

# Coordinated Services Plan Facilitation Guide:

*A Partner Document to the CSP*



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## Background on Act 264

Since 1985, Vermont has been working to develop a comprehensive, integrated system of care for families and children and youth who experience a serious emotional disturbance. Prior to 1985, the three key departments serving children and their families (Mental Health, DCF-Family Services, and Education) often served the same families as separate providers. As a result, both families and providers found services to be partial, fragmented and exacerbated by existing systemic inequities. Act 264, passed in 1988, requires that human services and public education work together, involve parents and coordinate services for better and more equitable outcomes for children and families. While Act 264 was enacted on behalf of children and youth experiencing a severe emotional disturbance and their families, the 2005 Interagency Agreement between the Vermont Agency of Education (AOE) and the Vermont Agency of Human Services (AHS) expands the target population beyond those eligible under Act 264 to include children and adolescents with disabilities who are eligible for both special education and disability-related services, including service coordination, provided by AHS.

The Coordinated Services Plan (CSP) includes the Individual Education Plan (IEP) as well as human services treatment plans or individual plans of support, and is organized to assure that all components are working toward compatible goals, progress is monitored, and resources are being used effectively to achieve the desired result for the child and family. Funding for each element of the plan is identified. (Source: AOE/AHS Interagency Agreement, 2005, <https://ifs.vermont.gov/sites/ifs/files/Act%20264%20users%20guide%20final.pdf>)

## Why Does this Guide Exist?

Facilitating a CSP meeting for a family and team is an opportunity to bring everyone together with one shared goal—to coordinate services and get everyone on the same page about what is happening for a child/youth, what they need, and how everyone can work together. This is a meeting for team members to collaborate to support the child and family in achieving their hopes and goals.

This means facilitating a meeting with many people present who may come with different ideas and emotions. *You are not alone in this.* This guide was created for the purpose of offering some guidance and support.

## Resources Available to You

- There are trainings about CSPs that can be accessed on the Integrating Family Services Website here: <https://ifs.vermont.gov/docs/sit>.
- If you would like to view the family-friendly video created by the Vermont Federation of Families that explains what a CSP is, you can find that on the IFS website. Special thanks to the [Vermont Federation of Families](#) for creating this resource.

# CSP Checklist for Facilitator(s)

## I. What is needed for a CSP?

- Have parent/guardian sign consent for eligibility determination
- Have parent/guardian sign release of information
- Explain what a Parent Representative is and ask if the parent is interested in hearing from the one that supports your region
- Fill out all CSP sections up to the Supplemental Section for Residential Referrals
- Provide family a copy of the CSP at the end of the meeting or in a timely manner
- Provide family the appeals process

## II. What is needed for a referral to the Local Interagency Team?

- Forward the parent/guardian signed consent for eligibility determination
- Forward parent/guardian signed release for Interagency Team Review
- Explain what a Parent Representative is and ask if the parent is interested in hearing from the one that supports your region
- Ensure key people from LIT will be at the meeting AND be sure that there are not so many professionals that the meeting is overwhelming to the family
- A CSP that was completed in a team meeting

## III. What is needed for a referral to the Case Review Committee?

- Forward parent/guardian sign consent for eligibility determination
- Forward parent/guardian sign release of information for Interagency Team Review
- Documentation of Authority for Medical and Educational Decision-Making -- for children/youth not in DCF custody, the packet must include documentation of who has authority for medical and educational decision-making. This can be provided through both parents signing the CSP, or documentation of sole decision-making authority from court approved custody orders, divorce agreements, or adoption orders.
- Cover letter for CRC representative with a comprehensive summary of the situation (what has worked and what hasn't), services provided, and what are the teams' goals and expectations of a higher level of treatment.
- Explain what a parent rep is and ask if the parent is interested in hearing from the one that supports their region
- Send CSP **AND** the supplemental section for residential referrals
- Residential Referral Signature page
- CANS Assessment completed within the past 3 months (full score sheet required)
- Evaluations and assessments such as psychological or psychiatric
- Current IEP, 504 or EST Plan if applicable
- Relevant medical records, including medication list
- Discharge summaries of previous placements
- If in DCF custody, most recent disposition, case plan and IV-E eligibility (DCF 201R)
- Copy of Medicaid Card OR Medicaid Number
- Documentation from private insurance that residential treatment is not covered by their insurance coverage.
- Identify the agency which will be making the referral to CRC

## IV. What is needed for a referral to the State Interagency Team?

- Forward parent/guardian signed consent for eligibility determination
- Forward parent/guardian signed release of information for interagency team review
- Explain what a Parent Representative is and ask if the parent is interested in hearing from the Parent Representative who is a SIT member
- Provide the parent/guardian with the SIT Family Guide
- Cover letter for SIT Coordinator with a summary of the situation and what questions the Local Interagency Team would like SIT to answer
- Completed CSP up to the supplemental section of the CSP packet

## How to explain a CSP to Providers and Family Members

It is important for providers and family members coming to the meeting to know the following:

- The CSP process entitles families to the coordination of services, not to specific services.
- The CSP process should include the family members, providers, and youth --you can ask the question of HOW the youth can be included (in person in the meeting, providing information ahead of time, being in part of the meeting)
- A CSP meeting is not the same as an IEP meeting; changes in special education services must be done through the IEP process.

## Who Facilitates the CSP?

If a child is involved with DCF-Family Services, then an FSD worker would call and facilitate the meeting. In other circumstances, the person having the most expertise to understand the primary concerns of the child/youth may take the facilitation lead to assure services are coordinated. Alternatively, the case manager with the strongest relationship to the family may facilitate the meeting.

## What happens prior to a CSP?

Before the CSP happens, there is information in the CSP packet that should be completed with the parent. The area for pre-filling is Section I: Child/Youth and Family Information which includes the following:

- I. Child/Youth and Family Information
  - A. Behavioral and Mental Health
  - B. Medical Information
  - C. Health Insurance
  - D. Adoption Status
  - E. DCF Involvement

The reason for filling out this information ahead of time is to ensure the parent has someone who can walk through this information with them, prepare them for the meeting and give them time if they need to look up information. While some of this information may seem invasive, it is critical to know as it can impact which services and supports are available.

**Legibility Note:** It is also very important to ensure the address is complete and legible, including the correct zip code. This address is what is used to mail the official Medicaid notice of decision, including placement options, appeal rights, and other time-sensitive communications.

## Considerations for a Successful CSP Process

### What to do before the CSP

- A CSP cannot happen without parent/guardian approval. Have they signed the consent forms? There are different forms of consent—they are signed for different reasons.
  1. *Consent for Eligibility Determination and Coordinated Services Planning* is for the parent to give permission to determine if their child meets eligibility requirements for the CSP to occur.
  2. *Release of information* is signed by the parent to give permission for everyone on the CSP team to communicate and share the information needed for the CSP.

3. *Release of Information for Interagency Team Review of Coordinated Services Plan* is for the parent to give permission for their family information to be shared at a LIT, SIT or CRC.
- Section I of the packet needs to be filled out ahead of the meeting-find out who from the team can do this with the parent.
    - At this pre-meeting the CSP plan form should be shared with them so they know what to expect at the meeting.
    - Do not fill out the entire form with a parent-it is important that they see all the information but if they are filling everything out then it takes away from the goal of the meeting which is to have everyone hear information together and work on a plan that everyone can agree to.
    - Make sure parents come prepared with all the information about past supports they have had.
  - Make sure everyone coming to the CSP knows why they are coming and that there are no surprises at the meeting. A large meeting is not the time to take someone off guard.
  - Send a reminder email (or call if someone doesn't have email) to all CSP attendees with the following information:
    - i. Time and location of the meeting
    - ii. If anyone needs to bring anything
  - Prior to the meeting let everyone coming know that you will be asking the following questions so they can think about these and come prepared to share their thoughts:
    1. What are the hopes and goals for me and for my family (goals as they relate to the child/youth)? If a youth can't be present, consider how to get information from them ahead of time.
    2. What are my strengths, interests and resources and those of my family that can help support the hopes and goals?
    3. What are my needs, challenges, concerns, and priorities that must be considered to achieve my goals? *Use existing plans and assessments as well as current experience to identify these.*

### **Have the right people at the CSP**

- Who does the family want to bring for support-friends, neighbors, family, etc.?
- If the child/youth can't be there in person how will they be represented?
- Have you talked to the parent about having parent representation at the meeting and have you talked to them before the meeting to help prepare them?
- If applicable, have you invited the educational surrogate?
- Are there representatives from the appropriate agencies such as community mental health, local education agency, and Agency of Human Services divisions and programs?
- If DCF is involved they would be at the meeting. *If the family is not involved with DCF they are not a required member and should only be invited and in attendance if the parent agrees!*

### **Facilitate the CSP so it is done in partnership with the family**

- Please review the Family and Youth Partnership Framework (<http://ifs.vermont.gov/content/partnering-youth-and-families>) and the family page on Act 264 at [www.act264.vt.gov](http://www.act264.vt.gov)
- Ask the family if they would like to speak first at the meeting, especially for the “Who is important to my family” question
- Be aware of the sensitive nature of some of the questions in the CSP form and that it may be difficult for the family and/or child to fill out. In addition, consider how many professionals will be at the meeting—including relevant, key people is important, however, it is equally important to ensure there are not 15 professionals and 1 family member.
- Be aware of high conflict or red flags for intimate partner violence, explain to each caretaker separately if they have concerns of any of the information on this form being shared with the other parent (especially in situations of joint custody), contested divorce or child support cases, or inquire as to whether there is a current or past Relief from Abuse Order.



## A Proposed Agenda for a CSP

Time	Topic	Focus
<b>15 minutes</b>	<b>Welcome and introductions</b> <ul style="list-style-type: none"> <li>✓ Why we are all here today?</li> <li>✓ Who is taking notes today and keeping track of time?</li> <li>✓ Are the consents signed by the parent?</li> <li>✓ What are the group agreements for our time together?</li> </ul>	<input checked="" type="checkbox"/> Inform <input type="checkbox"/> Discuss <input type="checkbox"/> Decide
<b>45 minutes</b>	<b>On large flip chart paper or by using your computer and a projector, put up the following questions so the group can share their thoughts:</b> <ol style="list-style-type: none"> <li>1. Social Connections: Who Is Important to Me and My Family?</li> <li>2. How do I, as the caregiver, prefer to receive support?</li> <li>3. What are the hopes and goals for me and for my family (goals as they relate to the child)?</li> <li>4. What are my strengths, interests and resources and those of my family that can help support the hopes and goals?</li> <li>5. What are my needs, challenges, concerns, and priorities that must be considered to achieve my goals?</li> </ol>	<input type="checkbox"/> Inform <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Decide
<b>30 minutes</b>	<b>Services and Supports</b> <ul style="list-style-type: none"> <li>✓ What has been provided before?</li> <li>✓ What needs to be provided now?</li> </ul>	<input type="checkbox"/> Inform <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Decide
<b>20 minutes</b>	<b>Creating a proactive crisis plan</b> <ul style="list-style-type: none"> <li>✓ Teams are strongly encouraged to develop a proactive crisis plan if the child or youth is medically fragile, has ever been hospitalized in a psychiatric setting or demonstrates risky and unsafe behaviors.</li> <li>✓ You may also attach existing agreed upon behavior plan or safety plan documents that address this need across environments.</li> </ul>	<input type="checkbox"/> Inform <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Decide
<b>10 minutes</b>	<b>Follow up and next steps</b> <ul style="list-style-type: none"> <li>✓ When do we need to meet again?</li> <li>✓ If we aren't scheduling another meeting how we will know if we need one and who will coordinate that?</li> <li>✓ Who will provide a copy of the CSP to all team members and by when?</li> <li>✓ Provide appeals process and rights to family members (found in the full CSP packet)</li> </ul>	<input type="checkbox"/> Inform <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Decide



## Things you can do to assist the meeting in being successful

- **Be prepared.** Arrive early with all documents; flip charts/white board completed and ready to use. This will allow you to welcome all attendees and set a collaborative atmosphere.
- **Set guidelines/group agreements for the meeting.** Identify that this is a collaborative effort that will help child/youth/family AND that it can be emotional or challenging. Include a discussion about, “If we get stuck.”
- **Use a parking lot.** This can be used to hold questions that may not be relevant to the topic at hand.
- **Use of humor.** Humor is a way to break the ice and to bring levity to challenging situations. It is also a way to build community and rapport. However, too much and over-use of sarcasm may have the opposite impact.
- **Read the room.** Always visually check in with your participants. Notice when people drift in attention; are distracted by their phone; seem to have an unvoiced question.

*Source: Special thanks to Sharon, O’Neill, Kinship, Foster & Adoptive Parent Training Coordinator Vermont Child Welfare Training Partnership for her assistance on this section of the guide.*

## Helpful Tips when filling out the CSP

- Remember the form is a guide, not a script and not a packet that should be done like a checklist
- The CSP is a fillable word document-you can type into it and the spaces will expand
- Sometimes handwriting can be hard for others to read, so please be aware of that when choosing whether to type the information in or write it in
- Use ink if you are writing--pencil does not scan or copy well and then others can’t read it
- One technique that works well during CSP meetings is to use a projector or flip chart paper so everyone can see what is being said and written into the CSP



## Sections of the CSP



### Family Information

A new addition to the child/youth and family section as of December 2021 is the added checklist for a family to provide information that describes their family as seen below. This section is important so agencies can be ensuring there is equitable access to services and to highlight for everyone the importance of cultural humility and knowledge that can help inform how families would like to receive services. This section should be identified and answered by the family if they are comfortable doing so. **The facilitator should not assume or fill this section out themselves.**

Which of these describe the child/youth **as identified by family** (*Check all that apply*):

- Abenaki
- Alaska Native
- American Indian
- Asian
- Black/African American
- Middle Eastern or North African
- Native Hawaiian/Other Pacific Islander
- Hispanic, Latino, or Spanish
- White
- Other
- Unreported/Chose not to answer

### Social Connections

#### People who are important or helpful to me and my family

This section is the opportunity for the family and child/youth to share who is important to them—this can be family, friends, informal supports, pets, places of worship—essentially anyone the family would like captured. This information is very helpful when figuring out next steps and supports available for the family. *This information could be provided as a basic genogram or eco-map, but it is not required to be provided in this manner. As well, this picture should be based on who the family identifies as the members of their family and who they identify as supportive.*

### **How do I, as the caregiver, prefer to receive support?**

This question is in place to find out what will work best for a caregiver such as do they like to see things in writing, would they prefer to be referred to a parent representative for support, do they prefer email, phone, or text? This is also a time to find out if the family needs an interpreter or accommodations for a visual or hearing impairment. This is an opportunity to find out more to facilitate the best communication possible with caregivers.

## **Resiliency Factors and Needs**

### **What are the hopes and goals for me and for my family (goals as they relate to the child/youth)?**

- What are the goals of child/youth, family, and other team members?
- Do the recommended supports and services help to achieve those goals? *Goals should not be a list of services*, rather what is hoped to be attained with supports and services.

### **What are my strengths, interests and resources and those of my family that can help support the hopes and goals?**

- How is the child/youth successful? What are the child/youth's interests?
- What natural supports and resources are available to the child/youth?
- What are the strengths of the family?

### **What are my needs, challenges, concerns, and priorities that must be considered to achieve my goals? (Use existing plans and assessments as well as current experience to identify these.)**

- What are the areas of concern and need? (What are the clinical concerns?)
- What other stressors are impacting the child and the family?

## **Behavioral Concerns**

This is included in the document because we want to be sure we are identifying challenges as early on as possible. We know this can be difficult to discuss and ask families about this. It is important to acknowledge how invasive this section can be and the importance of knowing some of the things going on so they can be addressed and supported. The behaviors listed are there because they are often precursors to larger challenges that can impact the success and functioning for a child/youth and their family.

When deciding which behaviors to check off remember these are behaviors that to occur a marked degree when compared to others in his/her age group.

## **Supports and Services for Child and Family**

### **What services and supports have been tried?**

- The information in this section is specific to the child's needs and voluntary for the family to provide.
- This list is meant to generate ideas about supports and services that may be helpful. It is not meant to be all inclusive or to limit creative and individualized thinking.
- For how long, and what were the results?
- Did community-based services actively involve the parents?

- If the results were not positive at that time, what do CSP team members believe were the reasons? Can these reasons be reduced/eliminated sufficiently to significantly improve the prospect for success?
- Who has participated in supports, and in treatment or services?
- What less restrictive interventions have been tried? If less restrictive interventions have been ruled out, explain why. *(It is important to note that our system of care supports serving the child in the least restrictive manner appropriate to the child/youth's well-being.)*
- Look at past assessments with an eye towards:
  - Does the assessment include the family?
  - Does the assessment include strengths of the individual and the family?
  - Were the evaluators familiar with local resources?
  - Have past evaluations been reviewed and recommendations implemented?
  - What level of risk exists?
  - Is the child on an IEP?
  - Has medication been considered and for what purpose?

## Proactive Crisis Plan

Because this falls at the end of the meeting it often gets skipped or rushed over. If there is already a solid plan in place feel free to draw upon that to inform this plan. You may also attach existing agreed upon behavior plan or safety plan documents that address this need across environments. It's also important to remember a crisis looks different for every child and may change based on a child's age and development.

Teams are strongly encouraged to develop a proactive crisis plan if the child or youth is medically fragile, has ever been hospitalized in a psychiatric setting or demonstrates risky and unsafe behaviors.

## Follow up and Next Steps

Before everyone leaves, it is important to figure out how folks will connect again-either at a follow up meeting, by phone, email or other means. The family should know who to contact if they have questions about the CSP and any identified plan that was discussed during the meeting.

Things to think about include:

- ✓ What are the CSP team recommendations? Is the team in agreement?
- ✓ What will constitute a successful outcome? How are the recommendations related to the stated need?
- ✓ When will the team next meet to determine if the plan has been implemented?
- ✓ What indicators will measure progress?



## Supplemental Section for Residential Referrals

In addition to the CSP packet, this section **must** be completed if a referral is being made to the Case Review Committee for Consideration of a Residential Placement. This section needs to be completed at the Local Interagency Team (LIT) or the CSP team (different regions have different processes) and all signatures must be obtained prior to submission.

- If the plan calls for a residential placement and the child is on an IEP, the Special Education Director is required to sign.
- If the child is not on an IEP (*i.e.*, child is on a 504 plan, Educational Support Team plan, or in regular education), the signature of either the Principal or Special Education Director is required (as determined by local procedures).
- If the child/youth is in custody of the commissioner of the Department for Children and Families, the signature of the Family Services District Director is required.
- The signature of the Community Mental Health Center's Director of Child and Family Services or designee is required.

The Case Review Committee (CRC) was created by the State Interagency Team (SIT) with the purpose of working with local teams to develop appropriate Coordinated Service Plans for children. The CRC is committed to serving children and adolescents with severe emotional disturbances and other disabilities as defined in the AOE/AHS Interagency Agreement in the least restrictive setting appropriate to their needs. The SIT and the CRC believe that, if possible, children should be served within their own communities. Intensive residential treatment should be used only when necessary to meet the individual needs of a child.

The CRC has been established as a subcommittee of the State Interagency Team to achieve two objectives ***applying consistent criteria:***

1. to provide assistance to local teams as they identify, access and/or develop less restrictive treatment alternatives; and
2. when less restrictive alternatives are not appropriate, to assure the best possible match between child and residential treatment facility.

For full CRC guidelines please visit the IFS website at: <http://ifs.vermont.gov/docs/sit>

## Test your Knowledge about CSPs

- 1. The SIT has high risk funds available to them.**  
**FALSE.** This used to be true. The SIT can think through barriers and have some ideas to support local teams.
- 2. DCF is required to attend all Act 264 meetings.**  
**FALSE.** If DCF FSD is not involved, they don't need to be there, especially if it holds up the process.
- 3. A child must have an IEP to be eligible for a CSP.**  
**FALSE.** Many children have an IEP, but some may not have a formalized plan to support their educational needs.
- 4. The facilitator of the CSP is financially responsible for all services in the CSP.**  
**FALSE.**
- 5. The parent must attend the CSP meeting.**  
**TRUE.** It could be the case if DCF FSD is the guardian, they might not invite the parent; that is rare.
- 6. To make planning and scheduling easier, it is ok to limit how many people a family can invite to a CSP.**  
**FALSE.** It is important for families to have supports with them to make them feel as comfortable as possible.
- 7. Providers are required by law to notify each family their right to a Parent Representative.**  
**TRUE.** In IEP meetings for kids with ED, they should be reminded and offered a CSP each year.
- 8. A CSP process is an entitlement to services.**  
**FALSE.** It is entitlement to coordination, not services.
- 9. If a family asks for a CSP, one must be planned.**  
**TRUE.** All families are entitled to coordination of services under Act 264. They can request a CSP from anyone on their team. Typically, it is the Designated Agency (DS/MH) or the school.