guidance has been issued to address children, youth and families served by local child welfare agencies and other Medicaid funded programs:

#### **Targeted Case Management (TCM):**

[http://dhfs.wisconsin.gov/dcfs\\_info/num\\_memos/2004/2004-17.htm](http://dhfs.wisconsin.gov/dcfs_info/num_memos/2004/2004-17.htm)

#### **Children Long Term Support Waiver Programs:**

[http://dhfs.wisconsin.gov/dcfs\\_info/num\\_memos/2005/2005-09.htm](http://dhfs.wisconsin.gov/dcfs_info/num_memos/2005/2005-09.htm)

- Other resources describing and defining the federal Title IV-E program and the RMTS process include the following:

#### **Title IV-E - Federal Government Funding Overview:**

<http://dhfs.wisconsin.gov/children/TitleIV-E/progserv/FedGovFundingPortion.HTM>

#### **DHFS Random Moment Time Study:**

[http://dhfs.wisconsin.gov/dcfs\\_info/infomemos/2002/2002-07.htm](http://dhfs.wisconsin.gov/dcfs_info/infomemos/2002/2002-07.htm)

#### **Federal Title IV-E Policy:**

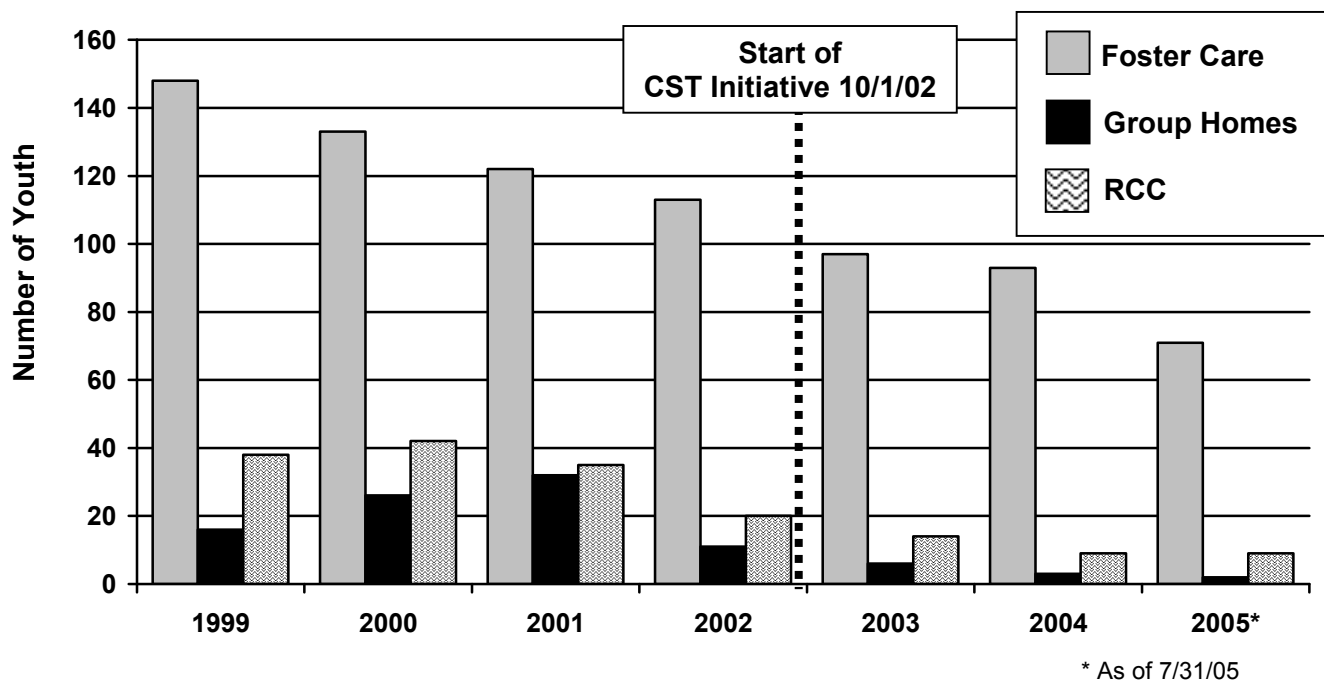
[http://www.acf.hhs.gov/j2ee/programs/cb/laws\\_policies/laws/cwpm/policy.jsp?idFlag=8](http://www.acf.hhs.gov/j2ee/programs/cb/laws_policies/laws/cwpm/policy.jsp?idFlag=8)

### **For More Information**

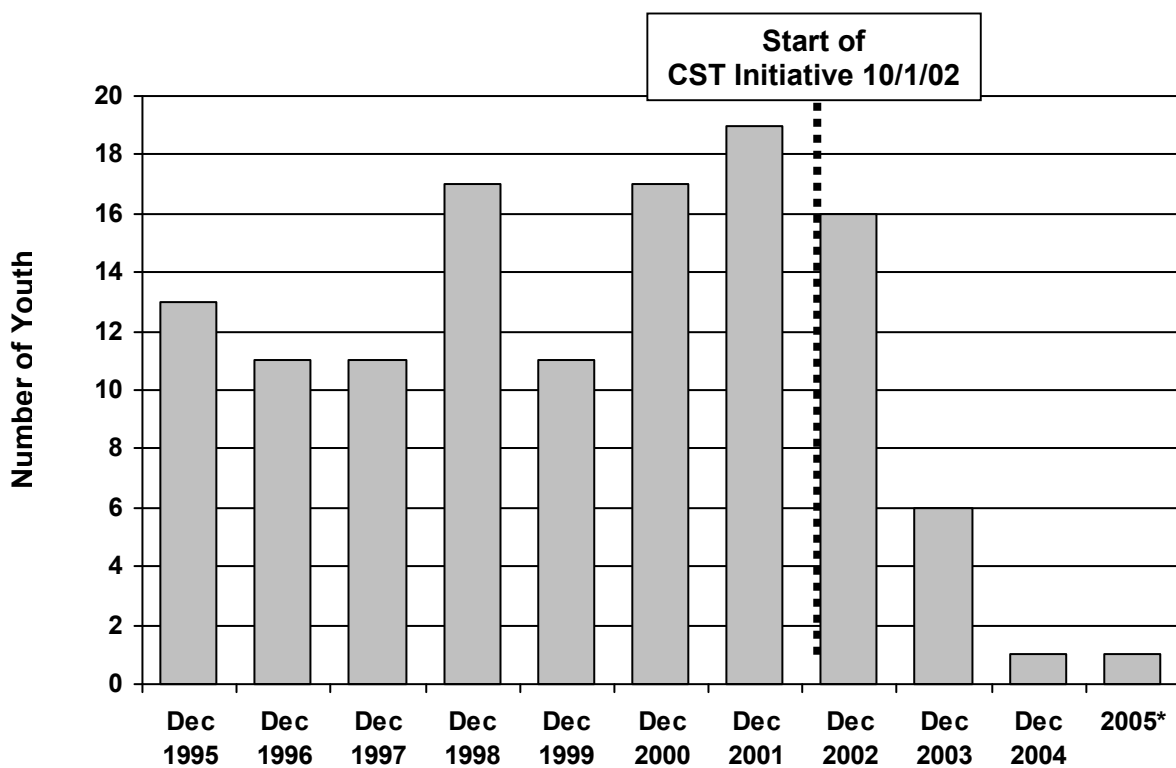
Please refer to **Section 7: State Contact Directory** in this document.

## 5. Examples of Financial Savings and Other Outcomes

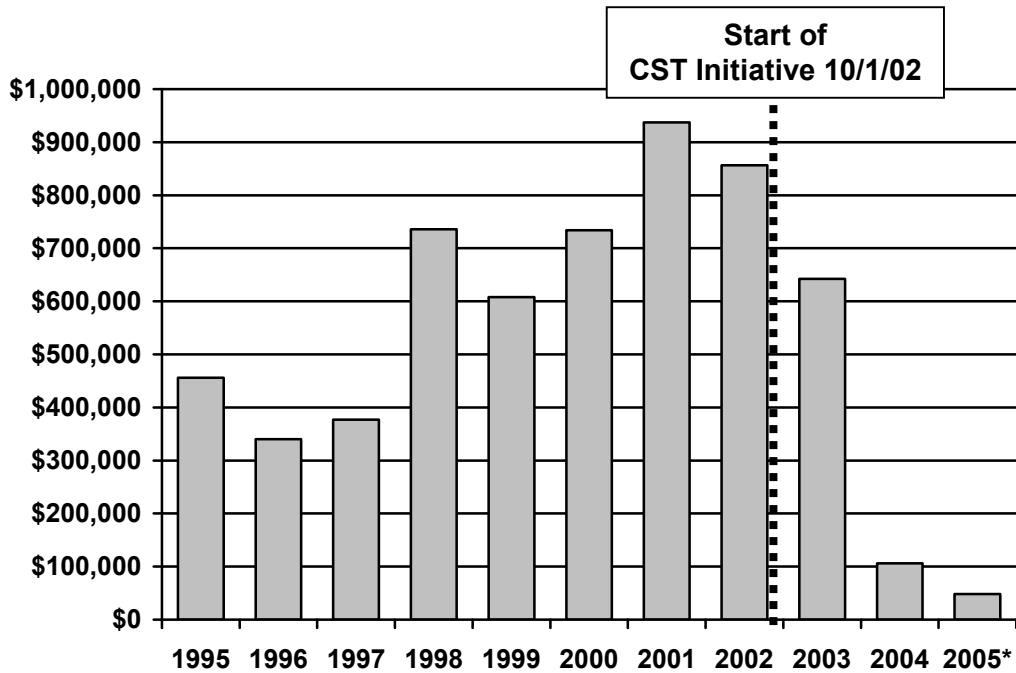
**Youth Placed in Foster Care, Group Homes, and Residential Care Centers (RCC)  
Manitowoc County 1999 – 2005\***



**Number of Youth from Manitowoc County at  
Lincoln Hills Correctional Facility 1995 – 2005**

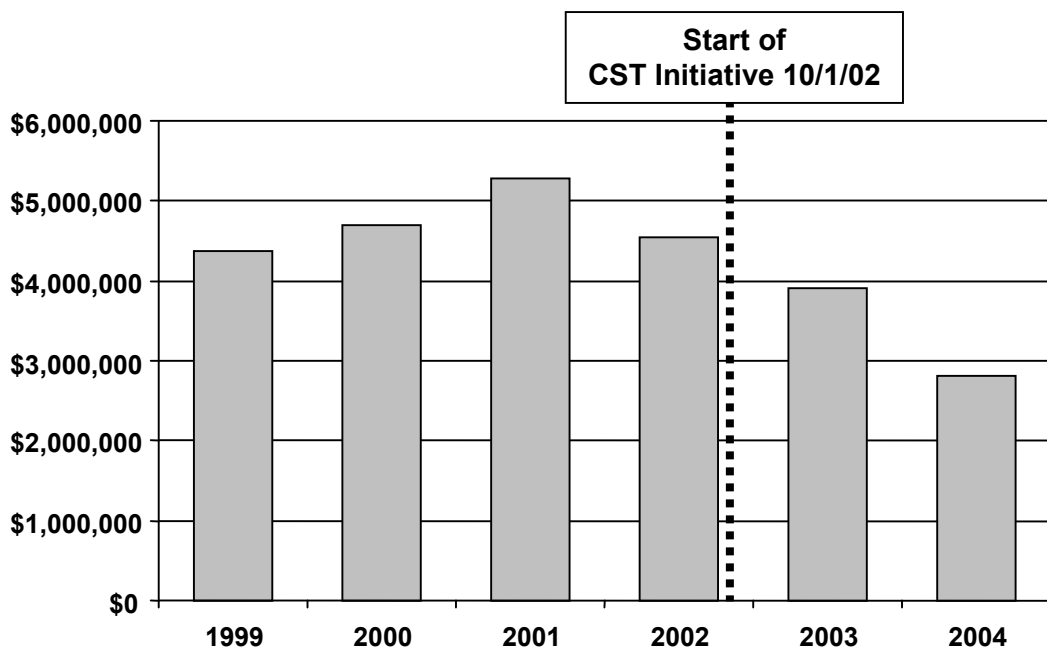


**Annual Cost of Youth Placed at Lincoln Hills Correctional Facility  
Manitowoc County 1995 – 2005**



\* As of 7/31/05

**Cost of Supportive Services\* for Children and Families  
Manitowoc County 1999 – 2004**



\* "Supportive Services" include: Intensive Supervision, Youth Aids, Alternate Care, Parent Aide, and Family Preservation Services

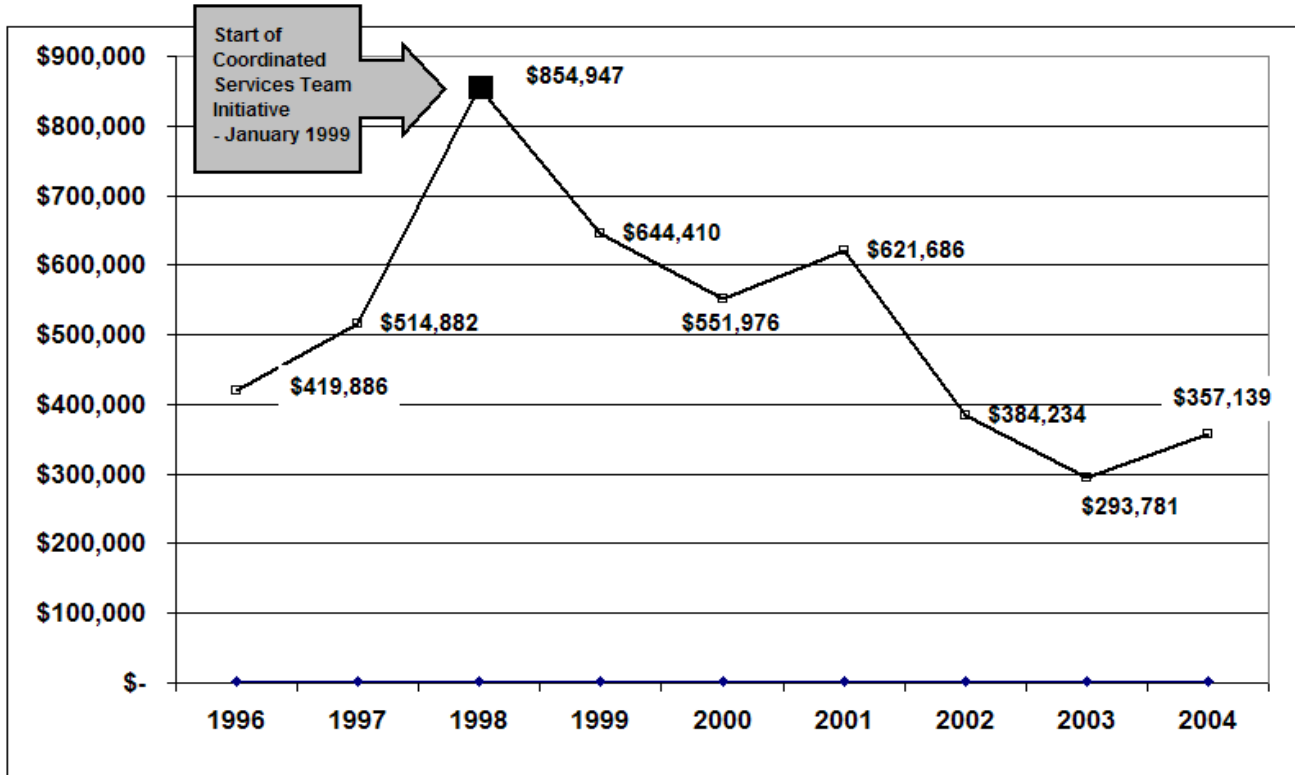
## Evaluation of 28 Families Served by the Coordinated Services Team Initiative (CST) Calumet County 1999 – 2002

	Mental Health Related Hospitalizations			Youth Out-of-Home Placements*			Juvenile Justice Offenses	Incidents of Child Maltreatment
	Number of Admissions	Days of Care	Average Length of Stay	Number of Admissions	Days of Care	Average Length of Stay		
<b>Pre CST Enrollment</b>	40	1289	32 days	9	2203	245 days	60	14
<b>Post CST Enrollment</b>	4	17	4 days	16	1697	106 days	46	5

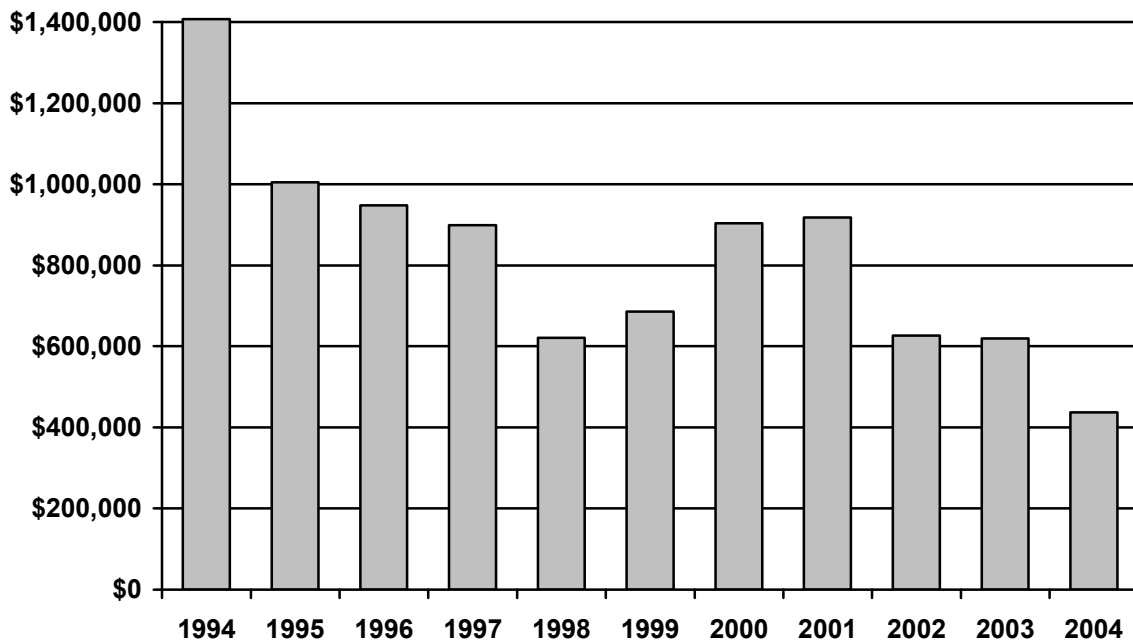
\* Includes placements in foster care, group homes, residential care centers, and correctional facilities

- Although county human service departments don't pay for the cost of most hospitalizations of children, there are major savings to the State Medical Assistance Program as a result of Coordinated Services Team initiative. The savings to Medical Assistance 1999-2002 for Calumet County are estimated at \$763,000.
- The savings to Calumet County in out-of-home placement costs were \$210,000 in the first year (1999) of CST implementation and \$470,713 by the fourth year (2002).

### CALUMET COUNTY Child Alternative Care Costs 1996 - 2004



**Cost of all Court Service and Youth Aides Out-of-Home Placements  
Waupaca County 1994 – 2004**



## 6. Tools

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- A Checklist for Sustainability Planning
- Sample Child and Family Team Flex Fund Access Request
- Sample Revolving Loan Repayment Agreement

# A Checklist for Sustainability Planning

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## System of Care

- Partner agencies incorporate the values of the wraparound approach into their work environment.
- Partner agencies have signed on and are committed to an interagency agreement.
- Partner agency needs are addressed.
- Establish and conduct meaningful monitoring and evaluation process.
- Establish an ongoing education and public relations effort.
- Involve local elected officials and legislators

## Participant Involvement/Advocacy

- Participants are active at every level of the process – share leadership.
- Participants support the referral process, enrollment activities and are active in alumni support.
- Participant needs are being met.

## Management/Supervision

- Collaborative, coordinated services process is reinforced in policy as well as day-to-day operations.
- Personnel and funding decisions reinforce the agency commitment.
- Sufficient data collection and analysis capability to monitor and demonstrate improvement in quality of services & outcomes.
- Sufficient buy-in and understanding of collaborative care approaches at the supervisory and management levels to support consistency of practice and help new staff acquire and use collaborative care skills

## Service Coordination

- Service Coordinators are clearly identified and supported in the system.
- Service Coordinators have sufficient time, training, support and resources to fulfill their responsibilities.

## Child and Family Teams

- Service providers, community supports and participant supports are present and work collaboratively.
- Effective collaborative plans of care and crisis response plans are written for each participant.
- Plans are linked to rapid and reliable access to services and support
- The various services and supports accessed through the plan of care work well together.

## Sample Child & Family Team Flex Fund/Revolving Loan Request Form

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This is a sample form that can be used by a Child and Family Team to request use of CST/ISP Project funding. Use of Project funds should only be considered after other options have been exhausted, and must be used in conjunction with the Plan of Care.

Date: \_\_\_\_\_

Team: \_\_\_\_\_

Reason/Need: \_\_\_\_\_  
\_\_\_\_\_

How will addressing this need help the family accomplish its short or long-term mission? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other funding sources discussed and/or accessed: \_\_\_\_\_

---

The request is being made to access:

- { Flex Funds
- { Revolving Loan Fund

Amount Requested: \$ \_\_\_\_\_

Check Payable to: \_\_\_\_\_  
\_\_\_\_\_

Check Memo: \_\_\_\_\_

Send Check to: \_\_\_\_\_  
\_\_\_\_\_

Signature of Authorization (Project Coordinator): \_\_\_\_\_

Date: \_\_\_\_\_

# Sample Revolving Loan Fund Repayment Agreement

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A financial assistance loan has been presented and approved by the Child and Family Team for the

\_\_\_\_\_ family to be used for the purpose of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Coordinated Services Project will provide a loan for \$\_\_\_\_\_ This amount is to be paid

back in full by \_\_\_\_\_ (date) in \_\_\_\_\_ (weekly/monthly) installments of

\$\_\_\_\_\_ which are due by the \_\_\_\_\_ (date) of every \_\_\_\_\_ (week/month).

Payments will begin: \_\_\_\_\_ (date).

Checks can be made payable to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Questions, please contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I agree with the repayment plan as outlined and will make payments as stated.*

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

## 7. State Contact Directory

Contact	For Information Related To:
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<p>George Hulick            Department of Health and Family Services            Division of Disability and Elder Services            1 West Wilson Street, Room 433            Madison, WI 53702            (608) 267-7793            Email: <a href="mailto:hulicgh@dhfs.state.wi.us">hulicgh@dhfs.state.wi.us</a></p>	<ul style="list-style-type: none"> <li>▪ Crisis Intervention Program Requirements</li> </ul>
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<p>Michelle Rawlings            Department of Health and Family Services            Division of Children and Family Services            1 W. Wilson Street, Room 550            Madison, WI 53708            (608) 264-9846            Email: <a href="mailto:rawlimm@dhfs.state.wi.us">rawlimm@dhfs.state.wi.us</a></p>	<ul style="list-style-type: none"> <li>▪ Title IV-E Child Welfare Services</li> </ul>
<p>Christine S. Wolf            Department of Health and Family Services            Division of Health Care Access and Accountability            W. Wilson Street            Box 309            Madison, WI 53701            (608)266-9195            Email: <a href="mailto:wolfcs@dhfs.state.wi.us">wolfcs@dhfs.state.wi.us</a></p>	<ul style="list-style-type: none"> <li>▪ CCS Medicaid Coverage Requirements</li> <li>▪ Crisis Intervention Medicaid Coverage Requirements</li> <li>▪ Medicaid Targeted Case Management</li> <li>▪ HealthCheck “Other Services” In-Home Mental Health and Substance Abuse Treatment Services</li> </ul>



**WALLEYES FOR KIDS**

Walleyes for Kids, a local organization that creates opportunities for youths to become involved in outdoor recreational activities, presents a \$3,000 donation to the Integrated Services Project of the Waupaca County Department of Health and Human Services. ISP works to organize teams of teachers, counselors and police officers to work with families. The money from Walleyes for Kids will allow the children of these families to participate in recreational activities that they otherwise could not afford. Shown above are Mark Stange, on left, and Brian Anderson, both with Walleyes for Kids, and Rene Soroko, with ISP.

With the Walleyes for Kids' donation, Waupaca's Integrated Services Project was able to give children and families access to extracurricular activities, recreational equipment, and even equine therapy. Some of the specific items the project purchased were:

- Hockey equipment and registration
- Hunting attire
- Fitness/recreational center membership
- Bowling league
- Football registration
- Football gear and jerseys
- Bikes
- Basketball hoop
- Pool passes
- Soccer gear
- FFA registration
- Football camp
- Basketball shoes
- Fishing rods & accessories
- Bats, gloves, & balls
- Clothing
- Equine therapy