AN ACT to repeal 46.56 (1) (i) 1. to 3., 46.56 (1) (k), 46.56 (3) (d) 2. (intro.), 46.56 (8) (L), 46.56 (8) (p) and (q), 46.56 (14) (c) 8. and 46.56 (15) (e); to renumber and amend 46.56 (1) (c), 46.56 (1) (f), 46.56 (1) (g), 46.56 (3) (d) 1., 46.56 (3) (d) 2. a. and b., 46.56 (6) (a) 3., 46.56 (6) (a) 4., 48.02 (9s) and 938.02 (9s); to consolidate, renumber and amend 46.56 (1) (intro.) and 4.; to amend 20.435 (7) (co), 38.14 (12), 46.215 (1) (q), 46.22 (1) (b) 1. i., 46.56 (title), 46.56 (1) (a), 46.56 (1) (b), 46.56 (1) (e), 46.56 (1) (h), 46.56 (1) (L), 46.56 (1) (m), 46.56 (1) (n), 46.56 (1) (o), 46.56 (1) (p), 46.56 (2), 46.56 (3) (a), 46.56 (3) (b) 1., 2., 4., 5. and 7., 46.56 (4) (a) to (e), 46.56 (5) (a), (b) and (d) to (i), 46.56 (6) (title), (a) (intro.), 1. and 2., 46.56 (6) (b), 46.56 (6) (c), 46.56 (7), 46.56 (8) (title), 46.56 (8) (a) to (g) and (h) (intro.), 2., 3., 4., 5. and 6., 46.56 (8) (i) to (k), 46.56 (8) (m) to (o), 46.56 (8) (r) and (s), 46.56 (9), 46.56 (10) to (13), 46.56 (14) (a), 46.56 (14) (a), 46.56 (14) (b) (intro.), 46.56 (14) (b) 1. and 3., 46.56 (14) (c) (intro.) and 1., 46.56 (14) (c) 3. and 4., 46.56 (14) (c) 6. and 7., 46.56 (14) (d), 46.56 (15) (a) and (b)
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(intro.), 46.56 (15) (b) 2. to 4., 46.56 (15) (c) and (d), 46.56 (15) (f), 48.33 (1) (c),
48.345 (6m), 49.45 (25) (bm) 2., 51.42 (3) (ar) 14., 51.437 (4m) (m), 51.437 (4r)
(a) 3., 115.817 (5) (c), 116.03 (13m), 120.12 (19), 938.33 (1) (c) and 938.34 (6m);

**to repeal and recreate** 46.56 (14) (c) 2. and 59.53 (7); and **to create** 46.56 (1)
(ar), 46.56 (1) (bm), 46.56 (1) (de), (dm) and (ds), 46.56 (1) (hm), 46.56 (1) (nm),
46.56 (1) (op), 46.56 (1) (q), 46.56 (3) (a) 8., 46.56 (3) (b) 8. to 17., 46.56 (3) (d)
5. to 9., 46.56 (5) (j), 46.56 (6) (cr), 46.56 (6) (d) and (e), 46.56 (8) (h) 7. and 8.,
46.56 (15) (b) 1r. and 46.56 (15) (b) 5. of the statutes; **relating to:** children with
severe disabilities or who are involved in multiple systems of care, or both, and
their families and making an appropriation.

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**Analysis by the Legislative Reference Bureau**

This bill is explained in the Notes provided by the Joint Legislative Council in the bill.
For further information see the state and local fiscal estimate, which will be printed as an appendix to this bill.

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**The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:**

**Joint Legislative Council prefatory note:** This bill is prepared for the joint legislative council's special committee on strengthening Wisconsin families.
Under current law, s. 46.56, stats., governs the integrated services programs (ISP) for children with severe disabilities. A “child with severe disabilities” is defined as follows:

“46.56 (1) (c) “Child with severe disabilities” means an individual who has not attained 18 years of age and whose mental, physical, sensory, behavioral, emotional or developmental disabilities, or whose combination of multiple disabilities 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 the child's ability to function in the family, the school or the community and with the child's ability to cope with the ordinary demands of life.
4. Causes the child to need services from 2 or more service systems.”.

The ISP began in 1989. As of November 2006, 18 counties operated ISPs. The statute requires a county that operates an ISP to establish a coordinating committee comprised of representatives from multiple systems of care. The coordinating committee must prepare interagency agreements that participating organizations in the ISP agree
to follow in creating and operating the ISP. The interagency agreement’s components are also outlined by statute. The ISP must have one or more service coordination agencies. The service coordination agency must identify a service coordinator for each child with severe disabilities who participates in the program. Referrals into the ISP may come from many different types of public agencies or organizations, or from the child or the child’s family. A treatment team is developed which includes representatives of all service providers working with the family, as well as the family members and the child.

In 2002, the department of health and family services developed a request for proposals for counties to develop coordinated services teams (CSTs). The CST model is based on the ISP model of integrated services for children and families with multiple needs. As of January 2007, 25 counties operate CSTs.

This bill makes several changes to s. 46.56. Specifically, the bill does the following:

- Expands the ISP’s coverage to include not just children with severe disabilities, but also other children who are involved with multiple systems of care, as well as their families, and changes the name of the program 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.
- 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.
- Amends the definition of CST 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 the entity that:
  - prepares interagency agreements for the creation and operation of a CST initiative.
  - assesses how the CST initiative relates to other service coordination programs operating at the county, tribal, or local level.
  - assists the administering agency in developing the application for CST funding.
  - reviews determinations by the service coordination agency regarding program eligibility, appropriate family resources, and funding of services.
- Expands the duties of the coordinating committee to include:
  - establishing operational policies and procedures.
  - 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 agency and partner agency satisfaction.
- Creates the role of project coordinator, and defines the project coordinator’s duties, which 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 support agency participation as established in the interagency agreement.
  - work with the coordinating committee and service coordination agency to receive and review referrals and assure provision of service coordination services.
— 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 groups of people 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 measure 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 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.

• Increases the appropriation to DHFS to provide grants to counties for CST initiatives by $1,466,000 in general purpose revenue in 2008–09.

**SECTION 1.** 20.435 (7) (co) of the statutes is amended to read:

20.435 (7) (co) Integrated service programs for children with severe disabilities

Initiatives for coordinated services. The amounts in the schedule to fund county integrated service programs for children with severe disabilities and tribal initiatives under s. 46.56 to provide coordinated services.

**SECTION 2.** 38.14 (12) of the statutes is amended to read:

38.14 (12) (title) Integrated service programs for children with severe disabilities
Initiatives to provide coordinated services. If the county board of supervisors establishes an integrated service program for children with severe disabilities initiative to provide coordinated services under s. 59.53 (7), the district board may participate in an integrated service program for children with severe disabilities under s. 59.53 (7) the initiative and may enter into written interagency agreements or contracts under the program initiative.

**SECTION 3.** 46.215 (1) (q) of the statutes is amended to read:

46.215 (1) (q) If the county board of supervisors establishes an integrated service program for children with severe disabilities initiative to provide coordinated services under s. 59.53 (7), to participate in and administer an integrated service
program for children with severe disabilities under s. 59.53 (7) the initiative, including entering into any written interagency agreements or contracts.

**SECTION 4.** 46.22 (1) (b) 1. i. of the statutes is amended to read:

46.22 (1) (b) 1. i. If the county board of supervisors establishes an integrated service program for children with severe disabilities initiative to provide coordinated services under s. 59.53 (7), to participate in and administer an integrated service program for children with severe disabilities under s. 59.53 (7) the initiative, including entering into any written interagency agreements or contracts.

**SECTION 5.** 46.56 (title) of the statutes is amended to read:

46.56 (title) Integrated service programs Initiatives to provide coordinated services for children with severe disabilities and families.

**SECTION 6.** 46.56 (1) (a) of the statutes is amended to read:

46.56 (1) (a) “Administering agency” means a county department designated by the a county board of supervisors or by a tribe to administer the program an initiative.

**SECTION 7.** 46.56 (1) (ar) of the statutes is created to read:

46.56 (1) (ar) “Advocacy” means all of the following:

1. Actively supporting a child 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 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, service systems, and providers that will result in a clear improvement in the lives of children and families.

**SECTION 8.** 46.56 (1) (b) of the statutes is amended to read:
46.56 (1) (b) “Agency” means a public, tribal, or private nonprofit organization that provides treatment services for children with severe disabilities and their families services and other resources for children and families.

SECTION 9. 46.56 (1) (bm) of the statutes is created to read:

46.56 (1) (bm) “Child” means an individual under the age of 18 years who has a severe disability, is involved in multiple systems of care, or both.

SECTION 10. 46.56 (1) (c) of the statutes is renumbered 46.56 (1) (om), and 46.56 (1) (om) (intro.), 3. and 4., as renumbered, are amended to read:

46.56 (1) (om) (intro.) “Child with severe disabilities Severe disability” means an individual who has not attained 18 years of age and whose mental, physical, sensory, behavioral, emotional, or developmental disabilities disability, including severe emotional disturbance, or whose a combination of multiple these disabilities, that meets all of the following conditions:

3. Causes substantial limitations in the child’s ability to function in the his or her family, the school, or the community and with the child’s his or her ability to cope with the ordinary demands of life.

4. Causes the child to need services or other resources from 2 or more service systems.

SECTION 11. 46.56 (1) (de), (dm) and (ds) of the statutes are created to read:

46.56 (1) (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 and families.

**SECTION 12.** 46.56 (1) (e) of the statutes is amended to read:

46.56 (1) (e) “Intake” means the process by which the service coordination agency or individuals designated by the coordinating committee initially screen a child with severe disabilities and the child’s family to see if a complete assessment is needed determine eligibility for the initiative and the process by which the service coordination agency determines the need for a comprehensive clinical mental health assessment.

**SECTION 13.** 46.56 (1) (f) of the statutes is renumbered 46.56 (1) (ce) and amended to read:

46.56 (1) (ce) “Integrated Coordinated services” means treatment, education, care and support services, and other resources provided, in a coordinated manner, for a child with severe disabilities and his or her family.

**SECTION 14.** 46.56 (1) (g) of the statutes is renumbered 46.56 (1) (cm) and amended to read:

46.56 (1) (cm) “Integrated service plan Coordinated services plan of care” means the plan for treatment, education and support services under sub. (8) (h) for an eligible child with severe disabilities and the child’s family under sub. (8) (h).

**SECTION 15.** 46.56 (1) (h) of the statutes is amended to read:

46.56 (1) (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 integrated coordinated services for children with severe disabilities and their families.

**SECTION 16.** 46.56 (1) (hm) of the statutes is created to read:

46.56 (1) (hm) “Multiple systems of care” means 2 or more systems that provide treatment, services, resources, or programs to a child or family, including the health care, mental health, alcohol or other drug abuse, education, juvenile justice, economic support, or child welfare system.

**SECTION 17.** 46.56 (1) (i) (intro.) and 4. of the statutes are consolidated, renumbered 46.56 (1) (cs) and amended to read:

46.56 (1) (cs) “Interdisciplinary team Coordinated services team” means a group of professionals, assembled by the service coordinator, from various service systems who meet all of the following criteria: 4. Are providing treatment, education or support services to the child with severe disabilities or the child’s family, if the child or the child’s family is receiving any treatment, education or support services individuals, including family members, service providers, and informal resource persons, who work together to respond to service needs faced by a child and his or her family.

**SECTION 18.** 46.56 (1) (i) 1. to 3. of the statutes are repealed.

**SECTION 19.** 46.56 (1) (k) of the statutes is repealed.

**SECTION 20.** 46.56 (1) (L) of the statutes is amended to read:

46.56 (1) (L) “Service coordination” means a case management service that coordinates the coordination of multiple service providers who and family resources that are serving a particular child with severe disabilities and the child’s his or her family. The term includes arrangement for coordination of the assessment process, development of an integrated service plan a coordinated services plan of care based
on the strengths and needs identified in the assessment, advocacy for the needs of
the child and the child's family, monitoring of the child's progress of the child or his
or her family, facilitation of periodic reviews of the integrated service plan
coordinated services plan of care, and coordination and maintenance of clear lines
of communication among all service family resources providers and, the child, and
the child's his or her family.

SECTION 21. 46.56 (1) (m) of the statutes is amended to read:
46.56 (1) (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 to provide intake and service coordination for one or more
target groups of eligible children with severe disabilities and their families.

SECTION 22. 46.56 (1) (n) of the statutes is amended to read:
46.56 (1) (n) “Service coordinator” means an individual who is qualified by
specialized training and clinical experience with children with severe disabilities
and their families, who receives ongoing coaching and support from the service
coordination agency and the project coordinator in sub. (6) (d), and who is appointed
by the service coordination agency to provide coordination of treatment, education
and support services, and other family resources for eligible children with severe
disabilities and their families.

SECTION 23. 46.56 (1) (nm) of the statutes is created to read:
46.56 (1) (nm) “Service provider” means a professional from a service system
who meets one or more of the following criteria:
1. Is skilled in providing treatment services, education, and other family
resources for children and their families.
2. Conducts comprehensive evaluations of the needs of children and their families for family resources.

3. Possesses skills appropriate for and knowledge of the specific types of needs or dysfunctions presented by the child who is undergoing an assessment.

4. Is currently providing treatment, education, or other family resources for a child, a family, or both.

**SECTION 24.** 46.56 (1) (o) of the statutes is amended to read:

46.56 (1) (o) “Service system” means the public and private organizations that provide specialized services for children with mental, physical, sensory, behavioral, emotional, or developmental disabilities or that provide child welfare, alcohol or other drug abuse, juvenile justice, educational, or health care services for children, based upon the child’s and his or her family’s identified strengths and needs.

**SECTION 25.** 46.56 (1) (op) of the statutes is created to read:

46.56 (1) (op) “Severely emotionally disturbed child” has the meaning given in s. 49.45 (25) (a).

**SECTION 26.** 46.56 (1) (p) of the statutes is amended to read:

46.56 (1) (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 with severe disabilities.

**SECTION 27.** 46.56 (1) (q) of the statutes is created to read:

46.56 (1) (q) “Tribe” means a federally recognized American Indian tribe or band in this state.

**SECTION 28.** 46.56 (2) of the statutes is amended to read:

46.56 (2) Establishment of programs Coordinating committee; administering agency; initiative funding. If a county board of supervisors establishes a program
an initiative under s. 59.53 (7), it or if a tribe establishes an initiative, the county board or tribe shall appoint a coordinating committee and designate an administering agency. The program initiative may be funded by the county or tribe or the county board of supervisors or tribe may apply for funding by the state in accordance with sub. (15).

**SECTION 29.** 46.56 (3) (a) of the statutes is amended to read:

46.56 (3) (a) The coordinating committee shall have the responsibilities specified in par. (d) and 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.

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 are developmentally disabled 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 program coordinated services team 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 of children with severe disabilities, or the number of parents of children with severe disabilities that it will take to make the parent representation equal to equals 25% of the coordinating committee’s membership, whichever is greater.

SECTION 30. 46.56 (3) (a) 8. of the statutes is created to read:

46.56 (3) (a) 8. The agency responsible for economic support programs.

SECTION 31. 46.56 (3) (b) 1., 2., 4., 5. and 7. of the statutes are amended to read:

46.56 (3) (b) 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.

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

**SECTION 32.** 46.56 (3) (b) 8. to 17. of the statutes are created to read:

46.56 (3) (b) 8. Local elected officials.

9. Representatives of a vocational and technical school.

10. Local business representatives.

11. Community organizations serving children and families.

12. Representatives of the county board or, for an initiative established by a tribe, representatives of the elected governing body of the tribe.

13. Representatives of the regional offices of the department.

14. Representatives of the local faith-based community.

15. Representatives of probation and parole agencies.

16. Representatives of economic support agencies and the Wisconsin Works agency under subch. III of ch. 49, if a different agency.

17. Representatives of vocational rehabilitation programs.

**SECTION 33.** 46.56 (3) (d) 1. of the statutes is renumbered 46.56 (3) (d), and 46.56 (3)(d) 1. to 4., as renumbered are amended to read:

46.56 (3) (d) 1. Prepare one or more interagency agreements in accordance with sub. (5) that all participatory organizations in the program initiative agree to follow in creating and operating an initiative. The interagency agreement shall outline the mission, values, and principles of the initiative, as well as expectations for organizations represented on the coordinating committee under this subsection, including provision of the funding match required under sub. (15) (c).

2. Assess how the program 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.

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

4. Review determinations by the service coordination agency regarding eligibility, for assessment, appropriate services, family resources, or funding of services, at the request of any applicant, recipient, parent of a child, or participating county department, or tribal agency, school district, cooperative educational service agencies, or county children with disabilities education boards. The coordinating committee shall adopt written procedures for conducting reviews.

**SECTION 34.** 46.56 (3) (d) 2. (intro.) of the statutes is repealed.

**SECTION 35.** 46.56 (3) (d) 2. a. and b. of the statutes are renumbered 46.56 (3) (d) 10. and 11. and amended to read:

46.56 (3) (d) 10. Act 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 program 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.

11. Establish target groups of children with severe disabilities and their families to be served based on disability of the child, age of the child, geographic areas within the county and other factors with the approval of the department. If by the
initiative. For a county or tribe that applies for funding under sub. (15), children with severe emotional disabilities are required to be a priority target group.

SECTION 36. 46.56 (3) (d) 5. to 9. of the statutes are created to read:

46.56 (3) (d) 5. 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.

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

7. 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.

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

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

SECTION 37. 46.56 (4) (a) to (e) of the statutes are amended to read:

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

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

(c) Assist the coordinating committee in distributing information about the availability and operation of the program initiative to the general public.
as well as to public or private service providers who might seek to make referrals to the program initiative.

(d) If the county board of supervisors or tribe 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 another provision of the other statutes, department rules and department guidelines, interagency agreements, and the directions of the coordinating committee as are necessary to ensure the effective and efficient operation of the program initiative.

SECTION 38. 46.56 (5) (a), (b) and (d) to (i) of the statutes are amended to read:

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

(b) The identification of services and resources that the participating organizations will commit to the program initiative or will seek to obtain, including joint funding of services and resources and funding for the qualified staff needed to support the program 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.

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

(e) The procedures for outreach, referral, intake, assessment, case planning, and service coordination that the program initiative will use.
(f) The specific criteria, based on sub. (7), that will be used for deciding whether a child with severe disabilities and his or her family are eligible for services through the program initiative.

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

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

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

**SECTION 39.** 46.56 (5) (j) of the statutes is created to read:

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

**SECTION 40.** 46.56 (6) (title), (a) (intro.), 1. and 2. of the statutes are amended to read:

46.56 (6) (title) Roles of service coordination agency, service coordinator, project coordinator, and interdisciplinary coordinated services team. (a) (intro.) There may be one or more service coordination agencies participating may participate under the program 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 shall:
1. **Be** The service coordination agency shall be selected based on the its experience of the service coordination agency or its staff in providing services; and resources.

2. **Identify** The service coordination agency shall do all of the following:
   a. Identify a specific individual to act as service coordinator for each child with severe disabilities and the child’s his or her family to facilitate the implementation of the integrated service plan, coordinated services plan of care.

**SECTION 41.** 46.56 (6) (a) 3. of the statutes is renumbered 46.56 (6) (a) 2. b. and amended to read:

   46.56 (6) (a) 2. b. Provide or arrange for intake, assessment, case planning development of the plan of care, and service coordination under sub. (8); and.

**SECTION 42.** 46.56 (6) (a) 4. of the statutes is renumbered 46.56 (6) (a) 2. c. and amended to read:

   46.56 (6) (a) 2. c. Act as a resource source for information about other services and resources for children with severe disabilities and their families who are not eligible for the program initiative, if the coordinating committee determines that this service action can be provided without interfering with the primary purpose of the program initiative.

**SECTION 43.** 46.56 (6) (b) of the statutes is amended to read:

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

**SECTION 44.** 46.56 (6) (c) of the statutes is amended to read:

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

**SECTION 45.** 46.56 (6) (cr) of the statutes is created to read:
46.56 (6) (cr) Every county and tribe that operates any initiative shall develop written policies and procedures specifying the selection process for the project coordinator.

**SECTION 46.** 46.56 (6) (d) and (e) of the statutes are created to read:

46.56 (6) (d) The primary responsibility of the project coordinator is to promote collaborative relationships in the service system. The project 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 groups of people working with the child and his or her family in order to ensure compliance with basic principles of the coordinated services team 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 families and children.

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

(e) The project coordinator may perform additional duties that include the following:

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

2. Establishing and reporting monitoring and evaluation results.

3. Monitoring, or ensuring proper monitoring by the appropriate entity, of targeted case management and in-home activities under Medical Assistance, as defined in s. 49.43 (8), including record-keeping and billing processes.

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

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

SECTION 47. 46.56 (7) of the statutes is amended to read:
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46.56 (7) ELIGIBILITY OF CHILDREN AND FAMILIES. Children with severe disabilities and their families shall be eligible for the program. The initiative, except that the coordinating committee may establish specific additional criteria for eligibility for services and may establish certain target groups of children with severe disabilities to receive services. If target groups are established, only children with severe disabilities falling within the target groups are eligible for may be enrolled in the program 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 integrated coordinated services for children with severe disabilities.

(b) Give priority to children with severe disabilities who are at risk of placement outside the home or who are in an institution and are not receiving integrated coordinated community−based 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 such the services and other resources were provided.

(c) Not exclude a child with severe disabilities or that child's his or her family from services or other resources because of lack of ability to pay.

SECTION 48. 46.56 (8) (title) of the statutes is amended to read:

46.56 (8) (title) Referral, intake, assessment, case planning plan of care development, and service coordination.

SECTION 49. 46.56 (8) (a) to (g) and (h) (intro.), 2., 3., 4., 5. and 6. of the statutes are amended to read:

46.56 (8) (a) Referrals to the program initiative may come from any 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 the child with severe disabilities 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 who
are designated by the coordinating committee shall screen the referral to determine
if the child with severe disabilities and the child’s his or her family appear to meet
the eligibility criteria and any target groups group requirements established by the
coordinating committee. If the child with severe disabilities and the child’s his or her
family appear to be eligible, the staff shall gather assist the entity that made the
referral under par. (a), and the parent or parents, in gathering information from the
child’s family and any current service providers necessary to prepare an application
for the program initiative.

(c) Consent for release of information and participation of a child with severe
disabilities and his or her family in the program initiative and in the program
initiative evaluation must 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.

(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 with severe disabilities and the child’s his or her family are eligible
for and appropriate for services through the program 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 received completed.

(e) If the child with severe disabilities and the child's 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 obtaining identifying and accessing needed services or resources from appropriate providers.

(f) If the child with severe disabilities and the child's his or her family are found to be eligible for the program and are enrolled in the initiative, the agency shall assign a service coordinator who shall assemble an interdisciplinary coordinated services team to assess the strengths and needs of the child with severe disabilities and the child's 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 service strengths and needs of the child with severe disabilities and the child's his or her family, including individualized education program team evaluations under s. 115.782 or independent educational evaluations, court-ordered evaluations under s. 48.295 or 938.295, family support program evaluations, community integration program or community options program assessments, and any other available medical, psychiatric, psychological, vocational or developmental educational, medical, vocational, and psychosocial evaluations.
(h) (intro.) The interdisciplinary coordinated services team, the child’s family of the child with severe disabilities, 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 they, the team, the coordinator, or the family find to be necessary, prepare an integrated service 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 received approved. The integrated service coordinated services plan of care shall include all of the following:

2. The short-term and long-term goals for treatment and support services for to address the needs of the child with severe disabilities and the child’s his or her family.

3. The services and resources needed by the child with severe disabilities and the child’s his or her family, including the identity of each individual and organization that will be responsible for providing a portion of the treatment, education and support services to be offered to the child and the child’s family, and the specific services that each organization will provide 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 integrated service plan 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 integrated service plan 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 with severe disabilities and his or her family and an allocation of funding responsibility among organizations where if more than one organization is responsible for the child's and the child's family's treatment, education and support services.

SECTION 50. 46.56 (8) (h) 7. and 8. of the statutes are created to read:

46.56 (8) (h) 7. Clear statements articulating the specific needs of the child and family to be addressed. Needs may not be stated solely in terms of the need for services but may be stated 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.

SECTION 51. 46.56 (8) (i) to (k) of the statutes are amended to read:

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

(j) The proposed integrated service plan coordinated services plan of care shall be submitted to any service providers who would be included in the integrated service plan and the court assigned to exercise jurisdiction under chs. 48 and 938 if
participation in the program has been court ordered under s. 48.345 (6m) or 938.34 (6m) plan of care.

(k) Upon written approval of the integrated service plan coordinated services plan of care by the proposed service providers and, the child’s family, unless the child’s involvement in the program is through court order under s. 48.355 or 938.355, in which case approval of the court may be substituted for that of the family, and the coordinated services team, the integrated service plan plan of care shall be implemented by the service coordination agency and the service providers individuals and organizations designated to provide services and other resources under the integrated service plan plan of care.

SECTION 52. 46.56 (8) (L) of the statutes is repealed.

SECTION 53. 46.56 (8) (m) to (o) of the statutes are amended to read:

46.56 (8) (m) Each organization or service provider designated to provide services and other resources under the integrated service coordinated services plan of care shall identify a specific staff person individual who shall serve as the ongoing member of a treatment team contact person to ensure continuity and communication while services are being provided to the child with severe disabilities and his or her family under the integrated service plan. The service coordinator shall coordinate the operations of the treatment team of care.

(n) The service coordinator shall advocate for the child with severe disabilities and the child’s 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 which meets the best interests of the child with severe disabilities.

**SECTION 54.** 46.56 (8) (p) and (q) of the statutes are repealed.

**SECTION 55.** 46.56 (8) (r) and (s) of the statutes are amended to read:

46.56 (8) (r) The **On a regular basis, and at least every 3 months, the service coordinator shall, when necessary and at least every 6 months, assemble the** treatment coordinated services team, the family of the child with severe disabilities, the child with severe disabilities, where if appropriate, and any counsel, guardian ad litem, or other person advocating for the interests of the child with severe disabilities or the child's **his or her** family to review the integrated service, plan of care and progress toward the goals of the **integrated service plan of care**, establish new goals, request the inclusion of new participating organizations or individuals, or otherwise modify the integrated service coordinated services plan of care to better meet the needs of the child with severe disabilities and the child's **his or her** family. Decisions to amend the integrated service coordinated services plan of care must be approved by the service coordinator, the treatment coordinated services team, the family and, where if the integrated service plan of care is being provided under a court order, by the court.

(s) Services under the integrated service plan may be terminated The coordinated services team process may be ended by the agreement of all participants on the coordinated services team that the goals of treatment and support have been met and that an integrated service plan is no longer needed, by order of the court if services are being provided under court order, or are being met; by withdrawal of the family of the child with severe disabilities unless participation is court ordered, or; by the service coordination agency upon a recommendation from the service
coordinator and the treatment, that further services are not in the child’s best interests, or that coordinated services team; by the family’s refusal to participate in the process; if the child with severe disabilities and child’s his or her family no longer meet the eligibility criteria for the program coordinated services team; or by court order, if services are being provided under court order.

SECTION 56. 46.56 (9) of the statutes is amended to read:

46.56 (9) IMMEDIATE CARE. Individual county departments, tribal agencies, other agencies, and other service providers may shall provide immediate services and other resources as necessary and appropriate to children with severe disabilities and their families who have been referred for participation an evaluation of eligibility for and appropriateness of enrollment in the program initiative while assessment and planning take place.

SECTION 57. 46.56 (10) to (13) of the statutes are amended to read:

46.56 (10) RELATION TO FAMILY OTHER SUPPORT PROGRAM 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 office of justice assistance programs, the integrated service program initiative shall coordinate its activities with the family support program. The administering agency for the family support program may act as a service coordination agency for the integrated service program and the family support program advisory committee may act as the coordinating committee if the requirements of this section are met and the department gives its approval programs.

(11) INFORMAL—CONFLICT 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.

(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 with severe disabilities 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.

(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 law statutes or rules for individuals or families receiving services provided by individual organizations that are participating in the integrated service coordinated services plan of care.

Section 58. 46.56 (14) (a) of the statutes is amended to read:

46.56 (14) (a) In order to support the development of a comprehensive service system of coordinated care for children with severe disabilities and their families, the department shall establish a statewide advisory committee with representatives of county departments and tribal governing bodies, the department of public instruction, educational agencies, the department of corrections, the juvenile correctional system, professionals experienced in the provision of services to children with severe disabilities, and their families with children with severe disabilities, advocates for such families and their children, the subunit of the
department of workforce development that administers economic support programs and 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, the subunit of the department that administers child welfare, 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 monitor the development of programs initiatives throughout the state and support communication and mutual assistance among operating programs initiatives as well as those that are being developed.

SECTION 59. 46.56 (14) (a) of the statutes, as affected by 2007 Wisconsin Act ..., (this act), is amended to read:

46.56 (14) (a) In order to support the development of a comprehensive service system of coordinated care for children 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 corrections, the juvenile correctional system, professionals experienced in the provision of services to children and their families, advocates for families and their children, the subunit of the department of workforce development that administers economic support programs and 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, the subunit of the department that administers
child welfare of children and families, 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 monitor the development of coordinated services team initiatives throughout the state and support communication and mutual assistance among operating initiatives as well as those that are being developed.

**SECTION 60.** 46.56 (14) (b) (intro.) of the statutes is amended to read:

> 46.56 (14) (b) (intro.) 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 coordinated services team initiative:

**SECTION 61.** 46.56 (14) (b) 1. and 3. of the statutes are amended to read:

> 46.56 (14) (b) 1. Consultation in the areas of developing and maintaining individual integrated service plans initiatives, and finding appropriate resources, and establishing and maintaining local programs.

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

**SECTION 62.** 46.56 (14) (c) (intro.) and 1. of the statutes are amended to read:

> 46.56 (14) (c) (intro.) The department shall evaluate the programs initiatives funded under this section. All organizations participating in the program initiatives shall cooperate with the evaluation. The evaluation shall include information about all of the following:
1. The number of days that children with severe disabilities served in the programs enrolled in the initiative spent in out-of-home placement compared to other children with severe disabilities in the target group who are not enrolled in the initiative and the costs associated with these placements.

SECTION 63. 46.56 (14) (c) 2. of the statutes is repealed and recreated to read:

46.56 (14) (c) 2. A systems change and sustainability plan under sub. (3) (d) 10.

SECTION 64. 46.56 (14) (c) 3. and 4. of the statutes are amended to read:

46.56 (14) (c) 3. A comparison between any changes in problem behaviors of participants enrollees before and after participation enrollment in the program initiative.

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

SECTION 65. 46.56 (14) (c) 6. and 7. of the statutes are amended to read:

46.56 (14) (c) 6. Parent and child satisfaction with the program initiative.

7. Types of services provided to children with severe disabilities and their families in the program through the integrated service plan initiative and the cost of these services.

SECTION 66. 46.56 (14) (c) 8. of the statutes is repealed.

SECTION 67. 46.56 (14) (d) of the statutes is amended to read:

46.56 (14) (d) Notwithstanding sub. (1) (e) (intro.) the limitations under this section to services to children and their families, if the state is funding the program initiative in a particular county or for a tribe under sub. (15), the department may permit the county or tribe to serve under this section any individual who has a severe disabilities 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
disabilities or whose combination of multiple disabilities meets the
requirements specified in sub. (1) (e) (om) 1. to 4.

SECTION 68. 46.56 (15) (a) and (b) (intro.) of the statutes are amended to read:

46.56 (15) (a) From the appropriation account under s. 20.435 (7) (co), the
department shall make available funds to implement programs. The funds may be
used to pay for the intake, assessment, case planning and service coordination
provided under sub. (8) and for expanding the capacity of the county to provide
community-based care and treatment for children with severe disabilities
initiatives under this section.

(b) (intro.) In order to apply for funds under this section subsection the county
board of supervisors or tribe shall do all of the following:

SECTION 69. 46.56 (15) (b) 1r. of the statutes is created to read:

46.56 (15) (b) 1r. Demonstrate that the coordinating services team approach
to providing services to children and families will be followed, and principles and core
values, as outlined by the advisory committee established by the department, will
be adhered to.

SECTION 70. 46.56 (15) (b) 2. to 4. of the statutes are amended to read:

46.56 (15) (b) 2. Establish children with severe emotional disturbances to be
the priority target group to be served by the program initiative to be severely
emotionally disturbed children.

3. Submit a plan to the department for implementation of the integrated
service program 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 for children with severe disabilities, an assessment of any gaps in
services, and a plan for using the funds under this program initiative or funds from
other funding sources to develop or expand any needed community-based services
such as in-home treatment, treatment foster care, day treatment, respite care or
危机服务 the initiative.

**SECTION 71.** 46.56 (15) (b) 5. of the statutes is created to read:

46.56 (15) (b) 5. Agree to comply with this section.

**SECTION 72.** 46.56 (15) (c) and (d) of the statutes are amended to read:

46.56 (15) (c) In order for a county or tribe to obtain funds under this section,
all of the participating agencies and organizations shall provide matching funds
that, in total, equal to 20% of the requested funding shall be provided by the
participating county departments and school districts. All of the participating
county departments and school districts shall participate in providing the. The
match, which 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, at least one school district, cooperative
educational service agency or county children with disabilities education board
serving children with severe disabilities in the county must participate in the
program a county or tribe shall have a coordinating committee that meets the
requirements under sub. (3) (a) and (b), that will carry out the responsibilities under
sub. (3) (d).

**SECTION 73.** 46.56 (15) (e) of the statutes is repealed.

**SECTION 74.** 46.56 (15) (f) of the statutes is amended to read:

46.56 (15) (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 with severe disabilities.
SECTION 75. 48.02 (9s) of the statutes is renumbered 48.02 (2f) and amended to read:

48.02 (2f) “Integrated service Coordinated services plan of care” has the meaning given in s. 46.56 (1) (cm).

SECTION 76. 48.33 (1) (c) of the statutes is amended to read:

48.33 (1) (c) A description of the specific services or continuum of services which the agency is recommending that the court order for the child or family or for the expectant mother of the unborn child, the persons or agencies that would be primarily responsible for providing those services, the identity of the person or agency that would provide case management or coordination of services, if any, and, in the case of a child adjudged to be in need of protection or services, whether or not the child should receive an integrated service coordinated services plan of care.

SECTION 77. 48.345 (6m) of the statutes is amended to read:

48.345 (6m) If the report prepared under s. 48.33 (1) recommends that the child is in need of an integrated service coordinated services plan of care and if an integrated service program an initiative under s. 46.56 has been established in the county or, for a child who is a member of a tribe, as defined in s. 46.56 (1), by a tribe, the judge may order that an integrated service coordinated services plan of care be developed and implemented.

SECTION 78. 49.45 (25) (bm) 2. of the statutes is amended to read:

49.45 (25) (bm) 2. Individuals who are designated by the coordinating committee have, or a service coordination agency has, determined under s. 46.56 (8) (d) that the person is a child with emotional and behavioral disabilities that meet the requirements under s. 46.56 (1) (om) 1. to 4.

SECTION 79. 51.42 (3) (ar) 14. of the statutes is amended to read:
51.42 (3) (ar) 14. If the county board of supervisors establishes an integrated service program for children with severe disabilities initiative to provide coordinated services under s. 59.53 (7), participate in and may administer an integrated service program for children with severe disabilities under s. 59.53 (7) the initiative, including entering into any written interagency agreements or contracts.

SECTION 80. 51.437 (4m) (m) of the statutes is amended to read:

51.437 (4m) (m) If the county board of supervisors establishes an integrated service program for children with severe disabilities initiative to provide coordinated services under s. 59.53 (7), participate in an integrated service program for children with severe disabilities under s. 59.53 (7) the initiative, including entering into any written interagency agreements or contracts.

SECTION 81. 51.437 (4r) (a) 3. of the statutes is amended to read:

51.437 (4r) (a) 3. May administer an integrated service program for children with severe disabilities initiative to provide coordinated services under s. 59.53 (7), if the county board of supervisors establishes an integrated service program for children with severe disabilities the initiative.

SECTION 82. 59.53 (7) of the statutes is repealed and recreated to read:

59.53 (7) INITIATIVE TO PROVIDE COORDINATED SERVICES. The board may establish an initiative to provide coordinated services under s. 46.56.

SECTION 83. 115.817 (5) (c) of the statutes is amended to read:

115.817 (5) (c) If the county board of supervisors establishes an integrated service program for children with severe disabilities initiative to provide coordinated services under s. 59.53 (7), the county children with disabilities education board shall participate in an integrated service program for children with severe disabilities
under s. 59.53 (7) the initiative, and may enter into written interagency agreements
or contracts under the program initiative.

**SECTION 84.** 116.03 (13m) of the statutes is amended to read:

116.03 (13m) If the county board of supervisors establishes an integrated
service program for children with severe disabilities initiative to provide coordinated
services under s. 59.53 (7), participate in an integrated service program for children
with severe disabilities under s. 59.53 (7) the initiative and may enter into written
interagency agreements or contracts under the program initiative.

**SECTION 85.** 120.12 (19) of the statutes is amended to read:

120.12 (19) (title) INTEGRATED SERVICE PROGRAM INITIATIVE TO PROVIDE
COORDINATED SERVICES. If the county board of supervisors establishes an integrated
service program for children with severe disabilities initiative to provide coordinated
services under s. 59.53 (7), participate in an integrated service program for children
with severe disabilities under s. 59.53 (7) the initiative and may enter into written
interagency agreements or contracts under the program initiative.

**SECTION 86.** 938.02 (9s) of the statutes is renumbered 938.02 (2f) and amended
to read:

938.02 (2f) “Integrated service Coordinated services plan of care” has the
meaning given in s. 46.56 (1) (g) (cm).

**SECTION 87.** 938.33 (1) (c) of the statutes is amended to read:

938.33 (1) (c) A description of the specific services or continuum of services that
the agency is recommending the court to order for the juvenile or family, the persons
or agencies that would be primarily responsible for providing those services, and the
identity of the person or agency that would provide case management or coordination
of services, if any, and whether or not the juvenile should receive an integrated service a coordinated services plan of care.

SECTION 88. 938.34 (6m) of the statutes is amended to read:

938.34 (6m) Integrated-service Coordinated services plan of care. If the report prepared under s. 938.33 (1) recommends that the juvenile is in need of an integrated service a coordinated services plan of care and if an integrated service program initiative under s. 46.56 has been established in the county or, if applicable, by a tribe, order that an integrated service a coordinated services plan of care be developed and implemented.

SECTION 89. Fiscal changes.

(1) Initiatives for coordinated services. In the schedule under section 20.005 (3) of the statutes for the appropriation to the department of health and family services under section 20.435 (7) (co) of the statutes, as affected by the acts of 2007, the dollar amount is increased by $1,466,000 for fiscal year 2008–09 to increase funding for the purpose for which the appropriation is made.

SECTION 90. Effective dates. This act takes effect on the day after publication, except as follows:

(1) The treatment of section 46.56 (14) (a) (by SECTION 59) of the statutes takes effect on July 1, 2008.