SFAM: Collaborative Systems of Care WLC: 0075/1

LR:tlu 02/07/2007

1	<b>AN ACT</b> <i>to renumber and amend</i> 46.56 (3) (a) 7.; <i>to amend</i> 46.56 (title), 46.56 (1) (e)
2	to (i), 46.56 (1) (L), 46.56 (2) (title), 46.56 (3) (d) 1. a. and b., 46.56 (3) (d) 2. a. and
3	b., 46.56 (4) (a), (b), (c) and (e), 46.56 (5) (a), (b), (d) to (g) and (i), 46.56 (6) (a)
4	(intro.), 2. and 4., 46.56 (7), 46.56 (8) (a) to (g), (h) (intro.), 2., 3., 6., (j) and (L) to
5	(s), 46.56 (9), 46.56 (12), 46.56 (14) (a), (b) (intro.), 1., (c) (intro.), 1., 2., 7. and (d),
6	46.56 (15) (a) and and 46.56 (15) (b) 4., (e) and (f); and to create 20.435 (7) (cr),
7	46.56 (1) (bm), 46.56 (1) (cg) and (cr), 46.56 (1) (im), 46.56 (3) (a) 7., 46.56 (15) (b)
8	2m. and 59.53 (7m) of the statutes; relating to: collaborative systems of care for
9	families with children who are involved in multiple systems of care.

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

**JOINT LEGISLATIVE COUNCIL PREFATORY NOTE:** This draft 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:

"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 who 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 agreements components are also outlined by statute. The ISP must have one or more service coordination agencies. The service coordinating agency must identify a service coordinator for each child with severe disabilities that 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 proposal for counties to develop coordinated services teams (CST). 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 draft amends s. 46.56, stats., relating to ISPs, to include other collaborative systems of care, such as CSTs, within this statute. First, the draft creates a general purpose revenue (GPR) appropriation to fund collaborative systems of care. The amount of the appropriation is left blank, for the purposes of discussion. The draft defines a "collaborative system of care" as "a team approach taken by service providers to respond to individuals with multiple and serious needs in the least restrictive setting and with the actual involvement of the service recipient". The draft includes both ISPs and CSTs within the definition of collaborative systems of care.

The draft defines "coordinated service team" as "a process by which a group of individuals including family members, service providers, and informal support persons, work together to define and respond to service needs faced by a family who is involved with multiple systems of care". The draft defines "involved with multiple systems of care" as "being a participant in more than one system that provides treatment, services, or sanctions to an individual or family, including the mental health, education, corrections, economic support, and child welfare systems".

Under the draft, a "child" is defined as a child with severe disabilities or a child involved with multiple systems of care. The remainder of, s. 46.56, stats., is amended to more broadly refer to children involved with

multiple systems of care, in addition to children with severe disabilities, as well as to refer to CSTs, in addition to the current references to ISPs. 1 **SECTION 1.** 20.005 (3) (schedule) of the statutes: at the appropriate place, insert the 2 following amounts for the purposes indicated: 3 2007-08 2008-09 4 20.435 Health and Family Services, department of 5 (7) DISABILITY AND ELDER SERVICES AND LOCAL 6 ASSISTANCE 7 Coordinated services teams GPR -0--0-(cr) 8 **SECTION 2.** 20.435 (7) (cr) of the statutes is created to read: 9 20.435 (7) (cr) The amounts in the schedule for coordinated services teams under s. 10 46.56 (1) (cr). 11 **SECTION 3.** 46.56 (title) of the statutes is amended to read: 12 46.56 (title) Integrated service programs for children with severe disabilities Collaborative systems of care. 13 14 **SECTION 4.** 46.56 (1) (bm) of the statutes is created to read: 15 46.56 (1) (bm) In this section, "child" or "children" means a child or children with 16 severe disabilities, or a child or children who is determined to need services in multiple 17 systems of care, including the child welfare, juvenile justice, economic support, and mental 18 health systems. 19 **SECTION 5.** 46.56 (1) (cg) and (cr) of the statutes are created to read: 20 46.56 (1) (cg) "Collaborative system of care" means a team approach taken by service

providers to respond to children with multiple and serious needs in the least restrictive setting

1 and with the actual involvement of the service recipient. Collaborative systems of care include 2 coordinated service teams and integrated service programs. 3 (cr) "Coordinated service team" means a process by which a group of individuals including family members, service providers, and informal support persons, work together to 4 5 define and respond to service needs faced by a family with a child who is involved with 6 multiple systems of care. 7 **SECTION 6.** 46.56 (1) (e) to (i) of the statutes are amended to read: 8 46.56 (1) (e) "Intake" means the process by which the service coordination agency 9 initially screens a child with severe disabilities and the child's family to see if a complete 10 assessment is needed. 11 "Integrated services" means treatment, education, care and support services 12 provided, in a coordinated manner, for a child with severe disabilities and his or her family. 13 (g) "Integrated service plan" means the plan for treatment, education and support 14 services for an eligible child with severe disabilities and the child's family under sub. (8) (h). 15 (h) "Interagency agreement" means a written document of understanding among 16 service providers that identifies mutual responsibilities for implementing integrated services 17 for children with severe disabilities. 18 (i) "Interdisciplinary team" means a group of professionals, assembled by the service 19 coordinator, from various service systems who meet all of the following criteria: 20 1. Are skilled in providing treatment, education and support services for children with

2. Conduct comprehensive evaluations of the child with severe disabilities and the

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severe disabilities and their families.

child's family's needs for treatment and support services.

3. Possess skills and knowledge of the needs or dysfunctions of the specific type presented by the child being assessed.

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.

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

46.56 (1) (im) "Involved with multiple systems of care" means being a participant in more than one system that provides treatment, services, or sanctions to a child and his or her family, including the mental health, education, corrections, economic support, and child welfare systems.

**SECTION 8.** 46.56 (1) (L) of the statutes is amended to read:

46.56(1) (L) "Service coordination" means a case management service that coordinates multiple service providers who are serving a particular child with severe disabilities and the child's family. The term includes arrangement for assessment, development of an integrated service plan based on the assessment, advocacy for the needs of the child and the child's family, monitoring of the child's progress, facilitation of periodic reviews of the integrated service plan and coordination and maintenance of clear lines of communication among all service providers and the child and the child's family.

**SECTION 9.** 46.56 (2) (title) of the statutes is amended to read:

46.56 (2) (title) ESTABLISHMENT OF PROGRAMS AND COORDINATED SERVICES TEAMS. If a county board of supervisors establishes a program under s. 59.53 (7) or a coordinated services team under (7m), it shall appoint a coordinating committee and designate an administering agency. The program or coordinated services team may be funded by the county or the county board of supervisors may apply for funding by the state in accordance with sub. (15).

1 **SECTION 10.** 46.56 (3) (a) 7. of the statutes is renumbered 46.56 (3) (a) 8. and amended 2 to read: 3 46.56 (3) (a) 8. At least 2 parents of children with severe disabilities and at least 2 parents of children involved with multiple systems of care, or the number of parents of 4 5 children with severe disabilities and children involved with multiple systems of care that it will 6 take to make the parent representation equal to 25% 35% of the coordinating committee's 7 membership, whichever is greater. 8 **SECTION 11.** 46.56 (3) (a) 7. of the statutes is created to read: 9 46.56 (3) (a) 7. The agency responsible for economic support programs. 10 **SECTION 12.** 46.56 (3) (d) 1. a. and b. of the statutes are amended to read: 11 46.56 (3) (d) 1. a. Prepare one or more interagency agreements in accordance with sub. 12 (5) that all participatory organizations in the program or the coordinated services teams agree 13 to follow in creating and operating a program or the coordinated services teams. 14 b. Assess how the program or the coordinated services teams relates to other service 15 coordination programs operating at the county or local level and take steps to work with the 16 other service coordination programs and to avoid duplication of activities. 17 **SECTION 13.** 46.56 (3) (d) 2. a. and b. of the statutes are amended to read: 18 46.56 (3) (d) 2. a. Act as a consortium to pursue additional funding for the program or 19 the coordinated services team through grants from the state or federal government or private 20 foundations. 21 b. Establish target groups of children with severe disabilities and children involved with 22 multiple systems of care and their families to be served based on disability of the child or the 23 child's most significant area of impaired functioning, age of the child, geographic areas within 24 the county and other factors with the approval of the department. If a county applies for

1 funding under sub. (15), children with severe emotional disabilities and children involved 2 with the child welfare system are required to be a target group target groups. Does the committee want to direct the coordinating COMMENT: committee to create a target group of children involved with the child welfare system as part of the collaborative services teams program? 3 **SECTION 14.** 46.56 (4) (a), (b), (c) and (e) of the statutes are amended to read: 4 46.56 (4) (a) Oversee the development and implementation of the program or the 5 coordinated services teams and designate the staff needed for the program. 6 Assist the coordinating committee in drafting and executing interagency (b) 7 agreements and any other operations necessary for the start-up and operation of the program 8 or the coordinated services teams. 9 (c) Distribute information about the availability and operation of the program or the 10 coordinated services teams to the general public as well as to public or private service 11 providers who might seek to make referrals to the program or the coordinated services teams. 12 (e) Undertake such other activities in compliance with another provision of the statutes, 13 department rules and guidelines, interagency agreements and the directions of the 14 coordinating committee as are necessary to ensure the effective and efficient operation of the 15 program or the coordinated services teams. 16 **SECTION 15.** 46.56 (5) (a), (b), (d) to (g) and (i) of the statutes are amended to read: 17 46.56 (5) (a) The identity of every county department, agency, school district, 18 cooperative educational service agency or county children with disabilities education board, 19 technical college district or other organization that will participate in the program or the 20 coordinated services teams. 21 (b) The identification of services and resources that the participating organizations will

commit to the program or the coordinated services teams or will seek to obtain, including joint

1 funding of services and funding for the qualified staff needed to support the program or the 2 coordinated services teams. 3 (d) The identification of any group of children with severe disabilities who will be 4 targeted for services through the program or the coordinated services teams. 5 (e) The procedures for outreach, referral, intake, assessment, case planning and service 6 coordination that the program or the coordinated services teams will use. 7 (f) The specific criteria, based on sub. (7), that will be used for deciding whether a child 8 with severe disabilities and his or her family are eligible for services through the program or 9 the coordinated services teams. 10 The procedures to be followed to obtain any required authorizations for sharing (g) 11 of confidential information among organizations providing treatment, education and support 12 services to a child with severe disabilities and his or her family or the coordinated services 13 teams. 14 (i) The methods that will be used to measure program effectiveness, including client 15 satisfaction, and for revising the operation of the program or the coordinated services teams 16 in light of evaluation results. 17 **SECTION 16.** 46.56 (6) (a) (intro.), 2. and 4. of the statutes are amended to read: 18 46.56 (6) (a) (intro.) There may be one or more service coordination agencies 19 participating under the program or coordinated services teams. The organizations and the 20 target groups that are to be served shall be identified in the interagency agreement under sub. 21 (5). A service coordination agency shall: 22 2. Identify a specific individual to act as service coordinator for each child with severe 23 disabilities and the child's family to facilitate the implementation of the integrated service

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plan;

4. Act as a resource for information about other services for children with severe disabilities and their families who are not eligible for the program or coordinated services teams, if the coordinating committee determines that this service can be provided without interfering with the primary purpose of the program or coordinated services teams.

**SECTION 17.** 46.56 (7) of the statutes is amended to read:

- 46.56 (7) ELIGIBILITY OF CHILDREN AND FAMILIES. Children with severe disabilities and their families shall be eligible for the program or the coordinated services teams. 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 the program or the coordinated services teams. 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 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 community—based services, or who would be able to return to community placement or their homes from an institutional placement if such services were provided.
- (c) Not exclude a child with severe disabilities or that child's family from services because of lack of ability to pay.
- **SECTION 18.** 46.56 (8) (a) to (g), (h) (intro.), 2., 3., 6., (j) and (L) to (s) of the statutes are amended to read:
- 46.56 **(8)** (a) Referrals to the program <u>or to coordinated services teams</u> may come from any county departments, 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 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.

- (b) Upon referral, staff from the service coordination agency shall screen the referral to determine if the child with severe disabilities and the child's family appear to meet the eligibility criteria and any target groups established by the coordinating committee. If the child with severe disabilities and the child's family appear to be eligible, the staff shall gather information from the child's family and any current service providers to prepare an application for the program or for the coordinated services team.
- (c) Consent for release of information and participation of a child with severe disabilities and his or her family in the program and in the program evaluation must be obtained from the child's parent, or the child, if appropriate or required, or by order of a court with appropriate jurisdiction.
- (d) The service coordination agency shall review the completed application 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 family are appropriate for services through the program or through the coordinated services teams. The service agency shall approve or disapprove each application within 30 days after the date on which the application was received.
- (e) If the child with severe disabilities and the child's family are found to be ineligible, staff from the service coordination agency shall assist them in obtaining needed services from appropriate providers.
- (f) If the child with severe disabilities and the child's family are found to be eligible for the program or for the coordinated services teams, the agency shall assign a service

coordinator who shall assemble an interdisciplinary team to assess the child with severe disabilities and the child's family's need for treatment, education, care and support.

- (g) The service coordinator shall assemble the results of all prior relevant assessments and evaluations documenting the service needs of the child with severe disabilities and the child's 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 evaluations.
- (h) (intro.) The interdisciplinary team, the family of the child with severe disabilities and the service coordinator shall, based on existing assessments that have been assembled and any additional evaluations that they or the family find to be necessary, prepare an integrated service plan within 60 days after the date on which the application was received. The integrated service plan shall include all of the following:
- 2. The short–term and long–term goals for treatment and support services for the child with severe disabilities and the child's family.
- 3. The services needed by the child with severe disabilities and the child's family, including the identity of each 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.
- 6. Identification of available sources of funding to support the services needed for the child with severe disabilities and his or her family and an allocation of funding responsibility among organizations where more than one organization is responsible for the child's and the child's family's treatment, education and support services.

(j) The proposed integrated service plan 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 or in the coordinated services team has been court ordered under s. 48.345 (6m) or 938.34 (6m).

- (L) In providing integrated services under this section, the service coordination agency and the designated service providers shall 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, treatment 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 with severe disabilities.
- (m) Each service provider designated to provide services under the integrated service plan shall identify a specific staff person who shall serve as the ongoing member of a treatment team 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.
- (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 under this section shall be provided in the community in the least restrictive and least intrusive setting and manner which meets the best interests of the child with severe disabilities.
- (p) An integrated service plan shall not be used to place or accomplish the placement of a child with severe disabilities outside his or her home. Any out-of-home placements may

occur only under the statutory provisions specifically controlling such placements or admissions.

- (q) An integrated service plan may not modify an individualized education program created for a child with severe disabilities under ch. 115. The integrated service plan shall coordinate any educational services that are being provided to the child with severe disabilities with any treatment and support services that are being provided to the child with severe disabilities and that child's family.
- (r) The service coordinator shall, when necessary and at least every 6 months, assemble the treatment team, the family of the child with severe disabilities, the child with severe disabilities, where appropriate, and any counsel, guardian ad litem or other person advocating for the interests of the child with severe disabilities or the child's family to review the integrated service plan, progress toward the goals of the integrated service plan, establish new goals, request the inclusion of new participating organizations, or otherwise modify the integrated service plan to better meet the needs of the child with severe disabilities and the child's family. Decisions to amend the integrated service plan must be approved by the service coordinator, the treatment team, the family and, where the integrated service plan is being provided under a court order, by the court.
- (s) Services under the integrated service plan may be terminated by the agreement of all participants 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, 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 team, that further services are not in the child's

best interests, or that the child with severe disabilities and child's family no longer meet the eligibility criteria for the program or for the coordinated services team.

**SECTION 19.** 46.56 (9) of the statutes is amended to read:

46.56 (9) IMMEDIATE CARE. Individual county departments, agencies and other service providers may provide immediate services as necessary and appropriate to children with severe disabilities who have been referred for participation in the program or in the coordinated services team while assessment and planning take place.

**SECTION 20.** 46.56 (12) of the statutes is amended to read:

46.56 (12) Administrative appeals. Decisions by the service coordination agency regarding eligibility, denial, termination, reduction or appropriateness of services may be appealed to the coordinating committee by a child with severe disabilities who is a service applicant or recipient or 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.

**SECTION 21.** 46.56 (14) (a), (b) (intro.), 1., (c) (intro.), 1., 2., 7. and (d) of the statutes are amended to read:

46.56 (14) (a) In order to support the development of a comprehensive 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, the department of public instruction, educational agencies, 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, 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 monitor the development of programs and coordinated services teams throughout the state and support communication and mutual assistance among operating programs and coordinated services teams as well as those that are being developed.

- (b) (intro.) The department shall provide, either directly or through purchase of services, the following support services to the counties that elect to participate in the program or coordinated services teams:
- 1. Consultation in the areas of developing individual integrated service plans, finding appropriate resources, and establishing and maintaining local programs or coordinated services teams.
- (c) (intro.) The department shall evaluate the programs <u>or coordinated services teams</u> funded under this section. All organizations participating in the program 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 and by coordinated services teams spent in out—of—home placement compared to other children with severe disabilities in the target group.
- 2. Whether or not the program's <u>or coordinated services team's</u> goals under sub. (15) (e) have been met and the program's <u>or coordinated services team's</u> plan for allocating funding from institutional services to community—based services for children with severe disabilities has been implemented.
- 7. Types of services provided to children with severe disabilities and their families in the program through the integrated service plan and the cost of these services.

(d) Notwithstanding sub. (1) (c) (intro.), if the state is funding the program or coordinated services teams in a particular county under sub. (15), the department may permit the county to serve any individual who has severe disabilities and who has not attained 22 years of age 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) (c) 1. to 4.

**SECTION 22.** 46.56 (15) (a) and of the statutes are amended to read:

46.56 (15) (a) From the appropriation appropriations under s. 20.435 (7) (co) and (cr), the department shall make available funds to implement programs and coordinated services teams. 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.

**SECTION 23.** 46.56 (15) (b) 2m. of the statutes is created to read:

46.56 (15) (b) 2m. Establish children involved with the child welfare system to be the priority target group served by the coordinated services teams.

**SECTION 24.** 46.56 (15) (b) 4., (e) and (f) of the statutes are amended to read:

46.56 (15) (b) 4. Submit a description of the existing services in the county for children with severe disabilities, an assessment of any gaps in services, and a plan for using the funds under this program or 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 crisis services.

(e) During the first year of funding under this section, the coordinating committee and the administering agency shall develop and submit to the department, for its approval, 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. The coordinating committee and the administering agency shall also 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.

(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 25. 59.53 (7m) of the statutes is created to read:

59.53 (7m) Coordinated services teams. The board may establish a program of

(END)

coordinated services teams under s. 46.56.