

Recommendations for the Next Generation of the Coordinated Services Team (CST) Initiative

Children Come First Advisory Committee

Program Integration

- Eliminate legacy Integrated Services Programs (ISPs) and operate a single program (CST).
- The state should minimize barriers to integrating CST and Comprehensive Community Services (CCS) for children and youth.

Funding Allocation

- There should be a base amount of funding allocated to operate CST, regardless of site size or complexity. The state should analyze required CST components / activities to determine this base funding level.
- The committee does **not** support an allocation method that simply divides total funding by the number of sites. There is no utility in funding CST at a level that does not allow sites to meet programmatic requirements and produce good outcomes for children and families.
- There should be a transitional approach to the new funding model, eventually resulting in a tiered funding model based on site characteristics and/or performance. In general, the committee supports a transition plan that:
 - In year one, provides the same level of funding currently being received to existing CST grantees and legacy ISP sites, provides a TBD amount of funding to active CST sites no longer receiving CST grant funding, and provides TBD planning funds to sites without a current CST which express their commitment to implement CST.
 - In year two, provides base funding to all CSTs statewide.
 - In year three, implements a tier-based funding model consisting of base funding for all sites and additional funds based on TBD site characteristics and/or site performance.
- Dane and Milwaukee counties operate children's wraparound programs but are not CST grantees. There are eligibility limitations for these programs (e.g., require youth to be enrolled in Medicaid). During transition year one, the state should explore with Dane and Milwaukee the opportunity for CST funding and its potential impact on their programs.
- The state should have the flexibility to allocate a nominal amount of funding to non-CST wraparound initiatives (e.g., Wraparound Milwaukee, Dane County Children Come First) to enable their participation in statewide data collection and reporting.

Funding Duration

- The duration of CST funding for sites should be ongoing rather than time-limited as it is today, contingent upon meeting all program requirements.

Application for Funds

- There should be an application process for CST rather than an automatic allocation of funds.
- All counties and tribes should have an opportunity to apply for CST funding, regardless of whether or not they have sustained CST operations post-grant, and regardless of whether or not they declined CST funding in the past.
- Existing CST grantees should reapply along with other counties / tribes, at a TBD date.
- Counties and tribes should be able to decline participation in CST.

Target Population / Eligibility

- CST sites should be required to regularly and periodically report on various demographic characteristics of populations served.
- The state should take measures to ensure that a minimum of 70% of the enrolled youth meet SED criteria (in aggregate at the state level)
- Recognizing the fact that children who meet SED criteria are identified by statute as a “priority target group,” sites should use an eligibility form that identifies whether referred youth meet SED criteria. These forms should be submitted to the state for aggregate analytical purposes.

Quality Assurance

- The committee encourages the state to research more effective and cost-effective methods of delivering training and technical assistance.
- The state should develop mechanisms to monitor the ongoing sufficiency of training and technical assistance available to CST sites.
- The state should use existing DMHSAS staff to work on outcomes reporting for CST rather than allocate funds from CST for that purpose.

CST System Components

- Parent peer support should be considered an essential component of CST (i.e., sites would have to meet TBD standards / requirements). Other core components that should be required for sites to receive full funding are process fidelity, adherence to data collection / reporting requirements, a plan to address diversity, and a plan to address sustainability / expansion.
- “System change” should remain as a core element of CST. In addition, it should be more clearly defined.

Regionalization

- The Department of Health Services should support and incentivize regionalization, but ultimately leave the decision to regionalize to counties and tribes.
- Multi-jurisdictional (i.e., multiple counties and/or tribes) CST sites should receive the same amount of total funding that they would have collectively received if applying individually.