

**Act 334 – The Coordinated Services Team (CST) Initiative Legislation
Changes Made to 46.56 and Implications for Sites**

Sources: Assembly Bill 296, Act 334, and ss 46.56

Updated 7/19/10

Sections of 2009 WI Act 334, 5/26/10 are referenced in italics	Summary of Significant Changes to Law	Implications for Sites
<p>1. Semantics <i>Note: see Sections 5 – 26 for updated definitions</i></p>	<ul style="list-style-type: none"> The name of the program is changed to the CST initiative. 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. 	<p>Consistency statewide when referring to components of the team process.</p>
<p>2. Target Group <i>Section 35</i></p>	<p>Expands the target group to children who are involved in 2 or more systems of care, as well as their families.</p>	<p>A diagnosis of Severe Emotional Disturbance (SED) is no longer <i>required</i> for involvement. However, one duty of the coordinating committee is to target groups of children involved in 2 or more systems of care and their families to be served. According to the law, <i>severely emotionally disturbed children are required to be a priority target group.</i></p>
<p>3. Coordinating Committee Membership <i>Sections 28 - 31</i></p>	<p>Modifies the required membership for the coordinating committee to include membership options if coordinated services initiatives are established by a tribe. In addition, modifies the provision relating to the parent members to provide that the parents must be parents of a child who is involved in 2 or more systems of care. Under current law, each parent member must be a parent of a child with severe disabilities. Also adds the agency responsible for economic support programs to the required list of members.</p>	<p>Required membership (<i>significant changes/additions are italicized</i>): county department (CD) responsible for child welfare & protection services, CD responsible for providing mental health & AODA services, CD responsible for developmental disability services, the family support program, the juvenile court administrator or other representative appointed by the judge, the largest school district in the county & the CESA agency, <i>for tribal initiatives: the school district serving the majority of pupils who reside on the reservation and any CESA providing special education services to these pupils</i>, at least 2 parents of children who are involved in two or more systems of care (or 25% of membership), <i>the agency responsible for economic support programs.</i></p>

	Expands optional/discretionary membership options.	Discretionary membership (<i>italicized text signifies a change/addition</i>): representatives of: vocational rehabilitation office, technical college district, health maintenance organizations, law enforcement agencies, agencies located in the county (?), <i>local elected officials, vocational & technical school, local businesses, county board, regional offices of the department, faith-based community, probation and parole, economic support agencies & Wisconsin Works</i>
4. Coordinating Committee Responsibilities <i>Sections 33 – 39</i>	Expands the duties of the coordinating committee, making the following duties that were optional now mandatory: <ul style="list-style-type: none"> • Establish target groups of children involved in 2 or more systems of care and their families to be served. Severely emotionally disturbed children are required to be a priority target group. • Assist the administering agency in developing the application for CST funding. 	Summary of Current responsibilities that are mandatory requirements: <ul style="list-style-type: none"> • Prepare interagency agreements for the creation and operation of a CST initiative. • Establish target groups of children involved in 2 or more systems of care and their families to be served. Severely emotionally disturbed children are required to be a priority target group. (<i>was optional before</i>) • Assess how the CST initiative relates to other service coordination programs operating at the county, tribal, or local level. • Assist the administering agency in developing the application for CST funding. (<i>was optional before</i>) • Review determinations by the service coordination agency regarding program eligibility, appropriate family resources, and funding of services. Summary of expanded mandatory duties of the coordinating committee include: <ul style="list-style-type: none"> • Plan for sustainability of the system change in the first year of funding; act as a consortium to pursue additional funding; maintain formal collaborative agency relationships; including families in the process by emphasizing rights and advocacy; address funding issues related to providing match funds; recommend a plan for realized savings from substitute care budgets to be reinvested in community-based care. • Establishing operational policies and procedures such as referral & screening procedures, conflict management policy, flexible funding policy; ensure policies and

	<p>Permits the coordinating committee to direct the initiative coordinator or another person to perform specified additional duties.</p>	<p>procedures are monitored & adhered to.</p> <ul style="list-style-type: none"> • 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 through performance of a client and partner satisfaction survey. • Distribute information about the initiative to the general public <p>The coordinating committee may direct the initiative coordinator or another person to do any of the following:</p> <ul style="list-style-type: none"> • Maintain enrollment data and results of screening • Establish & report monitoring and evaluation results • Monitor targeted case management and in-home services including record-keeping and billing processes • Assist in developing and maintaining additional funding sources • Assist in the development and implementation of advocacy for families.
<p>5. Administering Agency, and</p> <p>6. Role of the Administering Agency</p> <p><i>Section 40</i></p>	<p>Includes tribes as entities that may administer the CST initiative.</p> <p>Modifies the role of the administering agency. Responsibilities are similar; the change is that the administering agency is now directed to “assist the coordinating committee” in these responsibilities (instead of working independently of the committee).</p>	<p>46.56 only identified counties as entities that could administer the initiative.</p> <p>Summary of Responsibilities of the Administering Agency:</p> <ul style="list-style-type: none"> • Assist the coordinating committee in overseeing the development and implementation of the initiative and designate the staff needed for the initiative • Assist in drafting the interagency agreement and other policies and procedures • Assist in distributing information about the availability and

		<p>operation of the initiative to the general public</p> <ul style="list-style-type: none"> • If seeking state funding, develop the application in cooperation with the coordinating committee • Other activities at the direction of the committee as necessary to ensure the effective and efficient operation of the initiative.
<p>7. Interagency Agreement</p> <p><i>Sections 41 & 42</i></p>	<p>Modifies items to be included in the interagency agreement. Additions include:</p> <ul style="list-style-type: none"> • The mission and core values of the initiative • Expectations for organizations represented on the coordinating committee, including provision of the funding match requirement 	<p>Summary of Items to be included in the Interagency Agreement: (<i>significant changes/additions are italicized</i>):</p> <ul style="list-style-type: none"> • Identification of all organizations that will participate in the initiative • Identification of services & resources that participating organizations will commit; including the identification of the roles & responsibilities of the committee • Identification of target group • Procedures for outreach, referral, intake, assessment, case planning, and service coordination • Eligibility criteria • Procedures for obtaining authorization for sharing of confidential information • Conflict management procedures • Methods used to measure initiative effectiveness including family satisfaction • <i>The mission and core values of the initiative</i> • <i>Expectations for organizations represented on the coordinating committee, including provision of the funding match requirement</i>
<p>8. Roles of the Service Coordination Agency</p> <p><i>Sections 43 - 48</i></p>	<p>Creates a requirement that every county and tribe that operates any initiative develop written policies and procedures specifying the selection process for the initiative coordinator.</p>	<p>Summary of Roles of the Service Coordination Agency (<i>significant changes/additions are italicized</i>):</p> <ul style="list-style-type: none"> • Identify an individual to act as service coordinator for each child enrolled • Provide or arrange for intake, assessment, plan of care

		<p>development, and service coordination</p> <ul style="list-style-type: none"> • Act as a source for information about other services & resources • <i>Every county and tribe that operates any initiative shall develop written policies and procedures specifying the selection process for the initiative coordinator.</i>
<p>9. Roles of the Initiative Coordinator <i>Section 49</i></p>	<p>Creates the role of initiative coordinator, and defines the initiative coordinator's duties (listed to the right).</p>	<p>Summary of Roles of the Initiative Coordinator:</p> <ul style="list-style-type: none"> • 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.
<p>10. Eligibility of Children & Families</p> <p><i>Section 50</i></p>	<p>Expands the target group to children who are involved in 2 or more systems of care, as well as their families.</p>	<p>Summary of Eligibility Requirements:</p> <ul style="list-style-type: none"> • Children who are involved in 2 or more systems of care. The coordinating committee may establish specific criteria and may establish certain target groups to receive services. • Any eligibility criteria shall meet all of the following conditions: <ul style="list-style-type: none"> • Be based on a community assessment that identifies areas of greatest need • Give priority to children who are at risk of out of home placement or who are in an institution • Not exclude a child because of lack of ability to pay
<p>11. Referral</p> <p><i>Section 52 (a) – (f)</i></p>	<p>Remains basically the same. Summary of changes:</p> <ul style="list-style-type: none"> • The entity/person(s) responsible is expanded from the “service coordination agency” to “the service coordination agency or individuals designated by the coordinating committee”. • The family must be involved in the review of the completed application • Specifies that it is the role of the service coordinator to coordinate the operations of the coordinated services team 	<p>Summary of Referral Process</p> <ul style="list-style-type: none"> • Referrals can come from various agencies or family members • Upon referral the referral shall be screened to determine if eligibility criteria are met. If child/family appears eligible, staff assist referring agency and family in gathering information necessary for an application. • Consent for release of information shall be obtained • The completed application shall be reviewed by the service coordination agency or individuals designated by the coordinating committee with the family, and approved or disapproved within 30 days of the completed application • If not enrolled, staff from the service coordination agency or individuals designated by the coordinating committee shall assist the family in identifying and accessing needed services or resources • If enrolled, a service coordinator shall be assigned who will assemble a CST team to begin the assessment process.
<p>12. Assessment, Plan of Care, and Transition</p>	<p>Summary of changes:</p> <ul style="list-style-type: none"> • The types of information to be assembled/collected during the assessment process are simplified. 	<p>Summary of the Assessment & Plan of Care Process:</p> <ul style="list-style-type: none"> • Service coordinator assembles results of relevant assessments & evaluations

Section 52 (g) –
Section 59

- The assessment is described as “a summary of existing assessments of strengths and needs”
- It specifies that the plan of care be strength-based, gender and culturally competent, and family centered.
- It is also added that the plan of care shall emphasize services and resources that are available through community and informal sources.
- Specifies that the plan of care be oriented so as to produce meaningful outcomes and provide services in the least restrictive setting possible.
- Provisions related to arranging for additional evaluations, submitting the plan of care to providers, and plan implementation have been simplified.
- Organizations or service providers designated to provide services and resources in the plan no longer have to be a members of the team, rather they must identify a specific contact person
- Changes how often the team must meet to review the plan of care from at least every 6 months to “on a regular bases and at least every 3 months”.
- Reasons for team closure are modified. Summary of changes:
 - Language is changed from “services...may be terminated” to “coordination of services...may be ended”
 - The following reason for termination have been eliminated: “Services are not in the child’s best interest”
 - The following reason has been added: “by the family’s refusal to participate in the process”

- The team, family, and service coordinator review the assessment summary of strengths and needs, and prepare a plan of care within 60 days of approval of the application

Summary of what the Plan of Care shall include (*significant changes/additions are italicized*):

- Short and long-term goals
- Services and resources and who is responsible for providing them (*emphasis must be places on community and informal services and resources*)
- Criteria for measuring effectiveness and appropriateness of the plan (*plans must be oriented toward producing meaningful outcomes, and services provided in the least restrictive setting possible*).
- Identification of any administrative or judicial procedures under ch. 48, 51, 55, 115, 118 or 938 that may be necessary to implement the plan and the person responsible
- Identification of available sources of funding to support the services and resources and funding responsibility

Summary of provisions related to arranging additional evaluations, submission and implementation of the plan of care (*significant changes/additions are italicized*):

- Additional evaluations, if needed, shall be arranged for by the team
- Plan of care is submitted to providers who are included in the plan
- Upon written approval of the family, team, and proposed service providers, the plan of care is implemented
- *Each organization or provider in the plan shall specify someone as a contact person (Note: 46.56 specified they must specify someone to be a team member)*
- The service coordinator shall advocate for the child & family, ensuring they are involved in the team process
- Services and resources are to be provided in the community, in the least restrictive setting that meets the

		<p>best interests of the child</p> <ul style="list-style-type: none"> • Team shall meet to review the plan of care <i>on a regular basis, at least every 3 months (Note: 46.56 specified at least every 6 months)</i> • Coordination of services provided by a team may be ended: <ul style="list-style-type: none"> • By agreement that the goals have been met <i>or are being met</i> • By withdrawal of the family • By the service coordination agency upon a recommendation from the service coordinator and team • By the family's refusal to participate in the process • If the child or family are no longer eligible • By court order if services are being provided under court order
13. Immediate Care <i>Section 60</i>	Remains basically the same. Strengthens language from "may" to "shall" (see updated language in right column).	Individual county departments, tribal agencies, other agencies, and other service providers shall provide immediate services and other resources as necessary to children...who have been referred for an evaluation of eligibility...while assessment and planning take place.
14. Relation to Other Programs <i>Section 61 (10)</i>	Expands specific programs with which initiatives shall coordinate its activities.	In addition to the family support program, CST initiatives shall also coordinate its activities with "other support programs, including comprehensive community services or office of justice assistance programs".
15. Conflict Management <i>Section 61 (11)</i>	Adds that, "A formal conflict management policy shall be established in writing by the coordinating committee for use by families, providers, and other individuals in the initiative."	Directs the coordinating committee to develop a formal conflict management policy.
16. Administrative Appeals <i>Section 61 (12)</i>	Remains basically the same.	Remains basically the same.
17. Review of	Remains basically the same.	Remains basically the same.

<p>Actions by Individual Agencies</p> <p><i>Section 61 (13)</i></p>		
<p>18. Duties of Department</p> <p><i>Sections 62 – 64</i></p>	<p>Expands membership of the state advisory committee to include tribal governing bodies, the department of children and families, the department of corrections, the juvenile correctional system, a representative of the local workforce development board, and a representative of the philanthropy community.</p> <p>Also directs the committee to “establish principles and core values for administering initiatives”.</p> <p>Other duties of the Department outlined in Sections 62 – 64 remain basically the same.</p>	<p>No direct implications for sites.</p>
<p>19. Evaluation</p> <p><i>Sections 65 - 71</i></p>	<p><i>Details are being worked on by the Department</i></p>	<p><i>Details are being worked on by the Department</i></p>
<p>20. Funding</p> <p><i>Sections 72 – 78</i></p>	<p><i>Details are being worked on by the Department</i></p>	<p><i>Details are being worked on by the Department</i></p>

Note: Sections 1 – 4 as well as Sections 79 – 94 of Act 334 refer to updates in state statutes other than 46.56