

Fiscal Estimate Narratives

DHS 6/22/2009

LRB Number	09-2030/2	Introduction Number	AB-0296	Estimate Type	Original
Description Children and their families who are involved in two or more systems of care and making an appropriation					

Assumptions Used in Arriving at Fiscal Estimate

Under current law, Integrated Services Projects (ISP) and Coordinated Services Teams (CST) provide wraparound services to children with multiple and serious needs as well as their families. Children receiving wraparound services are involved in multiple systems of care, such as mental health, child welfare, substance abuse, juvenile or adult justice, special education, W-2, domestic violence, and developmental disabilities. Under current law, a child must have severe disabilities and receive services through multiple systems of care to be eligible for ISP participation. However, to be eligible to participate in a CST, a child must only be receiving services through multiple systems of care.

Under this bill, ISPs would be renamed as initiatives to provide coordinated services. The appropriation under s. 20.435 (7) (co) Integrated service programs for children with severe disabilities, would be amended and renamed Initiatives for coordinated services. Initiatives to provide coordinated services, similar to current CSTs, would be able to serve individuals who do not necessarily have a severe disability but who are involved in multiple systems of care.

Currently, the Department of Health Services (DHS) provides funding for 42 CST and ISP grants that are funded from multiple revenue sources, including: \$1,826,500 FED from Community Mental Health Block Grant (CMHBG), \$35,000 FED from the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), \$673,600 GPR from hospital diversion funds, \$100,000 from Department of Children and Families (DCF) child welfare funding, and \$133,300 GPR under s. 20.435 (7) (co).

Under this bill, funding under s. 20.435 (7) (co) would decrease by \$1,466,000 GPR in SFY 10 and SFY 11. As funding under s. 20.435 (7) (co) is currently only \$133,300, it is assumed this is a draft error and the intent is to increase the appropriation to provide additional grants to counties and tribes for initiatives to provide coordinated services.

Some children participating in an ISP or CST are eligible for Medical Assistance (MA) and receive services for which the federal government will cover approximately 60% of costs. The non-federal share, or the remaining 40% of costs, is paid either by the Department or by county governments, depending on the service. As CSTs are implemented across the state, it is likely that the number of children receiving Medicaid (MA) services will also increase. However, the precise increase cannot be estimated because some children may currently receive these services outside of a CST. If these children utilize MA services for which the Department must fund the non-federal share, GPR costs in the MA program could increase significantly. The actual number of new children served would depend on several variables, including the number of counties which will respond to the CST request for proposals, the time required to implement a new CST, and the proportion of new children eligible for MA. Therefore, it is difficult to estimate the precise increase in GPR costs and amount of additional federal funding that could be claimed by either the county or the state.

The local impact of this bill is also difficult to measure. As noted above, it is not possible to estimate the number of new children served through a CST. Furthermore, the ability of county health and human service agencies to provide these services may be limited by the availability of local funds, such as county tax levy, because many mental health and substance abuse services are matched with county funds, not GPR.

Long-Range Fiscal Implications