

**ATTACHMENT D**  
**Coordinated Service Plan**

State of Hawaii  
**Coordinated Service Plan (CSP)**

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CR# \_\_\_\_\_ CSP Date: \_\_\_\_\_ Compl. date \_\_\_\_\_  
Current School Program: \_\_\_\_\_ IDEA/504 \_\_\_\_\_  
Parent(s)/Guardian(s) Names \_\_\_\_\_  
Family Guidance \_\_\_\_\_ FGC Care Coordinator: \_\_\_\_\_  
CAFAS  Date \_\_\_\_\_ Achenbach  Date \_\_\_\_\_ CALOCUS  Date \_\_\_\_\_

**Youth/Family/Community Strengths and Resources  
Potential Incentives**

[Empty box for Youth/Family/Community Strengths and Resources Potential Incentives]

Client: \_\_\_\_\_  
CR#: \_\_\_\_\_

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**Current Situation**

**Youth:** Give pertinent information regarding child's age, grade, ethnicity, etc.

**Home:**

**Treatment:**

**School:**

**Dx:**

**Meds:**

**Other agency involvement:**

Client: \_\_\_\_\_  
CR#: \_\_\_\_\_

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Coordinated Service Plan - CSP (4/27/01)  
A8020 - Form - Coordinated Service Plan - 032907.doc



State of Hawaii  
**Coordinated Service Plan (CSP)**

<b>Crisis Planning</b>	
<i>Proactive Steps</i>	<i>Intervention Strategies</i>
<b>Crisis situation:</b>	<b>Reactive Interventions:</b>
<b>Preventive Interventions:</b>	

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<b>Transition Planning</b>	
<i>Step down Plan</i>	<i>Long Term View</i>
<b>Discharge Criteria:</b>	<b>Long Term Plan (3-5 years)</b>
<b>Step Down Plan:</b>	

CSP Monitor:	Next CSP Team Meeting Date, Time and Place:
CSP Team Communication Plan:	
Other Outcomes to Address in the Future:	

**\*MHCC is responsible for monitoring the quality and effectiveness of services and other strategies provided. They are to ensure that strategies are occurring as the team planned In monitoring the effectiveness of strategies and current client status, the administration of monitoring tools such as CAFAS, CALOCUS and Achenbach will be used.**

Client: \_\_\_\_\_  
 CR#: \_\_\_\_\_

