

**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: _____

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