



## Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #346

### **Coordinated Services Teams (DHS -- Other Health Programs and Departmentwide)**

[LFB 2013-15 Budget Summary: Page 247, #4]

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#### **CURRENT LAW**

DHS administers the coordinated services team (CST) initiative, with counties coordinating services for children across multiple systems of care, such as mental health, substance abuse, child welfare, juvenile justice, special education, or developmental disabilities. The program originally consisted of two components (CSTs and integrated services projects) with certain differences in program policy. 2009 Wisconsin Act 334 combined these two components under the CST initiative, and made multiple changes to the program under s. 46.56 of the statutes.

CSTs provide "wraparound" services to eligible children and their families to coordinate the child's care over different areas. The CST itself is a group that includes family members, service providers, and others that work to develop and carry out a service plan for each participating child. The plan covers multiple areas, including the child's current level of functioning, short-term and long-term goals, and plans to deal with crisis situations that may arise.

DHS will distribute \$2,818,300 (\$181,800 GPR, \$1,870,200 FED and \$766,300 PR) in 2012-13 to support CSTs in 36 counties and five tribes. The CST initiative is supported by state GPR, federal mental health block grant (MHBG), federal substance abuse prevention and treatment block grant (SAPTBG), medical assistance (MA) hospital diversion funds, and federal funding transferred from the Department of Children and Families. The county and tribal contract amounts average approximately \$61,000 not including a contract for statewide training and technical assistance of \$220,000 provided to Waupaca County. Attachment 1 lists the allocations to counties and tribes for the CST initiative in 2012-13.

## **GOVERNOR**

Provide \$1,250,000 GPR in 2013-14 and \$2,500,000 GPR in 2014-15 to increase CST funding for counties (\$1,185,400 GPR in 2013-14 and \$2,417,300 GPR in 2014-15), and to fund 1.0 GPR position, beginning in 2013-14 to increase staff support for the program (\$64,600 GPR in 2013-14 and \$82,700 GPR in 2014-15).

In addition, authorize counties and tribes to establish multi-entity initiatives, which could be supported by county or state funds. Authorize any county or tribe to enter into an agreement with other counties or tribes, respectively. Require the designation of a single lead county or tribe, which would appoint a coordinating committee and designate an administering agency. Specify that certain mandatory members of the coordinating committee would be required to include at least one representative from each county or tribe included in the multi-entity initiative, and that optional members could come from any participating county. Authorize DHS to establish additional requirements with respect to multi-entity initiatives, including requirements that may conflict with those imposed upon single county or tribe CSTs under current law.

## **DISCUSSION POINTS**

1. The current CST initiative grew out of "wraparound" programs that DHS implemented in the late 1980s to coordinate service delivery. DHS integrated services projects (ISPs) first began operation in 1989, and focused on children with severe emotional disturbances (SED). The CST initiative was created in 2002, broadening the focus of these coordinated services to children did not have a diagnosis of an SED, but who were involved in two or more systems of care. 2009 Act 334 combined the ISP and CST initiatives, and made multiple changes to the statutory language regarding these programs.

2. The most recent CST annual report found that 746 children were served by CSTs across the state, and their average enrollment in the program was approximately 11 months. Over half of referrals for CST initiatives came from the child welfare system (30% of total referrals), or mental health systems (24%).

3. The membership of a CST includes individuals that play a role in the care or support of the child, and could include individuals such as relatives, friends, therapists, teachers, or social workers. The CST process is divided into multiple steps. In the assessment and planning phase, the team is intensively involved in completing an assessment survey, developing a plan of care for the child, and a crisis response plan. In the ongoing monitoring phase, the CST implements the plan of care and meets when needed to review the child's progress. Finally, in the transition and closure phase, the CST develops a transition plan focused on long-term services for the family, and the contact between the CST and the family is ramped down.

4. The state provides CST program funding for 36 counties and five tribes. Attachment 1 lists the counties that receive CST funds. The program is currently structured so that counties receive five years of state support for the development and implementation of the CST initiative. After those five years, counties are expected to sustain the ongoing operation of the CSTs. Adams,

Calumet, Crawford, Douglas, Iron, Jefferson, Manitowoc, Polk, Richland, Sauk, St. Croix, and Waupaca have active CSTs, but no longer receive state funding for their operation. (Waupaca County receives an allocation for statewide CST training and technical assistance.)

5. Other non-CST programs provide similar wraparound services in Wisconsin. Wraparound Milwaukee in Milwaukee County and the Children Come First Program in Dane County are managed care programs for children with severe emotional disturbances supported by MA and county funding.

6. In 2012-13 a total of \$2,818,300 was distributed to counties to support CST programs. This includes \$181,800 GPR, \$1,777,000 FED from the MHBG, \$93,200 FED from the SAPTBG, \$666,300 in program revenue (PR) from medical assistance hospital diversion funding, and \$100,000 PR transferred from the Department of Children and Families.

7. The Governor recommends increasing the amount of state GPR support for county and tribal CST programs from the \$181,800 in 2012-13, to \$1,367,200 in 2013-14 and \$2,598,400 in 2014-15. The administration's goal of the additional funding is to provide access to CSTs in all counties across the state (except for Milwaukee and Dane Counties, where the current managed care programs would continue as currently administered). The county-level allocations that would result from this increase in funding are not yet known.

8. The bill would also allow multi-county entities to administer CSTs and receive state support for those programs. (The administration indicates that although multi-county entities would be allowed to receive CST funds, single counties and tribes would continue to be able to operate CSTs and be eligible for state funding.)

9. Currently, 2.5 FTE staff are assigned to the CST initiative, and supported with federal MHBG and SAPTBG funds. The bill would provide GPR funding and position authority for an additional 1.0 FTE staff position assigned to CST activities. This additional position would help accommodate the additional workload of the expanded statewide focus of the program, develop the multi-county CST model and performance measures, provide on-site training and technical assistance, and conduct other CST-related activities.

10. If the Committee agrees with the Governor's proposal to increase funding available for CST initiatives, it could adopt those changes (Alternative 1). Funding would be increased by \$1,250,000 GPR in 2013-14 and \$2,500,000 GPR in 2014-15 for additional CST funding for counties and to fund 1.0 GPR position, beginning in 2013-14.

11. If the Committee decides that the funding would be better allocated for other purposes, it could delete the funding increase in the bill (Alternative 2a). Funding in the bill would be reduced by the amounts listed above, but multi-county entities could administer CSTs. If the Committee decides to maintain current law related to the administration of single county CSTs, it could also delete the statutory language change in the bill while still increasing funding available for single county CSTs (Alternative 2b).

12. A major source of funding for the CST initiative is \$1.87 million in federal funding from the MHBG and SAPTBG, which account for approximately two thirds of the program's base

budget. Both of these block grants are subject to funding reductions under provisions of the federal Budget Control Act, commonly referred to as "sequestration."

13. Based on information from the Office of Management and Budget, and the organization Federal Funds Information for States (FFIS) it is anticipated that the MHBG and SAPTBG allocations will be reduced by approximately 5%. However, DHS has not yet determined the impact of the sequestration on the funding it receives from the federal government, or indicated how the Department will apply any reductions in funding (i.e. across-the-board or targeted reductions). A 5% decrease to the amount allocated to the CST initiative equals approximately \$93,500 FED annually.

14. The Committee could decide to provide additional GPR to the CST initiative in the amount of a potential FED decrease, to essentially "backfill" the federal decrease with state funds (Alternative 3). This would provide \$93,500 GPR in each year of the biennium, in addition to the amount provided in the bill. This would hold the total amount of funding at the same level that would have been available if no reductions in funding due to sequestration. However, DHS has not yet indicated whether or how it would apply the sequestration reductions to the CST initiative.

## ALTERNATIVES

1. Approve the Governor's recommendation to provide \$1,250,000 GPR in 2013-14 and \$2,500,000 GPR in 2014-15 and 1.0 GPR position beginning in 2013-14 for CST initiatives, and authorize counties and tribes to establish multi-entity CST initiatives.

2. Adopt either, or both, of the following alternatives:

a. Delete the funding increase recommended by the Governor.

ALT 2a	Change to Bill	
	Funding	Positions
GPR	- \$3,750,000	- 1.00

b. Delete statutory changes recommended by Governor.

3. Approve the Governor's recommendation. In addition, provide \$93,500 GPR annually to "backfill" CST funding for a decrease in federal funding for the mental health block grant and substance abuse block grant due to federal sequestration.

ALT 3	Change to Bill
	Funding
GPR	\$187,200

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## ATTACHMENT 1

### Coordinated Services Team (CST) Initiative Funding, Fiscal Year 2012-13 By County and Tribe

<u>County/Tribe</u>	<u>Contract Amount,</u> <u>All Funds</u>	<u>County/Tribe</u>	<u>Contract Amount,</u> <u>All Funds</u>
Ashland	\$78,800	Sawyer	\$48,500
Barron	50,100	Shawano	50,100
Buffalo	50,000	Sheboygan	78,800
Chippewa	78,800	Trempealeau	50,100
Clark	48,500	Vernon	49,200
Columbia	50,000	Washburn	78,800
Door	78,800	Washington	78,800
Dunn	78,800	Waukesha	78,800
Eau Claire	78,800	Waushara	78,800
Fond du Lac	78,800	Wood	48,500
Grant	49,000	Waupaca*	220,000
Green	48,500	Bad River	\$48,500
Iowa	49,500	Ho-Chunk	50,000
Jackson	50,000	Lac du Flambeau	48,500
Kenosha	78,800	Menominee Tribe	50,000
Kewaunee	48,500	St. Croix Chippewa	50,100
La Crosse	78,800	Sokaogon	50,000
Marinette	78,800	To Be Allocated	<u>43,800</u>
Marquette	78,800		
Oconto	48,500	Total**	\$2,818,300
Ozaukee	50,000		
Pepin	50,000		
Portage	78,800		
Racine	78,800		
Rock	78,800		

\* The allocation to Waupaca County is for statewide CST training and technical assistance.

\*\* Total does not equal sum of county allocations due to rounding.