

## INSTRUCTIONS FOR APPLICATION

### Coordinated Services Team Initiative Statewide Expansion Application

Counties or tribes who currently do not receive funding from DHS for Coordinated Services Team (CST) Initiatives or are reorganizing their multi-jurisdiction or multi-county initiative may use this application to apply for CST Statewide Expansion funding made available thru Wisconsin Act 20 in the 2014-2015 State Biennial Budget. The application is made up of three parts: Application Narrative (see Section I below); DCTS Coordinated Services Team Grant/Contract Application Summary including the Contract Goals and Objectives (See Section II) and Coordinated Services Team (CST) Budget Template, Form [F-01601A](#) (See Section III). The Division must receive all three components from an agency who is applying for CST Statewide Expansion funding in order to be considered for a contract. Applicants may submit only one (1) application per service area.

Counties/Tribes may request an amount not to exceed \$60,000 per county or tribe in their proposed service area. ). **All counties and tribes must provide authorization from their county or tribal board to designate the recipient of the funding for that county/tribe as part of this application funding, prior to issuing a contract.** Act 20 updated [Wis. Stat. § 46.56](#) to allow for multi-jurisdictional CST Initiatives. Applications for multi-jurisdictional or multi-county applications are encouraged and will be accepted. Indicate the proposed counties and/or tribes in the proposed service area in the Program Design Section of the Application Narrative (1(a)/(b)) and in Section II, the Coordinated Services Teams Grant/Contract Application Summary, under “Area(s) to be served” (list all covered by the grant). The completed Coordinated Services Team Statewide Expansion Funding Application should be assembled as follows:

1. Cover Page that includes the Name of the Agency, Address, Phone, and Email of the contact person for the application, the title “Coordinated Services Team Statewide Expansion Funding”, and the one-year funding period
2. Coordinated Services Team Initiative Statewide Expansion Application Narrative
3. DCTS Coordinated Services Teams Grant/Contract Application Summary [F-21276A](#)
4. Coordinated Services Team Statewide (CST) Budget Template [F-01601A](#), which includes Part 1 – *CST Summary Line Item Budget*, Part 2 – *CST Line Item Detail Budget*, and if required, Part 3 – *CST Sub-contractor Summary Line Item Budget*, and Part 4 – *CST Sub-contractor Line Item Detail Budget*
5. Attachments

Two hard copies and one electronic copy of the completed Coordinated Services Team Expansion Funding Applications should be submitted by October 15th to the following address:

Teresa Steinmetz, Section Chief  
Children, Youth and Families Section  
Division of Care and Treatment Services  
Wisconsin Department of Health Services  
1 West Wilson St., Room 951  
Madison, WI 53703  
[Teresa.Steinmetz@wisconsin.gov](mailto:Teresa.Steinmetz@wisconsin.gov)

## I. APPLICATION NARRATIVE

**Provide the answers to the following questions as the narrative portion of your grant application. Responses should be sufficient to answer the questions. Elaborate proposals beyond what is sufficient are not necessary or desired. All applications must be typed and the narrative portion should not exceed twelve (12) pages. The type (font) size should be no smaller than 12 point, except for the forms and addenda.**

### PROGRAM DESIGN

1. (a)\*Does your county/tribe currently have a Coordinated Services Team (CST) Initiative? If so, please give a brief overview of your CST Initiative, including the name of the initiative, current and proposed service area including the counties or tribal areas served or to be served, and the name of the agency designated by the county or tribal board(s) as the administrating agency.  
  
(b)\*If your county/tribe does not have a CST program, please provide a brief overview of your proposed planning process for developing a CST in your area. What counties and/or tribes are involved in the proposed CST initiative? How are you involving families in the planning? What agency has been designated by the county or tribal board to serve as the administrating CST agency and to fulfill the responsibilities under [Wis. Stat. § 46.56\(4\)](#) as amended?
2. (a) \*Please provide a description of your Coordinating Committee, including the current or proposed membership that includes information about the agencies represented, including the names of the agencies that are or will be represented. If you have a current Coordinating Committee, describe the responsibilities of the Coordinating Committee? Will the current or proposed membership and responsibilities meet the requirements in [Wis. Stat. § 46.56 \(3\)](#)? If the membership or responsibilities do not meet statutory requirements, include a Goal and Objectives to meet these requirements in Section II.  
  
(b) If the county/tribe has an established CST Coordinating Committee, provide a summary of their involvement in the development of, or comments from their review of the current application.
3. Please provide the name and contact information of the Coordinated Services Team Initiative Coordinator that will fulfill the responsibilities of [Wis. Stat. § 46.56 \(6\)](#). What percentage of time (FTE) will this position support this initiative? Attach a copy of the existing or proposed Position Description. If your county or tribe doesn't have a current CST Initiative Coordinator, include a Goal and Objective to meet this requirement in Section II.
4. \*Describe the specific service systems that are involved in your current CST initiative, or will be involved in the proposed CST initiative, in particular address the role of the following systems: mental health, substance abuse, child welfare, juvenile justice, and schools. How are these systems involved in the existing CST or in the planning for the proposed CST? List any existing or proposed memorandums of understandings (MOUs) with these organizations.

5. \*Provide a description of the existing services and other resources in the county or tribe for children or families who are involved in two or more systems. Include an assessment of the county or tribal strengths and any gaps in services or supports for these children and families.
6. \*[Wis. Stat. § 46.56](#) provide the overall requirements for counties and tribes who receive state funding for CST. In addition, the DCTS, in conjunction with the Children Come First Advisory Committee, has established Wisconsin Department of Health Services [CST Vision and Core Values P-23182](#) per [Wis. Stat. § 46.56](#). Please include a statement indicating the county or tribal CST initiative will commit to working towards meeting the requirements of [Wis. Stat. § 46.56](#) and adopting the vision and CST Core Values. Include a Goal and Objective in Section II that will further develop your initiative in this area.

### **ELIGIBILITY/TARGET POPULATIONS**

7. \*[Wis. Stat. § 46.56\(7\) and \(15\)](#) require CSTs that are provided state funding under this initiative, must serve children and families:
  - involved in two or more systems of care,
  - with serious emotional disturbance and/or,
  - who are at risk of placement outside the home and/or
  - are in an institution and are not receiving coordinated services based in the community and other resources, and/or
  - would be able to return to community placement or their homes if services were provided.

Counties or tribes may establish additional criteria.

Describe the specific criteria that will be used for deciding whether or not a child/family will be eligible for services and resources through your CST initiative. If your area has not yet finalized the target population and eligibility criteria, include a Goal and Objective in Section II that will indicate that you will establish eligibility criteria that conforms to the statutes.

### **CST ENROLLMENT, ASSESSMENT, AND PROPOSED NUMBER TO BE SERVED**

8. How many children and family teams does the county/tribe propose to serve during the initial year? Include this number in both the narrative and as a Goal and Objective in Section II.
9. Describe how families access or will access CST services in your county or tribal area. Include a description of the intake and enrollment process. Describe how your current or proposed CST will provide service coordinators for each child/family enrolled. If your agency is still developing this process, include a Goal and Objective in Section II that outlines your timeline for developing the process.

10. DCTS requires all CST initiatives to use the Child and Adolescent Strengths and Needs – Comprehensive (CANS) assessment (see <http://www.wicollaborative.org/cans-reliable-rater.html>) to determine the child and family strengths and needs. If your county or tribe currently does not have an active CST initiative, describe your plan for developing the capacity to provide a CANS assessment and service plan for all children enrolled in CST. If your county or tribe has an active CST, describe the process your county or tribe used to conduct assessments and create service plans for children enrolled in CST. If your initiative does not meet these requirements, include in Section II a Goal and Objective to come into compliance.

## **DATA COLLECTION AND EVALUATION**

11. Provide a commitment to reporting key data for all children and families enrolled in your CST as required for the evaluation, [CST Required Data Reporting P-00579](#). Identify the name and contact information, including phone number and e-mail address, for the person who will be responsible for providing the CST data to DCTS.

## **REQUIRED COUNTY/TRIBAL MATCH CONTRIBUTION**

12. [\\*Wis. Stat. § 46.56\(15\)](#) requires that counties or tribes receiving state funding for CST initiatives provide 20% match. Describe what services and resources (which can be cash or in-kind resources) the participating organization will commit to this CST initiative. Please include the specific amounts by category in the Coordinated Services Team (CST) Initiative Detailed Budget Plan Request for the Upcoming Budget Year that follows in Section III.
13. How will the agency compile the data to assure accurate reporting of the grant expenditures and required match? Who will be responsible to submit information on the expenditures and match provided to DCTS?
14. [\\*Wis. Stat. § 46.56\(15\)](#) states the applicant agencies must agree that the funds allocated may not be used to replace any other state, federal or local funding for programs for children and families involved in two or more systems of care. Provide a commitment to comply with this requirement.

## **II. DCTS COORDINATED SERVICES TEAMS GRANT/CONTRACT APPLICATION SUMMARY and CONTRACT WORKPLAN GOALS AND ACTION PLAN [F-21276A](#)**

### **Page One – Applicant Summary**

The applicant agency will complete the Coordinated Services Teams Grant/Contract Application Summary [F-21276A](#). Page one of this form includes basic information needed to complete a contract with DHS, including: Project Title, Name of Applicant Agency, Contact Information, annual Project Period, Areas to be serviced, and the Amount of Funding requested (not to exceed \$60,000 for each county or tribe included in the CST service area).

### **Pages Two – Abstract**

Provide a brief Executive Summary of your Coordinated Services Team Statewide Expansion Grant project. Include a brief overview of the proposed outcomes of the project that will be achieved.

### **Pages Three to Six – Work Plan**

The overall purpose of the Coordinated Services Team Statewide funding available thru this announcement is to promote the further development and expansion of CST initiatives in Wisconsin. Applicants must submit Goals, Objectives and Work Plans that reflect how the agency will develop and/or expand their CST initiative using the format provided in the attached DCTS Coordinated Services Teams Grant/Contract Application Summary.

The Division will work with the applicant to finalize an approved CST Application Summary that will become part of the grant agreement and contract with the applicant for CST Statewide Expansion Funding. The CST initiative will report on the status of the approved Goals and Objectives in a Biannual Report due July 30th and a final report due the following January 30<sup>th</sup>.

The goals, objectives and work plan should clearly relate to the CST initiative, be consistent with the vision and CST core values and include a clear assignment of responsibility. The goals must be stated in such a way that describes measureable and realistic outcomes. The goals and objectives will likely vary depending on whether or not the county or tribe has an existing CST initiative or if they are new to the CST initiative.

**Support or Enhancement Funding Goals for Existing CST Initiatives.** In those counties/tribes that have an established CST initiative the available funding is meant to advance the achievement of any of the statutory requirements they currently do not meet or for enhancing their initiative. The funding should not supplant any existing funding that supports a CST.

In Exhibit 1.2.1 the applicant agency with an existing CST initiative should provide a work plan with a minimum of three key goals with objectives that include the necessary actions to bring the agency into compliance with any areas where they do not currently meet the state statutory CST requirements. If the agency believes they are in compliance with the statute, the agency should identify three key goals that would strengthen and enhance the program.

**Planning Grant Goals for Counties/Tribes without a CST.** Each county or tribal or multi-agency applicant that currently does not have a CST initiative will be applying for a planning grant to develop a CST initiative. The applicant should establish at least four Goals and Objectives that will facilitate the county or tribe's work to establish a CST. The Goals must include those items required elsewhere in this application. The Goals and Action Plan will assure the initiative is gaining capacity to meet the CST statutory requirements.

### **III. BUDGET INSTRUCTIONS**

The budget instructions are contained within Parts 1-4 of the CST Budget Template Form, as part of the requested budget tables.

See [CST Budget Template F-01601A](#)

**\* Legislative Requirement**