Coordinated Services Team Initiative
Enrollment Status Report for the Coordinating Committee
DRAFT - 8/23/13

County or Tribe: ___________ Date: ___________

1. Current Enrollment
   Please indicate the number of youth currently enrolled, and whether they are male or female.
   Current Enrollment: ___________ Male: ___________ Female: ___________

   Please indicate the number of teams whose membership includes natural supports.
   With Natural Supports: ___________ Teams Without: ___________

   Please indicate the number caregivers who are Veterans.
   Veterans: ___________

   Please indicate the number of teams eligible for MA Targeted Case Management in each of the categories:
   SED (Severe Emotional Disability): ___________
   Family with a Child at Risk: ___________
   Other: ___________

2. Referral Source and System Involvement
   For youth currently enrolled, please indicate the referral source.
   Mental Health: ___________ Child Welfare: ___________
   School: ___________ Family/Self-Referral: ___________
   Juvenile Justice: ___________ AODA: ___________
   Other (please specify): ___________

   For youth currently enrolled, please indicate how many are involved in each of the following systems:
   Mental Health: ___________ Child Welfare: ___________
   Special Education: ___________ AODA: ___________
   Juvenile Justice: ___________

3. Current Living Environments of Youth who are Enrolled
   Please indicate the number of youth living in each environment listed below.
   Home: ___________ Group Home: ___________
   Foster Care: ___________ Hospital: ___________
   Other (please specify): ___________

4. Level of Team Involvement
   Please indicate the number of teams currently in each phase.
   Assessment Phase: ___________ Monitoring Phase: ___________
   Planning Phase: ___________ Transition Planning: ___________

5. School Information
   Please list the school districts that currently have youth enrolled in CST, and the number of youth per district.
   School District No. of Youth
   ___________ ___________
   ___________ ___________
   ___________ ___________
   ___________ ___________

   School Information - continued
Please indicate the number of youth currently in each school level.

Pre-Elementary: ___________    Middle: ___________
Elementary: ___________    High School: ___________
Other (please specify): ___________

6. Closure / Transition from the Formal Team Process

Number of Teams that have transitioned since beginning of initiative: ___________
Average length of involvement in the CST initiative (months): ___________
Transitioned since the last Coordinating Committee Meeting: ___________
Number of Teams expected to transition in next 3 months: ___________

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<thead>
<tr>
<th>Reason for Closure / Transition</th>
<th>Since Beginning</th>
<th>Since Last Meeting</th>
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<tbody>
<tr>
<td>Goals have been met or are being met:</td>
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<td>Withdrawal of the family:</td>
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<td>Decision of the service coordination agency upon a recommendation from the service coordinator and the team:</td>
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<td>Family's refusal to participate in the process:</td>
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<td>Child and family no longer meet the eligibility criteria:</td>
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<td>By court order, if services are being provided under court order:</td>
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