LRB-2030/2 RLR:wlj:md

2009 ASSEMBLY BILL 296

June 2, 2009 - Introduced by Joint Legislative Council. Referred to Committee on Children and Families.

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) 2., 46.56 (14) (c) 8. and 46.56 (15) (e); to renumber 46.56 (3) (d) 1. (intro.); to renumber and amend 46.56 (1) (c), 46.56 (1) (f), 46.56 (1) (g), 46.56 (1) (o), 46.56 (3) (d) 1. a. to d., 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) (i) (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 (3) (a), 46.56 (1) (L), 46.56 (1) (m), 46.56 (1) (n), 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 (6) (c), 46.56 (7), 46.56 (8) (title), (a) (intro.), 1. and 2., 46.56 (6) (b), 46.56 (6) (c), 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) (b) (intro.), 46.56 (14) (b) 1. and 3., 46.56 (14) (c) (intro.) and 1., 46.56 (14) (c) 3. to 5., 46.56 (14) (c) 6. and 7., 46.56

1	(14) (d), 46.56 (15) (a) and (b) (intro.), 46.56 (15) (b) 2. to 4., 46.56 (15) (c) and
2	(d),46.56(15)(f),48.33(1)(c),48.345(6m),49.45(25)(bm)2.,51.42(3)(ar)14.
3	$51.437\ (4\mathrm{m})\ (\mathrm{m}),\ 51.437\ (4\mathrm{r})\ (\mathrm{a})\ 3.,\ 115.817\ (5)\ (\mathrm{c}),\ 116.03\ (13\mathrm{m}),\ 120.12\ (19)$
4	$938.33\ (1)\ (c)\ and\ 938.34\ (6m);$ to repeal and recreate $59.53\ (7);$ and to create
5	$46.56\ (1)\ (ar),\ 46.56\ (1)\ (bm),\ 46.56\ (1)\ (de),\ (dm)\ and\ (ds),\ 46.56\ (1)\ (nm),\ 46.56\ (1)\ (1)\ (1)\ (1)\ (1)\ (1)\ (1)\ (1)$
6	$(1)\ (op),\ 46.56\ (1)\ (q),\ 46.56\ (3)\ (a)\ 8.,\ 46.56\ (3)\ (b)\ 8.\ to\ 16.,\ 46.56\ (3)\ (d)\ 3.,\ 46.56\ (d)$
7	$(3)\ (d)\ 8.\ to\ 12.,\ 46.56\ (3)\ (d)\ 15.,\ 46.56\ (3)\ (e),\ 46.56\ (5)\ (j)\ and\ (k),\ 46.56\ (6)\ (cr)$
8	46.56 (6) (d), 46.56 (8) (cm), 46.56 (8) (h) 7. and 8., 46.56 (14) (c) 9., 46.56 (15)
9	(b) 1r. and 46.56 (15) (b) 5. of the statutes; relating to: children and their
10	families who are involved in two or more systems of care and making an
11	appropriation.

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.

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

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:

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 September 2008, 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 team (CST) initiatives. The CST model is based on the ISP model of integrated services for children and families with multiple needs. As of October 1, 2008, 33 counties and 2 tribes operate CST initiatives. This bill makes several changes to s. 46.56. Specifically, the bill does the following:

- Expands the ISP's coverage to children who are involved in 2 or more 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 client and partner agency satisfaction.
- Creates the role of initiative coordinator, and defines the initiative 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 and support agency participation as established in the interagency agreement.
- Work with the coordinating committee and service coordination agency to receive and review referrals.

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— 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.

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- Guide the development of CSTs working with the child and the child's family to ensure compliance with the basic principles of the CST initiative's core values.
 - Review plans of care.
- Assist the coordinating committee and family teams in establishing consistent measures for initiative development, implementation, evaluation, and monitoring of the project and outcomes.
- Facilitate public education and awareness of issues and programming for families and children.
- Ensure ongoing support and training related to the CST process to families, service coordinators, and providers.
- Provide support to service providers in developing strategies to enhance existing programs, to increase resources, and to establish new resources.
- Ensure that local and state agencies submit data and reports in an accurate and timely manner.
- Increases the annual appropriation to the department of health services to provide grants to counties for CST initiatives by \$1,466,000 in general purpose revenue.
- **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.

Note: Modifies the integrated service program appropriation to provide funding for coordinated services for both county and tribal initiatives.

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

38.14 (12) Integrated service programs for children with severe disabilities Initiatives 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.

Note: Modifies the powers of technical college district boards.

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

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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.

 $\ensuremath{\mathsf{Note}}\xspace$: Modifies the duties of the county department of social services in Milwaukee County.

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.

 ${\tt Note}$: Modifies the duties of the county department of social services in counties other than Milwaukee County.

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 <u>a</u> county board of supervisors <u>or by a tribe</u> to administer the program <u>an</u> initiative.

Note: Modifies the current definition of "administering agency" to include tribes.

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

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

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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.

Note: Creates a definition of "advocacy".

Section 8. 46.56 (1) (b) of the statutes is amended to read:

46.56 (1) (b) "Agency" means a <u>public, tribal, or</u> private nonprofit organization that provides treatment services for children with severe disabilities and their families services and other resources for children and families.

Note: Modifies the definition of "agency" to include public and tribal organizations and to broaden the description of services and resources provided.

- **Section 9.** 46.56 (1) (bm) of the statutes is created to read:
- 16 46.56 (1) (bm) "Child" means an individual under the age of 18.

Note: Creates a definition of "child".

- **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 <u>a</u> mental, physical, sensory, behavioral, emotional, or developmental disabilities <u>disability</u>, including

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1	severe emotional disturbance, or whose a combination of multiple these disabilities,
2	that meets all of the following conditions:
3	3. Causes substantial limitations in the <u>a</u> child's ability to function in the <u>his</u>
4	or her family, the school, or the community and with the child's his or her ability to
5	cope with the ordinary demands of life.
6	4. Causes the <u>a</u> child to need services <u>or other resources</u> from 2 or more service
7	systems <u>of care</u> .
	Note: Modifies the current definition of "child with severe disabilities" to instead define "severe disability".
8	Section 11. 46.56 (1) (de), (dm) and (ds) of the statutes are created to read:
9	46.56 (1) (de) "Family" means a child's primary caregiver or caregivers and the
10	child's siblings.
11	(dm) "Family resources" means housing, environment, institutions, sources of
12	income, services, education, a child's extended family and community relationships,
13	and other resources families need to raise their children.
14	(ds) "Initiative" means a system that is based on the strengths of children and
15	their families for providing coordinated services to children who are involved in 2 or
16	more systems of care and their families.
	Note: Creates definitions of "family", "family resources", and "initiative".
17	Section 12. 46.56 (1) (e) of the statutes is amended to read:
18	46.56 (1) (e) "Intake" means the process by which the a service coordination
19	agency or individuals designated by the coordinating committee under sub. (3)
20	initially screens screen a child with severe disabilities who is involved in 2 or more
21	systems of care and the child's his or her family to see if a complete assessment is

needed determine eligibility for an initiative and the process by which the service

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coordination agency determines the need for a comprehensive clinical mental health assessment.

Note: Modifies the definition of "intake".

3 **SECTION 13.** 46.56 (1) (f) of the statutes is renumbered 46.56 (1) (ce) and 4 amended to read:

46.56 (1) (ce) "Integrated <u>Coordinated</u> services" means treatment, education, care <u>and support</u>, services, <u>and other resources</u> provided, in a coordinated manner, for a child <u>with severe disabilities</u> <u>who is involved in 2 or more systems of care</u> 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 <u>a</u> plan for treatment, education and support services <u>under sub. (8) (h)</u> for an eligible <u>a</u> child with severe disabilities who is involved in 2 or more systems of care and the child's <u>his or her</u> family <u>under sub. (8) (h)</u>.

Note: Sections 13 and 14 modify the current definitions of "integrated services" and "integrated service plan" to instead define "coordinated services" and "coordinated services plan of care" and modify those definitions.

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 who are involved in 2 or more systems of care and their families.

Note: Modifies the definition of "interagency agreement".

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SECTION 16. 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 of a child who is involved in 2 or more systems of care and his or her family.

Note: Modifies the current definition of "interdisciplinary team" to instead define "coordinated services team" and modifies the definition.

SECTION 17. 46.56 (1) (i) 1. to 3. of the statutes are repealed.

Note: Repeals a portion of the definition of "interdisciplinary team".

Section 18. 46.56 (1) (k) of the statutes is repealed.

Note: Repeals the definition of "program".

SECTION 19. 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 who is involved in 2 or more systems of care 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,

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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.

Note: Modifies the definition of "service coordination".

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

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

Note: Modifies the definition of "service coordination agency".

Section 21. 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 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 of treatment, education and support services for eligible children with severe disabilities and their families.

Note: Modifies the definition of "service coordinator".

Section 22. 46.56 (1) (nm) of the statutes is created to read:

46.56 (1) (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.

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- 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.

Note: Creates a definition of "service provider".

- **SECTION 23.** 46.56 (1) (o) of the statutes is renumbered 46.56 (1) (or) and amended to read:
- 46.56 (1) (or) "Service system System of care" means the <u>a</u> public and <u>or</u> private organizations organization that provide provides specialized services for children with mental, physical, sensory, behavioral, emotional, or developmental disabilities or that provide provides child welfare, juvenile justice, educational, economic support, alcohol or other drug abuse, or health care services for children.

Note: Modifies the current definition of "service system" to instead define "system of care" and modifies the definition.

- **SECTION 24.** 46.56 (1) (op) of the statutes is created to read:
- 16 46.56 (1) (op) "Severely emotionally disturbed child" has the meaning given in s. 49.45 (25) (a).

NOTE: Defines "severely emotionally disturbed child" using the definition for medical assistance case management services. Under that definition, a severely emotionally disturbed child is an individual under 21 years of age who has emotional and behavioral problems that: (a) are severe in degree; (b) are expected to persist for at least one year; (c) substantially interfere with the individual's functioning in his or her family, school or community and with his or her ability to cope with the ordinary demands of life; and (d) cause the individual to need services from 2 or more agencies or organizations that provide social services or services or treatment for mental health, juvenile justice, child welfare, special education or health.

SECTION 25. 46.56 (1) (p) of the statutes is amended to read:

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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.

Note: Modifies the definition of "treatment services".

Section 26. 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.

Note: Creates a definition of "tribe".

SECTION 27. 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).

Note: Provides that a county board or tribe that establishes a coordinated services initiative must appoint a coordinating committee and designate an administering agency. Also provides that the initiative may be funded by the county or tribe, or the county board or tribe may apply for state funding.

SECTION 28. 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 services.

- 2. The county department responsible for mental health and alcohol and drug abuse services for children and families <u>or</u>, <u>for an initiative established by a tribe, the</u> tribal agency responsible for these services.
- 3. The county department responsible for providing services for children who are developmentally disabled 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 <u>or tribe</u> 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 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, of children who are involved in 2 or more systems of care.

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Note: Modifies the required membership for the coordinating committee to include membership options if coordinated services initiatives are established by a tribe. In addition, modifies the provision relating to the parent members to provide that the parents must be parents of a child who is involved in 2 or more systems of care. Under current law, each parent member must be a parent of a child with severe disabilities.

- **Section 29.** 46.56 (3) (a) 8. of the statutes is created to read:
- 2 46.56 (3) (a) 8. The agency responsible for economic support programs.
- 3 **Section 30.** 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.

Note: Adds the agency responsible for economic support programs to the required members of the coordinating committee.

- 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 <u>or</u>, <u>for an initiative</u> established by a tribe, are serving members of the tribe.

Note: Modifies the discretionary membership for the coordinating committee to include options for membership for coordinated services initiatives established by a tribe.

- **SECTION 31.** 46.56 (3) (b) 8. to 16. of the statutes are created to read:
- 18 46.56 (3) (b) 8. Local elected officials.
- 9. Representatives of a vocational and technical school.
- 20 10. Local business representatives.

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1	11. Representatives of the county board or, for an initiative established by a
2	tribe, representatives of the elected governing body of the tribe.
3	12. Representatives of the regional offices of the department.
4	13. Representatives of the local faith-based community.
5	14. Representatives of probation and parole agencies.
6	15. Representatives of economic support agencies and the Wisconsin Works
7	agency under subch. III of ch. 49, if a different agency.
8	16. Representatives of vocational rehabilitation programs.
	Note: Adds individuals who may be included in coordinating committee membership.
9	Section 32. 46.56 (3) (d) 1. (intro.) of the statutes is renumbered 46.56 (3) (d)
10	(intro.).
11	Section 33. 46.56 (3) (d) 1. a. to d. of the statutes are renumbered 46.56 (3) (d)
12	4. to 7. and amended to read:
13	46.56(3)(d) 4. Prepare one or more interagency agreements in accordance with
14	sub. (5) that all participatory organizations in the program initiative agree to follow
15	in creating and operating a program an initiative.
16	5. Assess how the program initiative relates to other service coordination
17	programs operating at the county, tribal, or local level and take steps to work with
18	the other service coordination programs and to avoid duplication of activities,
19	services, and resources.
20	6. If a county or tribe applies for funding under sub. (15), assist the
21	administering agency in developing the application required under sub. (15) (b).

Review determinations by the service coordination agency regarding

eligibility, for assessment, appropriate services family resources, or funding of

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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 agencies agency, or county children with disabilities education boards board. The coordinating committee shall adopt written procedures for conducting reviews.

Note: Modifies the duties of the coordinating committee.

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

 ${\tt Note:}$ Deletes the provision setting forth optional actions of the coordinating committee.

SECTION 35. 46.56 (3) (d) 2. a. and b. of the statutes are renumbered 46.56 (3) (d) 13. and 14. and amended to read:

46.56 (3) (d) 13. 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.

14. Establish target groups of children with severe disabilities who are involved in 2 or more systems of care 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), severely emotionally disturbed children with severe emotional disabilities are required to be a priority target group.

Note: Modifies the optional actions of the coordinating committee so that they are mandatory and modifies those actions.
Section 36. 46.56 (3) (d) 3. of the statutes is created to read:
46.56 (3) (d) 3. Oversee the development and implementation of the initiative.
Section 37. 46.56 (3) (d) 8. to 12. of the statutes are created to read:
46.56 (3) (d) 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.
Section 38. 46.56 (3) (d) 15. of the statutes is created to read:
46.56 (3) (d) 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.
Note: Creates additional duties of the coordinating committee.
Section 39. 46.56 (3) (e) of the statutes is created to read:
46.56 (3) (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.

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2	Establish	and rer	ort moi	nitoring	and	evalua	ation	results.
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- 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.

Note: Permits the coordinating committee to direct the initiative coordinator or another person to perform specified additional duties.

SECTION 40. 46.56 (4) (a) to (e) of the statutes are amended to read:

- 46.56 **(4)** (a) Oversee 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) Distribute Assist the coordinating committee in distributing information about the availability and operation of the program initiative to the general public as well as and to public or private service providers who might seek to make referrals to the program initiative.
- (d) If the county board of supervisors <u>or tribe</u> 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.

Note: Modifies the role of the administering agency. The administering agency is defined in Section 5 as the department designated by a county board or by a tribe to administer a coordinated services initiative.

SECTION 41. 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, tribal agency, 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 <u>program initiative</u> 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 and resources through the program initiative.
- (g) The procedures to be followed to obtain any required authorizations for sharing of confidential information among organizations providing treatment,

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1	services, education and support services, and other resources to a child with severe
2	disabilities and his or her family.
3	(h) The procedures that will be used for resolving managing conflicts among
4	service providers or coordinated services team members or between elients a child
5	or his or her family and service providers.
6	(i) The methods that will be used to measure program initiative effectiveness
7	including client satisfaction of a child and his or her family, and for revising the
8	operation of the program initiative in light of evaluation results.
9	Section 42. 46.56 (5) (j) and (k) of the statutes are created to read:
10	46.56 (5) (j) The mission and core values of the initiative.
11	(k) Expectations for organizations represented on the coordinating committee
12	under sub. (3), including provision of the funding match required under sub. (15) (c)
	Note: Modifies items that an interagency agreement must include. Under Section 15, an interagency agreement is a written document of understanding among service providers and other partner agencies that are represented on the coordinating committee that identifies mutual responsibilities for implementing coordinated services for children and their families.
13	SECTION 43. 46.56 (6) (title), (a) (intro.), 1. and 2. of the statutes are amended
14	to read:
15	46.56 (6) (title) Roles of Service Coordination agency, Service Coordinator
16	INITIATIVE COORDINATOR, AND INTERDISCIPLINARY COORDINATED SERVICES TEAM. (a
17	(intro.) There may be one One or more service coordination agencies participating
18	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). A 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 who is enrolled in the initiative and the child's his or her family
to facilitate the implementation of the integrated service plan; $\underline{\text{coordinated services}}$
plan of care.
Note: Sets forth the requirements for and duties of the service coordination agency. Under Section 20, the service coordination agency is a county department, tribe, agency, school district, cooperative educational service agency, or county children with disabilities education board designated in an interagency agreement by the coordinating committee to provide intake and service coordination for one or more target groups of children and their families.
SECTION 44. 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 45. $46.56\ (6)\ (a)\ 4.$ 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 who are involved in 2 or more
systems of care and their families who are not eligible for the program initiative, if
the coordinating committee determines that $\frac{1}{2}$ this service $\frac{1}{2}$ the service coordination
$\underline{agency}\; can\; \underline{be\;provided}\; \underline{provide\; the\; information}\; without\; interfering\; with\; the\; primary$
purpose of the program <u>initiative</u> .

Note: Sections 45 and 46 modify the duties of the service coordination agency.

Section 46. 46.56 (6) (b) of the statutes is amended to read:

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1	46.56 (6) (b) The service coordinator shall have the functions specified in sub
2	(8) (f) to (i) (h), (n), and (r).

- 3 **Section 47.** 46.56 (6) (c) of the statutes is amended to read:
- 4 46.56 (6) (c) The interdisciplinary coordinated services team shall have has the functions specified under sub. (8) (f) and, (h), and (i).

Note: Sections 47 and 48 modify the provisions cross-referencing the functions of the service coordinator and the coordinated services team.

- **SECTION 48.** 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 initiative coordinator.

Note: Creates a requirement that every county and tribe that operates any initiative develop written policies and procedures specifying the selection process for the initiative coordinator.

- **SECTION 49.** 46.56 (6) (d) of the statutes is created to read:
- 46.56 **(6)** (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.

set forth in sub. (3) (e).

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

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Note: Provides that the primary responsibility of the initiative coordinator is to promote collaborative relationships in the systems of care, as defined in Section 23, and sets forth the duties of the initiative coordinator.

SECTION 50. 46.56 (7) of the statutes is amended to read:

46.56 (7) ELIGIBILITY OF CHILDREN AND FAMILIES. Children with severe disabilities who are involved in 2 of more systems of care 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 who are involved in 2 or more systems of care 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.

NOTE: Modifies the provisions relating to eligibility of children and families.

Section 51. 46.56 (8) (title) of the statutes is amended to read:

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46.56 (8) (title)	Referral,	INTAKE,	ASSESSMENT,	CASE	PLANNING	PLAN	OF	CARE
DEVELOPMENT, AND SER	VICE COORD	INATION.						

SECTION 52. 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 a child with severe disabilities 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 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 <u>relating to</u> a child with severe disabilities and his or her family in the program and in the program evaluation must <u>shall</u> be obtained from the child's parent, or the child, if appropriate

or required <u>by federal statute or regulation or state statute or rule</u>, 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 who is involved in 2 or more systems of care 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 them 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 a 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 a child with severe disabilities enrolled in the initiative 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 family of the child with severe disabilities 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 they the team, the coordinator, or the family find finds 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 <u>and resources</u> needed by the child with severe disabilities and the <u>child's his or her</u> family, including the identity of each <u>individual and</u> organization that will be responsible for providing <u>a portion of the treatment</u>, 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 <u>and</u> <u>other resources</u> needed for the child <u>with severe disabilities</u> and his or her family and an allocation of funding responsibility among organizations <u>where if</u> more than one organization is responsible for the child's and <u>the child's his or her</u> family's treatment, education and support services.

Note: Modifies the provisions relating to referrals to the coordinated services initiative, screening of children and families referred to the initiative, consent for release of information, review of completed applications with the child's family, assistance to families found to be ineligible, enrollment in the initiative and assignment of a coordinated services team, assembling results of prior assessments and evaluations documenting the strengths and needs of the child, and preparation of a coordinated services plan of care.

Section 53. 46.56 (8) (cm) of the statutes is created to read:

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46.56 (8) (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.

Note: Creates a separate provision relating to consent for participation in a CST initiative. This language is deleted from s. 46.56 (8) (c), stats., in the bill.

- **SECTION 54.** 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 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.

 ${\tt Note}$: Creates additional information that must be included in the coordinated services plan of care.

- **SECTION 55.** 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 are 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) proposed 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,

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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.

Note: Modifies provisions relating to arranging for additional evaluations of the child, submitting the coordinated services plan of care to any service provider included in the plan of care, and implementing the plan of care.

SECTION 56. 46.56 (8) (L) of the statutes is repealed.

Note: Repeals a provision under which the service coordination agency and the designated service providers must include in the integrated service plan all individuals who are active in the care of the child with severe disabilities, including members of the child's family, foster parents, and other individuals who by close and continued association with the child have come to occupy significant roles in the care and treatment of the child.

SECTION 57. 46.56 (8) (m) to (o) of the statutes are amended to read:

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

- (n) The service coordinator shall advocate for the child with severe disabilities and the child's 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 <u>and other resources</u> under this section shall be provided in the community, <u>preferably in the child's home or home community</u>, in the least restrictive

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and least intrusive setting and manner which that meets the best interests of the child with severe disabilities.

Note: Modifies provisions relating to identifying an ongoing contact person from each organization or service provider designated to provide services under the plan of care, requiring that the service provider advocate for the child and his or her family and ensure they are participating in planning and other activities to the fullest extent possible, and requiring that services and other resources be provided in the least restrictive and least intrusive setting and manner.

SECTION 58. 46.56 (8) (p) and (q) of the statutes are repealed.

Note: Repeals provisions under which an integrated service plan may not be used to place or accomplish the placement of a child outside of his or her home and that an integrated service plan may not modify a individualized education program.

SECTION 59. 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 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 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.

Note: Modifies provisions relating to review of and amendments to plans of care and termination of the coordinated services team process.

Section 60. 46.56 (9) of the statutes is amended to read:

46.56 (9) IMMEDIATE CARE. Individual county departments, <u>tribal agencies</u>, <u>other agencies</u>, and other service providers <u>may shall</u> provide immediate services <u>and other resources</u> as necessary and appropriate to children with severe disabilities <u>who are involved in 2 or more systems of care and their families</u> who have been referred for <u>participation an evaluation of eligibility for and appropriateness of enrollment in the program initiative while assessment and planning take place.</u>

 $\ensuremath{\mathsf{Note}}$: Modifies the provision relating to providing immediate services and other resources as necessary.

Section 61. 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

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- 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.

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Note: Modifies the provision requiring the coordinated services initiative to coordinate its activities with other support programs, conflict management, administrative appeals, and review of actions by individual organizations participating in the plan of care.

Section 62. 46.56 (14) (a) of the statutes is amended to read:

46.56 (14) (a) In order to support the development of a comprehensive <u>service</u> system of coordinated care for children with severe disabilities who are involved in 2 or more systems of care and their families, the department shall establish a statewide 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 with severe disabilities, who are involved in 2 or more systems of care 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 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 programs <u>initiatives</u> throughout the state, and support communication and mutual assistance among operating programs initiatives as well as those that are being developed.

NOTE: Modifies the provision requiring the department of health services to establish a state advisory committee. The bill adds to membership of the advisory committee representatives of tribal governing bodies, the department of corrections, the

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juvenile correctional system, the subunit of the department of workforce development that administers economic support programs, the local workforce development board, the philanthropic community, and the department of children and families.

Section 63. 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 <u>and tribes</u> that elect to participate in the <u>program initiative</u>:

Section 64. 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 <u>and maintaining</u> individual integrated service plans, <u>initiatives and</u> 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.

Note: Sections 63 and 64 modify current requirements for the department of health services to provide support services to counties and tribes that elect to participate in the coordinated services team initiative.

SECTION 65. 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 involved in 2 or

1	more systems of care and are not enrolled in the initiative and the costs associated
2	with these placements.
3	Section 66. 46.56 (14) (c) 2. of the statutes is repealed.
4	Section 67. 46.56 (14) (c) 3. to 5. of the statutes are amended to read:
5	46.56 (14) (c) 3. A comparison between any changes in problem behaviors of
6	participants enrollees before and after participation enrollment in the program
7	<u>initiative</u> .
8	4. A comparison between school attendance and performance of participants
9	enrollees before and after participation enrollment in the program initiative.
10	5. A comparison between recidivism rates of participants enrollees who have
11	a history of delinquency.
12	Section 68. $46.56(14)(c)$ 6. and 7. of the statutes are amended to read:
13	46.56 (14) (c) 6. Parent and child satisfaction with the program initiative.
14	7. Types of services provided to children with severe disabilities and their
15	families in the program through the integrated service plan initiative and the cost
16	of these services.
	Note: Sections 65, 66, 67, and 68 modify provisions requiring the department of health services to evaluate initiatives receiving state funding.
17	Section 69. 46.56 (14) (c) 8. of the statutes is repealed.
	Note: Repeals the provision requiring the department of health services to evaluate the fulfillment of the terms of the interagency agreements developed by the coordinating committee.
18	Section 70. 46.56 (14) (c) 9. of the statutes is created to read:
19	46.56 (14) (c) 9. A systems change and sustainability plan under sub. (3) (d) 13.
20	SECTION 71. 46.56 (14) (d) of the statutes is amended to read:
21	46.56 (14) (d) Notwithstanding sub. (1) (c) (intro.) eligibility requirements for
22	enrollment in the initiative, if the state is funding the program initiative in a

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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 disability or whose combination of multiple disabilities meets the requirements specified in sub. (1) (e) (om) 1. to 4.

Note: Modifies the provision under which the state may permit a county or tribe receiving state funding to serve an individual who has a severe disability and who has not attained 22 years of age.

SECTION 72. 46.56 (15) (a) and (b) (intro.) of the statutes are amended to read:

46.56 (15) (a) From the appropriation <u>account</u> 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 <u>section</u> subsection the county board of supervisors <u>or tribe</u> shall do all of the following:

Note: Modifies the provision permitting the department of health services to provide funds to implement coordinated services initiatives.

Section 73. 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 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.

Note: Creates an additional requirement for county boards of supervisors or tribes who apply for funds to implement a coordinated services initiative.

Section 74. 46.56 (15) (b) 2. to 4. of the statutes are amended to read:

	46.56 (15) (b) 2	2. Esta	blish e	hildren	witł	n sev	ere emoti	onal distur	ban	ices to be
the	priority	target	group	to be	served	by	the	program	initiative	as	severely
emo	tionally	disturb	ed child	<u>lren</u> .							

- 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 <u>and other resources</u> in the county <u>or tribe</u> for children <u>with severe disabilities who are involved in 2 or more systems of care</u>, an assessment of any gaps in services, and a plan for using the funds <u>received</u> under this <u>program subsection</u> or <u>funds</u> from other <u>funding</u> sources to develop or expand <u>any needed community-based services such as in-home treatment, treatment foster care</u>, day treatment, respite care or crisis services <u>the initiative</u>.

Note: Modifies the current requirements for county boards of supervisors or tribes that apply for funds to implement a coordinated services initiative.

Section 75. 46.56 (15) (b) 5. of the statutes is created to read:

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

Note: Creates an additional requirement for county boards of supervisors or tribes that apply for funds to implement a coordinated services initiative.

Section 76. 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, subsection, 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.

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(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).

Note: Modifies provisions relating to required matching funds and the requirement that a county or tribe must have a coordinating committee in order to apply for funding to implement a coordinated services initiative.

Section 77. 46.56 (15) (e) of the statutes is repealed.

Note: Repeals the provision under which the coordinating committee and the administering agency must develop and submit to the department of health services, during the first year of funding, a set of goals for diverting children with severe disabilities from placements outside the home and a plan for allocating funding from institutional services to community-based services for children with severe disabilities. Further, this provision provides that the coordinating committee and the administering agency must ensure that any funds saved, during the course of the program, as a result of the reduced use of institutional care by the target population will be allocated to community-based services for the target population.

SECTION 78. 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 who are involved in 2 or more systems of care.

Note: Modifies the provision relating to replacing other funds with coordinated services initiative funds.

- **SECTION 79.** 48.02 (9s) of the statutes is renumbered 48.02 (2f) and amended to read:
- 15 48.02 (**2f**) "Integrated service Coordinated services plan of care" has the meaning given in s. 46.56 (1) (g) (cm).
 - **SECTION 80.** 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 a coordinated services plan of care.

Section 81. 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 a 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) (q), by a tribe, the judge may order that an integrated service an assessment of the child and the child's family for eligibility for and appropriateness of the initiative, and if eligible for enrollment in the initiative, that a coordinated services plan of care be developed and implemented.

Note: Sections 79, 80, and 81 modify provisions of the ch. 48, stats., the children's code, to make them consistent with the changes in the bill relating to coordinated services initiatives. In addition, Section 81 permits a judge to order that a child be assessed for eligibility for coordinated services instead of permitting a judge to order coordinated services without an assessment.

Section 82. 49.45 (25) (bm) 2. of the statutes is amended to read:

49.45 **(25)** (bm) 2. A 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, as defined in s. 46.56 (1) (bm), with emotional and behavioral disabilities that meet the requirements under s. 46.56 (1) (c) 1. to 4.

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Note: Modifies current law relating to case management services for severely emotionally disturbed children under the medical assistance program to make it consistent with changes in the bill relating to coordinated services initiatives.

Section 83. 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 84. 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 85. 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.

Note: Sections 83, 84, and 85 modify the duties and powers of county departments of community programs and developmental disability services to make them consistent with the changes in the draft relating to coordinated services initiatives.

Section 86. 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.

Note: Permits a county board of supervisors to establish a coordinated services initiative.

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SECTION 87. 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.

Note: Modifies the duties of the county children with disabilities education board to make them consistent with the changes in the bill relating to coordinated services initiatives.

SECTION 88. 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.

Note: Modifies the duties of the board of control of a cooperative educational service agency to make them consistent with the changes in the bill relating to coordinated services initiatives.

Section 89. 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.

Note: Modifies the duties of school boards to make them consistent with the changes in the bill relating to coordinated services initiatives.

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SECTION 90. 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 91. 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 92. 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 an assessment of the juvenile and the juvenile's family for eligibility for and appropriateness of the initiative, and if eligible for enrollment in the initiative, that a coordinated services plan of care be developed and implemented.

Note: Sections 90, 91, and 92 modify provisions of the ch. 938, Stats., the juvenile justice code, to make them consistent with the changes in the bill relating to coordinated services initiatives. In addition, Section 92 permits a judge to order that a juvenile be assessed for eligibility for coordinated services instead of permitting a judge to order coordinated services without an assessment.

(1) Initiatives for coordinated services. In the schedule under section 20.005 (3) of the statutes for the appropriation to the department of health services under section 20.435 (7) (co) of the statutes, as affected by the acts of 2009, the dollar amount is decreased by \$1,466,000 for the first fiscal year of the fiscal biennium in which this subsection takes effect for the purpose for which the appropriation is made. In the schedule under section 20.005 (3) of the statutes for the appropriation to the department of health services under section 20.435 (7) (co) of the statutes, as affected by the acts of 2009, the dollar amount is decreased by \$1,466,000 for the 2nd fiscal year of the fiscal biennium in which this subsection takes effect for the purpose for which the appropriation is made.

Note: Increases the appropriation for state grants to implement coordinated services initiatives by \$1,466,000 in fiscal years 2009–10 and 2010–11.

SECTION 94. Effective date. This act takes effect on the day after publication or the 2nd day after publication of the 2009–11 biennial budget act, whichever is later.

Note: Provides that the provisions of the bill take effect on the day after publication or the 2nd day after publication of the 2009–11 biennial budget act, whichever is later.

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