**Coordinated Services Team Initiative Legislative Checklist**

**County or Tribe:**

**Contact Person:**  **Phone:**   **Email:**

**Date:**   **Completed By:**

The Wisconsin State Legislature approved in their SFY 2014-2015 state budget a statewide expansion of the Coordinated Services Team (CST) program as outlined in the Wisconsin state statutes 46.56. As part of the effort to transition the CST initiative to a consistent statewide program, the Division of Mental Health and Substance Abuse Services (DMHSAS) will work with all Counties and Tribes to assure that all CST’s in the state adhere to the statutory provisions established by the Legislature in Wisconsin state statute 46.56.

DMHSAS encourages all Counties and Tribes to assess their current program status against the fundamental elements of Wisconsin 46.56 using this checklist. These are not all the requirements of the statute, but the highlights. Based on the self-assessment, it is recommended that if a County or Tribe identifies a deficit (those items marked NO), they address the issue and plan on meeting the statutory provision contained in this document within the next year.

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| **GENERAL REQUIREMENTS** | | | | |
| **A.** | **Does your county or tribe have an active Coordinating Committee that meets on a regular basis?** | | | Yes No |
| **B.** | **Does your county or tribe utilize a coordinated services team approach to ensure services for eligible children and their families?** | | | Yes No |
| **C.** | **Is your CST Initiative formally guided by the following “8 Key Components of Collaborative Systems of Care”?** | | | |
| 1. | | Parents are involved as full partners at every level of activity. | | Yes No |
| 2. | | A Coordinating Committee (defined as an inclusive interagency group) has agreed upon the Core Values and Guiding Principles as defined by the Children Come First Advisory Council. | | Yes No |
| 3. | | A team that includes the family creates and implements individualized plans of care for the children and their families. | | Yes No |
| 4. | | Significant collaborative funds are available to meet the financial needs to meet the child’s plan of care. | | Yes No |
| 5. | | Advocacy is provided for each family | | Yes No |
| 6. | | Ongoing training is provided to all participants. | | Yes No |
| 7. | | Functional goals are monitored and measured, emphasizing participant satisfaction. | | Yes No |
| 8. | | Adolescents are ensured a planned transition to adult life. | | Yes No |
| **D.** | **In determining eligibility for the initiative, does your initiative:** | | |  |
| 1. | | Require that the child be involved in 2 or more systems of care. | | Yes No |
| 2. | | Give priority to children with severe emotional disturbance? | | Yes No |
| 3. | | Give priority to children with any mental health diagnosis? | | Yes No |
| 4. | | Give priority to children who are at risk of placement outside the home or who are in an institution | | Yes No |
| **E.** | **Does your county or tribe provide services/resources to all eligible children regardless of their ability to pay?** | | | Yes No |
| **F.** | **Does your county or tribe provide matching funds (either in-kind or cash) that, in total equal 20% of the funding?** | | | Yes No |
| **COORDINATING COMMITTEE** | | | | |
| **G.** | **If your County or Tribe has a Coordinating Committee do the following representatives serve on the committee?** | | | |
| 1. | | The County Department for Child Welfare and Protection. | | Yes No |
| 2. | | The County Department responsible for children and families mental health and substance abuse. | | Yes No |
| 3. | | The County Department responsible for providing services for children with developmental disabilities. | | Yes No |
| 4. | | The Family Support Program under WI Statute 46.985 | | Yes No |
| 5. | | The Juvenile Court Administrator or another representative appointed by a judge. | | Yes No |
| 6. | | A representative of the largest school district if it provides special education. | | Yes No |
| 7. | | At least 2 parents, or the number that equals 25% of the coordinating committee’s membership. | | Yes No |
| 8. | | The agency responsible for economic support programs. | | Yes No |
| **H.** | **Does the Coordinating Committee:** | | |  |
| 1. | | Oversee the development and implementation of the initiative. | | Yes No |
| 2. | | Establish operational policies and procedures, such as referral and screening procedures, conflict management policy, and a flexible funding policy. | | Yes No |
| 3. | | Prepare Interagency Agreements that all participating organizations in the initiative agree to follow in creating an operation. | | Yes No |
| 4. | | Ensure that the policies and procedures are monitored and adhered to. | | Yes No |
| 5. | | Ensure quality, including adherence to the core values. | | Yes No |
| 6. | | Have a training plan for coordinating committee members and coordinated services team members to the coordinated services team approach. | | Yes No |
| 7. | | Identify and address gaps in services for children and families who are enrolled in the initiative. | | Yes No |
| 8. | | Ensure client and partner agency satisfaction through performance of a client and partner agency satisfaction review. | | Yes No |
| 9. | | Recommend a plan for keeping track of realized savings from substitute care budgets into community-based care. | | Yes No |
| 10. | | Distribute information to the public about the availability of the initiative including public and private providers. | | Yes No |
| 11. | | Have a formal written conflict management policy? | | Yes No |
| 12. | | Maintain data required by the state, including but not limited to CITRIX/Program Participation System (PPS), CANS and the Family Satisfaction Survey. | | Yes No |
| 13. | | Assist in the development and implementation of advocacy for families. | | Yes No |
| **COORDINATED SERVICES TEAM** | | | | |
| **I.** | **Are the following statements regarding Coordinated Services Teams consistent with operations in your County or Tribe?Up** | |  | |
| 1. | | A Coordinated Services Team is a group of individuals, including family members, service providers, and informal resource persons, who work together to coordinate treatment, education, services and other resources needed by a child who is eligible and enrolled in the Coordinated Services Team Initiative. | | Yes No |
| 2. | | The Coordinated Services Team meets on a regular basis, at least every three months. | | Yes No |
| **ADMINISTERING AGENCY** | | | | |
| **J.** | **Does the Administering Agency assist the Coordinating Committee in overseeing the development and implementation of the initiative and designate staff needed.** | | | Yes No |
| **K.** | **Implement and operationalize the roles of Service Coordinator, Initiative Coordinator, and Coordinated Services Team.** | | | Yes No |
| **INITIATIVE COORDINATOR (Lead Person/State Contact)** | | | | |
| **L.** | **Does your County or Tribe have an Initiative Coordinator that does the following:** | | |  |
| 1. | | Works with the Coordinating Committee and Service Coordination Agency to assure provision of service coordination services for all groups of people working with the child and his/her family. | | Yes No |
| 2. | | Works[46.56(6)(d)3.](http://docs.legis.wisconsin.gov/document/statutes/46.56(6)(d)3.) with the coordinating committee and service coordination agency to receive and review referrals. | | Yes No |
| 3. | | Guides the development of the Coordinated Service Team working with the child and his/her family in order to ensure compliance with basic principles of the initiatives core values. | | Yes No |
| 4. | | Reviews plans of care, including crisis response plans, for consistency with the coordinated services team approach, to providing services to a child and his or her family, and core values. | | Yes No |
| **SERVICE COORDINATION AGENCY/SERVICE COOODINATOR** | | | | |
| **M.** | **Does your Service Coordination Agency:** | |  | |
| 1. | | Identify a specific individual to act as service coordinator for each child who is enrolled in the initiative, to arrange for, or provide for intake, assessment, and development of the child’s coordinated services plan of care. | | Yes No |
| **N.** | **Do the Service Coordinators:** | | |  |
| 1. | | Work with the Coordinated Services Team by collaborating with guiding multiple service providers and family resources that are serving a particular child who is involved in 2 or more systems of care and his or her family. | | Yes No |
| 2. | | Coordinate the assessment process; lead the development of a coordinated services plan of care based on strengths and needs identified in the assessment for each child within 60 days after the date on which the application was approved. | | Yes No |
| 3. | | Advocate for the child and family, and monitor the progress of the child or his or her family and facilitate periodic reviews of the coordinated services plan of care. | | Yes No |
| 4. | | Ensure Plans of Care are oriented to produce meaningful outcomes and to provide services in the least restrictive setting possible. | | Yes No |
| 5. | | Maintain clear lines of communication among all family resources, providers, the child, and his or her family. | | Yes No |
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