



WISCONSIN LEGISLATIVE COUNCIL

*Terry C. Anderson, Director
Laura D. Rose, Deputy Director*

TO: COORDINATED SERVICES TEAMS STATEWIDE PROJECT DIRECTORS

FROM: Laura D. Rose, Deputy Director

RE: Current Statute Relating to Initiatives to Provide Coordinated Services to Children and Families

DATE: October 8, 2010

Section 46.56, Stats., governs initiatives to provide coordinated services to children and families. This memorandum describes that statute as affected by 2009 Wisconsin Act 334, and outlines the changes that were made to it in Act 334.

CURRENT LAW

Section 46.56, as amended by 2009 Wisconsin Act 334, sets out the requirements for initiatives for coordinated services (“initiative”). A county board of supervisors or tribal governing body may establish an initiative. If an initiative is established, the county board or tribe must appoint a coordinating committee.

Coordinating committee. Membership. The coordinating committee must include all of the following:

- The county department responsible for child welfare and protection services or, for an initiative established by a tribe, the responsible tribal agency.
- The county department responsible for mental health and alcohol and drug abuse services for children and families or, for an initiative established by a tribe, the responsible tribal agency.
- The county department responsible for providing services for children who have a developmental disability or, for an initiative established by a tribe, the responsible tribal agency.
- The family support program, if the county or tribe has such a program.

- The juvenile court administrator or another representative appointed by the judge responsible for children's and juvenile cases or, for an initiative established by a tribe, a representative of the tribal court.
- The largest school district in the county and any cooperative educational service agency (CESA), if it provides special education in the county, or any county children with disabilities education (CDE) board in the county, and any other school district in the county that is willing to participate in the initiative, at the discretion of the administering agency.
- For an initiative established by a tribe, the coordinating committee shall include a representative of the school district serving the majority of pupils who reside on the reservation or tribal lands, and any CESA providing special education services to these pupils.
- At least two parents, or the number that equals 25% of the coordinating committee's membership, whichever is greater, of children who are involved in two or more systems of care.
- The agency responsible for economic support programs.

The coordinating committee may include representatives of a vocational rehabilitation office and a technical college district, and physicians specializing in care for children.

Responsibilities. The coordinating committee has the responsibility to:

- Oversee the development and implementation of the initiative.
- Prepare one or more interagency agreements that all participating organizations agree to follow in creating and operating the initiative.
- Assess how the initiative relates to other service coordination programs operating at the county, tribal, or local level and take steps to work with these other programs and to avoid duplication of activities, services, and resources.
- If a county or tribe applies for state funding, assist the administering agency in developing the required application.
- Review determinations by the service coordination agency regarding eligibility for assessment, appropriate family resources, or funding of services, at the request of any applicant, recipient, parent of a child who is involved in two or more systems of care, or participating county department or tribal agency, school district, CESA, or county CDE board. The coordinating committee shall adopt written procedures for conducting reviews.
- Establish operational policies and procedures, such as referral and screening procedures, a conflict management policy, and a flexible funding policy, and ensure that the policies and procedures are monitored and adhered to.

- Ensure initiative quality, including adherence to core values as adopted by the state advisory committee.
- Develop a plan for orientation of new coordinating committee members and coordinated services team (CST) members to the CST approach to providing services to a child and his or her family.
- Identify and address gaps in services for enrolled children and families.
- Ensure client and partner agency satisfaction through performance of a client and partner agency satisfaction survey.
- Plan for sustainability of the system change started by the initiative beginning in the first funding year, thereafter by: acting as a consortium to pursue additional funding through state, federal, or private grants; maintaining formal collaborative agency relationships; including families in the process by emphasizing rights and advocacy; addressing funding and issues related to providing required matching funds; and recommending a plan for realized savings from substitute care budgets to be reinvested in community-based care.
- Establish target groups of children who are involved in two or more systems of care and their families to be served by the initiative. For a county or tribe that applies for state funding, severely emotionally disturbed children are required to be a priority target group.
- Distribute information about the availability and operation of the initiative to the general public and to public or private service providers who might seek to make referrals to the initiative.

Other functions. The coordinating committee may also perform other functions, such as directing the initiative coordinator or another person to do any of the following:

- Maintain data of initiative enrollments and screening results.
- Establish and report monitoring and evaluation results.
- Monitor, or ensure proper monitoring by the appropriate entity of, targeted case management and in-home services provided under the Medical Assistance (MA) program.
- Assist in developing and maintaining additional funding sources, including collaborative efforts with system partners.
- Assist in the development and implementation of advocacy for families.

Administering agency. The administering agency is a department designated by a county board of supervisors or by a tribe to administer an initiative. It must assist the coordinating committee in:

- Overseeing the development and implementation of the initiative and designating needed staff.

- Drafting and executing interagency agreements and any other policies and procedures necessary for start-up and operation.
- Distributing information about the initiative's availability and operation to the general public and to public or private service providers who might seek to make referrals.

Also, the agency must develop, in cooperation with the coordinating committee, the application for state funding, if the county board of supervisors or tribe decides to seek such funding. Finally, the agency must perform other activities in compliance with the law and interagency and coordinating committee agreements as are necessary to ensure the initiative's effective and efficient operation.

Interagency agreements. The interagency agreements that the coordinating committee is responsible for preparing must identify every county department, tribal agency, agency, school district, CESA, county CDE board, technical college district, or other organization that will participate. In addition, the agreement must identify services and resources that the participating organizations will commit to or will pursue. This identification shall specify the roles and responsibilities of the CST and the coordinating committee. The agreement must also:

- Designate service coordination agencies.
- Identify target groups of children.
- Specify procedures for outreach, referral, intake, assessment, case planning, and service coordination that the initiative will use.
- Specify criteria that will be used for deciding whether a child and his or her family are eligible for initiative services and resources.
- Specify information among organizations providing treatment, services, education, and other resources to a child and his or her family.
- Specify the procedures that will be used for managing conflicts among service providers or CST members or between a child or his or her family and service providers.
- Designate the methods that will be used to measure initiative effectiveness, including child and family satisfaction, and for revising operations in light of evaluation results.
- State the initiative's mission and core values.
- Outline expectations for organizations represented on the coordinating committee including provision of required matching funds.

Service coordination agencies. A service coordinating agency is a county department, tribe, agency, school district, CESA, or county CDE board designated in an interagency agreement by a coordinating committee to provide intake and service coordination for one or more target groups of children who are involved in two or more systems of care and their families

The service coordination agency must be selected based on its experience in providing services and resources.

The service coordination agency must do all of the following:

- Identify a specific individual to act as service coordinator for each enrolled child and his or her family, to facilitate the implementation of the coordinated services plan of care.
- Provide or arrange for intake, assessment, development of the plan of care, and service coordination.
- Act as a source for information about other services and resources for children and their families who are not eligible for the initiative, if the coordinating committee determines that the service coordination agency can provide the information without interfering with the initiative's primary purpose.

Service coordinator. The service coordinator must assemble a CST to assess the strengths and needs of the child and his or her family's need for treatment, education, care, and support. The service coordinator shall coordinate the operations of the CST.

The service coordinator must also:

- Assemble the results of all prior relevant assessments and evaluations documenting the strengths and needs of an enrolled child and his or her family, including educational, medical, vocational, and psychosocial evaluations.
- Prepare, with the CST and the family of the child, a strength-based, gender-competent and culturally competent, family-centered, coordinated services plan of care within 60 days after the date on which the application was approved.
- Advocate for the child and his or her family and ensure that they are provided the opportunity to participate in assessment, planning, and ongoing review of services to the fullest extent possible.
- Assemble, at least every three months, the CST, the child's family, the child, if appropriate, and any counsel, guardian ad litem, or other person advocating for the interests of the child or the child's family to review the plan of care and progress toward the goals of the plan of care, establish new goals, otherwise modify the coordinated services plan of care to better meet the needs of the child and the child's family.

Coordinated services team (CST). The CST is a group of individuals, including family members, service providers, and informal resource persons, who work together to respond to service needs of a child who is involved in two or more systems of care and his or her family. The CST must assess the strengths and needs of the child and his or her family's need for treatment, education, care, and support. The CST is responsible, with the service coordinator and the child's family, to prepare a strength-based, gender-competent and culturally competent, family-centered, coordinated services plan. The CST must also arrange for additional evaluations of the child, if necessary.

Initiative coordinator. The primary responsibility of the initiative coordinator, who is selected through a process specified by the county board or tribe, is to promote collaborative relationships between systems of care. The initiative coordinator must do all of the following:

- Bring together parents and relevant staff from various agencies and organizations to comprise the coordinating committee and support their activities, in order to ensure compliance with established policies and procedures.
- Work with the coordinating committee to maintain and support agency participation as established in the interagency agreement.
- Work with the coordinating committee and service coordination agency to receive and review referrals.
- Work 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 the child's family.
- Guide the development of the CST working with the child and the child's family in order to ensure compliance with basic principles of the initiative's core values.
- Review plans of care, including crisis response plans, for consistency with the CST approach to providing services and to core values.
- Assist the coordinating committee and the CST in establishing consistent measures for the development, implementation, evaluation, and monitoring of the initiative and its outcomes.
- Facilitate public education and awareness of issues and programs for children who are involved in two or more systems of care and their families.
- Ensure provision of ongoing support and training that is related to the CST process for families, service coordinators, and providers and ensure orientation for CST members.
- Support service providers in developing strategies to enhance existing programs, to increase resources, and to establish new resources relevant to project goals and objectives.
- Ensure that local and state agencies submit data and reports in an accurate and timely manner.
- Perform additional specified duties if directed to do so by the coordinating committee.

Eligibility. Children who are involved in two or more systems of care and their families are eligible for the initiative. However, the coordinating committee may establish specific additional criteria for eligibility for services and may establish certain target groups of children who are involved in two or more systems of care to receive services. If target groups are established, only children falling within the target groups may be enrolled in the initiative.

Eligibility criteria must be based on a community assessment that identifies areas of greatest need for coordinated services. The criteria must give priority to children who are at risk of placement outside the home or who are in an institution and are not receiving community-based coordinated services and other resources, or who would be able to return to community placement or their homes if the services and other resources were provided.

A child or his or her family may not be excluded from services or other resources because of lack of ability to pay.

Referral. Referrals to the initiative may come from county departments, tribal agencies, agencies, school districts, CESAs, county CDE boards, technical college districts, children and juvenile courts, tribal courts, or any other organization. Additionally, a child who is involved in two or more systems of care or the child's family may contact the administering agency or service coordination agency to request services and resources.

Intake. Staff from the service coordination agency or designated individuals must screen the referral to determine if the child and the child's family appear to meet the eligibility criteria and any target group requirements established by the coordinating committee. If the child and family appear to be eligible, the staff shall assist the entity that made the referral, and the parents, in gathering information necessary to prepare an application for the initiative.

Consent for release of information relating to a child shall be obtained from the child's parent, or the child, if appropriate or required by law, or by court order. Consent for participation of a child and family in the initiative and in the initiative evaluation shall be obtained from the child's parent or, if appropriate, the child.

The service coordination agency or individuals designated by the coordinating committee shall review the completed application with the family, and, in light of the eligibility criteria in the interagency agreement and in the statute, determine whether the child and the child's family are eligible for and appropriate for enrollment in the initiative. The service coordination agency or the individuals designated by the coordinating committee shall approve or disapprove each application within 30 days after the date on which the application was completed.

Assessment. If the child and his or her family are found to be eligible for and are enrolled in the initiative, the agency must assign a service coordinator. The service coordinator must assemble a CST to assess the strengths of the child's family and the need for treatment, education, care, and support. The service coordinator shall coordinate the CST's operations.

The service coordinator shall assemble the results of all prior relevant assessments and evaluations documenting the strengths and needs of a child enrolled in the initiative and his or her family, including educational, medical, vocational, and psychosocial evaluations.

Plan of care development. The CST is responsible, with the service coordinator and the child's family, to prepare a strength-based, gender-competent and culturally competent, family-centered, coordinated services plan with the following components:

- An evaluation of the child's present level of functioning expressed in objective terms that will permit ongoing evaluation of the child's progress.

- The short-term and long-term goals to address the needs of the child and the child's family.
- The services and resources needed by the child and the child's family, including the identity of each individual and organization that will be responsible for providing the services and other resources. The coordinated services plan of care shall place emphasis on services and resources that are available through community and informal sources.
- Criteria for measuring the effectiveness and appropriateness of the coordinated services plan of care so that it can be modified as needed to better meet the child's and the child's family's needs. A coordinated services plan of care shall be oriented so as to produce meaningful outcomes and to provide services in the least restrictive setting possible.
- Identification of any administrative or judicial procedures under relevant statutes that may be necessary in order to fully implement the coordinated services plan of care and the individual or organization that will be responsible for initiating those procedures, if any are required.
- Identification of available sources of funding to support the services and other resources needed for the child and the child's family and an allocation of funding responsibility among organizations if more than one organization is responsible for treatment, education, and support services.
- Clear statements articulating the specific needs of the child and family that are to be addressed. Needs may not be stated solely in terms of the need for services but may be described in a strength-based manner with a response that is readily achievable.
- Plans for responding to possible crisis situations that may occur with the child and his or her family.

Appeals. Decisions by the service coordination agency regarding eligibility, enrollment, denial, termination, reduction, or appropriateness of services and decisions by the individuals designated by the coordinating committee regarding eligibility, enrollment, or denial may be appealed to the coordinating committee by a child who is a service applicant or recipient or by the parent or guardian or guardian ad litem of the applicant or recipient. Decisions of the coordinating committee may be appealed to the Department of Health Services (DHS) under ch. 227, Stats.

This does not limit, modify, or expand the rights, remedies, or procedures established in other federal or state law for individuals or families receiving services provided by individual organizations that are participating in the coordinated services plan of care.

State advisory committee. The DHS must establish a state advisory committee with representatives from the following:

- County departments and tribal governing bodies.
- Department of Public Instruction.
- Educational agencies.

- Department of Children and Families (DCF).
- Department of Corrections (DOC).
- Juvenile correctional system.
- Professionals experienced in providing services to children who are involved in two 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 local workforce development board.
- The philanthropy community.
- The technical college system.
- Health care providers.
- Juvenile and children courts.
- Child welfare officials.
- Other appropriate persons as selected by the DHS.

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.

Funding. County boards and tribes may apply for state funds for an initiative. An applicant for state funding must establish severely emotionally disturbed children as a target group for service.

A county or tribe must provide matching funds equaling 20% of the requested funding in order to receive state funds.

Department duties. The DHS is responsible for providing, either directly or through purchase of services, support services to counties and tribes participating in the initiative. The DHS must also evaluate the initiatives funded under this section.

Notwithstanding other eligibility requirements, if the state is funding the initiative in a particular county or for a tribe, the DHS may permit the county or tribe to serve any individual who has a severe disability and who has not reached age 22 and his or her family, if the individual's mental, physical, sensory, behavioral, emotional, or developmental disability or combination of multiple disabilities meets the requirements of a "severe disability." A severe disability means a mental, physical, sensory, behavioral, emotional, or developmental disability, including severe emotional disturbance, or a combination of these disabilities, that is severe in degree; has persisted or is expected to persist for at

least one year; causes substantial limitations in the individual's ability to function in his or her family, school, or community and with his or her ability to cope with the ordinary demands of life; and causes the individual to need services or other resources from two or more systems of care.

2009 WISCONSIN ACT 334

2009 Wisconsin Act 334 made several changes to s. 46.56, Stats., as follows:

- Expands the integrated service program (ISP) for children with severe disabilities coverage to children who are involved with multiple systems of care, as well as their families, and changes the name of the ISP to the “initiative to provide coordinated services.”
- To reflect the expansion of the program's focus, changes the terms “integrated services,” “integrated service plan,” and “interdisciplinary team” to “coordinated services,” “coordinated services plan of care,” and “coordinated services team,” respectively.
- Includes tribes as entities that may administer the CST initiative.
- Provides funding to begin to phase-in the remaining counties and tribes that do not currently operate either an ISP or a CST initiative, to enable these counties and tribes to establish the CST initiative.
- Changes the definition of “interdisciplinary team” to “coordinated services team,” and amends the definition to emphasize the process by which the child's family, service providers, and informal resource persons work together to respond to the needs of the child and family, rather than by describing the characteristics of the individuals on the team.
- Expands the required and optional representatives that serve on the coordinating committee in a county or tribe. The coordinating committee is **required** to have a representative from the agency responsible for economic support programs, in addition to the other members. Additional **optional** representatives include local elected officials and representatives of vocational and technical schools; local businesses; the county board or tribal governing body; regional DHS offices; local faith-based communities; probation and parole agencies; economic support agencies (and the Wisconsin Works agency, if it is a different agency); and vocational rehabilitation programs.
- Expands the duties of the coordinating committee to include:
 - Establishing operational policies and procedures, including a conflict management policy.
 - Ensuring quality, including adherence to core values as adopted by the state advisory committee.
 - Developing a plan for orientation of new coordinating committee members and CST members to the CST process.
 - Identifying and addressing gaps in services.

- Ensuring client and partner agency satisfaction.
- Planning for sustainability of the system change.
- Establish target groups to be served; emotionally disturbed children are required to be a target group.
- Distribute initiative information to the public.
- Creates the role of initiative coordinator. Every county and tribe operating any initiative must develop written policies and procedures specifying the selection process for the initiative coordinator. The initiative coordinator's duties are to:
 - Bring together parents and staff from agencies and organizations to comprise the coordinating committee, and support their activities.
 - Work with the coordinating committee to maintain and support agency participation as established in the interagency agreement.
 - Work with the coordinating committee and service coordination agency to receive and review referrals.
 - Work with the coordinating committee and service coordination agency to assure service coordination for all groups working with the child and the child's family.
 - Guide the development of CSTs working with the child and the child's family to ensure compliance with the basic principles of the CST initiative's core values.
 - Review plans of care.
 - Assist the coordinating committee and family teams in establishing consistent measures for initiative development, implementation, evaluation, and monitoring of the project and outcomes.
 - Facilitate public education and awareness of issues and programming for families and children.
 - Ensure ongoing support and training related to the CST process to families, service coordinators, and providers.
 - Provide support to service providers in developing strategies to enhance existing programs, to increase resources, and to establish new resources.
 - Ensure that local and state agencies submit data and reports in an accurate and timely manner.
- Requires that the interagency agreement identify the mission and core values of the initiative, and expectations for organizations represented on the coordinating committee. It also

requires the agreement, when identifying services and resources committed to the initiative, to identify roles and responsibilities of the CST and the coordinating committee.

- Makes the following changes to the referral, intake, assessment, plan of care development, and service coordination processes:
 - Specifies that the service coordinator must coordinate the operations of the CST.
 - Refers more generally to the assessment results that the service coordinator must assemble (education, medical, vocation, and psychosocial evaluations).
 - Emphasizes that the coordinated services plan of care developed by the service coordinator must be strength-based, gender-competent and culturally competent, and family-centered.
 - Provides that the plan of care must emphasize services and resources that are available through community and informal sources.
 - Provides that the plan of care must be oriented to produce meaningful outcomes and to provide services in the least restrictive setting possible.
 - Provides that the plan must contain clear statements that articulate the child's and family's specific needs.
 - Provides that the plan of care must have plans for responding to possible crisis situations that may occur with the child and the family.
 - Provides that the service coordinator must assemble the CST at least every three months, rather than every six months, to review the plan of care and progress towards goals.
- Deletes a provision that allowed a family support program administering agency to act as the service coordination for the CST, and that allowed an FSP advisory committee to act as the coordinating committee.
- Requires the coordinating committee to establish formal, written conflict management policy.
- Adds, to the statewide advisory committee, representatives of the DCF and DOC; the juvenile correctional system; a local workforce development board; and the philanthropy community. It also requires the committee to establish principles and core values for administering initiatives.
- Increases the annual appropriation to DHS to provide grants to counties for CST initiatives by \$1,466,000 in general purpose revenue.

If you have any questions, please feel free to contact me directly at the Legislative Council staff offices. My telephone number is (608) 266-9791.

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