

## **46.56 Initiatives to provide coordinated services for children and families.**

**(1)** DEFINITIONS. In this section:

**(a)** "Administering agency" means a department designated by a county board of supervisors, by the Milwaukee County mental health board in Milwaukee County, or by a tribe to administer an initiative.

**(ar)** "Advocacy" means all of the following:

1. Actively supporting a child who is involved in 2 or more systems of care and his or her family under an initiative to enable their receipt of the full benefits of the initiative by ensuring that the coordinated services team approach to providing services and principles are followed.

2. Helping families of a child who is involved in 2 or more systems of care gain access to and a voice in the decision making that establishes the child's and family's plan of care.

3. Fostering strong working relationships among families, systems of care, and providers, with the goal of improving the lives of children who are involved in 2 or more systems of care and their families.

**(b)** "Agency" means a public, tribal, or private organization that provides services and other resources for children and families.

**(bm)** "Child" means an individual under the age of 18.

**(ce)** "Coordinated services" means treatment, education, care, services, and other resources provided, in a coordinated manner, for a child who is involved in 2 or more systems of care and his or her family.

**(cm)** "Coordinated services plan of care" means a plan under sub. [\(8\) \(h\)](#) for a child who is involved in 2 or more systems of care and his or her family.

**(cs)** "Coordinated services team" means 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 2 or more systems of care and his or her family.

**(d)** "County department" means a county department under s. [46.215](#), [46.22](#), [46.23](#), [51.42](#) or [51.437](#), unless the context requires otherwise.

**(de)** "Family" means a child's primary caregiver or caregivers and the child's siblings.

**(dm)** "Family resources" means housing, environment, institutions, sources of income, services, education, a child's extended family and community relationships, and other resources families need to raise their children.

**(ds)** "Initiative" means a system that is based on the strengths of children and their families for providing coordinated services to children who are involved in 2 or more systems of care and their families.

**(e)** "Intake" means the process by which a service coordination agency or individuals designated by the coordinating committee under sub. [\(3\)](#) initially screen a child who is involved in 2 or more systems of care and his or her family to determine eligibility for an initiative and the process by which the service coordination agency determines the need for a comprehensive clinical mental health assessment.

**(h)** "Interagency agreement" means a written document of understanding among service providers and other partner agencies that are represented on a coordinating committee under sub. [\(3\)](#) that identifies mutual responsibilities for implementing coordinated services for children who are involved in 2 or more systems of care and their families.

**(hm)** "Multi-entity initiative" means an initiative including more than one county or tribe that is established under sub. [\(2\) \(b\)](#).

**(j)** "Parent" means a parent who has legal custody, as defined in s. [767.001 \(2\)](#), of a child, or a guardian or legal custodian of a child, as defined in s. [48.02 \(8\)](#) and [\(11\)](#).

**(L)** "Service coordination" means the coordination of multiple service providers and family resources that are serving a particular child who is involved in 2 or more systems of care and his or her family. The term includes coordination of the assessment process, development of a coordinated services plan of care based on the strengths and needs identified in the assessment, advocacy, monitoring of the progress of the child or his or her family, facilitation of periodic reviews of the coordinated services plan of care, and coordination and maintenance of clear lines of communication among all family resources providers, the child, and his or her family.

**(m)** "Service coordination agency" means a county department, tribe, agency, school district, cooperative educational service agency, or county children with disabilities education board designated in an interagency agreement by a coordinating committee under sub. (3) to provide intake and service coordination for one or more target groups of children who are involved in 2 or more systems of care and their families.

**(n)** "Service coordinator" means an individual who is qualified by specialized training and experience with children who are involved in 2 or more systems of care and their families and who is appointed by the service coordination agency to provide service coordination for eligible children and their families.

**(nm)** "Service provider" means a professional from a system of care who meets one or more of the following criteria:

1. Is skilled in providing treatment services, education, and other family resources for children who are involved in 2 or more systems of care and their families.

2. Conducts comprehensive evaluations of the needs of children who are involved in 2 or more systems of care and their families for family resources.

3. Possesses skills appropriate for and knowledge of the specific types of needs or dysfunctions presented by a child who is involved in 2 or more systems of care and is undergoing an assessment.

4. Is currently providing treatment, education, or other family resources for a child who is involved in 2 or more systems of care, a family of such a child, or both.

**(om)** "Severe disability" means a mental, physical, sensory, behavioral, emotional, or developmental disability, including severe emotional disturbance, or a combination of these disabilities, that meets all of the following conditions:

1. Is severe in degree.

2. Has persisted for at least one year or is expected to persist for at least one year.

3. Causes substantial limitations in a child'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.

4. Causes a child to need services or other resources from 2 or more systems of care.

**(op)** "Severely emotionally disturbed child" has the meaning given in s. 49.45 (25) (a).

**(or)** "System of care" means a public or private organization that provides specialized services for children with mental, physical, sensory, behavioral, emotional, or developmental disabilities or that provides child welfare, juvenile justice, educational, economic support, alcohol or other drug abuse, or health care services for children.

**(p)** "Treatment services" means the individualized social, emotional, behavioral and medical services designed to bring about habilitation, rehabilitation and appropriate developmental growth of a child.

**(q)** "Tribe" means a federally recognized American Indian tribe or band in this state.

**(2)** COORDINATING COMMITTEE; ADMINISTERING AGENCY; INITIATIVE FUNDING.

**(a)** Except as provided in par. (b), if a county board of supervisors or the Milwaukee County mental health board establishes an initiative under s. 59.53 (7) or if a tribe establishes an initiative, the county board, Milwaukee County mental health board, or tribe shall appoint a coordinating committee and designate an administering agency. The initiative may be funded by the county or tribe or the county board of supervisors, Milwaukee County mental health board, or tribe may apply for funding by the state in accordance with sub. (15).

**(b)** A county may enter into an agreement with one or more other counties or tribes to establish an initiative and a tribe may enter into an agreement with one or more counties or tribes to establish an initiative. The parties to the agreement shall designate in the agreement a single lead administrative county or lead administrative tribe. The county board of the lead administrative county, the Milwaukee County mental health board, if Milwaukee County is the lead administrative county, or the lead administrative tribe shall appoint a coordinating committee and designate an administering agency. The initiative may be funded by the participating entities, or the county board of supervisors of the lead administrative county, the Milwaukee County mental health board, if Milwaukee County is the lead administrative county, or the lead administrative tribe may apply for funding by the state in accordance with sub. (15).

**(3) COORDINATING COMMITTEE.**

**(a)** The coordinating committee shall include representatives from all of the following:

1. The county department responsible for child welfare and protection services or, for an initiative established by a tribe, the tribal agency responsible for child welfare and protection services.

2. 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 tribal agency responsible for these services.

3. The county department responsible for providing services for children who have developmental disability or, for an initiative established by a tribe, the tribal agency responsible for providing these services.

4. The family support program under s. [46.985](#) if the county or tribe has a family support program.

5. The juvenile court administrator or another representative appointed by the judge responsible for cases heard under chs. [48](#) and [938](#) or, for an initiative established by a tribe, a representative of the tribal court.

6. The largest school district in the county and any cooperative educational service agency, if it provides special education in the county, or any county children with disabilities education 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 of the tribe or on trust lands held for the tribe and any cooperative educational service agency providing special education services to these pupils.

7. At least 2 parents, or the number that equals 25% of the coordinating committee's membership, whichever is greater, of children who are involved in 2 or more systems of care.

8. The agency responsible for economic support programs.

**(b)** The coordinating committee may include any of the following:

1. Representatives of the vocational rehabilitation office that provides services to the county or, for an initiative established by a tribe, that provides services to the tribe.

2. Representatives of a technical college district that is located in the county or, for an initiative established by a tribe, that serves members of the tribe.

3. Physicians specializing in care for children.

4. Representatives of health maintenance organizations that are operating in the county or, for an initiative established by a tribe, are serving members of the tribe.

5. Representatives of law enforcement agencies that are located in the county or, for an initiative established by a tribe, are representatives of a tribal law enforcement agency.

6. Representatives of the county health department established under s. [251.02 \(1\)](#) or city-county health department established under s. [251.02 \(1m\)](#).

7. Representatives of agencies that are located in the county or, for an initiative established by a tribe, are serving members of the tribe.

8. Local elected officials.

9. Representatives of a vocational and technical school.

10. Local business representatives.

11. Representatives of the county board or, in Milwaukee County, the Milwaukee County mental health board or, for an initiative established by a tribe, representatives of the elected governing body of the tribe.

12. Representatives of the regional offices of the department.

13. Representatives of the local faith-based community.

14. Representatives of probation and parole agencies.

15. Representatives of economic support agencies and the Wisconsin Works agency under subch. [III of ch. 49](#), if a different agency.

16. Representatives of vocational rehabilitation programs.

**(bm)**

1. The coordinating committee of a multi-entity initiative shall include representatives described under par. (a) 1. to 7. who are from any county or tribe included in the multi-entity initiative, except that, of the representatives described under par. (a) 1. to 7., the committee shall include at least one representative from each county or tribe included in the initiative.

2. For purposes of a coordinating committee appointed for a multi-entity initiative, a representative under par. (b) 1., 2., 4., 5., 6., 7., and 11. may be from any county or tribe included in the multi-entity initiative.

(c) An existing committee within the county may serve as the coordinating committee if it has the membership required under par. (a) and agrees to undertake the responsibilities in par. (d).

(d) The coordinating committee shall:

3. Oversee the development and implementation of the initiative.

4. Prepare one or more interagency agreements in accordance with sub. (5) that all participatory organizations in the initiative agree to follow in creating and operating an initiative.

5. Assess how the initiative relates to other service coordination programs operating at the county, tribal, or local level and take steps to work with the other service coordination programs and to avoid duplication of activities, services, and resources.

6. If a county or tribe or a multi-entity initiative applies for funding under sub. (15), assist the administering agency in developing the application required under sub. (15) (b).

7. 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 2 or more systems of care, or participating county department or tribal agency, school district, cooperative educational service agency, or county children with disabilities education board. The coordinating committee shall adopt written procedures for conducting reviews.

8. 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.

9. Ensure quality, including adherence to core values as adopted by the state advisory committee established under sub. (14) (a).

10. Develop a plan for orientation of new coordinating committee members and coordinated services team members to the coordinated services team approach to providing services to a child and his or her family.

11. Identify and address gaps in services for children and families who are enrolled in the initiative.

12. Ensure client and partner agency satisfaction through performance of a client and partner agency satisfaction survey.

13. Plan for sustainability of the system change started by the initiative beginning in the first year of any funding received for the initiative and thereafter by acting as a consortium to pursue additional funding for the initiative through grants from the state or federal government or private foundations; maintaining formal collaborative agency relationships; including families in the process by emphasizing rights and advocacy; addressing funding and issues related to providing matching funds required under sub. (15) (c); and recommending a plan for realized savings from substitute care budgets to be reinvested in community-based care.

14. Establish target groups of children who are involved in 2 or more systems of care and their families to be served by the initiative. For a county or tribe or a multi-entity initiative that applies for funding under sub. (15), severely emotionally disturbed children are required to be a priority target group.

15. 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.

(e) The coordinating committee may direct the initiative coordinator or another person to do any of the following:

1. Maintain data of enrollments in the initiative and results of screening.

2. Establish and report monitoring and evaluation results.

3. Monitor, or ensure proper monitoring by the appropriate entity of, targeted case management and in-home services provided under the Medical Assistance Program, under subch. [IV of ch. 49](#), including record-keeping and billing processes.

4. Assist in developing and maintaining additional funding sources, including collaborative efforts with system partners.

5. Assist in the development and implementation of advocacy for families.

(f) This subsection does not apply with respect to multi-entity initiatives to the extent that the department has adopted requirements under sub. [\(14\) \(e\)](#) that conflict with those contained in this subsection.

(4) **ROLE OF ADMINISTERING AGENCY.** Except when otherwise provided in requirements established by the department under sub. [\(14\) \(e\)](#) that apply with respect to multi-entity initiatives, the administering agency designated under sub. [\(2\)](#) shall do all of the following:

(a) Assist the coordinating committee in overseeing the development and implementation of the initiative and designate the staff needed for the initiative.

(b) Assist the coordinating committee in drafting and executing interagency agreements and any other policies and procedures necessary for the start-up and operation of the initiative.

(c) Assist the coordinating committee in distributing 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.

(d) If the county board of supervisors, Milwaukee County mental health board, or tribe or a multi-entity initiative decides to seek state funding under sub. [\(15\)](#), develop the application in cooperation with the coordinating committee.

(e) Undertake such other activities in compliance with other statutes, rules, department guidelines, interagency agreements, and the directions of the coordinating committee as are necessary to ensure the effective and efficient operation of the initiative.

(5) **INTERAGENCY AGREEMENT.** Except when otherwise provided in requirements established by the department under sub. [\(14\) \(e\)](#) that apply with respect to multi-entity initiatives, an interagency agreement shall include all of the following:

(a) The identity of every county department, tribal agency, agency, school district, cooperative educational service agency, county children with disabilities education board, technical college district, or other organization that will participate in the initiative.

(b) The identification of services and resources that the participating organizations will commit to the initiative or will seek to obtain, including joint funding of services and resources and funding for the qualified staff needed to support the initiative, such as by cash or contribution of in-kind services and resources as determined by the department under sub. [\(15\) \(c\)](#). This identification shall specify the roles and responsibilities of the coordinated services team and the coordinating committee.

(c) The designation of service coordination agencies.

(d) The identification of any group of children who will be targeted for services and resources through the initiative.

(e) The procedures for outreach, referral, intake, assessment, case planning, and service coordination that the initiative will use.

(f) The specific criteria, based on sub. [\(7\)](#), that will be used for deciding whether a child and his or her family are eligible for services and resources through the initiative.

(g) The procedures to be followed to obtain any required authorizations for sharing of confidential information among organizations providing treatment, services, education, and other resources to a child and his or her family.

(h) The procedures that will be used for managing conflicts among service providers or coordinated services team members or between a child or his or her family and service providers.

(i) The methods that will be used to measure initiative effectiveness, including satisfaction of a child and his or her family, and for revising the operation of the initiative in light of evaluation results.

(j) The mission and core values of the initiative.

(k) Expectations for organizations represented on the coordinating committee under sub. (3), including provision of the funding match required under sub. (15)(c).

(6) ROLES OF SERVICE COORDINATION AGENCY, SERVICE COORDINATOR, INITIATIVE COORDINATOR, AND COORDINATED SERVICES TEAM.

(a) One or more service coordination agencies may participate under the initiative. The organizations and the target groups that are to be served shall be identified in the interagency agreement under sub. (5). All of the following applies to a service coordination agency:

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

2. The service coordination agency shall do all of the following:

a. Identify a specific individual to act as service coordinator for each child who is enrolled in the initiative and his or her family to facilitate the implementation of the coordinated services plan of care.

b. Provide or arrange for intake, assessment, development of the plan of care, and service coordination under sub. (8).

c. Act as a source for information about other services and resources for children who are involved in 2 or more systems of care 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 primary purpose of the initiative.

(b) The service coordinator shall have the functions specified in sub. (8)(f) to (h), (n), and (r).

(c) The coordinated services team has the functions specified under sub. (8)(f), (h), and (i).

(cr)

1. Except as provided in subd. 2., every county and tribe that operates any initiative shall develop written policies and procedures specifying the selection process for the initiative coordinator.

2. For a multi-entity initiative, the lead administrative county or the lead administrative tribe shall develop the written policies and procedures under subd. 1. specifying the selection process for the initiative coordinator.

(d) The primary responsibility of the initiative coordinator is to promote collaborative relationships between systems of care. The initiative coordinator shall do all of the following:

1. Bring together parents and relevant staff from various agencies and organizations to comprise the coordinating committee under sub. (3)(a) and (b), and support their activities, in order to ensure compliance with established policies and procedures specified in sub. (3)(d).

2. Work with the coordinating committee to maintain and support agency participation as established in the interagency agreement.

3. Work with the coordinating committee and service coordination agency to receive and review referrals.

4. 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 his or her family.

5. Guide the development of the coordinated service team working with the child and his or her family in order to ensure compliance with basic principles of the initiative core values.

6. Review plans of care, including crisis response plans, for consistency with the coordinated services team approach to providing services to a child and his or her family and core values.

7. Assist the coordinating committee and coordinated services teams in establishing consistent measures for the development, implementation, evaluation, and monitoring of the initiative and its outcomes.

8. Facilitate public education and awareness of issues and programs for children who are involved in 2 or more systems of care and their families.

9. Ensure provision of ongoing support and training that is related to the coordinated services team process for families, service coordinators, and providers and ensure orientation for coordinated services team members.

10. Support service providers in developing strategies to enhance existing programs, to increase resources, and to establish new resources relevant to project goals and objectives.

11. Ensure that local and state agencies submit data and reports in an accurate and timely manner.

12. If directed to do so by the coordinating committee, perform any of the duties set forth in sub. (3) (e).

(e) This subsection does not apply with respect to multi-entity initiatives to the extent that the department has adopted requirements under sub. (14) (e) that conflict with those contained in this subsection.

(7) ELIGIBILITY OF CHILDREN AND FAMILIES. Except when otherwise provided in requirements established by the department under sub. (14) (e) that apply with respect to multi-entity initiatives, children who are involved in 2 or more systems of care and their families shall be eligible for the initiative, except that the coordinating committee may establish specific additional criteria for eligibility for services and may establish certain target groups of children who are involved in 2 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. Any eligibility criteria shall meet all of the following conditions:

(a) Be based on a community assessment that identifies areas of greatest need for coordinated services.

(b) Give priority to children who are at risk of placement outside the home or who are in an institution and are not receiving coordinated services based in the community and other resources, or who would be able to return to community placement or their homes from an institutional placement if the services and other resources were provided.

(c) Not exclude a child or his or her family from services or other resources because of lack of ability to pay.

(8) REFERRAL, INTAKE, ASSESSMENT, PLAN OF CARE DEVELOPMENT, AND SERVICE COORDINATION.

(a) Referrals to the initiative may come from county departments, tribal agencies, agencies, school districts, cooperative educational service agencies, county children with disabilities education boards, technical college districts, courts assigned to exercise jurisdiction under chs. 48 and 938, tribal courts, or any other organization, or a child who is involved in 2 or more systems of care or his or her family may contact the administering agency or service coordination agency to request services and resources.

(b) Upon referral, staff from the service coordination agency or individuals designated by the coordinating committee shall screen the referral to determine if the child and his or her family appear to meet the eligibility criteria and any target group requirements established by the coordinating committee. If the child and his or her family appear to be eligible, the staff shall assist the entity that made the referral under par. (a), and the parent or parents, in gathering information necessary to prepare an application for the initiative.

(c) 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 federal statute or regulation or state statute or rule, or by order of a court with appropriate jurisdiction.

(cm) Consent for participation of a child and his or her family in the initiative and in the initiative evaluation shall be obtained from the child's parent or, if appropriate, the child.

(d) 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 sub. (7), determine whether the child and his or her 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.

(e) If the child who is involved in 2 or more systems of care and his or her family are found to be ineligible, or if it is determined that enrollment in the initiative is not the best method of meeting the needs of the child and his or her family, staff from the service coordination agency or individuals designated by the coordinating committee shall assist the child and family in identifying and accessing needed services or resources from appropriate providers.

(f) If the child and his or her family are found to be eligible for and are enrolled in the initiative, the agency shall assign a service coordinator who shall assemble a coordinated services team 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 coordinated services team.

**(g)** 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.

**(h)** The coordinated services team, the family of the child enrolled in the initiative, and the service coordinator shall, based on a review of a summary of existing assessments of strengths and needs that have been assembled and any additional evaluations and plans that the team, the coordinator, or the family finds to be necessary, prepare 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. The coordinated services plan of care shall include all of the following:

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

2. The short-term and long-term goals to address the needs of the child and his or her family.

3. The services and resources needed by the child and his or her 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.

4. 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.

5. Identification of any administrative or judicial procedures under ch. [48](#), [51](#), [55](#), [115](#), [118](#), or [938](#) that may be necessary in order to fully implement the coordinated services plan of care and the identity of the individual or organization that will be responsible for initiating those procedures, if any are required.

6. Identification of available sources of funding to support the services and other resources needed for the child and his or her family and an allocation of funding responsibility among organizations if more than one organization is responsible for the child's and his or her family's treatment, education and support services.

7. 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.

8. Plans for responding to possible crisis situations that may occur with the child and his or her family.

**(i)** If additional evaluations are needed, the coordinated services team shall arrange for them or assist the child's family in obtaining them.

**(j)** The proposed coordinated services plan of care shall be submitted to any service providers who are included in the proposed plan of care.

**(k)** Upon written approval of the coordinated services plan of care by the proposed service providers, the child's family, and the coordinated services team, the plan of care shall be implemented by the service coordination agency and the individuals and organizations designated to provide services and other resources under the plan of care.

**(m)** Each organization or service provider designated to provide services and other resources under the coordinated services plan of care shall identify a specific individual who shall serve as the ongoing contact person to ensure continuity and communication while services are being provided to the child and his or her family under the plan of care.

**(n)** The service coordinator shall 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.

(o) Services and other resources under this section shall be provided in the community, preferably in the child's home or home community, in the least restrictive and least intrusive setting and manner that meets the best interests of the child.

(r) On a regular basis, and at least every 3 months, the service coordinator shall assemble the coordinated services team, the family of the child, the child if appropriate, and any counsel, guardian ad litem, or other person advocating for the interests of the child or his or her family to review the plan of care and progress toward the goals of the plan of care, establish new goals, request the inclusion of new participating organizations or individuals, or otherwise modify the coordinated services plan of care to better meet the needs of the child and his or her family. Decisions to amend the coordinated services plan of care must be approved by the service coordinator, the coordinated services team, the family and, if the plan of care is being provided under a court order, the court.

(s) Coordination of services by a coordinated services team may be ended by the agreement of all participants on the coordinated services team that the goals of treatment and support have been met or are being met; by withdrawal of the family of the child; by the service coordination agency upon a recommendation from the service coordinator and the coordinated services team; by the family's refusal to participate in the process; if the child and his or her family no longer meet the eligibility criteria for the coordinated services team; or by court order, if services are being provided under court order.

(t) This subsection does not apply with respect to multi-entity initiatives to the extent that the department has adopted requirements under sub. (14) (e) that conflict with those contained in this subsection.

(9) IMMEDIATE CARE. Individual county departments, tribal agencies, other agencies, and other service providers shall provide immediate services and other resources as necessary and appropriate to children who are involved in 2 or more systems of care and their families who have been referred for an evaluation of eligibility for and appropriateness of enrollment in the initiative while assessment and planning take place. This subsection does not apply with respect to multi-entity initiatives to the extent that the department has adopted requirements under sub. (14) (e) that conflict with those contained in this subsection.

(10) RELATION TO OTHER SUPPORT PROGRAMS. In any county or for a tribe that has a family support program under s. 46.985 or other support programs, including comprehensive community services or department of justice or department of corrections programs, the initiative shall coordinate its activities with the support programs. This subsection does not apply with respect to multi-entity initiatives to the extent that the department has adopted requirements under sub. (14) (e) that conflict with those contained in this subsection.

(11) CONFLICT MANAGEMENT. The department, administering agency, service coordination agencies, and service coordinators shall establish and use informal means for conflict management, including consultation, mediation, and independent assessment, whenever possible. A formal conflict management policy shall be established in writing by the coordinating committee for use by families, providers, and other individuals involved in the initiative. This subsection does not apply with respect to multi-entity initiatives to the extent that the department has adopted requirements under sub. (14) (e) that conflict with those contained in this subsection.

(12) ADMINISTRATIVE 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 under ch. 227. This subsection does not apply with respect to multi-entity initiatives to the extent that the department has adopted requirements under sub. (14) (e) that conflict with those contained in this subsection.

(13) REVIEW OF ACTIONS BY INDIVIDUAL AGENCIES. Nothing in this section shall limit, modify, or expand the rights, remedies, or procedures established in federal statutes or regulations or state statutes or rules for individuals or families receiving services provided by individual organizations that are

participating in the coordinated services plan of care. This subsection does not apply with respect to multi-entity initiatives to the extent that the department has adopted requirements under sub. [\(14\)\(e\)](#) that conflict with those contained in this subsection.

**(14) DUTIES OF DEPARTMENT.**

**(a)** 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.

**(b)** The department shall provide, either directly or through purchase of services, the following support services to the counties and tribes that elect to participate in the initiative and to multi-entity initiatives:

1. Consultation in the areas of developing and maintaining individual initiatives and finding appropriate resources.

2. Mediation to assist in the management of conflict among service providers or funding organizations or between service recipients and organizations.

3. Assessment resources for cases where no local evaluation resource is available or sufficient to enable development of an effective coordinated services plan of care. These resources may be provided directly through state-operated programs or by referral to private service providers.

**(c)** The department shall evaluate the initiatives funded under this section. All organizations participating in the initiatives shall cooperate with the evaluation. The evaluation shall include information about all of the following:

1. The number of days that children enrolled in the initiative spent in out-of-home placement compared to other children who are involved in 2 or more systems of care and are not enrolled in the initiative and the costs associated with these placements.

3. A comparison between any changes in problem behaviors of enrollees before and after enrollment in the initiative.

4. A comparison between school attendance and performance of enrollees before and after enrollment in the initiative.

5. A comparison between recidivism rates of enrollees who have a history of delinquency.

6. Parent and child satisfaction with the initiative.

7. Types of services provided to children and their families through the initiative and the cost of these services.

9. A systems change and sustainability plan under sub. [\(3\)\(d\) 13](#).

**(d)** Notwithstanding eligibility requirements for enrollment in the initiative, if the state is funding the initiative in a particular county or for a tribe or is funding a multi-entity initiative under sub. [\(15\)](#), the department may permit the county, tribe, or multi-entity initiative to serve under this section any individual who has a severe disability and who has not attained 22 years of age, and his or her family, if the individual's mental, physical, sensory, behavioral, emotional, or developmental disability or whose combination of multiple disabilities meets the requirements specified in sub. [\(1\)\(om\) 1](#). to [4](#).

(e) The department may establish additional requirements to apply with respect to multi-entity initiatives, including requirements that conflict with any requirements in subs. (3) to (13).

**(15) FUNDING.**

(a) From the appropriation account under s. [20.435 \(5\) \(co\)](#), the department shall make available funds to implement initiatives under this section.

(b) In order to apply for funds under this subsection, the county board of supervisors, Milwaukee County mental health board, or tribe or, for a multi-entity initiative, the county board of the lead administrative county, the Milwaukee County mental health board, if Milwaukee County is the lead administrative county, or the lead administrative tribe shall do all of the following:

1. Establish a coordinating committee and designate an administering agency under sub. (2).

1r. Demonstrate that the coordinating services team approach to providing services to children who are involved in 2 or more systems of care and families will be followed, and principles and core values, as outlined by the advisory committee established by the department, will be adhered to.

2. Establish the priority target group to be served by the initiative as severely emotionally disturbed children.

3. Submit a plan to the department for implementation of the initiative in accordance with the requirements of this section.

4. Submit a description of the existing services and other resources in the county or tribe or in the area or areas served by a multi-entity initiative for children who are involved in 2 or more systems of care, an assessment of any gaps in services, and a plan for using the funds received under this subsection or funds from other sources to develop or expand the initiative.

5. Agree to comply with this section.

(c) In order for a county or tribe or a multi-entity initiative to obtain funds under this subsection, all of the participating agencies and organizations shall provide matching funds that, in total, equal 20% of the requested funding. The match may be cash or in-kind. The department shall determine what may be used as in-kind match.

(d) In order to apply for funding, a county or tribe or a multi-entity initiative shall have a coordinating committee that meets the requirements under sub. (3) (a) and (b) and, if applicable, sub. (3) (bm) that will carry out the responsibilities under sub. (3) (d).

(f) Funds allocated under this subsection may not be used to replace any other state and federal funds or any county funds that are being used to fund services for children who are involved in 2 or more systems of care.

**History:** [1989 a. 31](#); [1993 a. 27, 399, 446](#); [1995 a. 27 ss. 2317, 2318, 9130 \(4\), 9145 \(1\)](#); [1995 a. 77, 201](#); [1997 a. 3, 27, 114, 164](#); [2001 a. 16](#); [2009 a. 28, 334](#); [2011 a. 260](#); [2013 a. 20, 203](#).