

1 **State of Arkansas**  
2 **78th General Assembly**  
3 **Regular Session, 1991**

# A Bill

**HOUSE BILL**

4 **By: Joint Committee on Children and Youth**

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## **For An Act To Be Entitled**

8 "AN ACT TO ESTABLISH THE CHILD AND ADOLESCENT SERVICE  
9 SYSTEM PROGRAM FOR TREATING CHILDREN WITH EMOTIONAL  
10 DISTURBANCE; TO ESTABLISH A COORDINATING COUNCIL TO  
11 DEVELOP A STATE PLAN FOR TREATING SUCH CHILDREN; AND FOR  
12 OTHER PURPOSES."

13

14 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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16 SECTION 1. PURPOSE. The General Assembly of the State of Arkansas  
17 finds that services to children are provided by various departments and  
18 agencies at both the state and local level, often without appropriate  
19 collaboration. The General Assembly declares that the purpose of this act is  
20 to establish a structure for coordinated policy development, comprehensive  
21 planning, and collaborative budgeting for services to children with emotional  
22 disturbance and their families. It is further the intention of this act to  
23 build on existing resources and to design and implement a coordinated service  
24 system for children with emotional disturbance which is child and family  
25 centered and community based.

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27 SECTION 2. DEFINITIONS. As used in this act, unless the content  
28 otherwise requires:

29 (1) "Case management" means those efforts which assure that necessary  
30 services for the child and family are obtained and monitored. Such efforts  
31 shall include coordination across agencies for evaluations, the provision of  
32 services based on integrated assessments and evaluations; the review for  
33 adequacy of services through client progress; and maintaining cooperation  
34 among agencies.

35 (2) "Case review" means a multi-agency effort to design and provide a

1 service delivery plan for difficult-to-serve children who may require unusual  
2 services or service configurations. When utilizing a group process for  
3 reaching service delivery decisions, the group shall be composed of those who  
4 carry sufficient authority to assure timely provision of services.

5 (3) "CASSP" means the Child and Adolescent Service System Program.

6 (4) "Child with emotional disturbance" means an individual under the  
7 age of eighteen who is exhibiting inappropriate emotional, interpersonal, or  
8 behavioral problems within the home, school, or community given his age,  
9 intellectual level, and cultural background; whose degree of dysfunction is at  
10 least disruptive and often disabling; and whose problems persist after efforts  
11 to deal with the problems have been made by significant others in the child's  
12 social environment and who meets specific criteria established by the CASSP  
13 Coordinating Council.

14 (5) "Collaborative budget agreement" means a written agreement among  
15 the members of the Department of Education, Department of Health and  
16 Department of Human Services to allocate resources for programs and services  
17 in the statewide plan. The collaborative budget agreement shall identify the  
18 proportion of each agency budget request that will be allocated to implement  
19 the system of care.

20 (6) "Collaborative evaluation" means an intensive appraisal of a child  
21 which provides more of an in-depth analysis than an integrated screening and  
22 assessment. Such evaluation shall be designed, obtained, and utilized  
23 collaboratively by those agencies identifying a need for the information.

24 (7) "Flexible funds" means a specific fiscal allocation designated for  
25 atypical expenditures to meet extraordinary needs of a child and family  
26 identified in the service plan. Decisions for expenditure of flexible funds  
27 shall be made at the regional or local level and must be approved by all  
28 involved service providers.

29 (8) "Integrated screening and assessment" means an initial appraisal of  
30 a child identified or suspected of having emotional disturbance which provides  
31 sufficient information to make decisions about service needs. The assessment  
32 shall be conducted in collaboration with all agencies providing services, and  
33 shall result in a common data base which meets the generic data needs of each  
34 agency.

35 (9) "Regional plan" means a written strategy developed by regional

1 CASSP teams which specifies the kind, mix, and priority of services to be  
2 provided in each community mental health center catchment area. The regional  
3 plan shall address all components of the system of care; shall be based on the  
4 principles for the system of care provided herein and on the service needs of  
5 the children with emotional disturbance in the region; shall include  
6 procedures for evaluating services provided to children with emotional  
7 disturbance and their families; and shall be reviewed annually by the CASSP  
8 Coordinating Council and, upon approval, shall be incorporated into the  
9 statewide plan.

10 (10) "Service array" means those services in the system of care that  
11 address the varying areas of needs of children with emotional disturbance and  
12 their families, and shall include but not be limited to mental health  
13 services; substance abuse services; social services; education services;  
14 health services; vocational services; recreational services; operational  
15 services; case management, advocacy and other necessary services.

16 (11) "Single point of entry" means a unit, agency, or group designated  
17 as the gatekeeper for the service system for children with emotional  
18 disturbance and their families.

19 (12) "Statewide plan" means a comprehensive strategy that identifies  
20 the procedures for developing and implementing the system of care which is  
21 prepared by the CASSP Coordinating Council incorporating all regional plans.

22 (13) "System of care" means a comprehensive spectrum of mental health  
23 and other necessary services organized into a coordinated network to meet the  
24 multiple and changing needs of children with emotional disturbance, based on  
25 principles set forth in this act.

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27 SECTION 3. THE SYSTEM OF CARE. The following guiding principles shall  
28 be incorporated in the system of care:

29 (1) Services shall be child and family centered and give priority to  
30 keeping children with their families;

31 (2) Services shall be community based, with decision making  
32 responsibility and management at the regional and local levels;

33 (3) Services shall be comprehensive, addressing the child's physical,  
34 educational, social, and emotional needs;

35 (4) Agency resources and services shall be shared and coordinated;

1 (5) Services shall be provided in the least restrictive setting  
2 consistent with effective services, and as close to home as appropriate;

3 (6) Services shall be culturally and ethnically sensitive;

4 (7) Services shall address the unique needs and potential of each  
5 child, and shall be sufficiently flexible to meet highly individualized child  
6 and family needs;

7 (8) Services shall promote early identification and intervention; and

8 (9) Services shall be designed to protect the rights of children.

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10 SECTION 4. COMPONENTS OF THE SYSTEM. The components of the system of  
11 care shall include, but not be limited to:

12 (1) Single point of entry;

13 (2) Integrated screening and assessment;

14 (3) Case management;

15 (4) Case review;

16 (5) Collaborative evaluation; and

17 (6) Service array.

18

19 SECTION 5. CASSP COORDINATING COUNCIL. (a) There is hereby created a  
20 CASSP Coordinating Council which shall meet on a quarterly basis and at other  
21 times deemed necessary to perform its functions. The council shall include  
22 the following persons to be selected and appointed by the directors of the  
23 Department of Education, Department of Health and Department of Human  
24 Services:

25 (1) - at least three (3) parents of a child with emotional  
26 disturbance;

27 (2) - a member of an ethnic minority;

28 (3) - a child advocate;

29 (4) - a representative from the certified community mental health  
30 center;

31 (5) - representatives from each of the following divisions in the  
32 Department of Human Services (appointed by the director):

33 (A) Alcohol and Drug Abuse Prevention;

34 (B) Children and Family Services;

35 (C) Developmental Disabilities Services;

- 1 (D) Economic and Medical Services;
- 2 (E) Mental Health Services;
- 3 (F) Program Operations;
- 4 (G) Rehabilitation Services
- 5 (6) - a representative from the Department of Education;
- 6 (7) - a representative from a local school district;
- 7 (8) - a representative from the juvenile justice system;
- 8 (9) - a representative from a local or regional rehabilitation
- 9 services office ;
- 10 (10)- a representative from the Department of Health (appointed by
- 11 the director)
- 12 (11)- a representative from a local or regional health department;
- 13 (12)- a representative from a local or regional provider of
- 14 developmental disabilities services;
- 15 (13)- a representative of a local substance abuse treatment
- 16 program for adolescents;
- 17 (14)- a member of the House of Representatives who serves on the
- 18 Joint Committee on Children and Youth;
- 19 (15)- a member of the Senate who serves on the Joint Committee on
- 20 Children and Youth; and
- 21 (16)- a representative from a local or regional community action
- 22 agency.
- 23 (b) The CASSP Coordinating Council shall:
- 24 (1) Advise and report to the directors of the Department of
- 25 Education, Department of Health and Department of Human Services on matters of
- 26 policy and programs related to children with emotional disturbance and their
- 27 families;
- 28 (2) Identify and recommend fiscal, policy, training and program
- 29 initiatives and revisions based on needs identified in the planning process;
- 30 (3) Provide specific guidelines for the development of regional
- 31 services and plans based on the guiding principles of the system of care;
- 32 (4) Review and approve regional plans developed by regional CASSP
- 33 teams and incorporate the regional plans into the statewide plan;
- 34 (5) Assure that mechanisms for accountability are developed and
- 35 incorporated into the regional plans;

1           (6) Submit a statewide plan and budget recommendations to the  
2 directors of the Department of Education, Department of Health and Department  
3 of Human Services on or before March 15 of each even numbered year thereafter  
4 preceding the legislative session;

5           (7) Develop and recommend special projects to the directors; and

6           (8) Provide a written report on a quarterly basis to the Joint  
7 Committee on Children and Youth that summarizes progress implementing this  
8 act.

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10           SECTION 6. REGIONAL CASSP TEAMS.   (a) A regional CASSP team shall be  
11 established in each community mental health center catchment area.

12           (b) At least fifty-one percent (51%) of each team membership shall  
13 consist of individuals who are not state employees or who are not providers of  
14 services to children with emotional disturbance or their families but who are  
15 parents, parent surrogates, family members, or consumers.

16           (c) The regional CASSP teams shall have at a minimum regional agency  
17 representatives from the Community Mental Health Centers, the Division of  
18 Developmental Disabilities Services, the Division of Children and Family  
19 Services, and the Division of Alcohol and Drug Abuse Prevention Services; the  
20 Department of Health; and the Department of Education/Special Education.

21           (d) Additional representatives of other local services and program  
22 shall be added by the regional team.

23           (e) Each regional team member may appoint a single person to serve as  
24 his or her proxy.

25           (f) The regional CASSP teach shall:

26           (1) Advise and report to the CASSP Coordinating Council on  
27 matters of policies, resources, programs and services relating to children  
28 with emotional disturbance and their families;

29           (2) Identify and recommend program initiatives and revisions  
30 based on area and community-based needs;

31           (3) Submit a regional plan and recommend a program to the CASSP  
32 Coordinating Council on or before February 15, 1992, and by February 15 of  
33 each even-numbered year thereafter preceding the legislative session; and

34           (4) Develop and implement special projects for community-based  
35 services.

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2 SECTION 7. STAFFING. (a) The staff for the CASSP Coordinating Council  
3 shall be provided by the CASSP project for the first two (2) years, and  
4 subsequently by the Department of Human Services, Division of Mental Health  
5 Services.

6 (b) Staff shall develop and support the regional CASSP team network  
7 and provide training and technical assistance relevant to the system of care.

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9 SECTION 8. EVALUATION AND TREATMENT. (a) Children suspected of having  
10 emotional disturbance shall be given an integrated screening and assessment  
11 through the single point of entry, after which an initial service plan shall  
12 be defined and developed.

13 (b) The community mental health centers are hereby designated as the  
14 single point of entry.

15 (c) The unit shall be accessible on a twenty-four (24) hour basis,  
16 shall accept referrals from multiple sources, have interagency linkages,  
17 involve parents, ensure immediate access to crisis intervention services, and  
18 have authority to seek needed services.

19 (d) Upon entry into the system of care, collaborative evaluations,  
20 initial and subsequent individualized service plans for children with  
21 emotional disturbance and their families shall be jointly developed by the  
22 appropriate local or regional representatives of the Community Mental Health  
23 Center, representatives of the Department of Human Services County Office,  
24 representatives of the Department of Health, representatives of the Department  
25 of Education/Special Education Division, representatives of the local school  
26 district and representatives of any other service provider identified to meet  
27 the needs of the child and his family. The individualized service plan shall  
28 reflect an integrated service delivery which specifies services or programs  
29 with funding to be provided by each agency. The service plan shall also  
30 designate responsibility for case management.

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32 SECTION 9. ASSURANCES. (a) After July 1, 1991, all budget requests  
33 which affect children with emotional disturbance submitted from the Department  
34 of Human Services, the Department of Education, and the Department of Health  
35 shall include a written statement by the CASSP Coordinating Council of whether

1 the request is based on a system of care which is child and family centered  
2 and community based.

- 3 (b) Budget requests shall include provisions for:
  - 4 (1) The components of the system;
  - 5 (2) Flexible funds to meet extraordinary child and family needs;
  - 6 and
  - 7 (3) Incentives for keeping children with their families and
  - 8 developing community based services as close to home as appropriate.

9 (c) In the event that a regional CASSP team does not produce a timely  
10 regional plan that meets the guiding principles for the system of care,  
11 recommendations about allocation of funds in that region shall be made by the  
12 CASSP Coordinating Council.

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14 SECTION 10. All provisions of this Act of a general and permanent  
15 nature are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas  
16 Code Revision Commission shall incorporate the same in the Code.

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18 SECTION 11. If any provision of this Act or the application thereof to  
19 any person or circumstance is held invalid, such invalidity shall not affect  
20 other provisions or applications of the Act which can be given effect without  
21 the invalid provision or application, and to this end the provisions of this  
22 Act are declared to be severable.

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24 SECTION 12. All laws and parts of laws in conflict with this Act are  
25 hereby repealed.

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