



Bylaws

10/28/2025

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1. Vision and mission

The Children Come First Advisory Committee's **vision** is that children, young adults, and families are valued, understood, and supported in their communities.

To achieve this vision, many agencies are working together to ensure children and families have access to what they need to thrive. This work includes agencies focused on physical health, mental health, education, child welfare, and youth justice.

The **mission** is simple: helping children and families receive the right help, at the right time, in the right amount by connecting and coordinating the work of all system partners.

2. Introduction

This handbook contains the policies and procedures developed to support the rules of operations of the Wisconsin Children Come First Advisory Committee (CCFAC). This handbook is intended to assist in maintaining the CCFAC on a long-term basis, regardless of cycles of membership and leadership changes. The policies and procedures are meant to be flexible, based on the changing needs of the CCFAC over time, while still providing for consistency in the way the CCFAC performs its duties. Amendments to the handbook may be made by a vote of the majority of CCFAC members.

3. Purpose

The CCFAC provides guidance and recommendations for improvements to Wisconsin's Children's System of Care (CSOC) and leverages collective resources to impact policy.

CCFAC seeks to improve the health, safety, and well-being of children, young adults, and families. It recognizes the importance of family, school, and community in promoting the full potential of every child by addressing their physical, emotional, intellectual, cultural, and social needs.

The CSOC infrastructure involves a spectrum of effective, community-based services and supports that are organized into a coordinated network and meaningful partnerships. This includes early intervention, home- and community-based treatment interventions, along with inpatient and residential interventions with linkages to community services. This is not limited to families and youth, Tribal nations, the integration of Comprehensive Community Services (CCS) and Coordinated Service Teams (CST) Initiative, education, health services, social services, juvenile justice, and other supports.

CCFAC is established by [Wis. Stat. § 46.56\(14\)\(a\)](#) which reads as follows:

"In order to support the development of a comprehensive service system of

coordinated care for children who are involved in 2 or more systems of care and their families, the department shall establish a state advisory committee with representatives of county departments and tribal governing bodies, the department of public instruction, educational agencies, the department of children and families, the department of corrections, the juvenile correctional system, professionals experienced in the provision of services to children who are involved in 2 or more systems of care and their families, advocates for such families and their children, the subunit of the department of workforce development that administers vocational rehabilitation, a representative of the local workforce development board established under 29 USC 2832, a representative of the philanthropy community, the technical college system, health care providers, courts assigned to exercise jurisdiction under chs. 48 and 938, child welfare officials, and other appropriate persons as selected by the department. The department may use an existing committee for this purpose if it has representatives from the listed groups and is willing to perform the required functions. This committee shall establish principles and core values for administering initiatives, monitor the development of initiatives throughout the state, and support communication and mutual assistance among operating initiatives as well as those that are being developed.”

4. Philosophy

The CCFAC philosophy is the foundation of the delivery of services and supports within the CSOC.

4.1 Guiding values (see appendix 1)

Family and young adult voice and choice

Family and young adult voice and choice means families and young people are supported in determining the types of services and supports provided, and they are involved in decision-making roles in system-level policies, procedures, and priorities.

Community based

Community based means that to the extent possible services and supports are provided in community settings, like homes, schools, and primary care offices, with the responsibility of managing the system of care grounded in community level structures, processes, and relationships.

Culturally and linguistically responsive

Culturally and linguistically responsive means that services and supports are designed to honor and uplift the diverse needs and experiences of the child, young adult, and family to ensure equity in access and quality.

Unconditional

Unconditional means that all partners in the system of care work toward meeting the needs of a child and their family even when faced with challenges and setbacks.

4.2 Core components (see appendix 2)

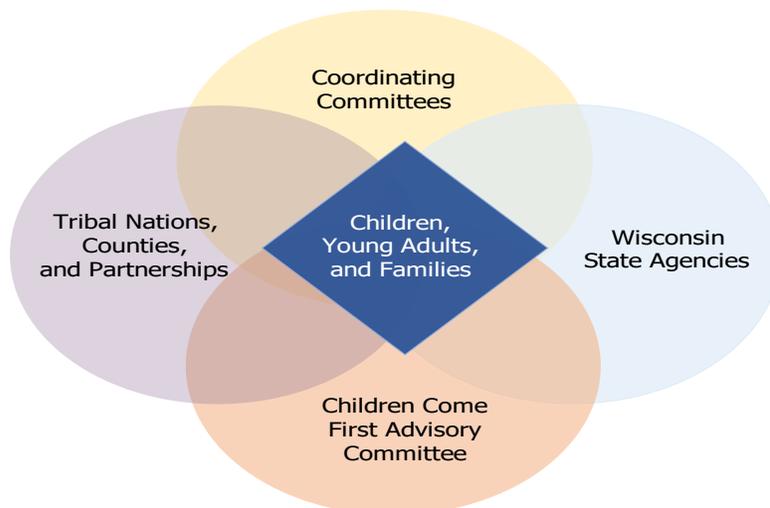
- Comprehensive array of services and supports
- Individualized, strengths-based services and supports
- Evidence-based practices and practice-based evidence
- Trauma-informed
- Least restrictive natural environment
- Partnerships with families and youth
- Interagency collaboration
- Care coordination
- Health-mental health integration
- Developmentally appropriate services and supports
- Public health approach
- Mental health equity
- Data driven and accountability
- Rights protection and advocacy

Priority Areas

1. Governance, funding, and state-local partnerships.
2. Public health approach: health and mental health integration.
3. Crisis support specialized residential services and supports, and respite.
4. Parent and youth peer support initiatives.
5. Workforce development.

4.3 Key partnerships

Infusion of the core values and principles into services for children, young adults, and families fosters a process that embraces and supports the collective experiences, knowledge, and resources of all key partners.



- **Children, young adults, and families** are at the center of this work to ensure system design is centered around children, young adults, and families. The goal is to give them a voice and choice in the services and supports they need.
- **Tribal nation and county governments** are responsible for building partnerships at the local level. The goal is to eliminate barriers to services and supports and empower local providers to connect for the good of children and families.
- **Local coordinating committees** are responsible for supporting the work of tribal nation and county governments. The goal is to ensure the sustainability of the partnerships established.
- **State agencies** are responsible for establishing partnerships with each other; supporting Tribal nations, county governments, and coordinating committees; and providing technical assistance to advance implementation and progression of the children's system of care. The goal is to ensure that all partners are engaged and equipped for success.
- **The Children Come First Advisory Committee** is responsible for guiding the transformation of the system of care. This goal is to ensure all partners are leveraging their collective resources, and input to affect and sustain positive changes.

5. Strategic approaches

Strategies used to achieve the CCFAC vision and mission include:

- Promoting the CSOC within Tribal nations, state agencies, local governments, communities, faith organizations, and service providers.
- Identifying fiscal and policy barriers to developing and expanding collaborative systems of care. Disseminate solutions to barriers limiting the availability, sustainability, or efficacy of collaborative systems of care.
- Monitoring the implementation and operation of CSOC priorities throughout the state.
- Ensuring adherence to all fundamental principles of collaborative systems of care.
- Fostering communication and assistance among CSOC programs throughout the state.
- Issuing an annual report detailing the outcomes achieved by the CCFAC and partners.
- Advising the legislature and the secretaries of relevant state departments on matters relating to collaborative systems of care, interagency collaboration, and the children's mental health system.
- Developing and implementing the CSOC strategic plan based on the priority pillars.

6. Membership

Membership categories are designated by statute and appointed by invitation of a co-chair or appropriate leadership of designated state agencies or departments based on their involvement in and/or knowledge about issues related to the charge to the CCFAC.

Non-members are welcome to attend meetings and participate along with members. Non-members may participate on subcommittees or work groups. Non-members are ineligible to vote on items that come before the CCFAC.

6.1 Nomination process

When there is a vacancy on the CCFAC, the co-chairs can act to fill that vacancy. To fill an opening, the co-chairs can, at their discretion, recommend a particular agency or person; solicit nominations from the CCFAC; and/or create a nomination subcommittee to identify and solicit potential members. At least once annually, at the last meeting of each year, the co-chairs will review the current membership with the CCFAC and develop a plan to fill vacancies as needed.

6.2 Welcoming and providing overview for potential new members

The co-chairs are responsible for welcoming and providing an overview for potential new members. The co-chairs will initiate contact with each potential member and provide an overview of the committee and expectations of CCFAC members. Materials provided will include this handbook, CCFAC membership list, and the agenda and minutes from the past four CCFAC meetings.

6.3 Voting in new members

Voting in new members for positions designated as "Selected by CCFAC" can occur at any time during the year at the discretion/direction of the co-chairs. That is, voting can be done on a case-by-case basis based upon (1) nomination by the co-chairs; (2) soliciting a nomination from one or more CCFAC members; or (3) nominations put forth by a nomination committee. After attending a CCFAC quarterly meeting and having met with the co-chairs for an overview of the committee, a nominated person may attend a meeting at which their nomination is to be considered; if not present the individual nominated will be informed of the result by one of the co-chairs as soon as practical. Approval of new members filling vacancies that are designated as "selected by department" are not subject to vote/approval of the CCFAC. Rather, the co-chairs should notify the relevant department designee that a vacancy exists, and the department should then notify the co-chairs of the individual designated to fill that vacancy.

6.4 Tenure

An initial commitment of two years is requested. Members may participate as long as they choose provided they are able to attend and participate consistently and fulfill their role. If a member's role or position changes and is no longer consistent with the priorities or purpose of the CCFAC, the member must end their designated CCFAC membership and rejoin using the nomination process. For those assigned by state departments, the state department has discretion to replace members who may leave their position.

6.5 Member duties

To promote positive outcomes for youth and families, members of the CCFAC are

selected based on their experience, knowledge, and their ability to represent the needs and voice of constituencies, agencies, people served and community groups with which they are experienced. There are two primary expectations for members:

- Prepare for, regularly attend, and participate in CCFAC meetings. Members may be excused from attendance by notifying the co-chairs prior to the meeting. If a member cannot attend, the member may send a proxy from their agency or organization to attend on their behalf. The member needs to notify the co-chairs of their absence, orient the proxy, and pass along distributed meeting materials. If a member is absent (excused or unexcused) more than two times in a 12-month period, the co-chairs may determine whether a replacement is needed.
- Participate in activities that advance the mission and priorities, such as subcommittee membership, invite guest speakers, share industry knowledge connected to the priorities or assist with other tasks as defined by the CCFAC and/or co-chairs.

7. Co-chairs

Two co-chairs are responsible for ensuring that the CCFAC meets and fulfills its statutory obligations.

7.1 Tenure of co-chairs

The co-chair is a CCFAC member who is elected in accordance with the voting requirements outlined herein. The co-chairs are elected for a minimum two-year term. Terms begin at the start of each calendar year and are staggered. If a co-chair resigns before the end of the two-year term, the CCFAC will assign a nominating subcommittee to identify a replacement co-chair as soon as practical. The co-chairs will determine and confirm the process for nominating a replacement for the outgoing co-chair. They may solicit interest from members, may create a nominating committee, or may develop recommendations as they see fit. The nomination and election of a new co-chair should occur at the last meeting of the year.

7.2 Co-chair duties

The duties of the co-chairs are as follows:

- Orient the CCFAC members and guests to its vision, mission, priorities, values, and principles.
- Coordinate meeting times and logistics with the Department of Health Services (DHS) lead staff.
- Facilitate meetings.
- Develop and approve agenda items in a timely manner to allow for adequate notice to members and the public.
- Ensure the CCFAC is working toward and achieving its objective and key results in the established timeframe.
- Present reports to the governor and/or legislature at their request.
- Submit recommendations and reports of the CCFAC to DHS, the legislature, and

- others as the CCCFAC deems appropriate.
- Ensure. Membership is aligned with statutory requirements.

8. Meetings

The CCFAC meets quarterly. A meeting of the CCFAC may be conducted, in whole or in part, by teleconference or videoconference provided reasonable measures are taken to permit all members not physically present to participate synchronously.

Meetings will be conducted in adherence with revised Robert's Rules of Order.

All matters requiring official action by the CCFAC require a vote. To conduct any official action, a quorum of members must be present. A quorum shall consist of a simple majority of members listed on the most current CCFAC roster; absent a quorum, the committee cannot conduct business. The co-chairs may authorize use of an online or teleconference process to vote on measures or actions that need more immediate attention, although efforts should be made to avoid use of these methods unless absolutely necessary.

All members of the committee have voting privileges. Any action taken by the committee shall be passed by a simple majority vote of the members present (50% + 1). In the event a vote ends in a tie, then the proposed action shall fail. If a member is unable to attend a meeting, the member may send a proxy who may fully participate and vote in their place; if a proxy is sent, the co-chairs must be notified 48 hours in advance of the meeting by the committee members.

Examples of things the CCFAC may vote on include:

- Co-chairs.
- Approval of any formal written communication to key policymakers (legislators, executive branch members), the general content of which is approved by the CCFAC.
- Approval of the annual report, strategic plan, or formal recommendations as may be developed by the CCFAC.
- Approval of meeting minutes.

Members who may have a conflict of interest, perceived or direct, with any item being voted on should inform the co-chairs and may be asked to abstain from the vote. A conflict of interest may arise in the event a member, or someone closely connected with the member (spouse, partner, business partner, etc.), could potentially receive some personal or financial gain from a specific CCFAC action.

Additional meetings may be added or the schedule of meetings altered as needed. All members are encouraged to actively participate in CCFAC meetings, offering comments and questions throughout. CCFAC co-chairs are not to do the work for the CCFAC; the full CCFAC membership is expected to carry out the tasks.

An agenda of all meetings and the minutes of the previous meeting will be provided to all members at least five business days before any CCFAC meeting. The co-chairs, in collaboration with DHS staff, will prepare and distribute meeting materials.

Some materials must go through a DHS approval process prior to being released.

DHS is committed to full transparency and public input in all work of the CCFAC. All meetings are conducted in compliance with Open Meeting Laws.

All CCFAC meetings are open to the public. All CCFAC meetings will have a public comment period on the agenda.

9. Subcommittees

Subcommittees are created to advise and support activities of the CCFAC and provide input on emerging issues identified by the CCFAC. Within the initial first meetings of the subcommittee, a charter must be developed and approved by the subcommittee and CCFAC to guide its structure, membership, and decision-making processes. Each subcommittee will have a clearly defined purpose and scope outlined within the charter. The charter will be reviewed and updated as needed to ensure alignment with evolving state and CCFAC priorities.

9.1 Meetings

Meetings will be conducted in adherence with revised Robert's Rules of Order. All matters requiring official action by the CCFAC subcommittee require a vote. To conduct any official business a quorum of members must be present. A quorum shall consist of a simple majority of members listed on the most current CCFAC subcommittee roster; absent a quorum, the subcommittee cannot conduct business. The co-chairs may authorize use of an online or teleconference process to vote on measures or actions that need more immediate attention, although efforts should be made to avoid use of these methods unless absolutely necessary.

The CCFAC co-chairs will establish subcommittees to meet needs identified by the CCFAC. Subcommittees may be established as permanent committees or may be ad hoc; ad hoc committees are created for a specific purpose and then dissolved when their task is completed. The CCFAC will periodically review existing subcommittees to evaluate their progress and to determine whether they should be sustained, revised, or dissolved. All subcommittees will be comprised of at least two CCFAC members and a state staff. Subcommittees may include non-CCFAC members.

Examples of subcommittees include:

- Strategic plan
- Handbook updates and revisions
- Nominating committee and membership review

- Annual report

Each subcommittee shall have at least one chairperson (chair). If the subcommittee has co-chairs, one chair must be a member of the CCFAC and can volunteer for this role. If no member volunteers, the CCFAC co-chairs can appoint a subcommittee chair. Chairs are appointed for the duration of ad hoc subcommittees or for a minimum two-year term of permanent committees.

9.2 Subcommittee co-chair responsibilities

- Create a charter inclusive of a scope and purpose of the subcommittee work including its objectives, key results, and time frames which is reviewed and approved by the CCFAC.
- Orient the subcommittee members to its scope.
- Coordinate meeting times and logistics.
- Develop and distribute meeting minutes, agendas, and materials to members.
- Facilitate meetings.
- Ensure the committee is working toward its goals and objectives in the established timeframe.
- Update the CCFAC on the activities of the subcommittee.

9.3 Subcommittee member responsibilities

- Participate in meetings and associated activities.
- Commit to participate for the duration of the subcommittee membership.
- Assist with committee tasks as requested by the chair.

The full subcommittee membership is expected to carry out tasks associated with the aims and scope of the committee. Any reports or associated products should be representative of the entire subcommittee. All subcommittee members may report information back to the CCFAC.

9.4 Subcommittee reports

- Provide quarterly updates on their progress towards objectives, key results, and timelines.
- Provide summary reports and recommendations either when an ad hoc committee has finished its work or at least yearly on the anniversary of the subcommittee's start date.
- Submit summary reports and recommendations to be finalized by a majority of the subcommittee's members.

The subcommittee's reports and recommendations, once finalized by the subcommittee, must then go to the CCFAC to be voted on to be adopted.

10. State staff

- Designated state staff provides support to and handles certain work assignments in support of CCFAC and subcommittee operations.
- State staff takes minutes for the CCFAC and subcommittee meetings.
- State staff works in collaboration with the co-chairs to develop meeting agendas and minutes.
- State staff assists with setting up meeting schedules and arrangements, arranging meeting speakers, on-boarding new members, and presenting information about state work.

11. Travel reimbursement

Some members of the CCFAC and subcommittee may be eligible to receive reimbursement for mileage expenses incurred in attending meetings.

Members are reimbursed in accordance with Department of Health Services Accounting Policy Section 12 - Travel 4.0 Expense Reimbursement for Non-State Employees. Members should follow reimbursable travel costs and rates listed in the State of Wisconsin Pocket Travel Guide.

The following criteria should be used to determine eligibility for travel reimbursement:

1. Members of the CCFAC who are serving in a capacity representing their employer, agency, or organization and do not have a contract with the State for other business may be eligible to be reimbursed for travel if they are not able to seek/obtain reimbursement from their agency/organization.
2. Tribal nation members of the CCFAC.
3. Youth and parents who are requested to attend a CCFAC meeting.

To receive travel reimbursement, CCFAC members must obtain a vendor number.

Members should contact DHS staff for the necessary forms and information that are required for the process DHSDCTSCChildrenSOC@dhs.wisconsin.gov.

Appendices

Appendix 4.1

Guiding Value	Competency	Wisconsin's Children's System of Care is:
Family and young adult voice and choice	Family and youth/child perspectives are intentionally elicited and prioritized.	Supportive to families and young adults in determining the types of treatment and supports provided (with increasing youth/young adult self-determination based on age and development), and their involvement in decision-making roles in system-level policies, procedures, and priorities.
Unconditional	An abiding commitment is not based on circumstantial words or actions but on resolve to a better outcome.	Able to articulate and commit to what unconditional means by reframing challenges into opportunities and navigating setbacks in working towards meeting the needs of the youth and families we serve. Remain persistent in the face of setbacks.
Cultural and linguistic responsiveness	Respect and build on the values, preferences, beliefs, culture, experiences, and identity of a child, youth, family, and their community.	Culturally and linguistically responsive, with agencies, services, and supports adapted to the cultural, racial, ethnic, and linguistic diversity of the young people and families they serve to provide care that meets individual needs, including those shaped by culture and language, and to ensure equity in access, quality, and effectiveness of services.
Community-based	The implementation of service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive setting possible.	Community-based, with services and supports provided in the home, school, primary care, faith-based settings, and community settings to the greatest possible extent, and with responsibility for system management and accountability resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community or regional level.

Appendix 4.2

Core Components	Definition
1. Comprehensive Array of Services and Supports	Ensure availability and access to a broad, flexible array of effective, high-quality treatment, services, and supports for young people and their families that address their emotional, social, educational, physical health, and mental health needs, including natural and informal supports.
2. Individualized, Strengths-Based Services and Supports	Provide individualized services and support tailored to the unique strengths, preferences, and needs of each young person and family that are guided by a strengths-based planning process and an individualized service plan developed in partnership with young people and their families.
3. Evidence-Based Practices and Practice-Based Evidence	Ensure that services and supports include evidence-informed, emerging evidence-supported, and promising practices to ensure the effectiveness of services and improve outcomes for young people and their families, as well as interventions supported by practice-based evidence provided by diverse communities, professionals, families, and young people.
4. Trauma-Informed	Provide services that are trauma-informed, including evidence-supported trauma-specific treatments, and implement systemwide policies and practices that address trauma.
5. Least Restrictive Natural Environment	Deliver services and supports within the least restrictive, most natural environments that are appropriate to the needs of young people and their families, including homes, schools, primary care, outpatient, and other community settings.
6. Partnerships with Families and Youth	Ensure that family and youth leaders and family- and youth-run organizations are full partners at the system level in policy, governance, system design and implementation, evaluation, and quality assurance in their communities, Tribal nations, territories, and nation.
7. Interagency Collaboration	Ensure that services are coordinated at the system level, with linkages among youth-serving systems and agencies across administrative and funding boundaries (e.g., education, child welfare, juvenile justice, substance use, primary care) and with mechanisms for collaboration, system-level management, and addressing cross-system barriers to coordinated care.

Core Components	Definition
8. Care Coordination	Provide care coordination at the service delivery level that is tailored to the intensity of need of young people and their families to ensure that multiple services and supports are delivered in a coordinated and therapeutic manner and that they can move throughout the system of services and supports in accordance with their changing needs and preferences.
9. Health-Mental Health Integration	Incorporate mechanisms to integrate services provided by primary health care and mental health service providers to increase the ability of primary care practitioners and behavioral health providers to better respond to both mental health and physical health problems.
10. Developmentally Appropriate Services and Supports	Provide developmentally appropriate services and supports, including services that promote optimal social-emotional outcomes for young children and their families and services and supports for youth and young adults to facilitate their transition to adulthood and to adult service systems as needed.
11. Public Health Approach	Incorporate a public health approach including mental health promotion, prevention, early identification, and early intervention in addition to treatment to improve long-term outcomes, including mechanisms in schools and other settings to identify problems as early as possible and implement mental health promotion and prevention activities directed at all children, youth, and young adults and their families.
12. Mental Health Equity	Provide equitable services and supports that are accessible to young people and families irrespective of race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; eliminate disparities in access and quality of services; and ensure that services are sensitive and responsive to all individuals.
13. Data Driven and Accountability	Incorporate mechanisms to ensure that systems and services are data-driven, with continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of goals; fidelity to SOC values and principles; the utilization and quality of clinical services and supports; equity and disparities in service delivery; and outcomes and costs at the child and family and system levels
14. Rights Protection and Advocacy	Protect the rights of young people and families through policies and procedures and promote effective advocacy organization efforts in concert with advocacy and peer-led organizations.