



OJJDP FACT SHEET

November 2001 #39

The 8% Solution

The prevalence of serious juvenile delinquency could be reduced significantly by identifying and treating the small percentage of juveniles who are at risk of becoming chronic offenders when they first come into contact with the juvenile justice system. This Fact Sheet describes the California 8% Solution study and the 8% Early Intervention Program, which assesses the needs of and provides treatment services to these youth.

*The 8% Solution: Preventing Serious, Repeat Juvenile Crime*¹ describes efforts begun by the Orange County (CA) Probation Department in the latter part of the 1980s to "make a dent in the long-term crime problem" by focusing its resources in the most effective way. The Probation Department's research staff tracked two groups of first-time offenders for 3 years and found that a small percentage (8 percent) of the juveniles were arrested repeatedly (a minimum of four times within a 3-year period) and were responsible for 55 percent of repeat cases.

The characteristics of this group of repeat offenders (referred to as "the 8% problem") were dramatically different from those who were arrested only once. These differences did not develop after exposure to the juvenile justice system, as some might expect; they were evident at first arrest and referral to juvenile court, and they worsened if nothing was done to alleviate the youth's problems. Unfortunately, in wanting to "give a break" to first-time offenders, the juvenile justice system often pays scant attention to those at greatest risk of becoming chronic offenders until they have established a record of repeated serious offending.

The good news is that most of the small group of potentially serious, chronic offenders can be identified reliably at first contact with the juvenile justice system. The "8%" offenders enter the system with a complex set of problems or risk factors, which the study identified as (1) involvement in crime at an early age and (2) a multiproblem profile including significant family problems (abuse, neglect, criminal family members, and/or a lack of parental supervision and control), problems at school (truancy, failing more than one course, or a recent suspension or expulsion), drug and alcohol abuse, and behaviors such as gang involvement, running away, and stealing.

A Demonstration Program

Armed with the study's results, Orange County created its 8% Early Intervention Program to serve first-time offenders who were no older than 15½ and who exhibited at least three of the four risk factors in the multiproblem profile. The program focuses on high-risk youth and their entire families. Its goals are to increase structure, supervision, and support for families; make potential "8-percenters" accountable; ensure that youth and families understand the importance of school; and promote prosocial values, behavior, and relationships. The program also works to develop intervention strategies and services for youth in the community and to instill a strong commitment to teamwork by all partners, including representatives from other youth-serving agencies.

The program's pilot phase began in July 1994 with youth from Anaheim and Buena Park in northern Orange County but offered only limited assistance from outside agencies. Since June 1998, full services for youth and their families, augmented by State funds through California's legislatively established Repeat Offender Prevention Program (ROPP), have been provided through a collaborative team of public and private agencies. These services were provided first at the North Orange County Youth and Family Resource Center in Anaheim. By early 1999, four additional Youth and Family Resource Centers had opened in Orange County: a second site adjacent to the first one in Anaheim but tailored for older youth under the State-funded 8% Challenge Program; a central site in Santa Ana; a western site in Westminster; and a southern site in Aliso Viejo.

Services

Probation officers identify cases that are appropriate for the program and refer them to the Youth and Family Resource Centers. At the centers, agencies collaborate as a team to assess a youth's needs and devise a case planning strategy. Together, the partners provide:

- ◆ An onsite school for students in junior and senior high school.
- ◆ Transportation to and from home.
- ◆ Counseling for drug and alcohol abuse.

¹ M. Schumacher and G.A. Kurz (Thousand Oaks, CA: Sage Publications, Inc.), 1999. Available from www.sagepub.com.

- ◆ Mental health evaluations and followup services.
- ◆ Health screenings (northern center only) and health education.
- ◆ Employment preparation and job placement services.
- ◆ Afternoon programs, including recreation, life-skills classes, study hall, and community service projects.
- ◆ At-home, intensive family counseling for families that can benefit from it.
- ◆ Intermittent evening classes for the whole family, such as parenting classes.
- ◆ Saturday community service activities twice a month.

Evaluation

A 5-year evaluation of the demonstration program, funded through ROPP, is under way. Some preliminary conclusions have been reached, including the following:

- ◆ The number of chronic juvenile recidivists can be reduced through a coordinated program of aggressive early intervention and treatment of high-risk youth and families.
- ◆ Significant risk factors are often overlooked at key points in the juvenile justice system because of a lack of critical information.

- ◆ Cooperative, concerted efforts to empower families can pay major dividends.
- ◆ Even a modest reduction in recidivism rates for the 8% problem group could result in major, long-term savings.

Final evaluation results for Orange County and the statewide ROPP project are expected to be available in fall 2002.

Conclusion

There will never be sufficient resources to deflect all juvenile delinquents from a pattern of offending. It is essential, instead, to focus intervention efforts where the need and the potential benefits are the greatest. Such a concentration of efforts may lead to a solution of the 8% problem and have a meaningful impact on community safety and on the future of many youth who might otherwise persist in lives of crime and violence.

For Further Information

More detailed statistical information on the 8% Solution can be found on the Orange County Probation Department Web site at www.oc.ca.gov/probation.

The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the National Institute of Justice, and the Office for Victims of Crime.

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Fact Sheet



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Selected pages from

Juvenile Offenders and Victims: 1999 National Report

**Howard N. Snyder
Melissa Sickmund**

**National Center for Juvenile Justice
September 1999**

**Shay Bilchik, Administrator
Office of Juvenile Justice and Delinquency Prevention**

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Allowing one youth to leave high school for a life of crime and drug abuse costs society \$1.7–\$2.3 million

A 1998 study by Mark Cohen estimated the external marginal costs imposed on society by the average career criminal, heavy drug abuser, and high school dropout. Though necessarily somewhat speculative, cost estimates of this kind help to convey a sense of the actual "waste" involved in a wasted life—as well as the substantial potential benefits to be expected from even modestly successful prevention efforts aimed at high-risk youth.

The portion of the study that focused on crime costs was based on estimates of the number and range of crimes committed by the average career criminal (68–80 crimes of various levels of seriousness, over an active career of about 10 years, including 4 as a juvenile); the tangible and intangible costs that such crimes impose on their victims; the expenses borne by the criminal justice system in connection with investigation, processing, and punishment; and productivity losses caused by incarceration. Discounted to a present-value dollar amount, the total crime costs imposed by a single lifetime of crime were estimated at \$1.3–\$1.5 million.

Note that these are *external* costs borne by those other than the perpetrator—victims, fellow citizens, and taxpayers. About half are intangible costs—pain, suffering, and diminished quality of life—imposed on victims alone and monetized according to widely accepted techniques developed by economists for

Invoice	
To:	American public
For:	One lost youth
Description	Cost
Crime:	
Juvenile career (4 years @ 1–4 crimes/year)	
Victim costs	\$62,000–\$250,000
Criminal justice costs	\$21,000–\$84,000
Adult career (6 years @ 10.6 crimes/year)	
Victim costs	\$1,000,000
Criminal justice costs	\$335,000
Offender productivity loss	\$64,000
Total crime cost	\$1.5–\$1.8 million
Present value*	\$1.3–\$1.5 million
Drug abuse:	
Resources devoted to drug market	\$84,000–\$168,000
Reduced productivity loss	\$27,600
Drug treatment costs	\$10,200
Medical treatment of drug-related illnesses	\$11,000
Premature death	\$31,800–\$223,000
Criminal justice costs associated with drug crimes	\$40,500
Total drug abuse cost	\$200,000–\$480,000
Present value*	\$150,000–\$360,000
Costs imposed by high school dropout:	
Lost wage productivity	\$300,000
Fringe benefits	\$75,000
Nonmarket losses	\$95,000–\$375,000
Total dropout cost	\$470,000–\$750,000
Present value*	\$243,000–\$388,000
Total loss	\$2.2–\$3 million
Present value*	\$1.7–\$2.3 million
* Present value is the amount of money that would need to be invested today to cover the future costs of the youth's behavior.	
Source: Authors' adaptation of Cohen's The monetary value of saving a high-risk youth, <i>Journal of Quantitative Criminology</i> , 14(1).	

purposes of cost-benefit analysis. The analysis, however, includes only marginal cost items—those associated with adding a single individual to the pool of career criminals. No attempt was made to gauge a single criminal's share of *aggregate* crime costs (expenses incurred because of the fear of crime generally, for example), which would have yielded a much higher figure.

Drug abuse and lack of education impose heavy costs on society as well

The study calculated external marginal costs associated with the average lifetime of heavy cocaine or heroin abuse on the basis of estimated drug treatment and rehabilitation costs, emergency and other medical costs, lost productivity costs, criminal justice costs incurred in connection with drug possession and other drug-defined crime, and the cost of resources diverted away from productive uses and into the drug market itself. The present-value total of all such costs for the average heavy drug abuser was estimated at \$150,000–\$360,000. (This figure does not include costs associated with additional drug-motivated and drug-related crime, which were estimated at \$283,000–\$781,000, or \$220,000–\$606,000 discounted to present value.)

The external marginal costs imposed by the average high school dropout were estimated largely on the basis of productivity losses and other “nonmarket” educational benefits foregone. Discounted to present value, the total loss suffered by society over the lifetime of the average high school dropout came to \$243,000–\$388,000.

Quantitative analysis of this kind suggests the practical wisdom of early investment in high-risk youth

Adding all of these marginal cost estimates together produces an estimate of the present value of preventing a single youth from leaving school and turning to drugs and crime as a way of life: \$1.7–\$2.3 million.

Obviously, it is not possible to arrive at an estimate of this kind without making a number of assumptions, including some about matters that are at least controversial, if not unknowable. The figures do, however, serve to illustrate that, under almost any reasonable set of assumptions, intervention efforts that are narrowly focused on high-risk youth and that succeed at least some of the time are likely to pay for themselves many times over.

What is present value?

To determine the savings produced by an action, economists employ the concept of *present value*. Present value is the amount that would have to be set aside today to pay for a related series of events that occur now and in the future. From this pool of funds, amounts can be deducted as expenses are realized. For the case of a criminal career, some expenses occur early in the career (e.g., the costs associated with the first referral to juvenile court). These expenses would be subtracted from the *present value* amount, while the remaining funds accrue interest before they are expended. As a result, the present value of a savings is somewhat less than the total amount of the savings realized by diverting a person from a criminal career.

Joint Finance Committee;

February 20, 2002

I am writing to express my grave concern over the Governors proposal to use Tobacco Settlement Monies to balance the budget. As a Tobacco Prevention Specialist in the Wausau School District, I have had a first hand look at the effects of Tobacco on children and staff. If you support this proposal you will be trading a positive long term health issue into a two year budget solution. The additional cost to the state that will be incurred by the youth that start smoking today will greatly exceed the deficit. This is not an issue you can trade off on. If you do, you will be supporting the tobacco companies. What message will you be sending to the kids that are already affected by the implementation of the tobacco settlement monies? In the Wausau School District alone there are over 100 kids that participate in cessation and prevention activities as a result of the DPI Tobacco Grants that came from the settlement monies.

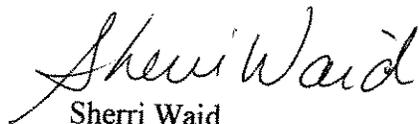
Continued funding would allow our district to implement curriculum that meets the state standards as well as educates children and teens regarding the health costs and risks of tobacco use. The tobacco prevention curriculum is in its infancy and is seldom used in the schools as a subject. Continued funding would allow for teachers to implement media literacy around tobacco use, science and the human body around tobacco effects, the history of tobacco, and the role of tobacco in government. A wide variety of subjects could incorporate the tobacco curriculum if you keep the endowment in place.

In addition to the curriculum, the kids would receive reinforcement through community action projects. Billboards they create to send out don't start messages, petitions to get cities to go smoke free, compliance checks and butt clean ups getting them aware of the issues and active in the health of their community. Those activities can not be done without the monies from the endowment.

There is no other way to combat the over 16 million dollars the tobacco company spends on daily advertising to youth. Since the settlement, tobacco ads in magazines with high youth readership have gone up 34%. **They haven't stopped targeting their future market, you need to stand up against their efforts.** This is an easy one. Support the endowment proposal and condemn your future voters to death... maybe even your own child or grandchild.

You know it is wrong to take this money away. Look for other savings... what about the issue of selling state cars after only a few years of service? How much money is lost through replacing them? More then the endowment monies I am sure. Look to other solutions, give our kids a chance.

Sincerely



Sherri Waid
Tobacco Prevention Specialist
Wausau School District
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Wausau WI 54403
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February 20, 2002

Susan Coleman
116 Wilson Avenue
Rothschild, WI 54474

Dear Joint Finance Committee,

I would like to express my concern regarding the Governor's proposed plan to raid the tobacco endowment to balance the states budget. After growing up in Wisconsin I left for several years and returned nearly two years ago. Upon returning I was so pleased to learn of all the important tobacco control work being done in this State. I am so pleased to have my two daughters grow up in Central Wisconsin and until recently felt comfortable that there would be continued efforts to assist me in making sure they grow up smoke-free.

I respectfully ask this committee to oppose the Governor's plan to spend the tobacco endowment to balance the states budget. As you know tobacco has an enormous negative impact on our health, and requires a long term commitment in order to see positive change.

Thank you for your attention to this important Health issue!!!!

Sincerely,



Susan M. Coleman

February 20, 2002

Dear Members of the Joint Finance Committee,

In Wisconsin, 7,800 people die each year from smoking! Between 80 and 90 percent of smokers stated before they were 19 years old. Annual health care expenditures in Wisconsin directly related to tobacco use equal \$1.3 billion approximately the same amount as our state's budget deficit! These facts alarm us!

We do not agree with the Governor's proposal to use the tobacco endowment to balance the state's budget. We urge you to support the tobacco prevention and cessation efforts that are making a difference at the local level and throughout Wisconsin. Please do not spend all of the tobacco prevention endowment to balance a single two-year state budget.

The purpose of the settlement dollars was to compensate Wisconsin for the past and future costs of treating sick and dieing smokers. As taxpayers, we do not want to continue to bear the cost of this deadly addiction when nearly 6 billion dollars was offered to us for that very purpose. Investing in tobacco prevention and cessation now will pay off for us in the future. Please protect the tobacco endowment.

If Wisconsin achieves a one-percentage point reduction in smokers per year for 5 years, there will be 195,000 fewer smokers in the state. 65,000 people will be saved from premature death due to tobacco use. 24,700 Wisconsin children alive today will be spared a premature death from tobacco use. Please continue to fund the Wisconsin Tobacco Control Board.

Sincerely,



Todd and Renée Trowbridge
1402 Iris Lane
Wausau, WI 54401

February 20, 2002

Dear Joint Finance Committee members,

I am writing to ask that you save the tobacco endowment created with tobacco settlement dollars for future prevention health care related costs due to tobacco related illness.

Our budget deficit is large and does require creative problem solving and good fiscal management of resources. Spending 25 years of tobacco settlement dollars in a two-year period is not good fiscal management. While the Governor suggests that you borrow the monies for this crisis there is no realistic suggestion for a repayment plan nor can future Legislatures be bound to such a proposal.

Attached is a recently released report on the costs associated to tobacco use in Wisconsin. Some of the highlights I would like you to consider are:

- \$1.6 Billion in health care costs in 1998 were due to smoking.
- \$1.4 Billion in lost productivity in 1998 due to illness and premature death due to tobacco related disease.
- \$600 million in ambulatory expenses such as outpatient services in 1998.

These annual costs will continue to increase as medical costs and the number of youth smokers continues to rise. And these costs will impact Wisconsin's budget.

Please make this budget repair bill a win win for Wisconsin. We all will need to "tighten our belts" but that doesn't mean we should not invest in the future to reduce tobacco related health care costs. A short-term solution will not work for the problem of this magnitude.

Thank you for bringing this public hearing to North Central WI, and for considering my opinion.

Judy Omernik

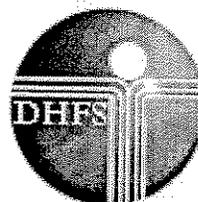
Judy Omernik
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Wausau, WI 54403



The Burden of Tobacco in Wisconsin



The health and economic toll of cigarette smoking is well documented and includes excessive rates of chronic disease, diminished productivity, and premature death. This report describes the health and economic burden of cigarette smoking in Wisconsin.



Health Impact of Cigarette Smoking

- In 2000, over 7,000 Wisconsin residents died from smoking-related diseases, making tobacco use the single most preventable cause of disease and premature death in Wisconsin.^{1,2}
- Approximately 16% of all Wisconsin deaths in 2000 were attributable to smoking. Cigarette smoking caused 81% of all lung cancer deaths and 15% of all deaths from heart disease.^{1,2}
- More than 95,000 years of life were lost from the potential lifespan of those who died of smoking-related diseases.¹
- Secondhand smoke is estimated to cause as many as 1,200 additional lung cancer and heart disease deaths in Wisconsin.³ Household fires caused by cigarettes killed an estimated 20 people in 2000.⁴



Economic Impact of Cigarette Smoking

- In 1998, an estimated \$1.6 billion in health care costs were a result of diseases caused by smoking. Wisconsin lost an additional \$1.4 billion in productivity costs due to illness and premature death from smoking-related diseases.^{1,5}
- In 1998, the estimated health care costs of cigarette smoking was \$1.6 billion, approximately \$300 for every man, woman and child in Wisconsin.^{1,5}
- Cigarette smoking cost nearly \$600 million for ambulatory care expenses, such as outpatient service, in 1998.^{1,5}

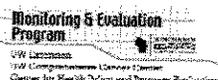


Table 1 outlines the number of Wisconsin residents who currently smoke cigarettes, the number of deaths attributable to smoking-related diseases and the overall economic costs of cigarette smoking.

Table 1: Smokers in Wisconsin

	# of Smokers	Percent Smokers
Total Number of Smokers	1,095,000	
Adult (18+) ^{6,7}	959,000	24%
Youth - High School ^{7,8}	107,000	33%
Youth - Middle School ^{7,8}	29,000	12%
Smoking During Pregnancy ^{7,9}	11,000	16%

Health Impact of Cigarette Smoking

Cause of Death (% due to smoking) ^{1,2}	Total Deaths	Due to Smoking
Cancers (26%)	10,620	2,730
Heart Disease (15%)	18,298	2,680
Respiratory Disease (45%)	4,294	1,940
Other Deaths Not Related to Smoking (0%)	13,193	0
All Causes (16%)	46,405	7,350

Economic Impact of Cigarette Smoking

Health Care Costs ^{1,5}	\$1.58 Billion
Lost Productivity ¹	\$1.41 Billion
Total Costs	\$2.99 Billion

The Burden of Tobacco in Wisconsin

Health Impact of Cigarette Smoking

Table 2 outlines the number of deaths in 2000 for specific smoking-related diseases and provides an estimate of how many of those deaths were caused by cigarette smoking. Over 7,000 people or 16% of all deaths were the result of diseases caused by cigarette smoking. Over 2,600 people died of lung cancer with 81% of those deaths attributed to cigarette smoking. In addition, 15% of the 18,000 heart disease deaths and 45% of 4,300 respiratory disease deaths were due to smoking.^{1,2}

Table 2: Smoking Attributable Deaths in Wisconsin, 2000

Cause of Death (% due to smoking)	Total Deaths	Due To Smoking
Cancers		
Trachea, Lung, Bronchus (81%)	2,655	2,150
Esophagus (67%)	235	160
Pancreas (22%)	576	130
Urinary Bladder (40%)	241	100
Lip, Oral Cavity, Pharynx (62%)	137	80
Kidney and Renal Pelvis (25%)	246	60
Larynx (82%)	61	50
Cervix Uteri (12%)	50	6
Cancers Not Related to Smoking (0%)	6,419	0
Total Cancer (26%)	10,620	2,730*
Cardiovascular Disease		
Ischemic Heart Disease (16%)	9,434	1,530
Other Heart Disease (12%)	3,684	450
Cerebrovascular Disease (9%)	3,568	330
Aortic Aneurysm (58%)	393	230
Hypertension (12%)	728	80
Atherosclerosis (14%)	235	30
Other Arterial Disease (12%)	256	30
Total Cardiovascular Disease (15%)	18,298	2,680*
Respiratory Disease		
Chronic Airways Obstruction (78%)	1,890	1,470
Bronchitis, Emphysema (86%)	307	260
Pneumonia, Influenza (17%)	1,200	200
Respiratory Disease Not Related to Smoking (0%)	897	0
Total Respiratory Disease (45%)	4,294	1,940*
Other Deaths Not Related to Smoking (0%)	13,193	0
All Causes of Death (16%)	46,405	7,350

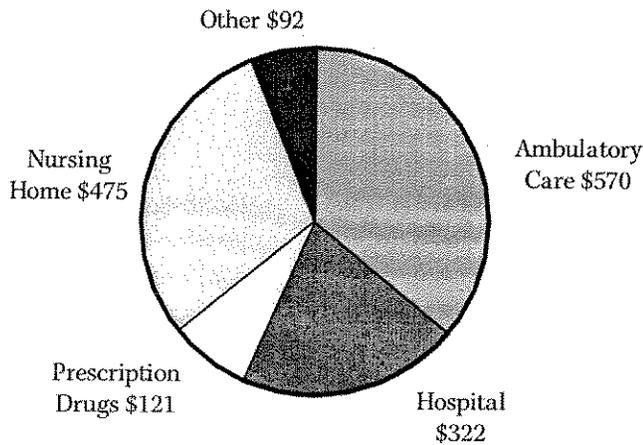
*Totals do not add due to rounding

The Burden of Tobacco in Wisconsin

Economic Impact of Cigarette Smoking

Cigarette smoking is estimated to cost Wisconsin \$3 billion each year in health care expenses and lost productivity. Approximately \$1.6 billion was paid in direct health care costs such as hospitalizations, outpatient care, prescription drugs, etc. Wisconsin lost an additional \$1.4 billion in productivity costs because of illness and premature death from smoking-related diseases. Overall, cigarette smoking costs each Wisconsin resident approximately \$300 each year in direct health care costs.^{1,5}

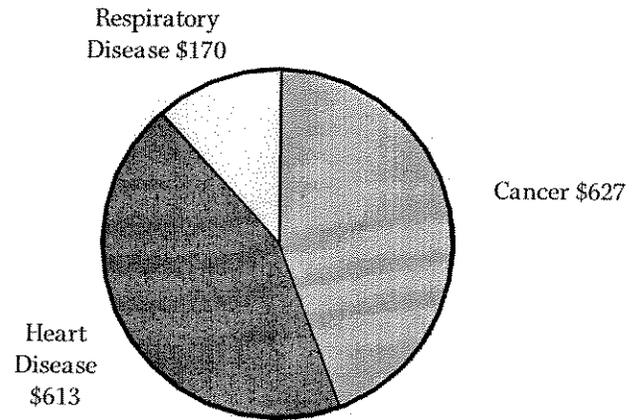
Figure 1: Smoking Attributable Health Care Costs, 1998
(In millions of dollars)



Total Health Care Costs due to Smoking \$1.58 Billion

In 1998, Wisconsin residents paid over \$1.5 billion in health care costs directly attributable to smoking. Cigarettes caused over 6% of all health care expenditures that year.^{1,5}

Figure 2: Cost of Productivity Lost Due to Smoking, 1998
(In millions of dollars)

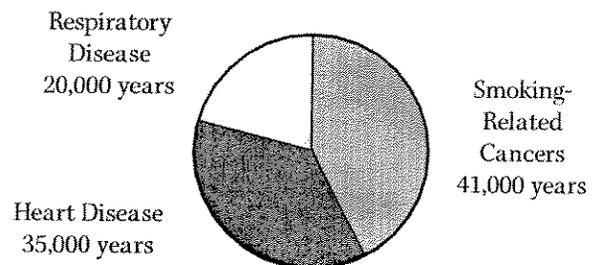


Total Costs from Lost Productivity \$1.41 Billion

Over \$1.4 billion is lost from Wisconsin's economy due to the sickness and premature death of workers caused by cigarette smoking. Heart disease and cancer deaths take the greatest toll on productivity, due to their greater number and the young age at which they strike.¹

Years of Potential Life Lost

Figure 3: Years of Potential Life Lost by Disease Groups, 2000



In Wisconsin, more than 95,000 years of life were lost from the potential lifespan of its residents. The majority of years of life lost to premature death occurred in those who died between the ages of 55 and 74. An average 35-year old may expect to live to the age of 77.

Smoking-related cancers accounted for the greatest number of years lost from people's lives, with lung cancer alone taking over 30,000 years from the lives of Wisconsin residents.¹

The Burden of Tobacco in Wisconsin

Summary

The health and economic toll of cigarette smoking continues to be significant in Wisconsin. With nearly 16% of all deaths in 2000 attributable to cigarette smoking, and \$1.6 billion paid in direct health care costs, most Wisconsin residents are or will be affected by cigarette smoking at some point. Since over one million people continue to smoke cigarettes in Wisconsin, including an estimated 136,000 youth, cigarette smoking will continue to be both a health and economic burden for Wisconsin. Programs and policies to prevent and reduce the number of people who smoke cigarettes are the most effective way to eliminate this burden.

Methods

This report estimates the burden of cigarette smoking using the most current version of the Centers for Disease Control and Prevention's Smoking Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software program. The analysis used combined 1996-2000 current and former adult smoking prevalence estimates and previously published relative risk estimates for smoking-related diseases to calculate a smoking attributable fraction for each disease. This fraction was then multiplied by Wisconsin's 2000 mortality data (persons 35 years and older) to obtain the number of smoking-related deaths for 18 specific diseases. The SAMMEC model calculates the economic costs of smoking using 1998 state health expenditure data provided by the Center for Medicaid and Medicare Services. Direct cost estimates include hospitalizations, outpatient care, physician and health professional services, prescription drugs, and nursing homes. Mortality-related productivity costs are the estimated costs of lost future earnings from paid market and unpaid household labor resulting from premature death due to smoking-related diseases. Finally, the SAMMEC model calculates years of potential life lost based on potential life expectancy.

Data Sources

1. Centers for Disease Control and Prevention. Smoking Attributable Morbidity, Mortality and Economic Costs (SAMMEC): Adult SAMMEC software. Calculation was performed on January 24, 2002.
2. Mortality data are from 2000 Wisconsin death certificates, Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information.
3. Lung cancer and heart disease deaths from environmental tobacco smoke are from U.S. Environmental Protection Agency. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. Washington, D.C. Office of Research and Development, Office of Health and Environmental Assessment, 1992.
4. Deaths from cigarette started household fires are from Hall, JR. *The U.S. Smoking-Material Fire Problem*. National Fire Protection Association. Quincy, MA, 2001.
5. Direct health care costs of smoking were calculated using Adult SAMMEC software. The software used 1998 state personal health care expenditure data from the Center for Medicaid and Medicare Services, U.S. Department of Health and Human Services.
6. Adult smoking rates are from the 1996-2000 Wisconsin Behavioral Risk Factor Survey, Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. A smoker is defined as having smoked 100 cigarettes in a lifetime and currently smoking cigarettes on some or every day.
7. The number of adult and youth smoking was determined by multiplying smoking prevalence by Wisconsin's 2000 population. Population estimates are from the 2000 U.S. Census Bureau.
8. High School and Middle School smoking rates are from the 2000 Youth Tobacco Survey, Wisconsin Department of Health and Family Services, Division of Public Health. A smoker is defined as smoking cigarettes on at least one of the past 30 days.
9. Maternal smoking rates are from 2000 Wisconsin birth certificates, Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information.

The Burden of Tobacco in Wisconsin is a collaborative report of the Wisconsin Division of Public Health, the University of Wisconsin Comprehensive Cancer Center, the American Cancer Society and the Wisconsin Tobacco Control Board. For more information contact Peter Rumm, MPH, MD, Chief Medical Officer, Bureau of Chronic Disease Prevention & Health Promotion, 608.267.3835.



COUNTY OF MARATHON

COURTHOUSE - 500 FOREST STREET

WAUSAU, WISCONSIN 54403-5568

MARATHON COUNTY BOARD OF SUPERVISORS

(715) 261-1500
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MANDATE RELIEF

Marathon County has a long tradition of providing services and programs responding to the following mandates. We recognize the need for these services and the positive impact that many of these have had on the residents of our community, and to the community as a whole. But because of the loss of shared revenue and the caps on local taxing authority we are forced to request relief from the mandates. We simply cannot afford to provide all the services we have in the past.

In many of the mandates such as those pertaining to county human/social services chapters 51, 46, 48, etc., it is not the mandate, it is the administrative rules that are the real problem. We would welcome the opportunity to work with the state in streamlining these rules, but attempts in the past have failed.

The cost of these services exceed the required county match by over \$10 million in our County.

Assuming that we are granted relief from mandates and/or the administrative rules, Marathon County will make local decisions about which programs it will continue to provide and the means and methods used to deliver the most essential services.

I. Collective Bargaining (111.70 & 111.77)

If we are to be held accountable for the outcomes of our collective bargaining— let us determine the process and settle our differences at the local level.

II. State Court System

- A. Section 757.48, Wis. Stats., - Guardian ad Litem Must Be An Attorney. This statute should be amended to make it discretionary as to whether or not the guardian ad litem should be an attorney. There was discussion last year about establishing a program in Marathon County for Court Appointed Special Advocates (CASA). These would be trained individuals who would appear in court and advocate for the best interest of the child. These individuals were in addition to court appointed attorney guardian ad litem. It was decided that this would be a duplication of service and the proposed program was tabled. There are cases where it would be extremely important to have a qualified attorney

appointed as guardian ad litem. There are also routine cases in which you could utilize a non-attorney, but specially trained independent advocate for a child. The statute should be amended to make it discretionary on the part of the court whether or not to appoint an attorney or a Court Appointed Special Advocate. This could reduce costs, while at the same time utilizing experienced attorneys in the more complicated cases.

- B. Chapter 977 - Indigent Defense Statutes. The issue is more complex than whether the State pays for people deemed qualified to be represented by the Public Defender's Office. The standards of the Public Defender's Office are unrealistically low. A person could be deemed not qualified for representation by the Public Defender's Office, but still be deemed to be sufficient indigent that they cannot afford to hire a private attorney to represent them, especially in serious felony matters. These individuals then receive County appointed attorneys, and the courts here in Marathon County do make substantial efforts to have these parties execute wage assignments to repay the County for this cost. The key issue is to make the indigency standards realistic and to adequately fund the Public Defender's Office to handle these cases.
- C. Section 753.23 - Night and Saturday Sessions. This should be abolished. It should be discretionary with the county whether or not to do this. Night and Saturday sessions generate overtime costs. Even though this mandate has been on the books for years, it has been totally ignored by some of the courts.
- D. The legislature recently eliminated the right to a jury trial in delinquency matters. The legislature should continue that trend and also eliminate jury trials in CHIPS matters and Chapter 51 alcohol and mental commitment cases. If the legislature is unwilling to eliminate the right to a jury trial in commitment cases, it should at least eliminate the right to a jury trial in cases seeking to extend the commitment order.
- E. 753.19 The cost of operation of the circuit court for each county, except for the salaries of judges and court reporters provided to be paid by the state, and except for the cost assumed by the state under this chapter and chs. 40 and 230, and except as otherwise provided, shall be paid by the county.
- F. 756.25 Juror fees and mileage.
- G. 757.68 (2) Court Commissioners. In each county the circuit judges shall appoint such number of part-time court commissioners as the proper transaction of business requires subject to the following exception...
- H. 767.13 Family Court Commissioner. In each county...the circuit judges for the county...shall...appoint some reputable attorney of recognized ability and standing at the bar as the family court commissioner for the county.

- III. A. Section 59.27 - Duties of the Sheriff. Amend Section 59.27(3), Wis., Stats., to strike the requirement that the Sheriff provide "deputies" for "attendance on the court". This would provide more discretion to the Sheriff as to how he fulfills that duty. Deputies could be utilized when required for security reasons, but non-deputized personnel could be utilized much in the same manner as we have non-deputized personnel now as corrections officers.

IV. Juvenile Justice

- A. 938.069 Powers and duties of disposition staff. (1) The staff of the department, the court, a county department or a licensed child welfare agency designated by the court to carry out the objectives and provisions of this chapter shall:
- (a) Supervise and assist a juvenile under a deferred prosecution agreement, a consent decree or an order of the court.
 - (b) Offer individual and family counseling.
 - (c) Make an affirmative effort to obtain necessary or desired services for the juvenile and the juvenile's family and investigate and develop resources toward that end.
- B. 938.06(2) In counties having less than 500,000 population, the county board of supervisors shall authorize the county department or court or both to provide intake services required by s. 938.067 and the staff needed to carry out the objectives and provisions of this chapter under s. 938.069. Intake services under this chapter shall be provided by employees of the court or county department and may not be subcontracted to other individuals or agencies... Intake workers shall be governed in their intake work, including their responsibilities for recommending the filing of a petition and entering into a deferred prosecution agreement, by general written policies which shall be formulated by the circuit judges for the county...
- C. 301.26(4)(a) Except as provided in pars. (c) and (cm), the department of corrections shall bill counties or deduct from the allocations under s. 20.410(3)(cd) for the costs of care, services and supplies purchased or provided by the department of corrections for each person receiving services under s. 48.366, 938.13 or 938.34...

V. County Human/Social Services

- A. 51.42(3): Except as provided under s. 46.23(3)(b), the county board of supervisors of any county, or the county boards of supervisors of 2 or more contiguous counties, shall establish a county department of community programs on a single-county or multicounty basis to administer a community mental health, developmental disabilities, alcoholism and drug abuse program, make appropriations to operate the program and authorize the county department of community programs to apply for grants-in-

aid under s. 51.423. The county department of community programs shall consist of a county community programs board, a county community programs director and necessary personnel.

- B. 51.42(3)(ar) Duties. A county department of community programs shall do all of the following...
- C. 51.42(3)(ar)4 Within the limits of available state and federal funds and of county funds required to be appropriated to match state funds, provide for the program needs of persons suffering from mental disabilities, including mental illness, developmental disabilities, alcoholism or drug abuse, by offering the following services...
- D. 51.423 Grants-in-aid. (1) The department shall fund, within the limits of the department's allocation for mental health services under s. 20.435(3)(o) and (7)(b),(kw) and (o) and subject to this section, services for mental illness, developmental disability, alcoholism and drug abuse to meet standards of service quality and accessibility. The department's primary responsibility is to guarantee that county departments established under either s. 51.42 or 51.437 receive a reasonably uniform minimum level of funding and its secondary responsibility is to fund programs which meet exceptional community needs or provide specialized or innovative services...
- E. 51.437 The county board of supervisors has the primary governmental responsibility for the well-being of those developmentally disabled citizens residing within its county and the families of the developmentally disabled insofar as the usual resultant family stresses bear on the well-being of the developmentally disabled citizen...
- F. 55.045 The appropriate county department...shall, within the limit of available state and federal funds and of county funds required to be appropriated to match state funds, provide for the reasonable program needs of persons who are protectively placed or who receive protective services under this chapter...
- G. 46.031 Each county department...shall submit to the Department by December 31 annually its final budget for services directly provided or purchased.
- H. 46.031 (2g) ...The county board of supervisors...shall approve the contract before January 1 of the year in which it takes effect...
- I. 46.031 (3)(a) Citizen advisory committee.
- J. 46.22 County Social Services. (1) Except as provided under s. 46.23 (3)(b), the county board of supervisors of any county with a

population of less than 500,000 or the county boards of two or more contiguous counties...shall establish a county department of social services...The county department of social services shall consist of a county social services board, a county social services director and necessary personnel.

- K. 46.22 (1)(b) The county department of social services shall have the following functions, duties and powers in accordance with rules promulgated by the department of health and family services and subject to the supervisor of the department of the department of health and family services...welfare services, services for persons receiving supplemental security aids, long-term support community options program (further defined in 46.27), child care program, ch. 49 referrals... The statute also lists functions and duties for program under the control of the Department of Corrections and Department of Workforce Development.
- L. 48.06 (2) In counties having less than 500,000 population, the county board of supervisors shall authorize the county department or court or both to provide intake services required by s. 48.067 and the staff needed to carry out the objectives and provisions of this chapter...
- M. 48.067 Powers and duties of intake workers.
- N. 48.56 (1) Each county having a population of less than 500,000 shall provide child welfare services through its county department.
- O. 48.57 (1) Each county department shall administer and expend such amounts as may be necessary out of any moneys which may be appropriated for child welfare purposes by the county board of supervisor or by the legislature...A county department shall have the authority...

VI. County Corrections

- A. 302.33 Probation and parole holds.

VII. Transportation

- A. 86.31 2(b) Local Road Improvement Program. Except as provided in par. (d) improvements for highway construction projects funded under the program shall be under contracts. Such contracts shall be awarded to the lowest possible bidder. *(All state LRIP dollars are required to be bid out to private contractor even though many times the county could do the work cheaper with county crews.)*

A number of mandates are listed in the printed recommendation of the Local Road and Streets Council's Delivery Cost Study Committee.

VIII. Taxation

- A. 79.10 (7r) Lottery and Gaming Credit Certification Reimbursement. (a) 1. A county or city that performs the certification procedure under sub. (10)(a) shall receive from the appropriation under s. 20.835 (3)(r), 70 cents for each lottery and gaming credit certified for a principal dwelling located in that county or city.

IX. Land and Water Conservation

- A. 59.70 (20) Land Conservation. (a) Soil and water conservation. Each board is responsible for developing and implementing a soil and water conservation program, that is specified under ch. 92 through its land conservation committee.

X. Comprehensive Planning

- A. 59.69 (3)(a) Beginning on January 1, 2010, if the county engages in any program or action described in s. 66.1001 (3), the development plan shall contain at least all of the elements specified in s. 66.1001 (2).