

History of the Coordinated Services Team Initiative in Wisconsin

1984: Wisconsin received a federal National Institute of Mental Health (NIMH) strategic planning grant to: assess service needs of children with SED; disseminate information about the CASSP approach; promote support for the model in Wisconsin's counties; and establish a point of responsibility within the WI Department of Health and Social Services for children's mental health.

1984: Robert Wood Johnson Foundation (RWJF) awarded Dane County a five-year (1984 - 1989) \$2.5 million grant to develop a wraparound system of care. Goals included: expansion of case management and mobile crisis services; creation of a wide array of community-based services to provide alternatives to hospitalization; creation of a foundation for the permanent funding of multiagency community-based system of mental health services.

May 1987: Dianne Greenley and Joel Ungrodt with the Wisconsin Coalition for Advocacy published "Kids in Crisis: A Plan for Action". Written on behalf of the Children's Mental Health Task Group, the paper described problems with the children's mental health system in Wisconsin, many of which parallel issues discussed in Knitzer's book. As a result, four counties received funding, partially through CASSP demonstration project grants, to pilot a case management / service coordination approach.

1987 – 1988: the Wisconsin Department of Health and Social Services awarded grants to Dane and Kenosha Counties to develop intensive mental health case management projects.

1989: Wisconsin's Children Come First Act, State Statute 46.56, was enacted. This legislation, primarily authored by Dianne Greenley and John Franz, authorized the creation of Integrated Services Projects (ISP) in Wisconsin, and defined structures and processes such as: administering agency; coordinating committee; interagency agreement; service coordination agency; child and family teams; and plans of care based on the strengths and needs of the family.

1989: Development of the statewide Children Come First Advisory Committee, charged with oversight of the development of Integrated Services Projects in Wisconsin.

Between 1990 and 1995: 22 Children Come First / Integrated Services Projects (ISP) were established

- **1990/1991:** 6 counties (including Dane) were selected as "Children Come First" pilot counties - Kenosha, Marathon, Milwaukee, Waukesha and Racine. Funding included \$60,000 MHBG funding for the 1st year, and \$80,000 thereafter, with an annual 20% local match requirement.
- **1993:** ISP developed in 5 counties, including: Dunn, Marinette, Waushara, Marquette, and Fond du Lac. Funding included \$80,000 MHBG funding plus a 20% local match.
 - Also in 1993, Dane's Project Find became "Children Come First", a capitated, managed care system, funded with a blend of MA and community aides dollars.
- **1994:** Request for Proposals (RFP) issued by WI DHSS for counties to apply for funding to develop integrated services projects. 41 Counties responded to the RFP.
- **1994:** 6 ISP counties were added: Rock, Washington, Sheboygan, Eau Claire, Chippewa and Ashland; and received \$80,000 MHBG, with a 20% local match requirement.
- **1995:** Due to an increase in Wisconsin's MHBG funding, 5 additional counties were added, including: La Crosse, Washburn, Vilas, Oneida, and Forest. Funding again included \$80,000 MHBG funding plus a 20% local match.

1995: Wraparound Milwaukee was developed with the support of a 6-year, \$15 million federal grant that Milwaukee County received from the Federal Center for Mental Health Services. Milwaukee County was one of the first 10 such sites funded throughout the country. The intent of the federal grants was to foster the development of more comprehensive, community-based care for children with serious emotional needs and their families.

1996: Wraparound Milwaukee (and eventually Dane County) received a risk-based, capitated contract from the Medicaid program to provide flexible and individualized services to children in home and community settings.

1996: Waupaca County receives a 5-year Systems Change Grant of \$100,000 per year.

1997 (Oct): Marathon, Lincoln, and Langlade and Forest, Vilas and Oneida counties received a regional 5-year multi-million dollar federal grant and developed the “Northwoods Alliance for Children and Families” NACF. The mission of NACF was to create and sustain a regional integrated system of care to meet the needs of children and youth who are at-risk and their families. In part NACF utilized Hospital Diversion Medicaid dollars to provide match and sustainability.

1998: Because they were part of the NACF, Marathon, Forest, Oneida, and Vilas Counties forfeited their state ISP grants; freeing up funding to support ISP development in Door and Portage Counties.

1998: Eleanor McLean, Chief, WI Department of Health and Family Services, Bureau of Community Mental Health requested there be a set of “common components” or standards for Integrated Services Projects. As a result, the Eight Key Components of Integrated Services were developed, establishing common expectations for ISP sites, including: parents as full partners at every level of activity; establishment of local interagency coordinating committee; interagency agreement; collaborative child and family teams; individualized plans of care; flexible funding to meet needs; advocacy for each family; goals are monitored and measured, emphasizing consumer satisfaction; planned transition to adult life for adolescents.

Fall 1998: Vilas, Forest & Oneida Counties developed the “On Different Ground” (ODG) program for older adults receiving mental health and AODA services. ODG staff provided collaborative in-home AODA and mental health services, and linked with other providers including physical health into an innovative and extensive outreach program designed to avoid premature nursing home placement or inpatient admissions.

1999: Calumet, Sauk, Brown, Douglas, and Outagamie Counties begin to operate ISP’s with county funds and some limited technical assistance from the Bureau of Community Mental Health.

2000: December 2000 report to Congress by the Coalition for Juvenile Justice cited Wraparound Milwaukee as a best practice model.

Nov 2000 and early 2001: Division of Supportive Living develops CST Concept Paper – outlining Core Values, expected outcomes, and monitoring responsibilities for CST

January 3, 2001: the Surgeon General of the United States released a national action agenda on children’s mental health in which he stated: “In the United States, 1 in 10 children and adolescents suffer from mental illness severe enough to cause some level of impairment. Yet, in any given year, it is estimated that fewer than 1 in 5 of these children receives needed treatment. The long-term consequences of untreated childhood disorders are costly, in both human and fiscal terms.”

2001: Kenosha County was awarded Medicaid Hospital Diversion funding to expand their Integrated Services Project.

2001: Jefferson and Outagamie Counties were awarded onetime grants of \$10,000 for training and consultation to enhance their current wraparound practice. Grants of \$10,000 and \$20,000 were also awarded to Waushara, Waupaca, Sauk and Calumet Counties for expansion of their target groups beyond children with a diagnosis of SED to include children and families involved with child welfare and substance abuse systems.

5/20/02: Concept paper sent to “partners in child welfare, mental health and substance abuse services” on CST core values by DHFS Secretary Phyllis Dubé, Susan Dryfus, Administrator with the Division of Children and Family Services, and Sinikka McCabe, the Administrator of the Division of Supportive Living, promoting joint activities, including: support for the development of the Coordinated Services Team (CST) initiative with several counties; and, the establishment of a state level cross-system Steering Committee to assist counties in eliminating barriers at the state level that impede CST. The final version of the CST Core Values was signed by Kitty Kocol, Administrator of the Division of Children and Family Services, and Sinikka Santala, Administrator of the Division of Disability and Elder Services on July 14th, 2003.

2002: Development of the Coordinated Services Team (CST) Initiative. CST differed from ISP in several ways, including: requiring active state administrative leadership including collaboration between mental health, child welfare (SW), substance abuse (SA), juvenile justice, and the Department of Public Instruction; expectation of systems change; expansion of target group beyond children with SED; blended state funding of MHBG, SA, and CW dollars; realized savings to be reinvested in CST; and sites are to sustain their initiative after 5 years of grant funding (local match increase each year from 33% in Year 1 to 100% in Year 5).

- **2002:** MHBG funding to Wisconsin is increased by \$500,000
- **10/1/02 – 9/30/03:** White Pine Consulting Service, through a contract with the Wisconsin Council on Children and Families, is contracted to provide training and technical assistance to developing CST sites.
- **2002:** The Wisconsin Department of Health and Family Services developed a Request for Proposals (RFP), giving counties and tribes the opportunity to apply for 5 years of funding to develop CST initiatives. 21 counties and 1 tribe responded to the RFP; 10 sites were selected to receive CST funding during the “first round” of funding.
 - **Jan 1st, 2003** (? *Our records = 10/1/02 – 9/30/07*): 6 counties received funding to develop CST initiatives, including: Calumet, Jefferson, Green Lake, Iron, Manitowoc, and Waupaca.
 - **Oct 1st, 2003** – 4 additional counties were funded, including: Bayfield, Portage, Marquette and Sauk.

2003: Women’s AODA Wraparound pilots: *Forest, Vilas, Oneida (combined 3-county project), Fond du Lac (2 projects), Eau Claire, Green Bay, Madison, Superior, and West Bend* receive funding to address the special needs of women with problems resulting from alcohol and other drug abuse by emphasizing parenting education, vocational and housing assistance, and coordination with other community programs while providing treatment under intensive care. Core values include: collaboration across funding sources; team approach across agencies; family-centered; self-sufficiency; consumer involvement in all aspects of the project; gender/age/culturally responsive; strong work focus; strength-based; builds on natural and community support; provides growth that encourages learning; outcome-oriented; and provides unconditional care.

2003 – 2011: Expansion of the Coordinated Services Team Initiative

- **10/1/03 – 12/31/07** supportive and administrative activities for the Coordinated Services Team Initiative provided by White Pine Consulting Service through contract with Waupaca County DHHS and the Wisconsin Department of Health and Family Services.
- **7/1/04:** 8 additional counties funded, including: Adams, Crawford, Douglas, Lafayette, Pierce, Polk, Richland, and St Croix.
- **7/1/05:** 4 additional counties funded, including: Eau Claire, La Crosse, Sheboygan and Washburn
- **7/1/06:** 1 additional county, Brown, funded.
- **10/1/06:** 1 additional county, Dodge, funded.
- **7/1/07:** 1 additional county, Juneau, funded.
- **10/1/07:** 2 tribes, Lac Courte Oreilles, and Bad River added; along with 5 counties: Ashland, Burnett, Menominee, Monroe, Price
- **7/1/08:** Vernon County added
- **10/1/08:** Buffalo County added
- **7/1/09:** 6 Counties (Clark, Green, Kewaunee, Oconto, Sawyer & Wood) and 2 Tribes (Bad River, and Lac du Flambeau) added
- **7/1/10:** 3 counties (Barron, Shawano, and Trempealeau) and 1 tribe (St Croix Chippewa)
- **10/1/10:** Ozaukee County added
- **7/1/11:** Iowa County added
- **10/1/11:** Columbia County added

- **1/1/12:** Grant County added (Burnett County refused their 5th year of funding, freeing up funding for Grant County)

Fall 2006 – Wisconsin Legislative Council’s Strengthening Families Committee revisited State Statute 46.56, revising it, and eventually resulting in the passing of WI Act 334 in May 2010 (see below “5/13/10 – Enactment of WI Act 334” for additional information).

December 2007 – RFP issued by the Division of Mental Health and Substance Abuse Services to expand opportunity to develop CST. An RFP was also issued for provision of statewide CST training and technical assistance services. Waupaca County Department of Health and Human Services, in partnership with White Pine Consulting Services was selected to provide statewide training and technical assistance.

2007 (Fall): The Child & Adolescent Needs & Strengths – Mental Health (CANS-MH) was chosen as a central assessment, monitoring, and communication tool to be used by CST sites.

January 2008: Federal Regional Partnership Grant (RPG) funding awarded to 18 counties and 2 tribes in western WI, to support development of the CST process for children in the child welfare system whose parents have methamphetamine or other substance abuse issues. 5-year grant (1/1/08 – 9/30/12).

Early 2008: Waupaca County Department of Health and Human Services, in partnership with White Pine Consulting Service, was awarded a 5-year contract to provide statewide training and technical assistance for the Coordinated Services Team Initiative.

2008: Honoring our Children initiative: supports the development of the CST process in seven Tribes in northern Wisconsin: Bad River, Forest County Potawatomi, Lac Courte Oreilles, Red Cliff, Lac du Flambeau, St. Croix Chippewa, and Sokaogon Chippewa. The grant targeted tribal families who could benefit from service coordination and a collaborative team approach.

2009: Wraparound Milwaukee won the 2009 Harvard University Kennedy School of Government “Innovations in American Government” award.

May 13th, 2010: Enactment of WI Act 334 – updated language of SS 46.56 (ISP legislation) to reflect CST procedures and expectations. Changes include: expansion of target group to include children who do not necessarily have a diagnosis of SED, but who are involved in multiple systems of care (SED still required as a priority target group); expansion of Coordinating Committee membership and responsibilities; focus on system change and sustainability; tribal-inclusive language; expectations for role of Initiative Coordinator.

2011 – Training and technical assistance was provided to the 18 Integrated Services Project (ISP) sites to aid in their transition to CST by 12/31/11. All 18 ISPs were visited and surveyed using a comprehensive structured interview process to determine fidelity to the "wraparound" approach, system change progress, and sustainability.

2011 – Women’s AODA Treatment Project - the Division of Mental Health and Substance Abuse Services issued a new Request for Proposals, resulting in another round of grants to support the development and expansion of the project.

April 2011 – Began transition for use of a Comprehensive version of the CANS (CANS-COMP) as a central assessment / evaluation tool for CST sites. This tool had also been adopted by Wisconsin’s Department of Children and Families for use in their system, marking a significant move toward cross-system collaboration.

January 2012 – The 18 Integrated Services Project (ISP) counties were expected to begin operating as CST sites, including the following counties: Ashland, Chippewa, Door, Dunn, Eau Claire, Fond du Lac, Kenosha, La Crosse, Marinette, Marquette, Portage, Racine, Rock, Sheboygan, Washburn, Washington, Waukesha, and Waushara.

June 2012: The Division of Mental Health and Substance Abuse Services issued an RFP Application for 5 years of grant funding to provide peer-based training and technical assistance funding for Coordinated Service Teams (CST) across the state. In September, Waupaca County Department of Health and Human Services, in

partnership with White Pine Consulting Services was chosen to continue their work providing statewide training and technical assistance.

September 2012 – A CST Request for Proposals (RFP) was issued by the Division of Mental Health and Substance Abuse Services for the remaining six counties and six tribes who haven't had the opportunity to receive implementation grants in the past: Florence, Taylor, Jackson, Walworth, Rusk and Pepin Counties; and the Sokaogon, Forest County, Oneida, Menominee, Ho Chunk, and Stockbridge-Munsee Tribes. Projected start date: 1/1/13 (first year grants would be 1/1/13 – 9/30/13).

May 13th, 2013 – Enactment of WI Act 334 – updated language of SS 46.56 to reflect CST procedures and expectations.

June 30th 2013 – Enactment of WI Act 20 – \$3.7 million additional funding to expand CST to all counties and tribes; and to fund multi-entity/regional initiatives.

December 19th, 2013 – “CST Initiative Statewide Expansion Funding” memo released by the Department of Health Services to all counties and tribes regarding the opportunity to apply for ongoing CST funding.

2014 – Thirty-four additional counties and tribes applied for and received CST Expansion Funding, which began April 1st. All 11 tribes in Wisconsin and all but 6 counties are developing or expanding CST initiatives.