



## Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #461

### **Required Reports and Plans (DHFS -- Departmentwide and Management and Technology)**

[LFB 2001-03 Budget Summary: Page 345, #13]

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#### **CURRENT LAW**

The Department of Health and Family Services (DHFS) is required to prepare and submit several reports and plans to other state agencies, the Governor and the Legislature. Among the reports DHFS is required to prepare and submit are:

- An annual report that documents areas of hunger and populations experiencing hunger within the state and that recommends strategies and state and federal policy changes to address hunger in these areas and populations;
- An annual report on the expenditure of funds for providing primary health services and mental health services to homeless individuals;
- A plan for developmental disability services in the state, and biennial updates to the plan;
- A report on DHFS' progress in implementing an early intervention services program (the birth-to-three program); and
- A report on DHFS' activities relating to the treatment of alcoholism.

In addition, DHFS is required to submit an annual report on the statewide medical assistance (MA) daily cost of nursing home care to DOA for review and approval before DOA may approve any payments to counties for providing supporting, personal or nursing services to individuals who reside in a certified residential care apartment complex (RCAC).

Finally, the Council on Physical Disabilities is required to submit to the Legislature recommendations on matters relating to physically disabled individuals and the Council on Mental Health is required to submit to DHFS, the Governor, and the Legislature policy recommendations in the area of mental health.

## **GOVERNOR**

Permit, rather than require, DHFS to develop the annual reports described above.

Permit, rather than require, DHFS to annually determine the statewide MA daily cost of nursing home care and submit the determination to DOA. Delete the requirement that DOA approve the determination before DHFS makes MA payments to counties to support care for certain MA recipients who live in certified RCACs.

Permit, rather than require, the Council on Physical Disabilities and the Council on Mental Health to submit the reports described above.

## **DISCUSSION POINTS**

### **DHFS Required Reports**

1. A brief description of the information contained in the most recent reports prepared by DHFS is presented for the Committee's review.

*Hunger Report.* The December, 2000, annual report was prepared by the Wisconsin Food Security Consortium. DHFS contracted with the Community Action Program Association (CAPA) to staff the Consortium (which included the preparation of the report) using federal funds the DHFS Division of Children and Family Services received from the U.S. Department of Agriculture, Office of Community Services. The Consortium is a partnership of 20 government, business, community and university representatives that serve in an advisory capacity to DHFS. The Consortium indicates that it will use findings in the report to guide development of a statewide strategic plan to make measurable improvements in food security for low-income families.

The report provides information on Census Bureau estimates of incidence of hunger and food insecurity in Wisconsin and identifies populations that are most at risk of hunger. The report cites academic research on the consequences of hunger, and strategies identified by the U.S. Department of Agriculture to strengthen local food systems and reduce the incidence of food insecurity.

The report provides summaries of each of the state and federal programs designed to address hunger, such as the food stamp program, the special nutrition program for women, infants and children (WIC), the school lunch program, the school breakfast program, the elderly nutrition program and the emergency food assistance program (TEFAP), to name a few. For each program,

the report includes information on program eligibility, participation, program objectives and outcomes.

2. *Report on Services for Homeless Individuals with Mental Illness.* This report is prepared by staff in the Bureau of Community Mental Health, Division of Supportive Living. The report submitted in June, 2000, described the allocation and expenditure of funds provided for services for homeless individuals with severe and persistent mental illness in calendar year 1999.

DHFS receives federal funds under the Stewart B. McKinney Homeless Assistance Act to provide mental health services. DHFS uses GPR funds to provide up to one-half of the 25 percent non-federal match required to receive projects for assistance in transition to homelessness (PATH) funds. DHFS allocates these funds to public, nonprofit agencies to provide mental health services to homeless persons.

The report contains information on the number of persons served under the PATH projects and specific outcomes, such as how many people who were served are now employed, how many people who required long-term mental health services are still receiving those services, and how many people who were previously jailed have subsequently become less involved in the criminal justice system. The report describes coordination of services with other programs, such as the community support program and housing programs and contains brief summaries of PATH-funded county projects.

3. *Developmental Disabilities Plan.* In February, 1997, DHFS submitted a five-year plan for developmental disabilities services for the period from 1997 through 2001. The plan reviews the state's progress in selected program areas through October 31, 1996, describes current and proposed future activities within those areas and provides program data. The report reaffirms the state's commitment to transferring resources from institutional services to community-based services and discusses other needs of this populations, such as community employment and strengthening programs intended to assist families, such as the birth-to-three program, the Katie Beckett program and the family support program. The appendix to the report provides statistics on specific programs, drawing on data from the DHFS human services reporting system (HSRS), the Wisconsin Council on Developmental Disabilities and staff resources within DHFS.

4. *Birth-to-Three Report.* The most recent report, dated September 15, 1999, provides information on program operations for the period October 1, 1997, through September 30, 1998. The report describes the activities of the Birth-to-Three Interagency Coordinating Council and DHFS during the grant period. The report includes information on a self-study of the program to prepare for a monitoring visit from the U.S. Department of Education, Office of Special Education Programs and provides results of two surveys, one to parents of children enrolled in the program, the other of providers of early intervention services.

5. *Alcoholism Treatment Report.* This report is prepared by staff in the Bureau of Substance Abuse Services in the DHFS Division of Supportive Living. The report DHFS submitted in November, 2000, describes the substance abuse intervention and treatment programs

administered by the Bureau in the previous calendar year. The report lists the major accomplishments of the programs during the previous year. In addition, the report includes a "performance scorecard," which provides several outcome measures, such as county-reported data on the percentage of persons who are discharged after completing treatment with moderate or major improvement, and the percentage of individuals who are employed following discharge. Most of the report is devoted to describing the dozens of substance abuse programs administered by DHFS, including the amount and source of funding for these programs and target populations.

6. *MA Daily Cost of Nursing Home Care Report.* DHFS submits an annual report to DOA that indicates what the daily cost of nursing home care was in the previous state fiscal year. The report that DHFS submitted in December, 2000, included a single cover sheet with the calculation provided as an attachment. DOA is required to approve the determination before counties can make payments from the community options program (COP)/community integration program II waiver for services to persons residing in certified residential care apartment complexes.

7. *Council on Physical Disabilities Report.* The Council on Physical Disabilities is comprised of 14 members appointed by the Governor for staggered three-year terms. The Council is charged with: (a) developing and implementing a state plan for services to people with physical disabilities; (b) advising state agencies on programs and policies affecting people with physical disabilities; (c) promoting public awareness of the abilities and of barriers that face people with physical disabilities; (d) encouraging the development of programs and policies that prevent physical disabilities; and (e) submitting recommendations in an annual report to the Legislature.

The five-page report submitted by the Council in January, 2001, provides background information on the Council, including its origin, mission, vision, membership and budget. The recommendations included in the Council's most recent report include: (a) maintaining current laws protecting people with disabilities and developing new protections for homeowners, such as protecting renters and homeowners from exclusion and bias based on their disabilities and encouraging builders to follow universal design standards for all new housing projects; (b) supporting fair lending practices that encourage primary mortgage lenders and secondary mortgage industries to offer loan products that accommodate individuals with disabilities and their families; and (c) support for expanding policies and practices that create incentives for families to finance the housing needs of family members with disabilities who rely on supplemental security income, reforming state laws regulating wills and trusts, and restructuring the DHFS Office for Persons with Physical Disabilities into a Bureau for Persons with Physical Disabilities.

8. *Council on Mental Health Report.* The Council completed its most recent annual report on January 6, 1995, which detailed the Council's achievements during the previous calendar year. The report includes: (a) federal statutory references to the Council's responsibilities; (b) a listing of the Council's accomplishments during the year, such as participating in the development of the state mental health plan, providing recommendations to the Legislature on several bills pertaining to mental health and the development of a five-year strategic plan; and (c) an identification of future priorities for the Council, including the focus on the need for additional services for persons with mental illness.

9. DHFS staff indicate that the Governor's recommendations are intended to reduce the amount of time staff spend preparing these reports. If the Governor's recommendations are approved, DHFS staff indicate that the agency will no longer prepare any of the reports the Department would, under the bill, be permitted, but not required, to produce. This would enable DHFS program staff to reallocate their time to higher priority activities.

10. However, it is unnecessary to provide permissive authority to produce reports in the statutes, since any state agency may produce any report it wishes to produce. For these reasons, if the Committee determines that it is unnecessary for DHFS to continue to produce these reports, it could delete all provisions in current law relating to these reports, rather than specify that DHFS may produce and submit these reports.

11. Alternatively, some reports, such as the report on hunger and substance abuse programs, provide information on numerous programs administered by the agency that may be useful to DHFS administrators, the Governor, legislators and the public. These two reports provide information that enables the user to understand the broad range of programs DHFS administers to address two social problems, hunger and substance abuse. Further, the current statutory reporting requirement ensures that DHFS will annually produce a single document that contains this type of information.

12. DHFS has requested that, if the Committee adopts the Governor's recommendations, the provision relating to the birth-to-three report be modified to delete references to DHFS' progress toward implementing the program and implementing goals for participation in the fifth year of the state's participation in the program. Instead, the permissive report would report on DHFS' ongoing implementation of the program to meet federal requirements, with a corrected cross-reference to federal code. In addition, DHFS has requested that the provision in the bill relating to the report for developmental disability services be amended to clarify that the Council on Development Disabilities would continue to be required to prepare a state plan, as required under federal law.

## **ALTERNATIVES TO BILL**

1. Adopt the Governor's recommendations. In addition, include the modifications described in Discussion Point 12, as requested by the administration.

2. Modify the Governor's recommendations by deleting all references to these reports in current statutes, rather than providing DHFS and the councils permissive authority to prepare and submit the reports.

3. Instead of adopting the Governor's recommendations, make any one or more of the following reports permissive.

a. Hunger Report

b. Report on Services for Homeless Individuals with Mental Illness

- c. Developmental Disabilities Report
  - d. Birth-to-Three Report
  - e. Alcoholism/Substance Abuse Treatment Report
  - f. MA Daily Cost of Nursing Home Care Report
  - g. Council on Physical Disabilities Report
  - h. Council on Mental Health Report
4. Instead of adopting the Governor's recommendations, delete all statutory references to any one or more of the following reports.
- a. Hunger Report
  - b. Report on Services for Homeless Individuals with Mental Illness
  - c. Developmental Disabilities Report
  - d. Birth-to-Three Report
  - e. Alcoholism/Substance Abuse Treatment Report
  - f. MA Daily Cost of Nursing Home Care Report
  - g. Council on Physical Disabilities Report
  - h. Council on Mental Health Report
5. Delete provision.

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