



Coordinated Services Planning:

When families are challenged with trying to organize the services their child receives from multiple organizations, often more time is spent trying to coordinate than on the services themselves. At times like this, families might benefit from a Coordinated Services Plan (CSP); a tool used to get all the parties involved in a child's care at the same meeting. The CSP process provides an entitlement to **coordination** of services for families, not the services themselves.

Act 264, passed in 1988, requires that human services and education work together, involve parents, and coordinate services for better outcomes on behalf of children and adolescents experiencing emotional disturbance and their families. The 2005 Interagency Agreement between the Vermont Department of Education (DOE) and the Vermont Agency of Human Services (AHS) expands the target population beyond those eligible under Act 264 to include children and adolescents with disabilities who are eligible for both special education and disability-related services, including service coordination, provided by AHS.

Coordinated Services Planning can be very helpful in various ways. In a challenging situation, it can be used to ensure all team members have the same understanding of the situation and all are working towards the same goals. It also provides families with access to a local Representative, a parent who has lived experience with children's mental health and the service system, and can meet with the parent to ensure they understand the process and have needed support.

Also, as a result of Act 264, Local Interagency Teams (LIT) were put in place, one in each region of the state. These teams have mandated representatives from schools, mental health, and the Agency of Human Services as well as the Parent Representative

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described above. These teams meet monthly to brainstorm systems issues as well as resolve conflicts that arise in CSPs. They might also review requests for residential treatment. Parents who are dissatisfied with their CSP, or feel as if it will not be sufficient to help their child, can always request a meeting with the LIT.

There are two more teams, the State Interagency Team (SIT) and the Case Review Committee (CRC), that exist as a result of Act 264. The SIT works on systems issues as well as challenges sent to them by the LIT. The CRC evaluates all requests for residential treatment. There is a Parent Representative on each of these teams to ensure that a family voice is always represented.

If you think your child or family would benefit from a CSP, you can request one from a member of your team. Your mental health team member or your special education team member can both assist you. While there is no time requirement for scheduling a CSP, a reasonable assumption is that once you ask for a meeting in writing, the meeting should be able to take place within a month. Once you request the CSP in writing, you then have access to your Parent Representative.

Frequently Asked Questions:

How do I know if my child meets the criteria for a severe emotional disturbance (SED) and qualifies for a CSP?

In 1988 Act 264 created this definition: "Child or adolescent with a severe emotional disturbance" means a person who:

- A. exhibits a behavioral, emotional, or social impairment that disrupts his or her academic or developmental progress or family or interpersonal relationships
- B. has impaired functioning that has continued for at least one year or has an impairment of short duration and high severity;
- C. is under 18 years of age, or is under 22 years of age and eligible for special education under state or federal law; and
- D. falls into one or more of the following categories, whether or not he or she is diagnosed with other serious disorders such as mental retardation, severe neurological dysfunction or sensory impairments:

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1. Children and adolescents who exhibit seriously impaired contact with reality and severely impaired social, academic and self-care functioning whose thinking is frequently confused, whose behavior may be grossly inappropriate and bizarre and whose emotional reactions are frequently inappropriate to the situation.
2. Children and adolescents who are classified as management or conduct disorder because they manifest long-term behavior problems including developmentally inappropriate inattention, hyperactivity, impulsiveness, aggressiveness, anti-social acts, refusal to accept limits, suicidal behavior or substance abuse.
3. Children and adolescents who suffer serious discomfort from anxiety, depression, irrational fears and concerns whose symptoms may be exhibited as serious eating and sleeping disturbances, extreme sadness of suicidal proportion, maladaptive dependence on parents, persistent refusal to attend school or avoidance of non-familial social contact.

Who else qualifies for a CSP in addition to SED students?

The 2005 DOE/AHS Agreement expands the rights to children with other disabilities. Under the DOE/AHS Agreement, children and adolescents eligible for special education who receive (or who are eligible to receive) disability related services and service coordination from AHS are now entitled to coordinated services plans.

This includes:

- A. learning impairment;
- B. specific learning disability of a perceptual, conceptual, or coordinative nature;
- C. visual impairment;
- D. deafness or hard of hearing;
- E. speech or language impairment;
- F. orthopedic impairment (result of congenital anomaly, disease or other condition);
- G. other health impairment;
- H. emotional disturbance;
- I. autism;

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- J. traumatic brain injury;
- K. deaf-blindness;
- L. multiple-disabilities;
- M. developmental delay (applies to children ages 3 to 5 years 11 months).

If a child is not on an IEP can there be a CSP?

YES, if the child meets the definition of severe emotional disturbance. Act 264, passed in 1988, gave families the right to coordinated services planning and problem resolution for children and adolescents who meet the definition of severe emotional disturbance.

NO, if the child does not meet the criteria for severe emotional disturbance and is not eligible for special education. The 2005 DOE/AHS Agreement expands the rights to children with other disabilities. Under the DOE/AHS Agreement, children and adolescents eligible for IEPs who receive (or who are eligible to receive) disability related services and service coordination from AHS are now entitled to coordinated services plans.

Note: This does not mean that your team cannot still use the forms and hold a CSP meeting. It simply means there is no law that requires it.

What is the timeline for holding a CSP meeting once it has been requested?

Although there is no specific rule regarding the time frame between a request and a meeting, a reasonable amount of time would mean having the meeting within a month of requesting one. If you have requested a meeting in writing and have not heard back you can either make your written request to another professional involved, or contact VFFCMH and ask to speak to your Parent Rep.

If a child has an Autism Spectrum Disorder and no IEP can they get a CSP?

Although children now eligible through the expansion must have an IEP to qualify for a CSP, many of the challenges related to ASD are emotional or behavioral in nature. Because of this you can make the case that children with ASD should be able to receive a CSP. Refer back to the answer for question #1.

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Can children under 3 have a CSP?

Typically a child under the age of three would have a Children's Integrated Services (CIS) plan to meet their needs. A CSP would come into place after the age 3, or sometimes 6.

Can a CSP help a youth who is going to court or convicted of a crime?

There is no legal reason to have a CSP in this situation. Having said that, it certainly cannot hurt for the people involved in keeping a young adult out of jail, or helping them transition back out, to all be on the same page regarding how to best help the youth. Keep in mind that for it to be an official CSP, the youth would need to meet the definition of emotional disturbance, or the requirements of the expansion. Unofficially, you could have the meeting and use the forms; there would simply be no legal right to coordination.

Does a CSP go beyond high school and into college?

It can be in place up to the age of 18 years or up to 22 years if eligible for special education.

Are students on 504 plans required by law to have a CSP?

No, however, this does not mean that a team cannot utilize the CSP process to improve the life of a student and family.

Are schools required to direct parents to parent representatives?

By law, a parent must be notified of their right to a parent representative when a CSP is being created. However, keep in mind that many people do not know of this requirement. In addition, the forms themselves can make it difficult to facilitate a connection between families and PRs, as some teams are already in a meeting before they inform a family. The State Interagency Team has been working diligently to ensure that more people are aware of a family's right to a parent representative.

Should the professionals on a team have the parent sign consent forms for CSP prior to the meeting to allow time for them to contact the parent representative and to prepare?

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Ideally, parents should be given the opportunity to ask for a parent representative before the actual team meeting. What we suggest is that when teams are first setting a date for the CSP they explain to the parents what the role of the parent representative is. With that information the parents can decide whether or not they would like to meet with the PR before, during or after their CSP.

If a family had a CSP before, services provided, and yet the family is sitting at the table again, should some of the original CSP members be brought back to the table, even if the family lives in a different town?

As a family member you can invite whomever you want to the meeting. It makes sense to have the people you feel know your child the best, attend the meeting. This might prove challenging due to the limitations of the school personnel and the staff at the designated agencies.

For more information regarding Coordinated Services Plans contact the Vermont Federation of Families for Children's Mental Health at:

Phone (toll free): 1-800-639-6071

e-mail: vffcmh@vffcmh.org

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