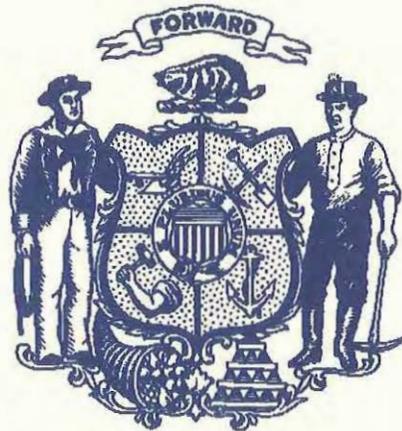


# COMMUNITY AIDS

Financial Assistance to Counties for Human Services

Informational Paper #49



State of Wisconsin

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# **COMMUNITY AIDS**

## **Financial Assistance to Counties for Human Services**

### **INTRODUCTION**

Community social and mental hygiene aids (more commonly known as community aids) are state and federal funds which are distributed by the Department of Health and Social Services (H&SS) to counties for the provision of human services in two broad, statutorily-defined functional areas: (1) social services for low-income persons and juvenile offenders; and (2) services for persons with needs relating to mental illness, alcohol or drug abuse or developmental disabilities. Although these two broad functional areas are authorized by separate statutory provisions and are frequently administered at the county level by separate agencies, these functions are considered to be related components of a coordinated state/local human services system.

Community aids are budgeted at \$616 million in the 1991-93 biennium. Of this amount, \$413 million is provided from state general purpose revenues (GPR), \$201 million is from federal revenues (FED) and \$2 million is available from program revenues (PR). These aids comprise the largest source of state aids to counties. In 1992, counties received \$306 million in community aids. By comparison, state shared revenue aids to counties in 1992 totalled \$163 million.

Community aids are allocated to counties on a calendar year basis under a basic county allocation and 19 separate earmarked allocations. The basic county allocation represents approximately 78% of funds allocated to counties under the community aids program.

The term "human services" refers to a broad array of services provided to persons in need, including income maintenance payments and assistance with health costs. Although community aids fund county services to individuals, other human services, such as AFDC, general relief and medical assistance, are funded by separate programs. This paper discusses the state's major aid program for counties to fund services to individuals. Community aids fund a diversity of services and, in part, are utilized by counties to supplement funds provided for other, specialized human services programs.

The state's human services programs funded through community aids are state-supervised and county-administered. Although counties have been given increasing responsibility for the delivery of human services, the need for state monitoring has reflected the large proportion of GPR and federal funding utilized for these programs. Counties are also required to provide

matching funds, and in many cases provide revenues in addition to these required matching funds.

## **COUNTY ADMINISTRATION AND STRUCTURE**

Human services programs are administered at the county level by agencies responsible for two broad functional areas -- social services and services for persons with mental or developmental disabilities. This section describes: (1) the services generally provided by social services agencies; (2) services provided by "Chapter 51" agencies; and (3) the alternative county organizational structure permitted by statute. This section also describes the most typical organizational arrangements adopted by counties in response to their local circumstances.

### **SOCIAL SERVICES**

County social services agencies perform functions which are frequently termed "public welfare" and "child welfare" activities. The type of assistance varies considerably but includes: (1) assistance to persons to enable them to cope adequately at home by providing in-home supportive services, home-delivered meals, transportation and similar services; (2) investigation and services in child abuse and neglect cases; (3) community programs for juvenile offenders; and (4) supervision of alternative care for children, such as short-term shelter care, foster care, or placement in a group home or child caring institution. In addition, child care funding is provided for low-income persons who are working, seeking work or in training for work. Legal services, housing assistance, work-related training services, family planning, information and referral services and counseling are also provided. Appendix B lists services offered by county agencies by standard program category "cluster" which, beginning in 1987, was the formal system of defining human services in this state.

Counties have considerable flexibility in determining how much funding to allocate for each type of service, except for the funding amounts that are earmarked for specific services, such as child care and supportive home care. The statutory requirements of counties in this area are conditional. Wisconsin statutes require counties to provide social services to persons who receive federal and state payments for supplemental security income (SSI) and AFDC, but the types of services are not specified. In addition, these requirements only extend to the limits of available state and federal funds and of county funds required to match state funds.

County social services agencies also administer income maintenance programs, such as aid to families with dependent children (AFDC), food stamps and general relief. These income maintenance programs are not funded through the community aids program, although the programs are coordinated with community aids-funded social services at the local level.

Counties do not deliver or coordinate all local social services. Some state-funded social services, such as family planning, shelters for homeless persons and assistance to victims of domestic abuse, are provided by private, nonprofit agencies which contract directly with H&SS. In addition, many programs are provided by private agencies which are funded through private contributions and community fund-raising organizations or which are paid for directly by persons with adequate financial resources.

## **MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, ALCOHOLISM AND DRUG ABUSE SERVICES**

Counties also provide services to persons with a range of mental, developmental and behavioral disabilities. These frequently include: diagnosis and evaluation; emergency treatment; inpatient and outpatient care; training; assistance with residential arrangements, such as group homes, adult family homes or supervised apartments; transportation; and work-related services, such as sheltered employment, job placement assistance or vocational training.

The statutes provide generally for services to persons needing assistance with mental illness, mental retardation, alcohol and drug abuse and developmental disabilities under s. 51.42. Services for persons with developmental disabilities are also addressed under s. 51.437. Developmental disabilities are defined to include mental retardation and, in addition, brain injury, cerebral palsy, epilepsy, autism and other similar disabilities. In each case, the disability must be long-term in duration and constitute a substantial handicap to the individual. Under s. 51.42 of the statutes, counties are required to provide certain services, including diagnosis and evaluation, emergency services, inpatient and outpatient care, supportive transitional services, and residential facilities. In addition, other services are mandated for developmentally disabled clients. However, these requirements apply only within the limits of available state and federal funds and any county funds appropriated as matching funds.

## **COUNTY ORGANIZATION**

Counties are authorized under the statutes to provide human services under one of several possible organizational arrangements. In each case, a governing board or boards is required with statutorily-specified membership requirements. Appendix C lists these organizational structures.

### **SINGLE BOARD**

Under current law, a county may integrate all of its human services functions under a single board and agency, called a human services board or human services department. In

counties with human services boards and agencies, the board is responsible for establishing policy; the human services director is responsible for administering the programs. As of January, 1993, 40 counties have elected to use this form of organization. Appendix D provides a list of these agencies.

Milwaukee County has integrated its human services functions under a separate, statutory authority by appointing a director of Health and Human Services who is responsible for social services, services under ss. 51.42 and 51.437 and for certain other programs. Although funding allocations and policies are determined through the director's office, separate social service and Chapter 51 agencies administer the human services programs.

### **SEPARATE BOARDS WITHIN A SINGLE COUNTY**

Counties may provide for separate boards to administer human service functions, as follows: (1) a county department of social services under s. 46.22 of the statutes; (2) a board under s. 51.42 of the statutes governing mental health, alcoholism and drug abuse services; and (3) a board under s. 51.437 of the statutes governing developmental disabilities programs. The statutes permit counties to provide services under both ss. 51.42 and 51.437 and be governed by a single board. As of January, 1993, a total of 29 counties opted to furnish services in this way. Two counties (Rock and Lincoln) use separate boards for s. 51.42 and s. 51.437 services, although Lincoln County participates as part of a multi-county board.

As of January, 1993, a total of 31 counties operated separate social services departments.

### **MULTI-COUNTY BOARDS**

Under ss. 51.42 and 51.437 of the statutes, counties may create multi-county boards (generally termed "combined boards"). These boards may be organized to serve functions under s. 51.42 only, under s. 51.437 only, or both. As of January, 1993, there were four multi-county boards in the state, serving 13 counties. Appendix D provides a list of these boards.

Counties may also combine to create a multi-county department of social services under a multi-county social services board or create a multi-county human services department. To date, no counties have done so.

**Terminology.** Boards formed under ss. 51.42 and 51.437 are frequently referred to as "51.42/.437 boards." At the local level, these boards are referred to as "community boards," "community services boards," "unified services boards" and similar titles. Because of the

diversity of terminology used, this report will refer to those boards with responsibilities under either s. 51.42 or s. 51.437, or both, as "Chapter 51 boards."

Further, because social services functions may be administered by either a social services department or a human services department, this report will refer to "social services agencies" whenever discussing those county agencies that are responsible for administering social services programs.

## **ELIGIBILITY CRITERIA AND FEES**

All persons who are eligible for SSI or AFDC are eligible for services funded through county social services agencies. In addition, persons who have income at or below levels determined by H&SS are eligible for these services. For 1992, this level was \$12,641 per year for a single person and \$24,293 per year for a family of four. Income eligibility for child care services funded through community aids is higher than these amounts. As required by statute, community aids-funded child care eligibility levels are based on 75% of the state's median income for 1992, \$20,684 for a family of two and \$30,418 for a family of four.

In the past, the Department has used a percentage of state median income to determine eligibility for services funded through county social services agencies (other than child care). From 1984 to 1988, however, income eligibility levels were updated based on increases in the standard of need in the AFDC program; from 1988 to 1991, the Department did not update the general eligibility schedule at all (for all social services except child care). Changes were not made to the income eligibility limits for two reasons. First, counties had waiting lists for services under existing income limits. It was argued that increasing these limits would only add to county waiting lists. Second, it was argued that, by maintaining the current income eligibility levels, social services dollars would be targeted at those individuals most in need of services.

Over time, concern was expressed that an updated social services income eligibility schedule was needed for programs other than community aids, such as the community options program. To address this concern, the Department updated the 1992 income eligibility schedule by one-half the difference between the previous eligibility schedule and current median income amounts. The Department's application for the federal fiscal year 1993 social services block grant indicates the 1993 eligibility schedule will fully reflect current median income figures.

Other eligibility guidelines apply to the receipt of social services as well. To be eligible for services funded through Chapter 51 boards, a person must be mentally ill, alcoholic, a drug abuser or developmentally disabled.

Both county social services departments and Chapter 51 boards are required to charge fees, based on the ability to pay, for family support services, detoxification programs, child care, adult family home care, foster care, group home care, respite care, community support program services for persons with mental illness, shelter care provided under the Children's Code, assessments of a family to determine appropriateness for adoption, child caring institutional care, community-based residential facility care and for medical day services and treatment. They are prohibited from charging fees for certain other services. For many other services, counties are permitted, but not required, to assess a fee. Appendix E provides greater detail regarding services for which fees are assessed.

Counties use a uniform fee schedule. This fee schedule is determined by administrative rule of the Department, and is used for all fees, except under two circumstances. First, the Wisconsin administrative code authorizes the Department to establish special payment schedules for designated providers and types of services on a pilot basis not to exceed three years. Under this provision, the Department is currently piloting a fee schedule to determine parental payment liability in all substitute care cases (care provided in a foster home, group home or child caring institution). This pilot was implemented in response to an audit which found Wisconsin out of compliance with federal provisions regarding child support for children in substitute care. The fee schedule is being piloted in all 72 counties and is intended to conform to the state child support percentage of income standard. Fees are assessed to both parents of a child in substitute care, according to the parents' income, family size and number of children in substitute care. The Department is also developing legislation to implement the procedures being used in this pilot.

Second, there is a separate fee schedule for child care, which allows fees to be charged to parents with lower incomes than would be the case under the uniform fee schedule.

## **COMMUNITY AIDS: FUNDING SOURCES AND ALLOCATION METHODS**

Community aids funds include appropriations of both federal and state GPR funds which are combined and distributed through specific allocations. Counties are required to provide match funding to most of these allocations.

## **FUNDING SOURCES AND POLICIES**

The major source of federal funding for human services is provided under the social services block grant -- Title XX of the Social Security Act. In 1992-93, \$49.4 million is estimated to be available under the social services block grant. These funds are distributed as a sum certain allocation to states based on population. No state match is required and few

federal requirements are attached to these funds, other than the preparation of a state plan which assures these funds will be expended for social services. Under the current state plan, counties are required to provide the following services: supportive home care, child care, family planning and specialized transportation and escort. Counties are not required to spend specified amounts for family planning and specialized transportation and escort services; however, funding for supportive home care and child care is earmarked. In 1993, these earmarked amounts are \$13.2 million for supportive home care and \$8.8 million for child care.

The second source of federal funding distributed through the community aids program is funding under Title IV-E of the Social Security Act. This provides sum sufficient funding for a portion of the cost of services for children who are eligible for AFDC and are placed in an alternate care arrangement -- a foster home, group home or child caring institution (the determination as to AFDC eligibility is made at the time the child leaves the home of his or her natural parents). The federal funds are available on a 60% FED/40% GPR match basis. State funds expended under the community aids program for alternate care are identified as the state match for these funds. In 1992-93, it is estimated that \$21 million is available under Title IV-E foster care funding.

Four additional sources of federal funding are distributed through community aids: (a) child welfare funds; (b) the alcohol, drug abuse and mental health block grant; (c) the child care development block grant; and (d) child care funds for low-income persons under Title IV-A of the Social Security Act. Child welfare funds are provided under Title IV-B of the Social Security Act for permanency planning for children. Unlike Title IV-E (foster care) funding, child welfare funds may not be used to fund alternate care services, nor may these funds be used to provide child care which is exclusively work-related. The primary purpose of federal child welfare funding is to keep children with their own families. These services include respite care, intensive family treatment and individual and family counseling. A portion of this funding is also allocated to American Indian tribes. In 1992-93, it is estimated that \$3.0 million will be available for community aids under Title IV-B child welfare funding.

For 1992-93, \$9.3 million will be granted under the alcohol, drug abuse and mental health block grant. Federal guidelines for the alcohol and other drug abuse (AODA) portion of the block grant require that, at a minimum, 35% of block grant funding be spent on programs and activities related to alcoholism and alcohol abuse; 35% of the funding be spent on other drug abuse programs; 20% of the funding be used for prevention/intervention programs designed to discourage the abuse of alcohol or drugs; and 10% of the grant be used to initiate and provide AODA services for women. Of the 35% earmarked for other drug abuse programs, 50% must be spent on treatment services for intravenous (IV) drug abusers. In addition, federal guidelines prohibit the use of AODA funds for inpatient hospital services. The mental health block grant guidelines require that at least 10% of the funds be used for mental health services for

underserved areas or populations. Of this amount, half must be used to provide mental health services for seriously disturbed children and adolescents.

Prior to 1984, AODA block grant funds were distributed using the community aids formula. Increased community aids allocations from the AODA block grant from 1984 to 1987 were distributed to counties under a formula based on county population (30%); income maintenance caseload (30%); minority population (15%); number of unemployed persons (10%); and probation and parole population and total arrests (15%). Individual county allocations of AODA block grant funds have remained unchanged since 1987. Counties are allowed to decide specifically how AODA block grant funds are used, as long as general federal guidelines are followed.

Mental health block grant funds allocated to counties are used to fund community support programs for chronically mentally ill persons and a variety of other mental health services, including: respite care; adult family home care; community prevention services; crisis intervention; and counseling and therapy. Funds were originally allocated to counties both through the formula used to distribute community support program funds and that for community aids. For 1993, each county will receive an amount equal to its 1992 allocation.

Finally, two sources of federal child care funds are distributed to counties under community aids: (1) the child care development block grant; and (2) Title IV-A of the Social Security Act. In 1992-93, \$8.8 million is allocated from the block grant to counties under community aids for child care for low-income persons and \$5.8 million is allocated under Title IV-A for child care for persons at-risk of becoming eligible for AFDC ("at-risk child care" (ARCC) funds). While states are not required to provide match funding for the child care development block grant, a match of approximately 40% is required for the ARCC funds. In 1992-93, \$3.4 million GPR from the base level child care appropriation under community aids is identified as match funding to federal ARCC child care funds.

Under 1991 Wisconsin Act 269, \$2,264,700 PR is provided for community aids in 1992-93. This amount is composed of two sources of surplus funds which were transferred on a one-time basis to community aids: (a) \$650,000 PR from the drug abuse program improvement surcharge; and (b) \$1,614,700 PR from the intoxicated driver program.

The largest source of funding for community aids is state general purpose revenues. For the 1992-93 fiscal year, \$210 million is appropriated for community aids. As Table I indicates, GPR funds comprise approximately 67% of all community aids funds in the biennium.

**TABLE I**

**Budgeted Community Aids Funding By Source  
1991-93**

<u>Funding Source</u>	<u>1991-92</u>	<u>1992-93</u>	<u>Total</u>	<u>Percent of Total</u>
State:				
General purpose revenues	\$202,575,700	\$209,970,600	\$412,546,300	67.0%
Federal:				
Social services block grant	53,121,500	49,431,800	102,553,300	16.6%
Title IV--foster care	20,849,100	20,957,700	41,806,800	6.8%
Title IV--child welfare	2,939,800	2,973,900	5,913,700	0.9%
Alcohol, drug abuse and mental health block grants	13,454,800	9,319,100	22,773,900	3.7%
Child care development block grant	7,818,700	8,812,700	16,631,400	2.7%
ARCC child care funds	5,754,800	5,754,800	11,509,600	1.9%
Program Revenue:	<u>0</u>	<u>2,264,700</u>	<u>2,264,700</u>	<u>0.4%</u>
<b>TOTAL</b>	<b>\$306,514,400</b>	<b>\$309,485,300</b>	<b>\$615,999,700</b>	<b>100.0%</b>

State and federal expenditures and budgeted levels for the last twelve years for community aids are presented in Appendix F.

The statutes require to provide matching funds for most community aids funding. Earmarked allocations for which counties are not required to provide matching funds include:

- federal child welfare funds;
- federal child care development block grant and ARCC child care funds; and
- earmarked alcohol, drug abuse and mental health block grant funds (with the exception of federal AODA block grant funds first allocated to counties under 1989 Wisconsin Act 122 for the expansion of alcohol and other drug abuse treatment programs).

The required county match to state and federal community aids funding is 9.89%. County matching funds may be provided from county tax levies, state revenue sharing funds or private donations. Private donations cannot exceed 25% of the required county match. A county's community aids allocation is reduced by one dollar for each county match dollar not expended. In 1991, a total of \$476,300 in community aids funding was not allocated to 15 counties due to underspending of county matching funds. This unallocated community aids funding was 1.6% of the required total county match for all 72 counties, which was \$30.4 million in 1991.

Counties may also provide county funds in excess of the required match. In 1990, counties provided \$26.8 million to meet their match requirements and, in addition, reported \$103.2 million in excess of match requirements. In 1991, counties provided \$30.4 million to meet their match requirements. County spending in excess of match requirements in 1991 was in the amount of \$93.7 million. Appendix G provides specific county by county information on reported "overmatch" spending for calendar years 1990 and 1991.

## **FUNDING ALLOCATION METHODS**

This section will explain each separate allocation under community aids and briefly describe the basis on which the funds within each allocation are distributed to counties. Table II indicates the funding levels for each part of the community aids program for calendar years 1992 and 1993.

**TABLE II**

**Community Aids  
Calendar Years 1992 and 1993**

	CY 1992 <u>(Budgeted)</u>	CY 1993* <u>(Estimated)</u>
Basic County Allocation	\$240,697,100	\$243,104,100
<u>Categorical Allocations</u>		
Child care	8,835,400	8,822,800
Federal child care development block grant	8,315,700	8,812,600
Title IV-A child care funds for persons at-risk of eligibility for AFDC	5,754,800	5,754,800
Matching funds for Title IV-A at-risk child care funds	3,774,600	3,787,200
Supportive home care	13,035,300	13,165,700
Children's services allocation	4,419,600	4,463,800
Child abuse treatment	567,400	573,100
Community support program	1,891,300	1,910,200
Programs for developmentally disabled persons	1,498,000	1,513,000
Services for developmentally disabled persons to reduce waiting lists	1,090,400	1,101,300
Family support program	2,983,300	3,013,100
Alzheimer's support program	1,858,400	1,877,000
AODA block grant	3,283,500	3,283,600
AODA youth treatment	450,000	450,000
AODA expansion (1989 Act 122)	5,386,700	5,440,600
Mental health block grant	250,000	250,000
Child welfare	1,858,000	1,858,000
Family-based services	1,138,500	1,145,400
Epilepsy services	150,000	150,000
Supported employment	60,000	60,000
Tribal aids	70,000	70,000
Emergencies	250,000	250,000
Unallotted Reserve	<u>451,600</u>	<u>0</u>
 Total Categorical Allocations	 <u>\$67,372,500</u>	 <u>\$67,752,200</u>
 GRAND TOTAL	 \$308,069,600	 \$310,856,300

\*Because the 1992-93 state fiscal year ends June 30, 1993, funds are currently appropriated for the first half of 1993 only. For purposes of comparison, however, the amounts appropriated for January-June, 1993, have been doubled to arrive at estimated amounts for 1993.

## CONSOLIDATED VS. SEPARATE AID ALLOCATIONS

Some counties receive approval from the Department of Health and Social Services to be consolidated aids counties, which means they are given one community aids basic county allocation for both social services and Chapter 51 services. The county board has the authority to transfer funds between these two areas. Other counties are given two allocations -- one for the county social services department and one for the Chapter 51 board, unless the county chooses to apply for consolidated aids authority under s. 46.034(3). As of January, 1993, 38 counties received consolidated aids, including those counties with human services boards and three additional counties -- Milwaukee, Richland and Sawyer.

## BASIC COUNTY ALLOCATION

The basic county allocation represents funds given to counties which have no earmarking provisions. These funds may be spent for any eligible community aids service. For 1993, the basic county allocation represents 78% of funds allocated to counties under the community aids program.

**Maintenance-of-Effort Requirements.** Although counties have considerable flexibility in determining how the basic county allocation is used, counties are required to provide funding out of this allocation to meet certain maintenance-of-effort requirements.

First, as a result of federal requirements relating to the alcohol and other drug abuse (AODA) block grant, counties are required to provide funding for AODA services, in addition to funding they receive under the block grant, in at least the amount budgeted for AODA services in 1982. This totals \$21.4 million statewide.

Second, counties are subject to maintenance-of-effort requirements on community support program (CSP) funding. Counties are prohibited from reducing funding for this service below the level funded in 1982 of \$3.8 million.

Finally, under provisions of 1987 Wisconsin Act 405, counties which receive funding for supplementing payments for the care of individuals to allow them to continue to live in a family home or other noninstitutional setting after becoming age 18 are prohibited from using these funds to replace funds previously used by the county for this purpose.

In addition to maintenance-of-effort requirements, the basic county allocation must also be used for certain mandatory services. For example, investigations of suspected child and elder abuse cases are required within 24 hours of receiving a report.

Counties are also required, pursuant to an administrative decision by the Department through the federal social services block grant planning process, to expend funds from their base allocation for child care, supportive home care, transportation and family planning services or to ensure that these services are available from some other source in the county.

**Community Aids Formula.** Increased appropriations for the basic county allocation have occasionally been distributed to counties according to a formula based on three factors, each weighted equally. These factors include:

- 1) Each county's share of the state's medical assistance population. This factor is intended as a measure of the potential demand for human services within each county.
- 2) The urban-rural nature of each county. This factor provides proportionately larger allocations to counties with the most urban and most rural populations and is intended as a measure of both the degree of social and economic problems within each county and the relative cost of providing services. An urban county is defined as a county in which greater than 70% of its population lives in communities of 2,500 or more, while a rural county is defined as a county with less than 9% urban population.
- 3) The per-capita market value of the taxable property in each county. This factor is intended as a measure of each county's ability to provide human services beyond the level of state and federal funding and the required county match.

This formula was first used to allocate increases in community aids funding in calendar year 1980. However, when originally implemented, a hold harmless provision insured that counties continued to receive at least the same base level of funding as they received in 1979. Because of the hold harmless provision and because funding increases have been allocated since 1980 under different methodologies, this formula does not accurately characterize the distribution of funds among counties. Consequently, over time, counties have varied in how their allocations compare to the amounts they would have received if the same funding level were distributed according to the community aids formula.

Because of these disparities, it was frequently argued through the 1980s that counties receiving basic county allocations which were particularly low in comparison to the allocations they would have received under the formula should receive special funding increases ("equity" adjustments) to bring their allocations closer to the formula amount.

Two laws were enacted in the 1989 legislative session which provided funding for "equity" adjustments under community aids. First, \$186,400 GPR was appropriated for allocation in the first six months of calendar year 1991. This funding was earmarked by the Legislature for three counties which, in 1987, received less than 80% of the community aids formula amount

and which contributed county funds greater than three times the required county match. However, the earmarking provision was vetoed by the Governor. In the veto message, the Governor indicated an intent to provide increases to all counties which received 1989 basic allocation amounts of less than 85% of the community aids formula amounts. However, the funding provided for "equity" adjustments (\$186,400) was not sufficient to accomplish this goal.

Second, 1989 Wisconsin Act 336 provided \$5,777,100 GPR in 1990-91 for "equity" adjustments to counties. These funds were allocated to 41 counties with calendar year 1990 basic county allocations which were less than 100% of the amount they would have received if the basic county allocation were distributed through the community aids formula. These amounts were sufficient to bring all counties with 1990 basic allocations of less than 100% of the community aids formula up to 100% of that amount.

Act 336 also provided \$2,468,400 in 1990-91 for allocation to the remaining 31 counties to provide a 4.1% across-the-board increase to their basic county allocations for the first six months of 1991. Because these counties received an increase that was not allocated to the 41 "equity" counties, the "equity" counties received lower community aids allocations than would have been the case if all increases in funding for the basic county allocation were distributed according to the community aids formula.

Overall, because the community aids formula is based upon three factors which change from year to year, a county's need for community aids funding as measured by the formula may also shift from year to year relative to other counties. For this reason, "equity" in the distribution of the basic county allocation is not entirely possible unless funds are reallocated among counties from year to year or unless sufficient new funds are appropriated to enable all counties to receive 100% of their formula amount.

## CATEGORICAL FUNDING

In addition to the basic county allocation, each county is provided allocations for specific services. A description of each program which receives earmarked funding under community aids is provided below.

**Child care.** Child care funds are distributed to counties under two separate community aids allocations.

1. Child care for families at-risk of becoming eligible for AFDC. These funds are available under federal Title IV-A and are distributed to counties for child care for individuals at-risk of becoming eligible for AFDC. Amounts budgeted for this program equal \$5,754,800 FED in each year. Because federal statutes require states to match at-risk child care (ARCC)

funds at the state's medical assistance percentage rate (approximately 40% in Wisconsin), a portion of state community aids child care funds are earmarked as the "ARCC-match". These amounts are \$3,774,600 GPR in 1992 and \$3,787,200 GPR in 1993.

To be eligible to receive these funds, a family must: (1) have a child under age 13; (2) not currently be receiving AFDC; (3) need child care for the parent to work; and (4) be at-risk of becoming eligible for AFDC if child care were not provided. "At-risk of becoming eligible for AFDC" is defined as having a family income equal or less than 75% of the state median income.

Counties may use ARCC and ARCC-match child care funds to provide child care services directly, purchase services from a provider, provide vouchers to eligible parents for payment of child care expenses, reimburse an eligible parent for payments made by the parent to a child care provider or relative for child care services, or, with the approval of the Department, adopt any arrangement that the county considers appropriate to provide child care. Providers must be licensed by the Department or certified by the county. Because a parent must be working to receive ARCC and ARCC-match child care funds, these funds may not be used solely for child care needed to prevent or remedy child abuse or neglect, to alleviate stress in the family or to preserve the family unit. Finally, if ARCC and ARCC-match funds are insufficient to meet the needs of all eligible parents in a county, the county must give first priority to parents who are working and who have, within the last 24 months, lost eligibility for child care funding under AFDC for working recipients and former AFDC recipients in need of transitional child care.

Under the provisions of 1991 Wisconsin Act 6, the Department is required to establish a formula for the distribution of ARCC and ARCC-match child care funds to counties. For 1992, the Department first distributed \$125,300 to American Indian tribes and \$253,800 to organizations serving migrant workers. The remaining \$9,145,800 was distributed to counties based on the following criteria:

- the monthly total number of AFDC recipients in each county, averaged over the previous calendar year; and
- the number of women in each county who are working and have children under six years of age. The Department employed 1980 census data for 1992 allocations and expects to use 1990 census data for 1993 allocations.

Under the provisions of 1991 Wisconsin Act 275, the Department may authorize a county to expend part of its ARCC-match child care funds for grants for the start-up or expansion of child care facilities to serve persons eligible to receive ARCC and ARCC-match child care funding. The Department may authorize such expenditures only if the county requests the authorization from the Department by December 31 and the Department determines that the

county will be unable to expend all of its ARCC and ARCC-match allocation by December 31. The Department is required to carry forward, from one calendar year to another, any remaining unspent ARCC and ARCC-match child care funds allocated to tribes, migrant worker organizations and counties. Under these provisions, the Department authorized the expenditure of \$300,000 in 1991 for child care start-up or expansion activities in nine counties and carried forward an additional \$2,829,000 from 1991 to 1992 for redistribution to counties for child care services.

2. Other child care funds. The Department also distributes to counties child care development block grant (CCDBG) funding and remaining community aids child care funds which are not used to match ARCC child care funds. Subject to income standards, these funds are provided for children under the age of 13 whose parents are employed, seeking work or in a training program. In addition, child care funding or services may be provided to: (1) prevent or remedy child abuse or neglect; (2) assist families in distress; or (3) preserve a family unit. Total funding from the CCDBG and from community aids child care funds not used to match ARCC child care funds equal \$17.2 million in 1992 and \$17.7 million in 1993.

For 1992, the Department used the ARCC child care allocation criteria to distribute CCDBG funding to counties, except for \$543,400 distributed for migrant worker and tribal child care in the fall of 1992. From the remaining community aids child care funds, each county received an amount equal to its 1991 allocation. In addition, from community aids child care funds, \$273,000 was allocated for migrant worker and tribal child care.

Under a policy adopted by the Department beginning January 1, 1990, counties are discouraged from using community aids child care funding for AFDC recipients unless child care funding under AFDC work and training programs is unavailable. The intent of this policy is to maximize federal funding available through the child care programs funded under the AFDC program.

If CCDBG and community aids child care funds are insufficient to meet the needs of all parents eligible to receive child care services in a county, the county is required to give first priority to: (1) parents who are in need of child care services to prevent or remedy child abuse or neglect; (2) assist families in distress; or (3) preserve a family unit. Second priority must be given to parents who are: (1) income-eligible to receive child care services; (2) gainfully employed; and (3) in need of child care services to complete high school, courses at a vocational, technical and adult education school in lieu of high school, or a course of study leading to the granting of a declaration of high school graduation equivalency. Third priority must be given to parents who are working, but who are income-eligible and have been eligible for AFDC within the previous 24 months.

If a county has provided child care funds to meet the needs of parents in the categories described above, it may establish as a fourth priority parents who are gainfully employed and who are recipients of AFDC, if the child care income disregard for a parent is less than the actual amount the parent spends for child care. When calculating the monthly benefit for an AFDC family with earned income, a portion of the family's income is not counted if the family has proven child care expenses. The current child care disregard is \$200 per month per child under age two and \$175 per month per child age two and over, or the amount equal to actual expenditures for child care, whichever is less.

County expenditures for the costs of administering child care programs are limited to 5% of total child care allocations. In addition, under the provisions of 1991 Wisconsin Act 275, the Department is required to redistribute CCDBG and community aids child care funds that are not spent or encumbered by counties as of December 31 of each year to counties with unmet needs, for start-up and expansion grants for child care facilities and for training for child care providers. Under this provision, \$1,245,200 in CCDBG funds and \$367,300 in community aids child care funds was carried forward by the Department from 1991 to 1992.

**Supportive Home Care.** Supportive home care is assistance to individuals who are unable to independently perform necessary activities of daily living, but who, with assistance, are able to remain at home. These services may include household chores, personal care, home health care or telephone reassurance. Funds earmarked for supportive home care total \$13,035,300 in 1992 and \$13,165,700 in 1993.

**Categorical Allocation for Services to Children.** Funding for the categorical allocation for services to children (CASC) was first authorized in 1985 Wisconsin Act 29. This allocation provides funding to counties for child abuse and neglect investigations; child abuse and neglect services; and noninstitutional adolescent alcohol, drug abuse, and mental health services. Each county is allocated a \$10,000 base. For 1992, funding for eligible services must be expended as follows:

1. At least 18% of the funds must be spent on child abuse and neglect services;
2. At least 18% of the funds must be spent on noninstitutional alcohol, drug abuse and mental health services for adolescents and their families;
3. At least 10% of the funds must be spent on either child abuse and neglect services or adolescent alcohol, drug abuse and mental health services; and
4. Up to 54% of CASC funding may be expended for child abuse and neglect investigations.

For 1993, the Department plans to distribute funds under the categorical allocation as a single grant, without percentage expenditure requirements. Funding for this program totals \$4,419,600 in 1992 and \$4,463,800 in 1993.

**Child Abuse Treatment.** Under provisions of 1987 Wisconsin Act 27, funding was allocated for programs which provide treatment for child sexual abuse. The Department targeted child sexual abuse because of the disproportionate increase in the number of child sexual abuse reports relative to the total number of child abuse reports. In determining which counties would receive child abuse treatment funding, the Department initially considered county statistics regarding the number of total child abuse reports, the percent of total child abuse reports which were sexual abuse, and the number of substantiated reports per 1,000 population. Eleven counties were selected to receive grants (two counties in each of five Division of Community Services' regions and Milwaukee County, which comprises its own region). For 1988 and 1989, funding levels were determined based on each county's proportionate share of substantiated sexual abuse reports for all eleven counties. Funding for community treatment of abused and neglected children totals \$567,400 in 1992 and \$573,100 in 1993.

**Community Support Program.** Community support programs (CSPs) provide an integrated, comprehensive range of services, treatment and supervision of persons with chronic mental illness who reside in the community. To assist these individuals to remain in the least restrictive community environment, CSPs offer assessment, diagnosis, case management, crisis intervention, counseling and psychotherapy, supervision of medications and activities of daily living, client advocacy and psychosocial rehabilitation through day treatment or vocational programs.

This program is provided \$1,891,300 in 1992 and \$1,910,200 in 1993.

**Community-Based Programs for Persons with Developmental Disabilities.** These funds may be used for a wide range of community-based services for persons with developmental disabilities, including adult family home care, supported apartment living, respite care, sheltered employment, adult day services, care provided in group homes or community-based residential facilities and case management services.

Beginning with 1990 and 1991, each county received a base allocation for community services for developmentally disabled individuals through the following formula: (1) one-third based on the number of persons on each county's waiting list for services for persons with developmental disabilities relative to the statewide total number of persons on waiting lists for such services; (2) one-third on the number of individuals in each county on SSI; and (3) one-third on each county's "overmatch," averaged over a three-year period. Earmarked allocations for these services total \$1,498,000 for 1992 and \$1,513,000 for 1993.

**Funding to Reduce Waiting Lists For Services to Persons with Developmental Disabilities.** Funding is earmarked for programs to reduce waiting lists for services to persons with developmental disabilities. Not all counties receive these earmarked funds. The following three-factor formula was originally used to allocate a base level of funding (\$960,700) to counties:

1. The number of developmentally disabled individuals on county waiting lists for services as of September, 1986 (this factor is used to allocate half of the funds);
2. The number of individuals with developmental disabilities that counties projected to be on waiting lists for services by the end of calendar year 1987; and
3. The amount of funding that counties estimated would be needed to serve the people projected to be on waiting lists by the end of 1987.

However, since 1988, increases in funding for this allocation have been distributed on an across-the-board basis. Allocations for this program total \$1,090,400 in 1992 and \$1,101,300 in 1993.

**Family Support Program.** Funding for the family support program was first provided in 1983. Under this program, grants are allocated to keep children with severe disabilities at home with their parents. For purposes of program eligibility, a disabled child is one who is physically, mentally or emotionally impaired and is substantially limited in being able to perform at least three of seven functions of daily living, including self-care, receptive and expressive language, learning, and mobility. For the purposes of this program, a child is defined as a person under the age of 24. However, a county must receive approval from the Department to provide services for families of children ages 21 through 23.

The program provides up to \$3,000 in services and goods annually to eligible families. Services include training for parents in behavioral management, respite care, home modification and attendant care. Up to 10% of the funds allocated to a county may be used to pay for staff and other administrative costs.

The program began in 1983 with 11 grants allocated to 16 counties. These grants were allocated through a competitive process. However, once a county received family support program funding, that county was automatically eligible to receive funds in subsequent years. The competitive review process was applied to all counties at the time the first grant was awarded. In calendar year 1989, 47 counties received funding to provide family support program services. Additional funding was provided in 1989 to expand family support program services in these 47 counties, as well as to another 10 counties in 1990 and the remaining 15 counties in 1991.

Starting in 1988, the Department modified the allocations criteria to address waiting lists in participating counties and in newly-participating counties according to the following factors: 1) the prevalence rate of children with severe disabilities, extrapolated to the county's population and adjusted for historical statewide program participation levels; 2) an average per-family cost of \$1,800 per year, adjusted for client cost sharing and county match requirements; and 3) 10% for county administration. Funds for this program total \$2,983,300 in 1992 and \$3,013,100 in 1993.

**Alzheimer's Family and Caregiver Support Program.** Funding for the Alzheimer's family and caregiver support program was first appropriated in the 1985-87 biennial budget. This funding was originally allocated to counties using the three community aids formula factors, along with a fourth factor -- each county's proportionate share of the state's population aged 75 and over. Each of these factors was weighted equally. However, no county received an allocation of less than \$4,000. Starting in 1986, funds were available to counties upon application to the Department.

The Alzheimer's family and caregiver support program funds services and goods to persons with Alzheimer's disease and their families (or caregivers) to enable the family to maintain the person with Alzheimer's disease as a member of the household. Typical services provided through this program include respite care and adult day care. Individuals who receive services through this program may live in their own homes or in some other residential setting, such as an adult family home (a residential placement for an adult which is similar to foster care for a child) or a community-based residential facility (CBRF). The program does not provide services to individuals who live in an institutional setting, such as a nursing home. Appendix H provides information on two additional programs, not funded through community aids, which provide services to persons with Alzheimer's disease, as well as training and technical assistance to agencies which provide services to these individuals.

Allocations for this program total \$1,858,400 in 1992 and \$1,877,000 in 1993.

**Alcohol and Other Drug Abuse Services for Youth.** In 1992 and 1993, \$450,000 is earmarked for alcohol and other drug abuse services for youth. These amounts are appropriated as a supplement to allocations from the federal alcohol and other drug abuse block grant and are distributed to counties under the same formula used for the block grant.

**Funding to Expand Alcohol and Other Drug Abuse Treatment Programs.** Under 1989 Wisconsin Act 122, additional funding was provided to counties to expand existing alcohol and other drug abuse treatment programs or to create new programs. Funding was allocated to counties beginning January 1, 1990, based on each county's proportion of the statewide total reported expenditures for alcohol and other drug abuse services. Act 122 also required funds to be redistributed each year based upon the most recent information available regarding county

AODA expenditures. Earmarked funding for this purpose totals \$5,386,700 in 1992 and \$5,440,600 in 1993.

**Family-Based Services.** This program provides services to improve family functioning and reduce out-of-home placements of children. Initial allocations in 1990 were targeted toward counties based upon two factors: (1) the number of out-of-home placements of children; and (2) the number of child abuse and neglect reports. For 1993, the Department distributed GPR funds appropriated as part of the community aids 1% increase to counties based on demonstrated need and an acceptable plan for utilizing the funds. Funding for family-based services is also allocated to American Indian tribes in the amount of \$112,000 in 1992.

Under the provisions of 1991 Wisconsin Act 39, this program, along with the epilepsy grants program and supported employment services, is designated as a pilot program subject to regular review and evaluation by the Department. Funding for family-based services totals \$1,138,500 in 1992 and \$1,145,400 in 1993.

**Emergencies.** Emergency funds are allocated to counties on an as-needed basis to cover unanticipated costs incurred by local agencies. For example, emergency funds may be used to cover costs resulting from an increase in client caseload due to shifts in service population; to pay for unanticipated increases in alternate care rates or unit services costs; or to cover unanticipated costs resulting from clients requiring specialized care. This funding does not increase a county's base allocation. As of November 1, 1992, \$78,000 in CY 1992 emergency funds had been allocated to counties. For 1991-93, \$250,000 is provided annually for this allocation.

**Transfer of Funding for Grants for Community Programs and Designation as Pilot Programs.** 1991 Act 39 transferred funding for epilepsy grants and supported employment services to community aids and designated these programs, along with family-based services, as pilot programs. Act 39 also directed the Department to regularly review and evaluate these programs. Annual funding for the supported employment program is \$60,000 and annual funding for the epilepsy grants program is \$150,000.

**Carry-forward Provisions.** The Department is required, at the request of a county, tribe or nonprofit organization, to carry forward up to 3% of the total amount of community aids funds allocated to that entity for a calendar year for use in the following calendar year. However, certain restrictions apply to this carry-forward authority:

- a. Not more than 25% of any earmarked allocation may be carried forward;

b. All funds carried forward for a tribe or nonprofit organization, and all federal child welfare funds and alcohol, drug abuse and mental health block grant funds carried forward for a county, must be used for the purpose for which the funds were originally allocated;

c. Funds carried forward for a county may not be used for staff or administrative costs;

d. Any funds allocated to a non-profit organization may not be carried forward unless the organization continues to be eligible in the subsequent year to receive that funding; and

e. The county match requirement applies to any funds carried forward which were originally required to be matched.

In addition, the Department is authorized to carry forward funds allocated, but not expended, for child care. Of any remaining unspent funds, 90% is lapsed to the state's general fund unless transferred to the next calendar year by the Joint Committee on Finance. The remaining 10% may be carried forward to the next calendar year by the Department for emergencies, justifiable unit costs above planned levels and to recognize shifts in service populations among counties.

A total of \$982,200 was carried forward for counties from 1991 to 1992. An additional \$38,900 was carried forward from 1991 to 1992 by the Department for emergencies and \$1.7 million lapsed to the general fund on July 1, 1992.

## **SUMMARY DATA ON COMMUNITY AIDS ALLOCATIONS**

Three appendices provide data on the Department's allocations to counties of community aids funds. Appendix I, in three parts, provides county-by-county allocations for 1993. Part A of Appendix I lists all social services allocations to counties. Counties receiving a social services basic county allocation are those whose organizational structure includes a separate social services board. Similarly, part B lists all Chapter 51 allocations to counties. Counties receiving a Chapter 51 basic county allocation are those with a separate Chapter 51 board. Finally, Part C provides basic county allocation amounts for those counties whose organizational structure consolidates social services and Chapter 51 functions under a single board. Part C also provides total 1993 community aids allocations by county as well as required county match funding amounts. Appendix J provides a comparison of CY 1991, 1992 and 1993 community aids allocations to counties and Appendix K ranks counties based on community aids funding per capita for calendar year 1993.

## **STATE PROGRAM MONITORING AND EVALUATION**

The Department uses several tools to monitor and assess county human services programs. These include an annual contract the Department signs with each county and uses to subsequently audit the county and fiscal and program information collected from each county. These monitoring and evaluation tools are discussed below. In addition, regional staff are assigned by the Department to specific counties to monitor programs and serve as liaison staff.

### **COUNTY BUDGETS**

Counties are required to submit annual budgets for human services which are developed as part of the county budgeting process. The Department informs each county, by mid-summer of the estimated amount of community aids funds the county will receive in the succeeding calendar year. The county human services board or county social services department and Chapter 51 board is then required to assess, with public participation, the needs of its clients and the resources available to meet these needs. Once the budget is developed, it must be submitted to the county executive, county administrator or county board for review and then be transmitted to the Department by September 30 of each year.

The format of the budget proposal varies considerably from county to county. Since counties are not required to follow a standard format in preparing the budget, the ability of the Department to draw comparisons between counties as to what services are being offered and the budgeted amounts for these services is limited. As noted by the Legislative Audit Bureau in its April, 1988, audit of community aids, there is no systematic review of these budgets by the Department.

### **STATE-COUNTY CONTRACT**

The Department is required to submit a model of the state-county contract to each county by May 1 of each year. In addition, the Department transmits the contracts containing estimated allocation amounts to each county in late fall. The county board must approve the contract by January 1 of the year in which it takes effect, unless an extension is granted. The contract is between the Department and the county board and legally obligates the parties to expend only the amount of available state and federal funds and county funds used to match state funds. Further, it is based only on the specific expenditure categories noted below.

For calendar year 1992, the following categories are included in the contract:

1. Basic county allocation;

2. Community support program for persons with chronic mental illnesses;
3. Community-based services for persons with developmental disabilities;
4. Services to persons with developmental disabilities to reduce waiting lists;
5. Community aids child care;
6. Supportive home care;
7. Categorical allocation for services to children;
8. Child abuse and neglect treatment;
9. Alzheimer's family and caregiver support;
10. Family support program;
11. Mental health block grant;
12. AODA block grant;
13. Child welfare;
14. Expanded AODA treatment;
15. AODA youth treatment;
16. Family-based services;
17. Child care for persons at-risk of eligibility for AFDC; and
18. Child care development block grant.

In addition, the contract includes the following:

- a. A requirement that the county comply with state statutes and administrative rules, federal law and regulations, departmental memoranda addressing social services standards and accounting standards, the human services reporting system handbook and the accounting principles, policies and allowable costs manual;

- b. A provision that the contract is contingent upon authorizations in federal and state law;
- c. A requirement that fiscal and client reports and records the county keeps be submitted to the Department, within the applicable federal and state laws and departmental regulations concerning confidentiality of client records; and a requirement that the Department provide counties 45 days' notice of any changes in record-keeping requirements if such requirements are not the result of changes in federal or state laws, rules or regulations or court orders;
- d. Authority for the Department to conduct periodic financial and compliance audits and for the county to contract for an audit with an independent, nongovernmental auditor;
- e. The process for handling contract interpretation disagreements;
- f. The process by which the Department reimburses counties; and
- g. An assurance that the county has an affirmative action plan and that the county will implement the requirements of the federal Americans with Disabilities Act.

## **HUMAN SERVICES REPORTING SYSTEM**

In calendar year 1987, the Department implemented a new reporting system, called the human services reporting system (HSRS). Counties are required to report information to the Department on this system regarding clients served, services received and expenditures for services provided through the community aids, community options, youth aids, intoxicated driver and community integration programs. The human services reporting system includes two types of reports: client-specific reports and summary reports on the number of persons served and expenditures for services.

**Client Data Base.** Counties are required to report on the following ten data elements for every client served with community aids funding: (1) agency identification; (2) client identification; (3) birthdate; (4) sex; (5) ethnic group; (6) standard program category cluster (described below); (7) days of care for community residential services, inpatient and institutional care and care in an institution for mental diseases; (8) target group; (9) client characteristics; and (10) community aids child care client characteristics. Reports containing client-specific information are required on an annual basis.

**Standard Program Category Clusters.** The human services reporting system collects data on services to clients through five "modules." Most of the services which counties provide

are reported on a core module that has thirteen standard program category (SPC) clusters. These are listed in Appendix B.

The other four modules through which counties report data under HSRS are the community options program (COP) and medical assistance waivers; services for children in substitute care; family support services; and alcohol and drug abuse services. The information reported by counties on these modules is supplemental to that reported on the core module. Generally, data supplied through these modules provides additional information needed to comply with federal reporting requirements.

In 1991, counties reported serving 379,423 clients through community aids and related programs. This represents a 4.2% increase over the number of clients counties reported serving in 1990. Expenditures for human services reported by counties totaled \$714,918,494 in 1991, which was a 2.8% increase over 1990. Appendix L provides additional information regarding the number of clients served and expenditures by target group and standard program category cluster. Appendix M provides definitions, developed by the Department, for the eight target groups.

**Summary Reporting.** Counties are required to submit annual and mid-year summary information to the Department. This summary data includes information on the:

1. Total number of persons served by all sources of funds, by target population and by: (a) standard program category (SPC) cluster; (b) age, (c) sex and (d) ethnic group of client;
2. Total expenditures funded by: (a) state aid, local property tax, shared revenues and donor match; and (b) all county agency revenues, by target population and SPC cluster; and
3. Total days of care funded by all revenue sources, by target population and SPC cluster.

## **FISCAL REPORTING SYSTEM**

Counties are also required to submit monthly reports that indicate expenditures based on the categories included in the state contract. This fiscal reporting system, called the community aids reporting system or CARS, is used to authorize the payment of funds to counties. The categories included in the contract are those for which funding is distributed and are not the categories used by counties for the HSRS system. In addition, these reports do not indicate expenditures by fund source because community aids funds are not distributed to counties in that manner. Because CARS system data elements are based on budget contract control categories whereas the human services reporting system data elements encompass clients served in broad

program categories, it is generally not possible to make data comparisons between the two reporting systems.

## **PROPOSALS TO RESTRUCTURE COMMUNITY AIDS**

In 1988, the Legislative Audit Bureau completed a review of community aids which included a discussion of proposals to restructure the program. The audit noted that proposals for restructuring community aids had grown out of both a concern by counties over increased earmarking of community aids funds and a recognition by county and advocacy groups that the Legislature was interested in ensuring that funds appropriated for community aids were spent for the intended client groups and services. The results of the audit led to the creation of a Legislative Council Special Committee on Community Aids. This committee released its report on June 1, 1989. The recommendations of the Legislative Council Special Committee included, in part:

a. Establishing, in statute, the purpose and goals of the community aids system and the respective roles of the Department and counties in administering community aids programs.

b. Combining funding for community aids, the community options program (COP) and youth aids into one appropriation.

c. Repealing the current earmarked allocations under community aids and creating nine new allocations based on the populations served by community aids programs. These include: (1) persons with developmental disabilities; (2) delinquent and status offender children; (3) alcohol and other drug abusers; (4) persons with mental illness; (5) persons with physical and sensory disabilities; (6) elderly and other adults; (7) abused and neglected children; (8) children and families; and (9) persons receiving services under COP. The intent of this recommendation was to distribute funds through the same categories counties are required to use in reporting program and financial information on HSRS.

d. Creating a new subsection of the community aids allocation statute for pilot programs.

The Legislature included provisions to restructure community aids in Enrolled Senate Bill 542 (enacted as 1989 Wisconsin Act 336). That bill contained many of the recommendations of the Legislative Council Special Committee on Community Aids, although it did not include the transfer of funding for the community options program to the community aids program. Under Enrolled Senate Bill 542, community aids funds would have been distributed to counties under the restructured categories beginning in 1991. However, all provisions relating to the restructuring of community aids were vetoed by the Governor.

Subsequently, in 1991 Enrolled AB 91, the Legislature included provisions to restructure community aids which were substantially similar to those vetoed in Act 336. However, these provisions were also vetoed by the Governor in 1991 Wisconsin Act 39.

## APPENDIX A

### Other State Financial Assistance Programs Which Fund County Human Services Programs

In addition to community aids funding, several other state financial assistance programs provide monies to counties for human services programs. Although these programs overlap with services and client groups served, they have a more specific programmatic focus than does community aids funding.

#### County Aging Programs

The Department of Health and Social Services, through its Bureau on Aging, administers state funds and federal Older Americans Act funding which is allocated to the state. Most of these funds are allocated to county aging units. In nearly all counties, these aging units are separate administrative units from county social services or Chapter 51 agencies.

Aging programs for which funding is allocated by the Department and estimated 1993 funding amounts (totalling \$19,892,600) include: (1) congregate nutrition programs (\$11,071,300); (2) home-delivered nutrition programs (\$1,669,400); (3) supportive services, such as transportation, supportive home care, counseling, housing assistance, information and referral services and health screenings (\$5,039,100); (4) elderly benefit specialist services (\$1,335,200); (5) in-home services, such as home health, household chore and homemaker services (\$139,500); and (6) the senior community services program, which are volunteer programs for the elderly (\$638,100).

#### Intoxicated Driver Program

Chapter 20, Laws of 1981, enacted a \$150 driver improvement surcharge for persons convicted of operating a motor vehicle while intoxicated (OWI), with revenues from the surcharge designated to fund services and state activities directed at reducing highway traffic deaths and injuries due to drunk driving. Provisions of 1985 Wisconsin Act 29 increased the driver improvement surcharge to \$200; the surcharge was increased to \$250 in 1987 Wisconsin Act 399. A large portion of these funds are distributed to Chapter 51 agencies for assessment and, if necessary, treatment of persons convicted of drunk driving-related offenses. Assessments, which are mandatory for all persons convicted of an OWI offense, determine the nature and extent of alcohol and drug dependency. Treatment, which is funded by a combination of surcharge revenues and fees based on ability to pay, may include traffic safety schools, outpatient alcohol or drug abuse treatment, or inpatient treatment. In 1992 and 1993, \$5,382,900 annually is budgeted for allocation to counties for intoxicated driver programs.

## APPENDIX B

### Standard Program Category Clusters Calendar Year 1993

1. Child care
2. Community living/support services
  - Adult day care
  - Respite care
  - Supportive home care
  - Housing/energy assistance
  - Daily living skills training
  - Family support
  - Interpreter services and adaptive equipment
  - Congregate meals
  - Home-delivered meals
  - Family planning
  - Protective payment/guardianship
  - Case management
3. Investigations and assessments
  - Court intake and studies
  - Intake assessment
4. Community support
5. Work-related and day services
  - Work-related services
  - Nonmedical day care services
6. Community residential services
  - Adoptions
  - Adult family home care
  - Foster home care
  - Group home care
  - Shelter care
  - Detoxification - Social setting
  - Community-based residential facility care
7. Community treatment services
  - Juvenile probation and supervision
  - Juvenile reintegration and aftercare
  - Crisis intervention
  - Counseling/therapeutic resources
  - Medical day treatment
  - Restitution
8. Inpatient and institutional care
  - Juvenile correctional institution services
  - Detoxification - Hospital setting
  - Inpatient
  - Child caring institution services
  - DD center/nursing home
9. Community prevention, access and outreach
  - Specialized transportation and escort
  - Community prevention, organization and awareness
  - Recreation/alternative activities
  - Outreach
  - Information and referral
  - Advocacy and defense resources
  - Health screening and accessibility
10. Supported employment services
11. Institutions for mental diseases (IMDs)
12. Supportive home care services
13. Transportation

## APPENDIX C

### Statutory Alternatives for Organizing Community Human Services Agencies

<u>Type of Organization</u>	<u>Title of Agency and Board</u>	<u>Statutory Reference</u>
Single agency	Human Services Department/Human Services Board	s. 46.23
Separate agencies--single director (Milw. Co.)	Oversight agency: Department of Health and Human Services	ss. 46.21 & 46.215
Separate single county social services agency	Department of Social Services/ Social Services Board	s. 46.22
Multiple county social services agency	[No counties have chosen this option]	s. 46.22
Separate single county mental health board	Terms vary. Most frequently called "51.42 board."	s. 51.42
Separate single county board for persons with developmental disabilities	Terms vary. Most frequently called "51.437 board"	s. 51.437
Multiple county board for persons with developmental disabilities	[No counties have chosen this option.]	s. 51.437
Single county board governing both ss. 51.42 & 51.437 programs	Terms vary. Frequently called "United boards" at local level and "51.42/437 boards" at policy level.	s. 51.437(4g)(b)
Multiple county boards under ss. 51.42 & 51.437	Combined community services boards (locally); combined 51.42/437 boards (state level)	s. 51.42(3)

## APPENDIX D

### County Human Services Departments and Multi-County Chapter 51 Boards as of January, 1993

**TABLE A**

**Counties with Human Services Departments**

Ashland	Dunn	Juneau	Outagamie	Sheboygan
Buffalo	Eau Claire	LaCrosse	Pepin	Taylor
Calumet	Florence	Lafayette	Pierce	Vernon
Columbia	Green	Manitowoc	Portage	Walworth
Crawford	Green Lake	Marinette	Price	Waukesha
Dane	Iron	Menominee	Racine	Waupaca
Dodge	Jackson	Monroe	St. Croix	
Douglas	Jefferson	Oconto	Sauk	

**TABLE B**

**Multi-County Chapter 51 Boards**

Northern Pines Unified Services Board: Barron, Burnett, Polk, Rusk and Washburn Counties

The Human Service Center: Forest, Oneida and Vilas Counties

Unified Board of Grant and Iowa Counties

Human Service Board of Langlade, Lincoln and Marathon Counties

## APPENDIX E

### Services for Which Fees are Exempt, Optional and Mandatory

#### Services Which are Exempt from Fees

Sheltered employment  
Interpreter services and adaptive equipment needed for access to services  
Adoption services other than by private non-relatives  
Court intake and studies under Chapters 48, 51 and 55 ordered by the court  
Adult restitution  
Family planning  
Congregate and home-delivered meals (funded by the Older Americans Act)  
Community prevention, organization and awareness  
Crisis intervention: information and referral  
Nonmedical day center services  
Community support: eligibility determination, advocacy, person locating  
Outreach, information and referral  
Intake assessment: community options program, child abuse and neglect  
Advocacy and defense resources  
Health screening and accessibility  
Training and development  
Agency/systems management

#### Services for Which Counties May Charge a Fee

Respite care purchased or provided by county social services departments  
Supportive home care  
Housing/energy assistance  
Specialized transportation and escort services  
Work-related services (other than sheltered employment)  
Daily living skills training (except for nonmedical day services)  
Interpreter services and adaptive equipment (not needed for access to services)  
Shelter care in domestic abuse emergencies  
Court intake and studies under Chapters 48, 51 and 55 requested by an individual  
Court intake and studies for divorce assessments and custody and visitation studies  
funded by the federal social services block grant  
Juvenile probation and supervision  
Juvenile reintegration and aftercare

Juvenile restitution  
Congregate and home-delivered meals (not funded by Older Americans Act)  
Recreation activities  
Crisis intervention: counseling, supervision to minors, transportation  
Counseling and therapy funded by the social services block grant  
Case management  
Protective payment/guardianship

Services for Which Counties Must Charge a Fee

Child care (if income is above Department-established limit)  
Respite care provided or purchased by Chapter 51 boards  
Family support  
Adoptions under s. 48.837(7) of the Statutes  
Adult family home care  
Foster and group home care  
Shelter care except in domestic abuse emergencies  
Court intake and studies: divorce settlements and custody and visitation studies not funded by the social services block grant  
Juvenile correctional institution services  
Congregate and home-delivered meals funded under the community options program  
Detoxification  
Inpatient  
State Centers for the Developmentally Disabled/nursing home  
Child caring institutional care  
Community-based treatment facility care  
Medical day center services  
Counseling and therapy not funded by the social services block grant  
Community support: assessment & diagnosis, education & training, counseling and psychotherapy, medical support, transportation  
Intake assessments under the intoxicated driver program

## APPENDIX F

### Community Aids Expenditures

<u>Fiscal Year</u>	<u>GPR</u>	<u>FED</u>	<u>Total</u>
1979-80	\$136,304,100	\$63,010,300	\$199,314,400
1980-81	147,853,500	70,444,700	218,298,200
1981-82	162,673,000	57,538,900	220,211,900
1982-83	164,789,500	58,521,400	223,310,900
1983-84	164,911,600	58,354,800	223,266,400
1984-85	177,969,800	62,527,600	240,497,400
1985-86	191,079,700	66,878,400	257,958,100
1986-87	205,500,500	61,891,300	267,391,800
1987-88	186,899,800	65,895,300	252,795,100
1988-89	178,926,100	65,604,000	244,530,100
1989-90	183,240,900	69,068,500	252,309,400
1990-91	199,961,300	65,020,600	264,981,900
1991-92	199,842,600	102,689,300	302,531,900
1992-93*	209,970,600	97,250,000	307,220,600

Note: GPR amounts shown for fiscal years 1987-88 through 1992-93 reflect the transfer of youth aids maintenance-of-effort funding from community aids to the youth aids program, beginning in calendar year 1988. The annual amount transferred was \$25,790,500.

\*Budgeted. In addition, \$2,264,700 PR is appropriated for community aids in 1992-93.

**APPENDIX G**

**Community Aids County Overmatch Expenditures  
Calendar Years 1990 and 1991**

	<u>1990</u>	<u>1991</u>		<u>1990</u>	<u>1991</u>
Adams	\$398,122	\$396,189	Marathon	\$2,618,037	\$2,917,042
Ashland	194,830	104,900	Marinette	962,950	1,183,011
Barron	704,105	833,197	Marquette	224,387	245,144
Bayfield	387,525	302,148	Menominee	126,782	0
Brown	5,048,078	4,862,411	Milwaukee	18,955,421	10,307,561
Buffalo	0	0	Monroe	664,484	850,661
Burnett	89,486	87,160	Oconto	272,323	243,927
Calumet	640,832	658,645	Oneida	854,155	872,810
Chippewa	327,659	116,288	Outagamie	4,640,784	5,350,247
Clark	669,653	411,645	Ozaukee	1,699,739	1,123,283
Columbia	201,271	161,821	Pepin	0	13,263
Crawford	40,036	0	Pierce	202,836	228,058
Dane	10,699,366	13,172,209	Polk	733,083	396,187
Dodge	2,237,579	2,362,807	Portage	1,034,968	588,820
Door	962,925	1,048,216	Price	160,247	267,784
Douglas	633,399	990,710	Racine	1,892,489	884,263
Dunn	547,533	601,564	Richland	0	110,145
Eau Claire	1,035,660	972,179	Rock	1,123,562	2,443,700
Florence	0	0	Rusk	26,268	75,919
Fond du Lac	2,205,247	2,236,519	St. Croix	1,530,154	1,525,032
Forest	120,499	118,307	Sauk	1,473,601	1,319,731
Grant	101,098	298,719	Sawyer	95,601	0
Green	692,836	468,308	Shawano	464,996	0
Green Lake	925,563	806,377	Sheboygan	3,632,860	3,415,308
Iowa	200,590	300,179	Taylor	0	36,724
Iron	61,220	0	Trempealeau	238,133	248,855
Jackson	305,454	32,554	Vernon	200,599	392,551
Jefferson	1,158,689	1,218,417	Vilas	586,766	479,458
Juneau	472,760	344,366	Walworth	2,487,675	2,745,434
Kenosha	2,729,381	866,844	Washburn	22,700	65,894
Kewaunee	26,366	14,978	Washington	3,166,817	2,958,045
LaCrosse	2,069,208	2,263,019	Waukesha	5,117,060	4,222,188
Lafayette	15,659	27,168	Waupaca	939,257	781,973
Langlade	737,378	853,596	Waushara	952,777	1,157,073
Lincoln	779,543	554,637	Winnebago	4,507,026	4,698,986
Manitowoc	1,578,311	1,919,751	Wood	<u>2,546,478</u>	<u>2,192,394</u>
			TOTAL	\$103,152,876	\$93,747,299

## APPENDIX H

### Other State-Funded Alzheimer's Programs

#### Community Options Program: Alzheimer's Funding

The community options program (COP) screens persons who are at risk of entering a nursing home, an institution for mental diseases or a State Center for the Developmentally Disabled to determine whether they can be served by noninstitutional, community-based services. The program provides for both assessment of persons to determine if community-based services are appropriate and funding to enable eligible low-income persons to receive services to remain at home or in the community. The community options program is administered on the state level by the Department of Health and Social Services and implemented on the local level by counties.

Persons with Alzheimer's disease who meet certain level of care requirements are potentially eligible for services funded through the COP program. In addition, a portion of COP funding is earmarked specifically for services to persons with Alzheimer's disease. In calendar year 1992, this earmarked level is \$1,005,000. Beginning in 1986, counties were also required to identify the service needs of persons with Alzheimer's disease and their caregivers and to describe, in their statutorily required COP plans, the programs and services which would be provided to meet the needs of these persons.

The COP program funds services to persons diagnosed with Alzheimer's disease, or other related diseases, who require levels of care at least equivalent to personal or residential care (intermediate care levels 3 and 4) provided to persons residing in nursing homes. (Persons who require higher levels of care are also eligible for COP services.) The third level of intermediate care, referred to as ICF 3, involves personal care, periodic medical supervision and other medical services. Personal care means assistance with dressing, bathing, eating or mobility. Residential care, or ICF 4, is the lowest level of care and generally involves the provision of social services needs and activity therapy needs, as distinguished from nursing needs. Individuals at ICF 4 level of care are independently mobile and do not require personal care.

For an individual to receive COP services, that individual must go through the COP assessment and case planning process. The assessment process determines general eligibility for COP services. The case plan arranges a specific individualized set of resources for the client for whom noninstitutional community services have been determined to be appropriate. No fee is charged for an assessment or case plan, and no income eligibility tests are imposed at either of these stages.

For an individual to receive COP-funded services, however, an ability-to-pay test is applied. If a person is eligible for medical assistance, he or she is automatically made eligible for COP-funded services. In addition, if it is determined that the person would be eligible for medical assistance within six months if he or she were to enter a nursing home, the person is also made eligible (this provision is referred to as the spend-down provision). Persons qualifying under the six month spend-down provision are subject to a cost-sharing charge for COP services. Counties have some discretion in determining this charge. However, counties are required to establish ability-to-pay provisions at a level equal to or greater than 50% of the amount determined by the ability-to-pay calculations adopted by the Department.

Services provided to persons with Alzheimer's disease through the COP program include: supportive home care; respite care; adult day care; home-delivered meals; and specialized transportation services.

### **Alzheimer's Disease Clearinghouse**

In the 1991-93 biennium, \$400,000 GPR is budgeted to fund a statewide clearinghouse for training, instructional and coordinating activities to staff of county agencies and other providers of services to persons with Alzheimer's disease (funding for an Alzheimer's disease clearinghouse was first provided in the 1985-87 biennium). The private, nonprofit organization selected to conduct clearinghouse activities is statutorily required to: (1) provide training and technical assistance to the staff of county social services departments and other providers of services to persons with Alzheimer's disease; (2) develop training materials for educating persons who provide services to persons with Alzheimer's disease; and (3) collect and disseminate information on Alzheimer's disease and coordinate public awareness activities related to the disease. The Alzheimer's Association of Southeastern Wisconsin is the private, nonprofit organization which receives the grant to operate the clearinghouse.

**APPENDIX I-A**

**Estimated Calendar Year 1993  
Community Aids Allocations to Counties**

	Social Services Basic County <u>Allocation</u>	Community Aids <u>Child Care</u>	At-Risk <u>Child Care</u>	Child Care Development <u>Block Grant</u>	Supportive <u>Home Care</u>	Children's Services <u>Allocation</u>	Child Abuse <u>Treatment</u>	Family Based <u>Services</u>	Alzheimer's Family and Caregiver <u>Support</u>	Child <u>Welfare</u>	Social Services <u>Total</u>
Adams	\$167,890	\$12,013	\$25,715	\$24,779	\$18,098	\$22,421	\$0	\$0	\$6,347	\$5,371	\$282,634
Ashland	0	21,208	30,548	29,394	42,440	26,333	0	45,000	8,094	7,288	210,305
Barron	662,989	6,947	80,937	77,989	89,727	39,202	0	0	15,869	13,594	987,255
Bayfield	215,138	12,337	20,588	19,838	39,143	23,177	0	15,000	6,363	5,741	357,325
Brown	2,475,580	314,708	312,926	301,530	252,048	148,776	0	45,000	65,487	67,291	3,983,346
Buffalo	0	8,005	19,810	19,089	36,246	20,705	0	0	6,348	4,529	114,732
Burnett	275,288	7,560	25,081	24,168	24,675	22,596	0	41,500	6,372	5,456	432,696
Calumet	0	4,375	52,181	50,280	25,267	27,819	0	20,000	8,608	8,016	196,547
Chippewa	892,102	76,186	95,864	92,372	127,122	52,824	42,663	0	21,101	20,270	1,420,504
Clark	472,247	7,175	52,529	50,616	67,424	34,305	35,532	18,750	13,203	11,194	762,974
Columbia	0	45,654	63,322	61,016	72,589	36,636	0	0	15,254	12,335	306,805
Crawford	0	10,162	27,640	26,634	61,235	23,432	0	0	6,953	5,866	161,922
Dane	0	646,238	527,567	508,355	955,486	233,915	51,579	15,000	107,889	109,012	3,155,041
Dodge	0	86,387	103,605	99,832	147,537	54,510	0	45,000	25,098	21,096	583,064
Door	293,921	39,812	38,884	37,468	27,962	23,189	0	42,000	7,317	5,747	516,299
Douglas	0	52,348	90,947	87,635	110,536	52,850	37,060	45,000	20,879	20,283	517,538
Dunn	0	40,682	59,196	57,039	89,984	35,154	0	25,000	12,816	11,610	331,481
Eau Claire	0	151,722	157,552	151,814	212,754	83,941	0	45,000	35,122	35,518	873,423
Florence	0	1,527	6,776	6,529	13,458	15,218	0	22,500	4,839	1,862	72,709
Fond du Lac	1,725,207	89,307	141,711	136,550	81,636	66,269	0	20,000	30,692	26,858	2,318,230
Forest	204,418	0	19,800	19,079	25,981	20,842	0	30,000	5,935	4,804	330,859
Grant	843,904	33,461	73,385	70,712	155,429	43,113	0	0	18,791	15,693	1,254,488
Green	0	27,893	46,432	44,740	19,933	27,816	0	18,750	10,218	8,015	203,798
Green Lake	0	15,413	26,207	25,252	20,152	21,498	0	0	6,676	4,918	120,115
Iowa	304,224	22,196	31,592	30,441	33,916	22,620	0	40,250	6,626	5,286	497,150

APPENDIX I-A (Cont.)

Estimated Calendar Year 1993  
Community Aids Allocations to Counties

	Social Services Basic County <u>Allocation</u>	Community Aids Child Care	At-Risk Child Care	Child Care Development Block Grant	Supportive Home Care	Children's Services <u>Allocation</u>	Child Abuse Treatment	Family Based Services	Alzheimer's Family and Caregiver Support	Child Welfare	Social Services <u>Total</u>
Iron	\$0	\$1,643	\$7,453	\$7,182	\$18,204	\$17,334	\$0	\$0	\$5,322	\$2,876	\$60,014
Jackson	0	16,515	30,468	29,359	49,101	26,188	0	0	7,831	7,216	166,678
Jefferson	0	17,529	91,728	88,388	82,895	52,912	0	18,000	22,573	20,311	394,336
Juneau	0	45,102	39,364	37,931	23,573	27,411	0	45,000	8,595	7,816	234,793
Kenosha	2,582,487	81,220	268,666	258,882	179,786	120,689	48,632	45,000	52,664	53,526	3,691,552
Kewaunee	211,104	0	27,249	26,257	17,757	23,066	0	0	6,553	5,687	317,673
LaCrosse	0	218,891	189,105	182,218	391,242	85,958	0	45,000	38,579	36,506	1,187,499
Lafayette	0	2,860	24,239	23,355	21,210	22,948	0	0	6,637	5,629	106,878
Langlade	187,681	18,962	33,519	32,298	60,635	27,979	0	0	8,789	8,025	377,889
Lincoln	354,997	18,480	41,586	40,071	61,489	30,281	0	18,750	10,780	9,572	586,006
Manitowoc	0	97,149	122,140	117,692	138,292	65,111	0	28,800	30,193	26,290	625,667
Marathon	1,323,685	54,930	187,751	180,913	162,984	81,808	0	0	36,342	34,193	2,062,606
Marinette	0	1,802	58,702	56,565	39,717	40,594	0	42,000	15,458	14,277	269,115
Marquette	218,292	26,889	18,004	17,348	11,194	20,724	0	18,750	6,060	4,539	341,800
Menominee	0	8,940	27,233	26,240	37,385	18,476	0	15,000	5,319	3,437	142,030
Milwaukee	0	4,347,704	2,922,598	2,816,163	6,196,704	989,295	114,619	45,000	480,869	479,194	18,392,145
Monroe	0	40,016	72,802	70,151	81,681	37,438	0	18,000	14,316	12,730	347,133
Oconto	0	20,815	46,149	44,469	35,919	30,868	0	0	10,728	9,510	198,457
Oneida	306,565	26,580	47,082	45,367	63,440	30,294	0	37,500	10,492	9,238	576,558
Outagamie	0	94,350	183,423	176,743	168,300	109,334	47,375	45,000	47,054	47,962	919,541
Ozaukee	590,459	71,297	75,015	72,283	69,742	50,983	0	45,000	19,263	19,367	1,013,408
Pepin	0	7,558	12,109	11,667	27,042	17,674	0	0	5,505	3,044	84,598
Pierce	0	33,058	47,064	45,350	46,655	29,636	0	0	9,779	8,907	220,449
Polk	676,173	19,900	65,159	62,786	56,386	39,313	0	36,750	14,859	13,649	984,976
Portage	0	70,807	90,659	87,356	59,263	46,187	0	0	17,937	17,017	389,226

APPENDIX I-A (Cont.)

Estimated Calendar Year 1993  
Community Aids Allocations to Counties

	Social Services Basic County <u>Allocation</u>	Community Aids <u>Child Care</u>	At-Risk <u>Child Care</u>	Child Care Development <u>Block Grant</u>	Supportive <u>Home Care</u>	Children's Services <u>Allocation</u>	Child Abuse <u>Treatment</u>	Family Based <u>Services</u>	Alzheimer's Family and Caregiver <u>Support</u>	Child <u>Welfare</u>	Social Services <u>Total</u>
Price	\$0	\$4,490	\$19,106	\$18,411	\$27,972	\$23,073	\$0	\$31,500	\$6,608	\$2,876	\$134,037
Racine	0	134,310	373,376	359,778	401,558	166,878	0	25,500	74,304	76,160	1,611,864
Richland	0	8,485	31,096	29,963	31,417	24,411	0	0	7,364	6,346	139,082
Rock	3,187,956	166,536	306,111	294,962	389,573	135,059	52,597	45,000	60,355	60,567	4,698,716
Rusk	391,685	17,264	26,691	25,719	44,796	25,111	0	15,000	7,073	6,688	560,026
St. Croix	0	5,075	78,287	75,437	70,421	36,112	0	45,000	13,401	12,080	335,812
Sauk	0	27,259	73,823	71,135	99,304	39,006	0	40,000	16,152	13,498	380,177
Sawyer	0	14,647	38,711	37,301	30,846	24,548	0	15,000	6,645	6,413	174,111
Shawano	379,489	21,600	56,799	54,731	48,455	35,920	0	0	13,971	11,986	622,951
Sheboygan	0	146,134	153,807	148,205	91,505	72,101	43,555	28,700	34,268	29,716	747,991
Taylor	0	20,234	31,079	29,947	33,421	23,839	0	0	6,828	6,065	151,413
Trempealeau	549,581	18,633	39,042	37,620	50,321	35,489	0	0	12,935	11,775	755,397
Vernon	0	45,972	43,371	41,792	114,438	28,995	0	15,000	10,839	8,592	308,999
Vilas	171,423	8,211	21,526	20,742	17,285	22,470	0	31,000	6,418	5,179	304,254
Walworth	0	93,506	92,340	88,977	84,856	47,141	0	0	20,899	17,484	445,203
Washburn	228,614	4,923	23,588	22,729	24,365	23,988	0	34,500	6,469	6,138	375,314
Washington	986,295	72,047	133,333	128,477	122,211	56,844	0	30,000	22,940	22,238	1,574,385
Waukesha	0	297,680	319,689	308,046	259,013	181,181	59,093	15,000	80,763	83,169	1,603,634
Waupaca	0	23,515	70,098	67,545	58,273	39,630	0	0	17,796	13,804	290,662
Waushara	308,546	80,223	30,043	28,949	52,513	26,475	0	0	8,269	7,358	542,376
Winnebago	2,721,321	125,719	200,690	193,381	97,283	113,229	0	18,000	51,288	49,870	3,570,781
Wood	<u>1,079,195</u>	<u>76,826</u>	<u>123,153</u>	<u>118,668</u>	<u>164,292</u>	<u>60,462</u>	<u>40,371</u>	<u>0</u>	<u>26,021</u>	<u>24,012</u>	<u>1,712,999</u>
TOTAL	\$24,988,456	\$8,489,602	\$9,145,821	\$8,812,700	\$13,165,492	\$4,463,624	\$573,075	\$1,426,500	\$1,876,994	\$1,780,185	\$74,722,449

**APPENDIX I-B**

**Estimated Calendar Year 1993  
Community Aids Allocations to Counties**

<u>County</u>	<u>51.42/437 Basic County Allocation</u>	<u>Community Support Program</u>	<u>Family Support</u>	<u>Mental Health Block Grant</u>	<u>AODA Block Grant</u>	<u>AODA Expanded Treatment</u>	<u>Youth AODA Treatment</u>	<u>DD Community Based Programs</u>	<u>51.42/437 Total</u>
Adams	\$514,919	\$5,731	\$11,221	\$754	\$8,427	\$42,753	\$1,223	\$8,901	\$593,929
Ashland	0	6,929	18,024	735	11,331	20,431	1,998	13,296	72,744
Barron	1,118,343	15,570	24,222	2,052	18,409	37,271	3,235	24,459	1,243,560
Bayfield	484,465	6,118	25,503	806	7,012	22,082	1,333	2,109	549,427
Brown	5,671,698	71,717	115,398	9,450	83,441	234,091	13,828	106,922	6,306,545
Buffalo	0	5,731	11,221	891	8,613	7,232	1,261	3,294	38,242
Burnett	403,914	5,623	8,748	741	6,649	13,461	1,169	8,834	449,139
Calumet	0	8,544	22,544	1,126	13,641	28,134	2,282	12,412	88,683
Chippewa	1,509,369	21,604	39,172	2,847	22,508	43,251	4,355	5,585	1,648,691
Clark	1,200,559	11,931	24,890	1,572	20,032	17,002	2,539	10,470	1,288,995
Columbia	0	13,148	28,563	1,733	18,467	37,939	3,552	20,599	124,001
Crawford	0	6,251	11,221	824	16,377	13,561	1,384	2,601	52,219
Dane	0	116,182	160,395	15,310	234,850	580,523	23,793	508,541	1,639,594
Dodge	0	22,482	46,449	2,963	30,484	50,019	5,366	47,124	204,886
Door	672,688	6,125	25,503	807	11,436	22,792	2,018	7,243	748,611
Douglas	0	21,617	27,849	2,848	33,445	50,165	4,725	9,919	150,568
Dunn	0	12,374	20,402	1,631	15,325	36,463	2,715	5,978	94,888
Eau Claire	0	37,855	44,998	4,988	38,706	114,946	6,818	21,082	269,392
Florence	0	5,731	11,221	262	3,863	5,363	343	374	27,157
Fond du Lac	2,511,820	28,624	57,336	3,772	42,088	71,372	6,730	50,563	2,772,304
Forest	401,115	4,480	7,619	590	6,420	29,488	1,162	4,630	455,505
Grant	1,288,210	16,163	34,103	2,130	21,721	27,595	3,629	12,582	1,406,133
Green	0	8,544	19,892	1,126	12,342	24,038	2,172	9,958	78,071
Green Lake	0	5,731	11,221	691	8,544	8,812	1,516	12,265	48,780
Iowa	493,793	6,196	13,072	816	8,326	10,577	1,391	4,823	538,994

**APPENDIX I-B (Cont.)**

**Estimated Calendar Year 1993  
Community Aids Allocations to Counties**

<u>County</u>	<u>51.42/.437 Basic County Allocation</u>	<u>Community Support Program</u>	<u>Family Support</u>	<u>Mental Health Block Grant</u>	<u>AODA Block Grant</u>	<u>AODA Expanded Treatment</u>	<u>Youth AODA Treatment</u>	<u>DD Community Based Programs</u>	<u>51.42/.437 Total</u>
Iron	\$0	\$3,663	\$5,868	\$388	\$2,838	\$5,851	\$500	\$7,030	\$26,138
Jackson	0	7,347	25,503	788	8,147	10,510	1,515	1,265	55,074
Jefferson	0	21,647	41,416	2,853	30,689	47,412	5,300	44,877	194,195
Juneau	0	8,621	14,515	914	12,009	10,951	1,939	7,255	56,204
Kenosha	4,185,488	57,047	74,467	7,517	120,128	120,701	11,927	18,717	4,595,993
Kewaunee	592,978	6,061	17,945	799	8,693	17,449	1,301	15,201	660,426
LaCrosse	0	38,906	50,804	5,127	48,334	109,588	7,795	80,506	341,060
Lafayette	0	5,998	25,503	790	7,703	11,517	1,067	4,120	56,698
Langlade	731,079	9,394	15,194	1,238	13,133	45,165	2,110	5,110	822,423
Lincoln	780,766	5,823	34,920	767	8,141	27,996	1,308	9,083	868,805
Manitowoc	0	28,019	52,981	3,692	37,624	75,266	6,559	17,025	221,166
Marathon	3,111,165	39,979	64,658	5,268	55,891	192,205	8,978	21,746	3,499,890
Marinette	0	15,216	27,543	2,005	18,649	34,678	3,333	33,802	135,225
Marquette	351,191	5,731	11,221	638	5,194	13,017	974	2,259	390,225
Menominee	0	5,731	15,302	483	8,403	22,578	1,609	40,839	94,945
Milwaukee	0	510,690	518,927	67,294	1,202,499	1,049,193	142,735	607,368	4,098,706
Monroe	0	13,566	25,503	1,788	17,082	35,294	2,853	11,752	107,838
Oconto	0	10,135	25,503	1,336	12,674	20,948	2,298	5,925	78,819
Oneida	878,895	9,817	16,694	1,293	14,068	64,612	2,546	10,145	998,071
Outagamie	0	51,116	89,565	6,736	57,799	147,861	10,493	98,080	461,650
Ozaukee	1,728,377	20,640	35,563	2,720	32,852	69,486	4,171	13,982	1,907,792
Pepin	0	5,731	11,221	428	3,763	8,606	530	3,103	33,382
Pierce	0	9,493	19,892	1,251	12,993	22,643	2,211	2,981	71,463
Polk	956,638	13,319	20,719	1,755	15,748	31,882	2,768	20,922	1,063,751
Portage	0	18,137	34,838	2,390	26,073	39,393	4,403	19,161	144,394

APPENDIX I-B (Cont.)

Estimated Calendar Year 1993  
Community Aids Allocations to Counties

County	51.42/.437 Basic County Allocation	Community Support Program	Family Support	Mental Health Block Grant	AODA Block Grant	AODA Expanded Treatment	Youth AODA Treatment	DD Community Based Programs	51.42/.437 Total
Price	\$0	\$6,600	\$18,024	\$700	\$6,824	\$20,974	\$1,205	\$12,664	\$66,992
Racine	0	81,169	105,237	10,696	135,915	285,373	20,405	25,409	664,203
Richland	0	9,360	11,613	1,147	8,572	13,800	1,383	8,939	54,813
Rock	4,512,171	64,551	88,545	8,506	75,143	252,330	13,906	113,691	5,128,842
Rusk	538,435	7,496	11,662	988	8,863	17,944	1,558	11,776	598,722
St. Croix	0	12,874	29,031	1,697	17,657	42,514	3,225	30,037	137,036
Sauk	0	11,498	28,304	1,823	22,911	28,111	3,701	15,145	111,493
Sawyer	0	6,836	25,503	901	11,687	34,843	1,741	3,763	85,273
Shawano	1,103,827	12,478	24,676	1,978	16,268	13,119	2,554	14,882	1,189,782
Sheboygan	0	31,671	64,776	4,173	81,194	105,132	7,650	21,288	315,884
Taylor	0	6,464	14,281	852	10,803	14,732	1,450	11,557	60,140
Trempealeau	859,627	11,990	18,872	1,624	15,875	13,472	2,436	9,272	933,168
Vernon	0	9,157	17,342	1,207	13,217	17,888	1,934	16,903	77,648
Vilas	553,711	6,185	10,518	815	8,863	40,706	1,604	6,392	628,793
Walworth	0	18,633	42,844	2,455	79,397	105,766	5,977	18,468	273,541
Washburn	467,341	6,506	10,122	857	7,693	15,575	1,352	10,221	519,667
Washington	2,064,043	23,701	56,611	3,123	35,146	122,071	5,966	24,991	2,335,652
Waukesha	0	88,640	161,686	11,680	114,216	176,380	19,120	89,433	661,155
Waupaca	0	15,009	27,579	1,644	20,763	35,589	3,960	21,666	126,209
Waushara	594,587	7,842	25,503	1,033	10,330	21,641	1,598	15,084	677,617
Winnebago	3,833,085	53,149	75,480	7,004	65,042	180,074	9,929	78,642	4,302,406
Wood	<u>2,012,540</u>	<u>25,590</u>	<u>47,901</u>	<u>3,372</u>	<u>33,525</u>	<u>98,363</u>	<u>5,585</u>	<u>37,118</u>	<u>2,263,994</u>
TOTAL	\$46,126,839	\$1,910,223	\$3,013,158	\$249,998	\$3,283,488	\$5,440,560	\$449,999	\$2,614,153	\$63,088,419

**APPENDIX I-C**  
**Estimated Calendar Year 1993**  
**Community Aids Allocations to Counties**

<u>County</u>	<u>Consolidated Aids Basic County Allocation</u>	<u>1993 Est. Community Aids Total</u>	<u>1993 Required County Match</u>	<u>County</u>	<u>Consolidated Aids Basic County Allocation</u>	<u>1993 Est. Community Aids Total</u>	<u>1993 Required County Match</u>
Adams	\$0	\$876,563	\$90,714	Marathon	0	5,562,496	593,623
Ashland	889,635	1,172,684	115,298	Marinette	1,594,121	1,998,462	203,968
Barron	0	2,230,815	225,458	Marquette	0	732,025	69,575
Bayfield	0	906,752	88,535	Menominee	927,873	1,164,847	142,239
Brown	0	10,289,890	1,057,905	Milwaukee	72,381,439	94,872,290	10,574,556
Buffalo	770,364	923,339	82,726	Monroe	1,628,866	2,083,838	229,789
Burnett	0	881,835	88,975	Oconto	1,195,987	1,473,263	150,727
Calumet	1,080,469	1,365,698	138,075	Oneida	0	1,574,629	173,733
Chippewa	0	3,069,195	303,004	Outagamie	5,650,572	7,031,763	733,245
Clark	0	2,051,969	209,352	Ozaukee	0	2,921,200	297,286
Columbia	1,678,900	2,109,706	211,576	Pepin	548,489	666,468	61,252
Crawford	1,299,367	1,513,508	143,023	Pierce	1,204,814	1,496,726	148,584
Dane	14,460,520	19,255,155	2,067,414	Polk	0	2,048,726	205,706
Dodge	2,661,495	3,449,446	344,786	Portage	2,124,328	2,657,948	268,324
Door	0	1,264,911	120,027	Price	706,994	908,023	85,937
Douglas	2,533,142	3,201,248	368,639	Racine	9,519,813	11,795,880	1,329,651
Dunn	1,524,143	1,950,511	181,531	Richland	1,064,182	1,258,077	113,762
Eau Claire	4,434,145	5,576,961	552,952	Rock	0	9,827,558	1,084,656
Florence	387,083	486,948	45,033	Rusk	0	1,158,748	116,936
Fond du Lac	0	5,090,535	511,520	St. Croix	1,398,313	1,871,161	210,970
Forest	0	786,363	72,305	Sauk	1,888,361	2,380,031	234,536
Grant	0	2,660,621	245,798	Sawyer	998,096	1,257,481	125,912
Green	1,109,720	1,391,589	135,402	Shawano	0	1,812,733	196,401
Green Lake	682,081	850,977	81,887	Sheboygan	4,445,259	5,509,134	569,456
Iowa	0	1,036,144	99,017	Taylor	1,088,383	1,299,935	125,912
Iron	380,245	466,396	43,206	Trempealeau	0	1,688,564	153,801
Jackson	1,278,720	1,500,471	142,126	Vernon	1,232,821	1,619,468	156,939
Jefferson	2,538,720	3,127,250	317,423	Vilas	0	933,047	102,997
Juneau	938,040	1,229,036	121,484	Walworth	3,035,481	3,754,225	383,661
Kenosha	0	8,287,544	943,880	Washburn	0	894,981	88,643
Kewaunee	0	978,099	91,491	Washington	0	3,910,037	434,932
LaCrosse	4,785,657	6,314,216	648,189	Waukesha	10,036,143	12,300,932	1,325,140
Lafayette	753,816	917,391	83,479	Waupaca	1,779,488	2,196,358	226,963
Langlade	0	1,200,312	132,257	Waushara	0	1,219,993	123,400
Lincoln	0	1,454,811	155,525	Winnebago	0	7,873,187	806,423
Manitowoc	3,352,076	4,198,908	408,180	Wood	0	3,976,993	449,746
				<b>TOTAL</b>	<b>\$171,988,160</b>	<b>\$309,799,027</b>	<b>\$32,967,573</b>

## APPENDIX J

### Comparison of CY 1991, 1992 and 1993 Community Aids Allocations

<u>County</u>	<u>CY 1991 Community Aids Total</u>	<u>CY 1992 Community Aids Total</u>	<u>Amount of Change, 1991 to 1992</u>	<u>% Change, 1991 to 1992</u>	<u>CY 1993 Community Aids Total</u>	<u>Amount of Change, 1992 to 1993</u>	<u>% Change, 1992 to 1993</u>
Adams	\$816,256	\$840,883	\$24,627	3.0%	\$876,563	\$35,680	4.2%
Ashland	1,095,778	1,158,229	62,451	5.7	1,172,684	14,455	1.2
Barron	2,109,493	2,212,257	102,764	4.9	2,230,815	18,558	0.8
Bayfield	875,586	896,749	21,163	2.4	906,752	10,003	1.1
Brown	9,815,067	10,158,117	343,050	3.5	10,289,890	131,773	1.3
Buffalo	891,703	913,230	21,527	2.4	923,339	10,109	1.1
Bumett	814,648	848,736	34,089	4.2	881,835	33,099	3.9
Calumet	1,277,083	1,351,311	74,228	5.8	1,365,698	14,387	1.1
Chippewa	2,911,445	3,022,885	111,440	3.8	3,069,195	46,310	1.5
Clark	1,964,808	2,026,990	62,182	3.2	2,051,969	24,979	1.2
Columbia	2,009,148	2,080,119	70,971	3.5	2,109,706	29,587	1.4
Crawford	1,459,638	1,496,527	36,889	2.5	1,513,508	16,981	1.1
Dane	18,159,063	18,964,184	805,121	4.4	19,255,155	290,971	1.5
Dodge	3,329,604	3,421,645	92,041	2.8	3,449,446	27,801	0.8
Door	1,182,131	1,219,981	37,850	3.2	1,264,911	44,930	3.7
Douglas	3,051,579	3,158,806	107,227	3.5	3,201,248	42,442	1.3
Dunn	1,868,420	1,925,320	56,900	3.0	1,950,511	25,191	1.3
Eau Claire	5,271,665	5,466,028	194,363	3.7	5,576,961	110,933	2.0
Florence	458,529	481,413	22,884	5.0	486,948	5,535	1.1
Fond du Lac	4,848,294	5,013,502	165,208	3.4	5,090,535	77,033	1.5
Forest	716,526	773,435	56,909	7.9	786,363	12,928	1.7
Grant	2,541,564	2,626,950	85,387	3.4	2,660,621	33,670	1.3
Green	1,325,576	1,375,680	50,104	3.8	1,391,589	15,909	1.2
Green Lake	812,655	841,052	28,397	3.5	850,977	9,925	1.2
Iowa	966,447	1,001,735	35,287	3.7	1,036,144	34,409	3.4
Iron	454,767	465,623	10,856	2.4	466,396	773	0.2
Jackson	1,442,998	1,482,346	39,348	2.7	1,500,471	18,125	1.2
Jefferson	2,998,951	3,096,586	97,635	3.3	3,127,250	30,664	1.0
Juneau	1,145,254	1,217,596	72,342	6.3	1,229,036	11,440	0.9
Kenosha	7,861,264	8,178,962	317,698	4.0	8,287,544	108,582	1.3
Kewaunee	934,503	964,433	29,930	3.2	978,099	13,666	1.4
LaCrosse	6,021,067	6,221,566	200,499	3.3	6,314,216	92,650	1.5
Lafayette	875,767	905,030	29,263	3.3	917,391	12,361	1.4
Langlade	1,154,178	1,185,511	31,333	2.7	1,200,312	14,801	1.2
Lincoln	1,393,557	1,436,934	43,377	3.1	1,454,811	17,877	1.2

## APPENDIX J (continued)

<u>County</u>	<u>CY 1991 Community Aids Total</u>	<u>CY 1992 Community Aids Total</u>	<u>Amount of Change, 1991 to 1992</u>	<u>% Change, 1991 to 1992</u>	<u>CY 1993 Community Aids Total</u>	<u>Amount of Change, 1992 to 1993</u>	<u>% Change, 1992 to 1993</u>
Manitowoc	\$4,026,702	\$4,153,128	\$126,426	3.1%	\$4,198,908	\$45,780	1.1%
Marathon	5,314,989	5,490,499	175,511	3.3	5,562,496	71,996	1.3
Marinette	1,880,293	1,957,061	76,768	4.1	1,998,462	41,401	2.1
Marquette	703,205	723,761	20,556	2.9	732,025	8,264	1.1
Menominee	1,108,975	1,154,968	45,993	4.1	1,164,847	9,879	0.9
Milwaukee	90,690,512	93,970,676	3,280,164	3.6	94,872,290	901,614	1.0
Monroe	1,971,805	2,055,017	83,212	4.2	2,083,838	28,821	1.4
Oconto	1,419,220	1,464,024	44,804	3.2	1,473,263	9,239	0.6
Oneida	1,467,601	1,524,893	57,292	3.9	1,574,629	49,736	3.3
Outagamie	6,716,241	6,933,777	217,536	3.2	7,031,763	97,986	1.4
Ozaukee	2,758,888	2,891,307	132,419	4.8	2,921,200	29,893	1.0
Pepin	644,135	659,463	15,328	2.4	666,468	7,005	1.1
Pierce	1,426,366	1,476,693	50,327	3.5	1,496,726	20,033	1.4
Polk	1,928,650	2,014,366	85,717	4.4	2,048,726	34,360	1.7
Portage	2,541,714	2,643,466	101,752	4.0	2,657,948	14,482	0.5
Price	862,218	878,916	16,698	1.9	908,023	29,107	3.3
Racine	11,111,232	11,512,220	400,988	3.6	11,795,880	283,660	2.5
Richland	1,200,964	1,239,052	38,088	3.2	1,258,077	19,025	1.5
Rock	9,194,681	9,629,719	435,038	4.7	9,827,558	197,839	2.1
Rusk	1,110,428	1,150,421	39,993	3.6	1,158,748	8,327	0.7
St. Croix	1,788,523	1,820,859	32,336	1.8	1,871,161	50,302	2.8
Sauk	2,259,255	2,328,125	68,870	3.0	2,380,031	51,906	2.2
Sawyer	1,201,276	1,245,179	43,903	3.7	1,257,481	12,302	1.0
Shawano	1,735,648	1,790,513	54,865	3.2	1,812,733	22,220	1.2
Sheboygan	5,238,817	5,406,773	167,956	3.2	5,509,134	102,361	1.9
Taylor	1,246,521	1,280,814	34,293	2.8	1,299,935	19,121	1.5
Trempealeau	1,623,194	1,667,210	44,016	2.7	1,688,564	21,354	1.3
Vernon	1,559,517	1,599,546	40,029	2.6	1,619,468	19,922	1.2
Vilas	875,937	904,971	29,034	3.3	933,047	28,076	3.1
Walworth	3,625,772	3,709,478	83,706	2.3	3,754,225	44,747	1.2
Washburn	835,564	869,426	33,862	4.1	894,981	25,555	2.9
Washington	3,660,882	3,838,055	177,173	4.8	3,910,037	71,982	1.9
Waukesha	11,845,909	12,164,620	318,711	2.7	12,300,932	136,312	1.1
Waupaca	2,086,223	2,162,549	76,326	3.7	2,196,358	33,809	1.6
Waushara	1,171,203	1,209,134	37,931	3.2	1,219,993	10,859	0.9
Winnebago	7,587,177	7,816,773	229,596	3.0	7,873,187	56,414	0.7
Wood	<u>3,783,698</u>	<u>3,917,787</u>	<u>134,089</u>	<u>3.5</u>	<u>3,976,993</u>	<u>59,206</u>	<u>1.5</u>
TOTAL	\$295,058,945	\$305,685,591	\$10,626,646	3.6%	\$309,799,027	\$4,113,436	1.3%

## APPENDIX K

### County Community Aids Allocations Per Capita for Calendar Year 1993\*

Menominee	\$292.09	Winnebago	\$55.07
Florence	102.52	Adams	54.34
Milwaukee	98.31	Barron	54.17
Crawford	94.69	Dunn	54.00
Pepin	93.80	Grant	53.79
Forest	89.25	Wood	53.32
Jackson	89.23	Lincoln	53.21
Sawyer	87.50	Sheboygan	52.58
Rusk	76.79	Vilas	51.87
Douglas	76.36	Brown	51.79
Iron	75.18	Kewaunee	51.65
Ashland	71.89	Manitowoc	51.56
Richland	71.57	Dane	51.08
Rock	69.71	Iowa	50.66
Taylor	68.42	Sauk	49.42
Buffalo	67.95	Oneida	48.94
Burnett	66.78	Marinette	48.94
Trempealeau	66.38	Outagamie	48.91
Racine	66.31	Door	48.81
Eau Claire	64.81	Walworth	48.72
Clark	64.44	Shawano	48.56
Washburn	64.00	Oconto	48.05
Bayfield	63.92	Marathon	47.33
LaCrosse	63.60	Waupaca	46.67
Kenosha	62.97	Columbia	46.04
Vernon	62.62	Green	45.57
Waushara	62.07	Jefferson	45.45
Langlade	60.74	Pierce	45.27
Polk	58.31	Green Lake	45.13
Marquette	58.27	Dodge	44.21
Chippewa	58.13	Portage	42.62
Price	58.01	Washington	39.32
Lafayette	56.81	Calumet	39.27
Monroe	56.04	Waukesha	39.23
Fond du Lac	55.81	Ozaukee	39.00
Juneau	55.63	St. Croix	<u>36.38</u>
		AVERAGE	\$62.36

\*Based on estimated calendar year 1993 allocations.

## APPENDIX L

### Clients Served and Expenditures Calendar Year 1991

#### By Target Group

	<u>Clients Served</u>	<u>Percent</u>	<u>Expenditures</u>	<u>Percent</u>
Mental Health	84,565	22.29%	\$164,513,136	23.01%
Children and Family	79,594	20.98	41,110,711	5.75
Alcohol and Other Drug Abuse	72,896	19.21	60,506,202	8.46
Abused and Neglected Children	44,050	11.61	89,844,799	12.57
Adults and Elderly	35,117	9.26	69,677,016	9.75
Delinquent and Status Offender	29,758	7.84	113,378,242	15.86
Developmentally Disabled	27,096	7.14	153,356,285	21.45
Physically and Sensory Disabled	<u>6,347</u>	<u>1.67</u>	<u>22,532,103</u>	<u>3.15</u>
<b>TOTAL</b>	<b>379,423</b>	<b>100.00%</b>	<b>\$714,918,494</b>	<b>100.00%</b>

#### By Standard Program Category Cluster

	<u>Clients Served</u>	<u>Percent</u>	<u>Expenditures</u>	<u>Percent</u>
Community Treatment Services	162,211	29.91%	\$104,947,188	14.68%
Investigations and Assessments	148,785	27.44	38,354,191	5.36
Community Living/Support Services	98,206	18.11	103,883,650	14.53
Community Residential Services	30,345	5.60	163,723,063	22.90
Inpatient and Institutional Care	29,963	5.53	94,132,140	13.17
Work-related and Day Services	17,149	3.16	55,935,197	7.82
Supportive Home Care	16,036	2.96	41,884,154	5.86
Child Care	14,301	2.64	19,858,988	2.78
Community Prevention, Access and Outreach	8,984	1.66	15,906,773	2.22
Community Support	7,004	1.29	17,749,053	2.48
Specialized Transportation/Escort	3,913	0.72	4,947,565	0.69
Supported Employment	2,549	0.47	8,721,743	1.22
Juvenile Correctional Institution Services	1,435	0.26	25,555,513	3.57
Institutions for Mental Diseases	<u>1,385</u>	<u>0.26</u>	<u>19,319,276</u>	<u>2.70</u>
<b>TOTAL</b>	<b>542,266</b>	<b>100.00%</b>	<b>\$714,918,494</b>	<b>100.00%</b>

## APPENDIX M

### Community Aids Target Groups

Developmentally Disabled: Individuals who have a disability attributable to brain damage, mental retardation, cerebral palsy, epilepsy, autism or other neurological condition closely related to mental retardation, or requiring treatment similar to that required for mental retardation, which has continued, or can be expected to continue, indefinitely and constitutes a substantial handicap to the individual.

Delinquent/Status Offender: Delinquent children include juveniles referred to court intake due to allegation of delinquency, or found to be delinquent as defined under s. 48.02(3m) of the statutes. Status offenders are those children alleged to be in need of protection or services under s. 48.13 due to any of the following noncriminal behaviors: (1) parental or guardian petition due to the liability to care for, control or provide special treatment; (2) truancy from school; (3) truancy from home; (4) petition filed by the juvenile attesting to the need for special care and treatment; and (5) commission of a delinquent act by a juvenile under 12 years of age.

Alcohol or Other Drug Abuse: Individuals who use alcohol or other chemical substances which have mind altering effects to the extent that it interferes with, or impairs, physical health, psychological functioning or social or economic adaptation, including occupational or educational performance and personal or family relations. This target group also includes individuals whose use of alcohol or other drugs has resulted in a conviction for operating a motor vehicle while intoxicated or a Department of Transportation referral for an assessment to determine the existence of an alcohol or other drug abuse disability.

Mental Health: Individuals with chronic mental health problems, including adults with chronic mental illness and children and youth with severe emotional disturbance, who are unable to independently perform essential personal and social roles appropriate to their age and require personal assistance or supervision to carry out activities of daily living or to participate in community living.

Physically or Sensory Disabled: Individuals who have a physical disability which impairs their mobility, are blind or visually impaired, or are deaf or hearing impaired and receive services for the purpose of assisting them to utilize their abilities, achieve their maximum potential in terms of level of functioning and independence in social roles and fully access and participate in community life.

Adults and Elderly: An adult or elderly person who has service needs not specified in other target groups.

Abused and Neglected Children: A child who is, or is alleged to be, abused or neglected, as defined in s. 48.981(1)(a), or is threatened with abuse or neglect. This definition includes physical abuse, sexual abuse, neglect and emotional damage.

Children and Family: A child or family member that has service needs not specified in the other target groups.