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February 16, 2010

TO: Members
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Assembly Bill 296: Coordinated Services for Children and Families

Assembly Bill 296, as amended by Assembly Amendment 1 and Assembly 2 (referred hereafter as "the bill"), would provide an additional $1,466,000 GPR in both 2009-10 and 2010-11 to increase state support for counties and tribes to provide coordinated services for certain children who are involved in two or more systems of care. The bill would make numerous changes to current statutes relating to integrated services programs (ISPs), including renaming the program to the coordinated services team (CST) initiative, to reflect an expansion of the program's focus, and to create statutory provisions that more closely reflect a similar grant program the Department of Health Services (DHS) currently administers by the same name. The legislation is a product of the Joint Legislative Council's Special Committee on Strengthening Wisconsin Families.

AB 296 was introduced by the Joint Legislative Council on June 2, 2009, and referred to the Assembly Committee on Children and Families. On September 8, 2009, the Committee on Children and Families recommended adoption of Assembly Amendments 1 and 2 by a vote of 7 to 0, and passage as amended by a vote of 7 to 0. On September 8, 2009, AB 296 was referred to the Joint Committee on Finance.

CURRENT LAW

DHS administers and provides financial support for several programs that serve children with severe emotional disturbances and children with complex needs through collaborative systems of care. These programs -- integrated services projects (ISPs), the CST initiative, Children Come First (serving Dane County), and Wraparound Milwaukee (serving Milwaukee County) -- are intended to provide services to participating children and their families in the least restrictive setting possible.

Two types of grants administered by DHS for ISPs and CSTs, would be affected by AB 296. These programs are described below.

Integrated Services Projects (ISPs). 1989 Wisconsin Act 31 created statutory provisions relating to the ISPs. In order to be eligible for program services, a child must be under 18 years age and must have a mental, physical, sensory, behavioral, emotional or developmental disability (or whose combination of multiple disabilities) that meet all of the following conditions: (a) is severe in degree; (b) has persisted for at least one year or is expected to persist for at least one year; (c) causes substantial limitations in the child's ability to cope with the ordinary demands of life; and (d) causes the child to need services from two or more service systems.

Each county's coordinating committee may establish specific additional criteria for eligibility for services, and may establish certain target groups of children with severe disabilities to receive services. However, any eligibility criteria must meet all of the following conditions: (a) be based on a community assessment that identifies areas of greatest need for integrated services for children with severe disabilities; (b) give priority to children with severe disabilities who are at risk of placement outside the home or who are in an institution and are not receiving integrated community-based services, or who would be able to return to community placement or their homes from an institutional placement if such services were provided; and (c) not exclude a child with severe disabilities or that child's family from services because of the family's inability to pay for services.

The current ISP statutes authorize counties to establish ISP programs and to appoint coordinating committees, with specified membership and assigned duties, including preparing interagency agreements, which are used by service providers to identify mutual responsibilities for implementing integrated services. In addition, the statutes assign responsibilities to each participating county's administering agency and service coordination agencies.

Upon referral, a child's family may seek services from the administrating agency. The service coordination agency screens the child to determine if the child appears to meet the program eligibility criteria and, if so, gathers information from the child's family and any current service providers to prepare an application for the program. Once an application is completed, the service coordination agency reviews it and determines whether the child and his or her family are appropriate for services. Once enrolled, an interdisciplinary team is organized to assess the child and the child's family's need for treatment, education, care and support. Based on this assessment, the interdisciplinary team, the family of the child, and the service coordinator prepare an integrated services plan.

In 2009-10, DHS has allocated $1,438,000 ($1,306,700 FED from the community mental health block grant and $132,000 GPR) to support ISPs in 18 counties. DHS has allocated $79,891 to each participating county, which supports the costs such as service coordination, intake, assessments, and case planning. Counties are required to provide a 20% match to the state funds DHS allocates to each project (approximately $16,000 per year). Services children and families

receive under the program are funded from several sources, including community aids, local funds, and third party payers (including medical assistance).

Coordinated Services Team Initiative. In 2002, DHS developed a request for proposals for counties and tribes to create CSTs. The CST is based on the ISP model of integrated services for children with multiple needs and their families. Each CST is structured in the same manner as the ISPs. However, there are several differences between the programs.

First, the target groups of children served by the CSTs are broader than the group served by ISPs. Children need not have a diagnosis of severe emotional disturbance to be served, although they must be involved with two or more systems of care, such as the juvenile justice system, the child welfare system, or special education with the school system.

Second, unlike funding allocated for ISPs, which has remained relatively constant for each participating county and tribe since the program's beginning, the state support for CSTs is time-limited, so that, during the first five years of the program, county and tribes must increase their support of CSTs, and the state's contribution terminates after the fifth year. During each of the first three years, counties and tribes are required to provide matching funds equal to 33% of the state allocation. The matching requirement is increased to 50% of the state allocation in the fourth year, and 100% of the state allocation in the fifth year. Savings the state realizes as state funding is terminated for a CST project is available to support new CST sites.

Third, there are no statutory provisions relating to the CST projects. The CST program was created by the Department in 2002, when DHS developed a request for proposals to which counties and tribes responded. DHS was able to support the expanded program by reallocating funding within DHS from several sources, including: (a) increased federal funding available from the community health block grant; (b) funding initially budgeted as part of the MA program to support MA costs of inpatient hospital services for severely and emotionally disturbed children, but which is transferred to the CST program to reflect estimated savings to the MA program resulting from children receiving alternative services (referred to as "hospital diversion funding"); (c) the federal substance abuse prevention treatment block grant; and (d) federal funds transferred from the Department of Children and Families.

Table 1 identifies the current funding for the ISP and CST programs, by source.

TABLE 1

Current Funding for ISP and CST Programs

Program	SFY and FFY 2009-10 Contract Amounts
Integrated Services Projects	
GPR	$132,000
FED -- Community Mental Health Block Grant	1,306,700
Total -- ISPs	$1,438,700
Coordinated Services Team Initiative	
FED	
Community Mental Health Block Grant	$519,800
Substance Abuse Prevention and Treatment Block Grant	35,000
Subtotal	$554,800
PR	
MA -- Hospital Diversion Funds	$454,500
Funding Transferred from the Department of Children and Families	100,000
Subtotal	$554,500
Total -- CSTs	$1,109,300
Total For Both Programs	
GPR	$132,000
FED	1,861,500
PR	554,500
Total -- All Funds	$2,548,000

Attachment 1 lists the counties and tribes that are currently participating in the program, and current funding allocations. Attachment 2 lists counties and tribes that no longer receive state assistance for the CST projects, and those counties that have not yet received state assistance for their projects.

SUMMARY OF BILL

Appropriation Increase for Initiatives to Provide Coordinated Services. The bill would provide $1,466,000 GPR in 2009-10 and $1,466,000 GPR in 2010-11 to increase support for initiatives to provide coordinated services. This funding increase is discussed under the "Fiscal Effect" section of this memorandum.

Eligibility of Children and Families. The bill would redefine the standard of eligibility for children and families to participate in the initiative from a child with severe disabilities (under current law) to a child who is involved in two or more systems of care. As under current law, the bill would allow the coordinating committee to establish specific additional criteria for eligibility for services, and target groups of children who are involved in two or more systems of care.

Eligibility for Tribes. The bill would include American Indian tribes as entities that could administer a CST initiative, and would modify all references to the responsibilities of these entities to include tribes.

Membership and Responsibilities of Coordinating Committee. Under current law, each participating county is required to establish a coordinating committee comprised of certain individuals. The bill would add a representative of the agency responsible for economic support programs to the list of individuals required to be included in the coordinating committee.

Current law also provides a list of individuals who may be included in the coordinating committee, but are not required to be included. The bill would add representatives of the following groups to the list of individuals that may be included in the coordinating committee: (a) local elected officials; (b) vocational and technical schools; (c) local business representatives; (d) the county board, or elected governing body of the tribe; (e) regional offices of DHS; (f) the local faith-based community; (g) probation and parole agencies; (h) economic support agencies, and the Wisconsin Works agency, if a different agency; and (i) vocational rehabilitation schools.

Current law designates certain activities that a coordinating committee must perform, and certain activities that a coordinating committee may choose to perform. The bill would modify the list of optional activities, and make these activities required. As a result, the following new or modified activities would be required of the coordinating committee:

1. Plan for the sustainability of the system change started by the initiative beginning in the first year of any funding received, by acting as a consortium to pursue additional funding through grants from the state or federal government or private foundations;

2. Maintain formal collaborative agency relationships;

3. Include families in the process by emphasizing rights and advocacy;

4. Address issues related to funding and required matching funds;

5. Recommend a plan for realizing savings from substitute care budgets to be reinvested in community care;

6. Establish target groups of children involved in two or more systems of care and their families to be targeted by the initiative, with severely emotionally disturbed children required to be a priority target group;

7. Establish operational policies and procedures, such as referral and screening procedures, a conflict management policy, and a flexible funding policy, and ensure that the policies and procedures are monitored and adhered to;

8. Ensure quality, including adherence to core values as adopted by the state advisory committee;

9. Develop a plan for orientation of new coordinating committee members and coordinated services team members to the coordinated services team approach to providing services to a child and his or her family;

10. Identify and address gaps in services for children and families who are enrolled in the initiative;

11. Ensure client and partner agency satisfaction through performance of a client and partner agency satisfaction survey;

12. Oversee the development and implementation of the initiative; and

13. Distribute information about the availability and operation of the initiative to the general public and to private service providers who might seek to make referrals to the initiative.

The bill would also allow the coordinating committee to direct the initiative coordinator, or other person, to conduct the following activities:

1. Maintain data of enrollments in the initiative, and the result of screening;

2. Establish and report monitoring and evaluation results;

3. Monitor targeted case management and in-home services provided under the medical assistance program, including record-keeping, and billing processes (or ensure proper monitoring by the appropriate entity);

4. Assist in developing and maintaining additional funding sources, including collaborative efforts with system partners; and

5. Assist in the development and implementation of advocacy for families.

The bill would also modify the role of the administering agency (the agency designated by a county board or tribe to administer the initiative) by requiring it to assist the coordinating committee with initiative oversight and distribution of information about the availability and operation of the initiative. Under current law, the administering agency, not the coordinating committee, is responsible for these activities.

Requirements of an Interagency Agreement. Under current law, the coordinating committee must prepare at least one interagency agreement that all participating organizations agree to follow in creating and operating a program. This agreement must meet certain requirements. The bill would add to, or modify, these requirements to include the following:

1. The identification of services and resources that the participating organizations will commit to the initiative or will seek to obtain, including joint funding of services and resources and funding for the qualified staff needed to support the initiative, such as by cash or contribution of in-kind services or other resources as determined by DHS. This identification must specify the roles and responsibilities of the coordinated services team and the coordinating committee;

2. The mission and core values of the initiative; and

3. Expectations for organizations represented on the coordinating committee, including provision of required matching funds.

Role of Service Coordination Agency. Current law outlines the roles of the service coordination agency, service coordinator, and interdisciplinary team (renamed the "coordinated services" team in the bill). Under the bill, a service coordination agency would be selected based on its experience providing services and resources, and would be required to do all of the following, in addition to current law requirements: (a) identify a specific individual to act as service coordinator for each enrolled child and his or her family to facilitate the implementation of the coordinated services plan of care; and (b) provide or arrange for intake, assessment, development of the plan of care, and service coordination.

Role of the Initiative Coordinator. The bill would require every county and tribe that operates an initiative to develop written policies and procedures for the selection process of an initiative coordinator. The primary responsibility of the initiative coordinator would be to promote collaborative relationships between systems of care, and he or she would be required to do the following:

1. Bring together parents and relevant staff from various agencies and organizations to comprise the coordinating committee, and support their activities, in order to ensure compliance with established policies and procedures;

2. Work with the coordinating committee to maintain and support agency participation as established in the interagency agreement;

3. Work with the coordinating committee and service coordination agency to receive and review referrals;

4. Work with the coordinating committee and service coordination agency to assure provision of service coordination services for all groups of people working with the child and his or her family;

5. Guide the development of the coordinated service team working with the child and his or her family in order to ensure compliance with basic principles of the coordinated services team initiative core values;

6. Review plans of care, including crisis response plans, for consistency with the coordinated services team approach to providing services to a child and his or her family, and for consistency with core values;

7. Assist the coordinating committee and coordinated services teams in establishing consistent measures for the development, implementation, evaluation, and monitoring of the initiative and its outcomes;

8. Facilitate public education and awareness of issues and programs for families and children;

9. Ensure provision of ongoing support and training that is related to the coordinated services team process for families, service coordinators, and providers and ensure orientation for coordinated services team members;

10. Support service providers in developing strategies to enhance existing programs, to increase resources, and to establish new resources relevant to project goals and objectives;

11. Ensure that local and state agencies submit data and reports in an accurate and timely manner; and

12. Perform any of the duties set forth by the coordinating committee.

Referral, Intake, Assessment, and Service Coordination. Current law contains several provisions related to referral, intake, assessment, and service coordination. The bill would modify these provisions to implement the following:

- Upon referral of a child to the initiative, staff from the service coordination agency or individuals designated by the coordinating committee would be required to screen the referral to determine if the child and his or her family appear to meet the eligibility criteria and any target group requirements established by the coordinating committee. If the child and his or her family appear to be eligible, the staff would be required to assist the entity that made the referral and the parent or parents, in gathering information necessary to prepare an application for the initiative.

- If the child and his or her family are found to be ineligible, or if it is determined that enrollment in the initiative is not the best method of meeting the needs of the child and his or her family, staff from the service coordination agency or individuals designated by the coordinating committee would be required to assist the child and family in identifying and accessing needed services or resources from appropriate providers.

- If the child and his or her family are found to be eligible and are enrolled in the initiative, the agency shall assign a service coordinator who shall assemble a coordinated services team to assess the strengths and needs of the child and his or her family's need for treatment, education, care, and support. The service coordinator shall coordinate the operations of the coordinated services team.

- The service coordinator would be required to assemble the results of all prior relevant assessments and evaluations documenting the strengths and needs of the child his or her family, including educational, medical, vocational, and psychosocial evaluations.

The bill would require the child's parent (or the child, if appropriate) to provide consent to participate in the initiative, and in the initiative evaluation.

Plan of Care Development (Referred to as "Case Planning" under Current Law). The bill would require the coordinated services team, the family of the child, and the service coordinator to prepare a strength-based, gender-competent, culturally competent, family-centered, coordinated services plan of care, based on a review of a summary of existing assessments of strengths and needs and any additional evaluations found necessary. The plan of care must be completed within 60 days after the date on which the application was approved (rather than 60 days after the application is received, as under current law). There are several required elements of this plan of care, and the bill would modify certain requirements that currently apply to integrated service plans to include the following:

1. The short-term and long-term goals to address the needs of the child and family;

2. The services and resources needed by the child and family, including the identity of each individual and organization that will be responsible for providing the services and other resources (the coordinated services plan of care shall place emphasis on services and resources that are available through community and informal sources);

3. Criteria for measuring the effectiveness and appropriateness of the coordinated services plan of care so that it can be modified as needed to better meet the child's and family's needs, (a coordinated services plan of care would be oriented so as to produce meaningful outcomes and to provide services in the least restrictive setting possible);

4. Clear statements articulating the specific needs of the child and the family that are to be addressed. These needs may not be stated solely in terms of the need for services but may be described in a strength-based manner, with a response that is readily achievable; and

5. Plans for responding to possible crisis situations that may occur with the child and his or her family.

The bill would repeal a requirement that the plan of care include all individuals who are active in the care of the child, including members of the child's family, foster parents, and other

individuals who, by close and continued association with the child, have come to occupy significant roles in the care and treatment of the child.

Current law requires the service coordinator to assemble the treatment team and child's family at least every six months to review and modify the child's plan of care. The bill would require the service coordinator to assemble the coordinated service team and child's family at least every three months.

The bill would also repeal the following current law provisions: (a) that a plan of care may not be used to place, or accomplish the placement of, a child outside of his or her home; and (b) that a plan of care may not modify an individualized education program created for a child under Chapter 115 of the statutes.

Immediate Care. Current law stipulates that county departments, agencies and other service providers may, but are not required to, provide necessary and appropriate immediate services to children who have been referred to the program while assessment and planning take place. The bill would require county departments, tribal agencies, other agencies, and other service providers to provide such services to children who have been referred for an evaluation of eligibility and appropriateness of enrollment while assessment and planning take place.

Relation to Other Support Programs. The bill would modify provisions related to the family support program by expanding the scope to include family support programs or other support programs, including comprehensive community services or office of justice assistance programs, and requiring coordination of services between the initiative and the other support program. The bill would delete language allowing the administering agency for the family support program to act as a service coordination agency for the ISP, and allowing the family support program advisory committee to act as the coordinating committee under certain circumstances.

Conflict Management. The bill would require the coordinating committee to establish a formal conflict management policy for use by families, providers, and other individuals involved in the initiative, but would retain current law provisions that state that informal means of conflict resolution be established and used whenever possible.

Administrative Appeals. Current law lists certain decisions made by a service coordination agency that may be appealed to a coordinating committee or to DHS by a child, or by a parent or guardian. The bill would add the following decisions to this list: (a) decisions by the service coordination agency regarding enrollment; and (b) decisions made by individuals designated by the coordinating committee regarding eligibility, enrollment, or denial.

Duties of the Department of Health Services. Current law requires DHS to establish a state advisory committee consisting of representatives of certain groups. The bill would add representatives of the following groups or organizations to the list of required individuals to be included in the state advisory committee: (a) tribal governing bodies; (b) the Department of Children and Families; (c) the Department of Corrections; (c) the juvenile correctional system; (d)

the local workforce development board established under federal code; and (e) the philanthropy community. The bill would also require the committee to establish principles and core values for administering initiatives.

Current law also requires DHS to evaluate the programs funded under these provisions, with the evaluation including certain pieces of information. The bill would add the following information to be included in this evaluation: (a) the number of days that children enrolled in the initiative spent in out-of-home placements, compared to other children who are involved in two or more systems of care who are not enrolled in the initiative, and the costs associated with these placements; and (b) the system change and sustainability plan prepared by the coordinating committee. The bill would repeal the following pieces of information currently required in the evaluation: (a) whether or not a coordinating committee's goals for diverting out-of-home placements have been met; and (b) fulfillment of the terms of the interagency agreement developed by the coordinating committee.

Statutory Requirements Related to Program Funding. In order to apply for funding, current law requires the county board of supervisors to undertake certain activities. The bill would require that the county board or tribe demonstrate that the coordinating service team approach to providing services to children and families will be followed, demonstrate that the principles and core value outlined by the DHS advisory committee will be adhered, and agree to comply with the statutory section governing these programs.

The bill would require that any county or tribe that applies for funding have a coordinating committee that meets the membership and responsibility requirements as modified by the bill.

The bill would repeal a requirement that, during the first year of funding, the coordinating committee and the administering agency must develop and submit to DHS a set of goals for diverting children with severe disabilities from placements outside the home, and a plan for allocating funding from institutional services to community-based services for children with severe disabilities. Under the bill, the coordinating committee and the administering agency would no longer be required to ensure that any funds saved during the course of the program as a result of the reduced use of institutional care by the target population will be allocated to community-based services for the target population.

Definitions. The bill would create the following definitions:

- "Advocacy," as any of the following: (a) actively supporting a child who is involved in two or more systems of care and his or her family under an initiative to enable their receipt of the full benefits of the initiative by ensuring that the CST approach to providing services and principles are followed; (b) helping families of children involved in two or more systems of care gain access to, and a voice in, the decision making that establishes the child's and family's plan of care; and (c) fostering strong working relationships among families, systems of care, and providers, with the goal of improving the lives of children who are involved in two or more systems of care and their families;

- "Child," as an individual under the age of 18;

- "Coordinated services," as treatment, education, care, services, and other resources provided, in a coordinated manner, for a child who is involved in two or more systems of care and his or her family. This would rename and modify the current definition of "integrated services;"

- "Coordinated services plan of care," as a plan described in the bill for a child who is involved in two or more systems of care, and his or her family. This would rename and modify the current definition of "integrated service plan;"

- "Coordinated services team," as a group of individuals, including family members, service providers, and informal resource persons, who work together to respond to service needs of a child who is involved in two or more systems of care and his or her family. This would rename and modify the current definition of "interdisciplinary team;"

- "Family," as a child's primary caregiver or caregivers and the child's siblings;

- "Family resources," as housing, environment, institutions, sources of income, services, education, a child's extended family and community relationships, and other resources families need to raise their children;

- "Initiative," as a system that is based on the strengths of children and their families for providing coordinated services to children who are involved in two or more systems of care;

- "Service provider," as a professional from a system of care who meets one or more of the following criteria: (a) is skilled in providing treatment services, education, and other family resources for children who are involved in two or more systems of care and their families; (b) conducts comprehensive evaluations of the needs of children who are involved in two or more systems of care and their families for family resources; (c) possesses appropriate knowledge and skills for the needs and dysfunctions presented by the child; and (d) is currently providing treatment, education, or other family resources to a child involved in two or more systems of care, a family of such a child, or both.

- "Severe disability," as a mental, physical, sensory, behavioral, emotional, or developmental disability, including severe emotional disturbance, or a combination of these disabilities that meets all the following conditions: (a) is severe in degree; (b) has persisted for one year, or is expected to persist for one year; (c) causes substantial limitations in a child's ability to function in his or her family, school, or the community, and with his or her ability to cope with the ordinary demands of life; and (d) causes the child to need services or other resources from two or more systems of care;

- "Severely emotionally disturbed child," as an individual under 21 years of age who has emotional and behavioral problems that: (a) are severe in degree; (b) are expected to persist for at least one year; (c) substantially interfere with the individual's functioning in his or her family,

school or community and with his of her ability to cope with the ordinary demands of life; and (d) cause the individual to need services from two or more agencies or organizations that provide social services or services or treatment for mental health, juvenile justice, child welfare, special education, or health. This is linked to a definition in the statutory chapter on Medical Assistance;

- "System of care," as a public or private organization that provides specialized services for children with mental, physical, sensory, behavioral, emotional, or developmental disabilities or that provides child welfare, juvenile justice, educational, economic support, alcohol or other drug abuse, or health care services for children; and

- "Tribe," as a federally recognized American Indian tribe or band in this state.

The bill would modify certain definitions under current law, to read as follows:

- “Intake,” as the process by which a service coordination agency or individuals designated by the coordinating committee initially screen a child who is involved in two or more systems of care, and his or her family, to determine eligibility for an initiative, and the process by which the service coordination agency determines the need for a comprehensive clinical mental health assessment;

- “Interagency agreement,” as a written document of understanding among service providers and other partner agencies that are represented on a coordinating committee, that identifies mutual responsibilities for implementing coordinated services for children who are involved in 2 or more systems of care and their families;

- “Service coordinator” as an individual who is qualified by specialized training and experience with children who are involved in 2 or more systems of care and their families, and who is appointed by the service coordination agency to provide service coordination of treatment, education and support services for eligible children with severe disabilities and their families; and

The bill would also delete the current definition of "program."

The bill would modify all statutory references to reflect these terminology changes.

SUMMARY OF AMENDMENTS

The Assembly Committee on Children and Families recommended adoption of two amendments to AB 296. Assembly Amendment 1 to AB 296 would correct language regarding the appropriation, changing the funding "decrease" in the original bill to a funding "increase."

Assembly Amendment 2 to AB 296 would make the following changes: (a) correct the cross reference to the program appropriation to reflect the restructuring of the DHS appropriation schedule enacted in 2009 Act 28; (b) insert a reference to tribes that was omitted in the original bill; and (c) correct references to other statutory sections modified by 2009 Act 28.

FISCAL EFFECT

The bill would provide $1,466,000 GPR in 2009-10 and $1,466,000 GPR in 2010-11 to increase funding for initiatives for coordinated services. The bill does not direct DHS to expend the additional funds in any particular manner. Consequently, DHS could use the additional funds to increase the number of state-funded programs, resume or maintain state support for current CST sites that no longer receive state funding, increase allocations to current sites, or fund additional services (such as advocacy services). The bill would not require DHS to maintain funding for the current CST sites after the initial five-year period.

Although DHS would determine how the additional funds would be used, the funding amount specified in the bill was based on a specific funding proposal presented to the Special Committee on Strengthening Wisconsin Families. The calculation presented to the study committee to arrive at the funding increase in the bill does not anticipate that any of the additional GPR funds would be used to support new CST sites. Instead, the additional funding would be budgeted to reflect: (a) funding all current county ISP and CST sites at $80,000 per year; (b) funding all current tribal sites at $50,000 per year; (c) providing additional funding of $7,000 for current participating counties and tribes to provide advocacy services; and (d) providing funding to provide ongoing training and technical assistance to sites. Table 2 shows the calculation of the funding increase in the bill, based on this funding proposal.

TABLE 2

Basis for the Funding Increase in AB 296

Component	Cost per Project	Number	Total Cost
Current County ISP and CST Initiatives	$80,000	44	$3,520,000
Current Tribal CST Initiatives	50,000	4	200,000
Advocacy Services for Current County Projects	7,000	44	308,000
Contractual Training and Technical Assistance			206,400
Total			$4,234,400
Base Funding *			2,768,400
Difference			$1,466,000

* Funding information for 2008. The current funding for the program is $2,548,000 (all funds). Consequently the amount needed to support this proposal would be $1,686,400, or $220,400 greater than the amount that would be provided in the bill.

Several points should be made regarding the funding increase in the bill. First, current funding for the program is $220,400 less than the base amount that was used for the basis of the calculation. Consequently, in order to provide a level of support for the program that reflects the

proposal in Table 2, $1,686,400 GPR would be needed per year.

Second, the Committee may wish to determine whether to continue to provide state assistance to CST sites and ISP sites for a time-limited period, or maintain state support for currently funded programs. This decision would affect the funding requirements for the program. As indicated previously, the state's current practice of terminating state support for CST sites after five years has allowed DHS to make funding available for new sites. An amendment could be offered to clarify whether state assistance is intended to be ongoing or one-time funding.

Third, in light of the current demands on general fund revenues, the Committee could modify funding in the bill and still increase financial support for the program. For example, all funding that would be provided in 2009-10 could be deleted (-$1,466,000 GPR) if the Committee wished to provide funding increases for services provided in 2010-11, rather than in the current fiscal year. The 2010-11 increase would be included in base GPR funding for the program, for the purposes of the 2011-13 biennial budget. Alternatively, the Committee may wish to maintain the current level of support for CST projects (approximately $50,000 per year), but provide, for instance, $500,000 GPR in 2010-11 to fund 10 new CST sites, beginning in 2010-11. As previously indicated, the funding needs of the program are directly related to the decision to maintain state support for existing CST sites.

Fourth, the Committee could adopt the statutory changes in the bill, but provide no additional GPR funding for program at this time. Under this option, DHS would be able to fund new sites only by reallocating funding that previously had been provided to sites during the first five years of their programs.

Finally, the closing balance of the general fund as of June 30, 2011, was projected at $55.7 million in this office's memorandum relating to revenue estimates dated January 27, 2010, which is less than the statutory reserve of $65 million. If GPR funding is included in AB 296, the Committee may wish to adopt an amendment that would specify that the requirement for a $65 million statutory reserve does not apply to the provisions of the bill.

Prepared by: Sam Austin and Charles Morgan
Attachment

ATTACHMENT 1

Funding Allocations for Current ISP and CST Projects

	SFY 10/FFY 10 Contract Amount		
Integrated Services Program			
Ashland	$79,891		
Chippewa	79,891		
Door	79,891		
Dunn	79,891		
Eau Claire	79,891		
Fond du Lac	79,891		
Kenosha	79,891		
La Crosse	79,891		
Marinette	79,891		
Marquette	79,891		
Portage	79,891		
Racine	79,891		
Rock	79,891		
Sheboygan	79,891		
Washburn	79,891		
Washington	79,891		
Waukesha	79,891		
Waushara	79,891		
Total -- ISPs	$1,438,038		
Coordinated Services Team Initiatives		Start Date	End Date
Ashland	$49,000	10/1/2007	9/30/2012
Brown	49,458	7/1/2006	6/30/2011
Buffalo	50,000	10/1/2008	9/30/2013
Burnett	49,000	10/1/2007	9/30/2012
Clark	48,469	7/1/2009	6/30/2014
Dodge	50,000	10/1/2006	9/30/2011
Eau Claire	32,597	7/1/2005	6/30/2010
Green	48,469	7/1/2009	6/30/2014
Juneau	49,458	7/1/2007	6/30/2012
Kewaunee	48,469	7/1/2007	6/30/2012
La Crosse	32,597	7/1/2005	6/30/2010
Menominee	49,000	10/1/2007	9/30/2012
Monroe	49,000	10/1/2007	9/30/2012
Oconto	48,469	7/1/2009	6/30/2014
Price	49,000	10/1/2007	9/30/2012
Sawyer	48,469	Late 2008	6/30/2014
Sheboygan	32,597	7/1/2005	6/30/2010
Vernon	49,244	7/1/2008	6/30/2013
Washburn	32,597	7/1/2005	6/30/2010
Wood	48,469	Late 2008	6/30/2014
Lac Courte Oreilles	49,000	10/1/2007	9/30/2012
Red Cliff	49,000	10/1/2007	9/30/2012
Lac du Flambeau	48,469	7/1/2009	6/30/2014
Bad River	48,469	7/1/2009	6/30/2014
CST Total	$1,109,300		
Grand Total	**$2,547,338**		

ATTACHMENT 2

Counties that Previously Received Funding for CTS Projects and Remaining Counties

Previous Grantees	Start Date	End Date
Adams	7/1/2004	6/30/2009
Bayfield	10/1/2003	6/30/2008
Calumet	10/1/2002	9/30/2007
Crawford	7/1/2004	6/30/2009
Douglas	7/1/2004	6/30/2009
Green Lake	10/1/2002	9/30/2007
Jefferson	10/1/2002	9/30/2007
Manitowoc	10/1/2002	9/30/2007
Pierce	7/1/2004	6/30/2009
Polk	7/1/2004	6/30/2009
Portage	10/1/2003	9/30/2007
Richland	7/1/2004	6/30/2009
St. Croix	7/1/2004	6/30/2009
Sauk	10/1/2003	9/30/2008
Waupaca	10/1/2002	9/30/2007

Remaining Counties and Tribes	Current Projected Start Date
Barron	2012
Columbia	7/1/2010
Florence	
Forest	
Grant	
Iowa	7/1/2011
Jackson	2012
Lafayette	
Langlade	
Lincoln	
Marathon	
Oneida	
Outagamie	
Ozaukee	10/1/2012
Pepin	
Shawano	7/1/2010
Taylor	
Trempealeau	10/1/2011
Vilas	
Walworth	
Winnebago	7/1/2010
Forest County Potawatomi	
Ho Chunk Nation	
Menominee Tribe	
Oneida Tribe	
St. Croix Band	
Sokaogon Chippewa Community	
Stockbridge-Munsee Band	