

Informational Paper 49

---

Community Aids (Financial Assistance  
to Counties for Human Services)

---

Wisconsin Legislative Fiscal Bureau  
January, 2007



# Community Aids (Financial Assistance to Counties for Human Services)

Prepared by

Katie Maguire

Wisconsin Legislative Fiscal Bureau  
One East Main, Suite 301  
Madison, WI 53703



# Community Aids (Financial Assistance to Counties for Human Services)

## Introduction

Community aids are state and federal funds that the Department of Health and Family Services (DHFS) distributes to counties to support several statutorily-defined human services programs.

In state fiscal year 2006-07, \$262.3 million (all funds) is budgeted for community aids. Of this amount, \$177.6 million is funded from state general purpose revenues (GPR) and \$84.7 million is funded with federal revenues (FED) from a variety of sources. Community aids comprise the largest source of state aids to counties. In calendar year 2007, DHFS will allocate \$262.1 million in community aids funding to counties. By comparison, state shared revenue aids to counties will total \$156.5 million in that year.

DHFS allocates community aids to counties by providing each county a basic county allocation and five separate, categorical allocations. Counties may expend their basic county allocations for any or all human services defined under s. 46.40 of the statutes, including:

- Community social, mental health, developmental disabilities, and alcohol and other drug abuse services;
- Services related to child abuse and neglect, including prevention, investigation and treatment;
- Services provided under the Alzheimer's family and caregiver support program;
- Services provided under the family support program;

- Services provided under community support programs, which serve individuals with chronic mental illness.

The five categorical allocations support specific programs defined in statute, which include: (a) substance abuse prevention and treatment; (b) the family support program; (c) community mental health services; (d) the Alzheimer's family and caregiver support program; and (d) the tribal child care program.

Appendix I lists the services that counties may support with community aids funding.

---

## Background

---

Before 1975, the Department of Health and Social Services, now DHFS, distributed state and federal funding for mental health and substance abuse services and services for persons with developmental disabilities to counties based on requests the Department received from county boards. The 1975-77 biennial budget act directed the Department to allocate funding for these services on a per capita basis due to wide variation in funding requests, and differing county perceptions of need. In response, the Department determined each county's allocation based on each county's spending for these services in the previous year.

In 1978, the Department established a study committee to review alternative approaches to these aid programs. The study committee's objectives were to: (a) reaffirm the state/county partnership in providing community services; (b) provide

a funding increase for community human service programs that reflected the rate of inflation; (c) provide greater equity in distributing aids; (d) create no mandates without funding; and (e) provide continued funding for state-initiated special needs. The study committee's recommendations were incorporated into Chapter 34, Laws of 1979 (the 1979-81 biennial budget act), and resulted in the creation of the community aids formula. This formula calculated each county's need for funding based on three factors -- a need indicator, an urban-rural factor, and an ability-to-pay factor.

The formula determined each county's need for funding on a more equitable basis than had been established at the time. However the Department was not directed to use the formula to redistribute base funding that counties had been receiving from the Department. Instead, as implemented in county contracts beginning January 1, 1980, the Department used the formula to distribute community aids funding increase to those counties whose actual level of funding was lower than the level that those counties would have received if all funds were distributed based on the formula. The Department has used the formula to distribute subsequent increases in community aids funding to target distributions to those counties which were un-

derfunded relative to what they would have received, under a straight, formula-driven distribution of all community aids funds.

---

### Funding Sources

---

Community aids funds include appropriations of state general purpose revenue (GPR), and federal funds that are combined and distributed through specific allocations. Counties are required to provide matching funds for funds they receive under the basic county allocation and one of the categorical allocations - allocations for the Alzheimer's family and caregiver support program. Table 1 summarizes community aids funding, by source, for each year of the 2005-07 biennium. Appendix II identifies the amounts expended for community aids, by source, for fiscal years 1979-80 to 2006-07.

**General Purpose Revenue.** The largest source of funding for community aids is state GPR. In the 2006-07 fiscal year, \$177.6 million GPR is budgeted to support community aids. As Table 1 indicates, GPR funds comprise approximately 68% of all

**Table 1: Community Aids Funding, By Source -- State Fiscal Years 2005-06 and 2006-07**

Funding Source	2005-06		2006-07	
	Amount	% of Total	Amount	% of Total
General Purpose Revenue	\$176,115,100	67.22%	\$177,611,300	67.72%
Federal				
Title IV-E -- foster care	\$28,173,400	10.75%	\$28,236,800	10.77%
Social services block grant	26,852,700	10.25	26,852,700	10.24
TANF converted social services block grant	14,715,200	5.62	13,420,500	5.12
Substance abuse block grant	9,735,600	3.72	9,735,600	3.71
Title IV-B -- child welfare	3,622,600	1.38	3,622,600	1.38
Title IV-B -- child welfare, tribal family services	187,000	0.07	187,000	0.07
Child care and development block grant	100,000	0.04	100,000	0.04
Community mental health block grant	<u>2,513,400</u>	0.96	<u>2,513,400</u>	0.96
Subtotal	\$85,889,900	32.78%	\$84,668,600	32.28%
Total	\$262,015,000	100.0%	\$262,279,900	100.0%

community aids funds in the 2005-07 biennium.

*Wisconsin Medicaid Cost Reporting.* 2003 Wisconsin Act 318 created the Wisconsin Medicaid cost reporting (WIMCR) program. The purpose of the program is to increase the amount of federal funds the state claims under the medical assistance (MA) program by maximizing MA payments to counties for certain MA-eligible services that counties provide. DHFS reduces each county's community aids allocations by an amount equal to the supplemental payments ("payment adjustments") counties receive under the WIMCR program. In this way, counties are held harmless, since the sum of their community aids allocations and WIMCR payment adjustments equal the amount each county would have received prior to the creation of the WIMCR program. The net increase in federal MA funds is available to support the MA program.

2005 Wisconsin Act 25 reduced base funding for community aids by \$24,567,100 GPR in 2005-06 and \$30,437,300 GPR in 2006-07, but increased funding for payment adjustments to counties, funded from a combination of GPR and federal MA matching funds, by corresponding amounts. The GPR funding budgeted for WIMCR payment adjustments is budgeted in the same appropriation as GPR funding budgeted for community aids. Consequently, the actual reduction in each county's community aids allocation will depend on each county's actual costs that can be reimbursed under the WIMCR payment adjustment. If counties' actual costs of providing these MA services are less than the cost estimates assumed under Act 25, their community aids allocations will increase and their WIMCR payment adjustments will decrease by corresponding amounts. Conversely, if counties' actual costs of providing these services are greater than the cost estimates assumed under Act 25, their community aids allocations will decrease and their WIMCR payment adjustments will increase by a corresponding amount.

**Federal Resources.** Several sources of federal funds are budgeted to support community aids.

DHFS distributes funding from four sources authorized under the federal Social Security Act to counties through the Basic County Allocation (BCA): (a) funding received for reimbursement of foster care expenses (Title IV-E); (b) the social service block grant (Title XX); (c) the temporary assistance for needy families (TANF) block grant (Title IV-A); and (d) funding for child welfare services (Title IV-B). In addition, DHFS is authorized to allocate some federal funding the Department receives under the MA program to counties through community aids. These funds are not earmarked for specific purposes.

However, funds DHFS receives as part of the substance abuse prevention and treatment block grant, child care and development block grant, and community mental health block grant are provided to counties as categorical allocations through community aids and are earmarked for specific purposes, as required by federal law.

Each of these federal funding sources is described below.

**Foster Care Reimbursement.** In 2006-07, DHFS will distribute, as part of the BCA, approximately \$28.2 million FED from reimbursements the state receives under Title IV-E of the Social Security Act. Title IV-E provides funding for a portion of the cost of services for children who meet certain financial eligibility criteria and are placed in out-of-home care. These criteria are based on the criteria for AFDC eligibility as of July 16, 1996. The AFDC program was eliminated under the 1996 federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). However, the financial criteria are still used to determine IV-E eligibility.

States are required to provide foster care maintenance payments to caretakers of Title IV-E-eligible children if all of the following apply: (1) the removal of the child from his or her home and the foster care placement were based on a voluntary placement agreement signed by the child's parents

or guardians or a judicial determination that remaining in the home would be contrary to the child's welfare; (2) reasonable efforts were made to eliminate the need for removal or to return the child to his home; and (3) care and placement of the child are the responsibility of specified public agencies. Counties make Title IV-E eligibility determinations at the time the child leaves the home of his or her natural parents.

Maintenance payments are intended to cover the costs of food, shelter, clothing, daily supervision, child care, school supplies, general incidentals, liability insurance for the child, and reasonable travel to the child's home for visits. These costs are reimbursed under Title IV-E at the MA reimbursement rate, which is currently approximately 58% of eligible costs. The Title IV-E reimbursement rate for eligible administrative costs is 50%. While certain requirements pertain to the earning of Title IV-E reimbursement, there are no federal requirements for the subsequent expenditure by states of these funds.

The amount of Title IV-E funds that DHFS distributes to counties through the BCA is determined through the state budgeting process and is not based on counties' foster care caseloads.

**Social Services Block Grant.** In 2006-07, DHFS will distribute approximately \$26.85 million FED from the social services block grant (SSBG) to counties through community aids.

States may use SSBG funds to provide services directed toward at least one of five goals: (a) to prevent, reduce, or eliminate economic dependency; (b) to achieve or maintain self-sufficiency; (c) to prevent neglect, abuse, or exploitation of children and adults; (d) to prevent or reduce inappropriate institutional care; and (e) to secure admission or referral for institutional care when other forms of care are not appropriate. States may transfer up to 10% of their allotment for any fiscal year to preventive health and health services, alcohol and drug abuse services, mental health services,

maternal and child health services, and low-income home energy assistance block grants. States may also use funds for staff training, administration, planning, implementing, or administering the state's social service plan.

States may not use SSBG funds for: (a) medical care except family planning, rehabilitation, and certain detoxification services; (b) the purchase of land, construction, or major capital improvement; (c) most room and board expenses, except emergency short-term services; (d) educational services generally provided by public schools; (e) most social services provided in and by employees of hospitals, nursing homes, and prisons; (f) cash payments for subsistence; (g) child day care services that do not meet state and local standards; and (h) wages to individuals as a social service, except wages of welfare recipients employed in child day care.

Although states are not required to provide a match for SSBG funds, states must prepare a plan that assures that these funds will be expended for appropriate social services. Wisconsin's current state plan identifies child day care, specialized transportation services, community living, and support services (including family planning and supportive home care) as state priorities.

**TANF Block Grant Funds.** The temporary assistance for needy families (TANF) block grant was created by the Personal Responsibilities and Work Opportunity Reconciliation Act (PRWORA) as a replacement to the AFDC program. A state may use up to 10% of its block grant allocation for purposes that are consistent with the requirements of the SSBG. PRWORA specifies that any funds states use in this manner are subject to the federal SSBG requirements, not to TANF block grant requirements. \$14.7 million FED in 2005-06 and \$13.4 million FED in 2006-07 of TANF block grant funds are budgeted annually to support community aids. These funds are subject to the same requirements that apply to the SSBG.

**Substance Abuse Prevention and Treatment Block Grant.** In 2006-07, DHFS will distribute approximately \$9.7 million FED of funds the state receives from the substance abuse prevention and treatment block grant (SAPTBG) to counties through community aids allocations. The SAPTBG is intended to support projects for the development and implementation of prevention, treatment, and rehabilitation activities directed to substance abuse. Federal guidelines require states to expend, at a minimum, 20% of the SAPTBG on education and prevention activities and 10% of the SAPTBG to expand substance abuse treatment services for pregnant women and women with dependent children.

In addition, federal guidelines require treatment programs for intravenous drug abuse that are supported by the SAPTBG to admit individuals into treatment within 14 days after making such a request or 120 days of such a request, if interim services are made available within 48 hours. Further, states must provide, directly or through contract, tuberculosis services such as counseling, testing, treatment, and early intervention services for substance abusers at risk for the human immunodeficiency virus (HIV) disease. Counties decide what services will be provided with SAPTBG funds, but must comply with these federal guidelines.

**Child Welfare Funds.** Child welfare funds are provided to states under Title IV-B of the Social Security Act to support permanency planning for children. Unlike Title IV-E (foster care) funding, states may not use Title IV-B funds to support out-of-home care, or to provide child care that 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 Native American tribes. Funds are distributed to states on the basis of their under-21 population and per capita income. In 2006-07, approximately \$3.8 million is budgeted to

support community aids from this source.

**Child Care and Development Block Grant.** In 2006-07, DHFS will distribute approximately \$100,000 FED from the child care and development block grant (CCDBG) to counties through community aids.

The CCDBG provides a combination of discretionary and entitlement funds for child care services for low-income families and to improve the quality and supply of child care for all families.

**Community Mental Health Block Grant.** In 2006-07, approximately \$2.5 million FED from the federal community mental health block grant is budgeted in community aids for counties to provide comprehensive community mental health services to adults with serious mental illness and to children with a serious emotional disturbance, evaluate programs and services, and conduct planning, administration, and educational activities related to providing services. Services provided with funds from the block grant include: (a) respite care; (b) adult family home care; (c) community prevention services; (d) crisis intervention; and (e) counseling and therapy. Federal guidelines allow up to 5% of the block grant to pay for administrative costs. Several federal restrictions apply regarding the use of these funds. For example, states may not use these funds to provide inpatient services or to make cash payments to intended recipients of health services.

**County Matching Funds.** The statutes require counties to provide matching funds for the basic county allocation and the Alzheimer's family and caregiver support allocation. Counties are not required to provide matching funds for the family support program and the SAPT and community mental health block grant allocations.

Prior to the enactment of 2003 Wisconsin Act 318, counties were required to provide a 9.89% match for all funding DHFS provided under the BCA and to funding counties received under the

Alzheimer's family and caregiver support categorical allocation. With the enactment of Act 318, the county match requirement to the BCA is now specified under a schedule established by DHFS. The amounts in the current schedule equal each county's match requirement amount that would have been required if Act 318 had not been enacted.

Under current practice, DHFS has not applied the match requirement for the Alzheimer's family and caregiver support allocation uniformly to all counties. Counties may receive their Alzheimer's allocation through their department of social services, human services, area aging agency, or department of health. DHFS has required only those counties that receive their allocation through their department of human services or social services to provide the match. Those counties that receive their allocation through their area aging agency or their department of health are not required to provide the match. In 2006, 24 counties received their Alzheimer's family and caregiver support allocation through their area aging agency, and Douglas County received its allocation through its department of health.

Counties may use county tax levies, state revenue sharing funds, or private donations to meet their match requirements. Private donations cannot exceed 25% of the required county match. DHFS may reduce a county's community aids allocation by an amount equal to the amount by which the county does not meet its match requirement. In 2005, all counties met their match requirements.

---

### **Eligibility Criteria and Fees**

---

All persons who are eligible for supplemental security income (SSI) or MA are eligible for services funded through county social services agencies. In addition, persons who have income at

or below levels determined by DHFS are eligible for these services. For calendar year 2006, this level is 75% of the state's median income, or \$3,623 per month for a family of three. Counties may choose to provide services to persons with higher incomes.

Counties are required to charge fees, based on the ability to pay for certain services. Counties are prohibited from charging fees for certain other services and are permitted, but not required, to assess a fee for other services. Appendix III provides greater detail regarding services for which fees are mandatory, exempt, or optional.

By rule, DHFS establishes a uniform fee schedule that counties use to assess all fees, except under certain circumstances. The amount an individual or family pays varies, depending on the number of persons in the individual's family and the amount of monthly income the family receives. For example, in 2006, a family of three with gross monthly income of \$2,200 would be required to pay a monthly fee of \$17 for all of the services they receive. A family of three with gross monthly income of \$3,000 would be required to pay a monthly fee of \$174 for the services they receive.

Parents who are ordered by a court to pay child support for a child in substitute care, as determined by the child support percentage standard, are exempt from the requirement that they also pay uniform fees for the substitute care services that are provided by the county.

---

### **Allocation Methods**

---

As previously indicated, DHFS distributes community aids in the form of a basic county allocation (BCA) and several categorical allocations that are earmarked for certain purposes. This section explains each categorical allocation and describes the basis on which DHFS distributes funds within each allocation. Table 2 indicates the

**Table 2: Community Aids BCA and Categorical Allocations – Calendar Years 2006 and 2007**

	2006	2007
Basic County Allocation	\$242,422,400	\$242,420,600
Categorical Allocations		
Substance abuse prevention and treatment block grant	\$9,735,600	\$9,735,600
Family support program	5,089,800	5,089,800
Community mental health block grant	2,513,400	2,513,400
Alzheimer's family and caregiver support program	1,919,800	1,919,800
Tribal child care	<u>412,800</u>	<u>412,800</u>
Subtotal - Categorical Allocations	\$19,671,400	\$19,671,400
Grand Total	\$262,093,800	\$262,092,000

funding levels for the BCA and the categorical allocations for calendar years 2006 and 2007.

**Basic County Allocation.** Basic county allocations are funds DHFS distributes to counties that are not earmarked for specific services, although counties must expend these funds for eligible community aids services.

**Maintenance-of-Effort and Other Requirements.** Although counties have considerable flexibility in determining how they use funding from the basic county allocation, counties are required to provide funding from this allocation to meet certain maintenance-of-effort requirements.

First, due to federal requirements relating to the SAPTBG, counties are required to provide funding from the BCA or other county funds for substance abuse services, in at least the amount budgeted for these services in 1982 (\$21.4 million statewide).

Additionally, counties that receive funding to supplement payments for the care of individuals to allow them to continue to live in a family home or other noninstitutional setting after they reach the age of 18 are prohibited from using these funds to replace funds the county previously used for this purpose.

**Milwaukee County's Contribution for Child Welfare Services.** Milwaukee County is statutorily required to provide \$58,893,500 annually to DHFS for the costs of providing child welfare services in Milwaukee County by DHFS as follows: (a) through a reduction of \$37,209,200 from the amount DHFS distributes as the basic county allocation under community aids; (b) through a reduction of \$1,583,000 from the SAPT block grant that DHFS distributes as a categorical allocation under community aids; and (c) through a deduction of \$20,101,300 from shared revenue payments. The community aids contribution represents the Department's estimates of the amount of community aids funding Milwaukee County was spending on child protective services at the time DHFS assumed responsibility of these services (January 1, 1998).

**Categorical Funding.** For calendar year 2007, an estimated \$19.7 million is budgeted to support the five categorical allocations. The categorical allocations for the SAPTBG and the community mental health block grant reflect federal requirements that these funds be distributed for specific purposes. These requirements were described previously in this paper. The following section describes the categorical allocations for the family support program, the Alzheimer's family and caregiver support program, and tribal child care. Appendix IV identifies the calendar year 2006

community aids allocations to each county, by category.

*Family Support Program.* This program funds costs that families would otherwise incur to enable children with severe disabilities to remain at home with their parents. The program serves families with children who are physically, mentally, or emotionally impaired and who are 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.

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 modifications, and attendant care. Counties may use up to 10% of their funding allocations to pay for staff and other administrative costs. In 2006-07, \$5,089,800 is budgeted for the program. [Additional information on this program is provided in the Legislative Fiscal Bureau's informational paper, entitled "Services for Persons with Developmental Disabilities."]

*Alzheimer's Family and Caregiver Support Program.* 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. In 2006-07, \$1,919,800 GPR is budgeted for the program.

*Tribal Child Care.* Under the community aids

allocations, \$412,800 GPR is provided annually for federally recognized American Indian tribes or bands to provide child care for children that meet the definition of an eligible child for the federal child care and development block grant. Under federal law, an eligible child is a child: (a) who is less than 13 years of age; (b) whose family income does not exceed 85% of the state median income for a family of the same size (\$58,659 for a four-person family based on 2006 income); and (c) who resides with a parent or parents who are working or attending a job training or educational program or is receiving, or needs to receive, protective services. Funding is distributed to the tribes through the consolidated family services program, a distribution mechanism for tribal human services allocations. Table 3 identifies the amount each tribe or band received in calendar year 2007.

**Table 3: Tribal Child Care Allocations -- Calendar Year 2007**

Tribes	Amount
Bad River Band	\$51,959
Ho Chunk Nation	26,008
Lac Courte Oreilles Band	40,859
Lac du Flambeau Band	30,558
Menominee Tribe	33,815
Oneida Tribe	59,760
Potawatomi Tribe	54,500
Red Cliff Band	31,066
Sokaogon Chippewa Community	28,058
St. Croix Chippewa	30,259
Stockbridge-Munsee Community	<u>25,958</u>
<b>Total</b>	<b>\$412,800</b>

*Carry-Forward Provisions.* At the request of a county, tribe or nonprofit organization, DHFS must 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:

- All funds carried forward for a tribe or

nonprofit organization and all federal child welfare funds and SAPT and community mental health block grant funds carried forward for a county must be used for the purpose for which the funds were originally allocated;

- Funds carried forward for a county may not be used for staff or administrative costs;
- Any funds allocated to a nonprofit organization may not be carried forward unless the organization continues to be eligible in the subsequent year to receive that funding; and
- The county match requirement applies to any funds carried forward that were originally required to be matched.

DHFS may carry forward an additional 10% for unforeseen emergencies, for justifiable unit services costs above planned levels, and to provide compensation for increased costs due to population shifts.

DHFS carried forward approximately \$21,936 from the 2005 calendar year to the 2006 calendar year. Those funds not carried forward lapse to the general fund at the end of each fiscal year. In 2006, no funds lapsed to the general fund.

---

### **Excess Title IV-E Funds**

---

As indicated previously, Title IV-E foster care funds are received as reimbursement for expenditures made on behalf of Title IV-E eligible children. However, the community aids allocations are determined based on estimates of the amount of foster care funds that will be received in a given year. If the state does not receive the estimated amount of foster care funds, then counties' community aids allocations are adjusted downward. County allocations of Title IV-E funds are not based on county foster care caseloads.

Prior to enactment of 1997 Wisconsin Act 27, if DHFS received any excess foster care funds, meaning funds in addition to the amounts estimated and included in the community aids allocations, and DHFS proposed to allocate the excess funds so that the statutory allocations for community aids were exceeded, DHFS had to submit a plan to the Department of Administration (DOA) for approval. If DOA approved the plan, then the plan was submitted to the Joint Committee on Finance under a 14-day passive-approval process. Any funds not approved for allocation to the counties were deposited to the state's general fund.

In an effort to encourage counties to increase their claims under Title IV-E and therefore, revenue to the state, Act 27 created a mechanism to automatically distribute a portion of any additional Title IV-E funds to counties. Previously, no excess foster care funds were distributed to the counties. Rather, any excess foster care funds were deposited to the general fund. Act 27 provided that if on December 31 of any year, there remains unspent or unencumbered Title IV-E funds that exceed the amounts estimated and allocated under community aids, then DHFS is required to carry forward these excess Title IV-E funds and distribute at least 50% to counties other than Milwaukee County for services and projects to assist children and families. [Milwaukee County is not eligible for these funds since DHFS is responsible for providing child welfare services in Milwaukee County and therefore incurs the foster care costs under Title IV-E.] Of the excess Title IV-E funds distributed to counties, at least 50% must be used to provide services for children who are at risk of abuse or neglect in order to prevent the need for child abuse and neglect intervention services. Further, counties cannot use these funds to supplant any other funds expended by the county for services and projects to assist children and families.

In 2005, \$9.78 million, and in 2006, \$6.65 million in additional Title IV-E foster care funds were

distributed to counties as Title IV-E incentive payments. This funding is provided in addition to the community aids allocations identified previously in this paper. Appendix V identifies the annual allocation of Title IV-E foster care incentive payments.

Any remaining excess Title IV-E funds are deposited in a DHFS appropriation to support the operational costs of augmenting income to the state under Title IV-E, MA, and Medicare. As provided in 1997 Wisconsin Act 86, if DHFS proposes to use any of these additional funds for any purpose other than augmenting income, then DHFS must submit the plan to DOA for approval. If DOA approves the plan, then the plan is submitted to the Joint Committee on Finance under a 14-day passive-approval process.

---

### Delivery of Human Services

---

Under state law, each county board of supervisors is responsible for establishing the county organizational structure for the delivery of human services. These county departments have the function, duty, and power, in accordance with the rules promulgated by DHFS and subject to DHFS supervision, to administer social services as provided under Chapters 46 and 48 of the statutes and mental health and substance abuse services and services for persons with developmental disabilities as provided under Chapter 51. Appendix VI describes the target groups used to define the populations that receive human services. Appendix VII provides additional information regarding the number of clients served and expenditures by target group and service type for calendar year 2005.

**Social Services.** County social services agencies perform functions that are frequently referred to as "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 residential care center for children and youth. Legal services, housing assistance, work-related training services, family planning, information, and referral services and counseling are also provided.

Counties have considerable flexibility in determining how much funding to allocate for each type of service. 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 those who would be eligible for the former AFDC program, but the types of services are not specified. In addition, the requirements only extend to the limits of available state and federal funds and county funds required to match state funds.

Economic support programs such as Wisconsin Works, FoodShare Wisconsin, and state support for child care expenses are not funded from community aids. Further, 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 that contract directly with DHFS. In addition, many programs are provided by private agencies that 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 and Substance Abuse Services.** Counties also provide services to persons with a range of mental, developmental, and behavioral disabilities. These

services 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). 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 clients with developmental disabilities. However, these requirements apply only within the limits of available state and federal funds and any county funds appropriated as matching funds.

the degree of social and economic problems within each county and the relative cost of providing services.

Urban counties are defined as those counties in which 70% or more of their population are living in communities of 2,500 or more. These counties would receive 40% of the allocation available based on this factor. Rural counties are defined as those counties in which less than 9% of their population is living in communities of 2,500 or more persons. These counties would receive 40% of the allocation available for this factor. The remaining 20% would be allocated to those counties with between 9% and 70% of their populations living in communities of 2,500 or more.

c. *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.

---

### Community Aids Formula

---

As discussed previously, DHFS has never used the community aids formula as a mechanism for redistributing base funding for community aids. Rather, DHFS has used the formula to distribute additional funding that has been provided for the program to counties that are underfunded relative to an equitable distribution of community aids funds. The formula was designed to determine an equitable distribution of aids funding. The formula is based on three factors, each weighted equally:

a. *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.

b. *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 community aids formula was originally used as a mechanism for distributing increased community aids funding to counties. Chapter 34, Laws of 1979, provided, for the period beginning January 1, 1980, an increase of 15% of 1979 contract levels to be distributed to counties for expanded services based on the community aids formula. Under the same provision, up to 8% of the 1979 contract level was available to counties if matched by an equal portion of county tax levy or state revenue sharing funds.

Overall, because the community aids formula is based on three factors that 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.

The community aids formula is not used every year to determine county allocations. It has only been used a few times to allocate BCA funds, most recently in 1991. Otherwise, counties receive the same percentage increase or decrease, as determined by the level of available funds. Appendices VII and VIII identify community aids allocation by county for calendar years 1999-2007 and 2007 allocations on a per capita basis, respectively.

---

### State Program Monitoring and Evaluation

---

DHFS uses several tools to monitor and assess county human services programs. For example, counties must submit budgets to DHFS. Further, DHFS signs an annual contract with each county and uses the contract to subsequently audit the county and fiscal and program information it collects from each county. These monitoring and evaluation tools are discussed below. In addition, DHFS assigns regional staff to specific counties to monitor programs and serve as liaison staff.

**County Budgets.** State law requires counties to submit annual budgets for human services that counties develop as part of the county budgeting process. Annually, DHFS informs each county, by mid-summer, of the estimated amount of community aids funds the county will receive in the succeeding calendar year. A county 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 DHFS by December 1 of each year.

**State-County Contract.** DHFS is required to submit a model of the state-county contract covering the administration of community aids programs to each county by May 1 of each year. In addition, DHFS 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 DHFS 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.

The contract includes the following provisions:

- 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.** Counties are required to report certain types of information to DHFS through the human services reporting system (HSRS). Information contained in HSRS includes clients served, services received, and expenditures for services provided through the community aids, community options, youth aids, intoxicated driver, and community integration programs. This system includes two types of reports: client-specific reports on persons served and summary reports on expenditures for services. Information collected in HSRS is used to comply with federal and state reporting requirements.

Counties are required to report on the following 10 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; (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.

Counties are required to submit annual and mid-year summary information to the Department. This summary data includes information on the 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 service type.

In 2005, counties reported serving 384,907 clients through community aids, the community options program, youth aids, and related programs. This represented an 8.6% decrease over the number of clients counties reported serving in 2004. County expenditures from all sources (including community aids, community options, youth aids, and those reimbursed by other funding sources such as MA and private insurance) for human services totaled over \$1,786.6 million in 2005, which represented a 2.7% increase over 2004.

**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, the community aids reporting system (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 HSRS. 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 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.

---

## APPENDICES

---

This paper includes the following nine appendices.

- Appendix I lists services counties may support with community aids funding.
- Appendix II indicates amounts expended for community aids, by source, for fiscal years 1979-80 through 2005-06 and the amounts budgeted for the program in 2006-07.
- Appendix III identifies community aids-funded services for which counties are required to assess fees, other services that are exempt from client fees, and services for which counties may charge fees, at their option.
- Appendix IV indicates the calendar year 2006 community aids allocations to each county.
- Appendix V indicates the annual allocation of additional federal foster care funds for 2006 and 2007.
- Appendix VI describes the target groups used to define the populations that receive human services.
- Appendix VII indicates the number of clients served and county expenditures on human services funded with community aids, the community options program, youth aids, and related programs in calendar year 2005.
- Appendix VIII provides community aids allocations by county for calendar years 1999 through 2007.
- Appendix IX provides community aids allocations by county for 2007 on a per capita basis.

## APPENDIX I

### Eligible Community Aids Services

#### Child care

#### Supportive home care services

#### Specialized transportation and escort services

#### Community living/support services

- Adult day care
- Respite care
- Housing/energy assistance
- Daily living skills training
- Interpreter services and adaptive equipment
- Family support
- Congregate meals
- Home-delivered meals
- Family planning
- Protective payment/guardianship
- Case management

#### Investigations and assessments

- Court intake and studies
- Intake assessment

#### Community support

#### Work-related and day services

- Work-related services
- Nonmedical day care services

#### Supported employment services

#### Community residential services

- Adoptions
- Adult family home care
- Foster home care
- Group home care
- Shelter care
- Detoxification - Social setting
- Community-based residential facility care

#### Community treatment services

- Juvenile probation and supervision
- Juvenile reintegration and aftercare
- Restitution
- Crisis intervention
- Counseling/therapeutic resources
- Medical day treatment

#### Inpatient and institutional care

- Juvenile correctional institution services
- Detoxification - Hospital setting
- Inpatient
- Child caring institution services
- DD center/nursing home

#### Institution for mental disease (IMD) services

#### Community prevention, access and outreach

- Recreation/alternative activities
- Community prevention, organization and awareness
- Outreach
- Information and referral
- Advocacy and defense resources
- Health screening and accessibility

## APPENDIX II

### Community Aids Expenditures by State Fiscal Year

Fiscal Year	GPR	FED	Total
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	209,070,200	98,864,300	307,934,500
1993-94	191,742,800	113,221,600	304,964,400
1994-95	216,452,700	104,540,000	320,992,700
1995-96	217,692,800	113,241,700	330,934,500
1996-97	205,379,800	97,397,700	302,777,500
1997-98	177,322,500	130,856,400	308,178,900
1998-99	175,393,200	123,651,100	299,044,300
1999-00	175,393,200	118,848,200	294,241,400
2000-01	180,596,000	120,911,000	301,507,000
2001-02	172,911,900	90,442,200	263,354,100
2002-03	177,353,700	85,701,800	263,055,500
2003-04	177,202,200	84,117,700	261,319,900
2004-05	177,202,600	84,541,700	261,744,300
2005-06	177,409,800	84,605,200	262,015,000
2006-07	177,611,300*	84,668,600	262,279,900

\*Amount budgeted

Notes:

1) In addition to the expenditures identified above, program revenue from the drug abuse program improvement surcharge (DAPIS) was expended for community aids -- \$800,000 in 1993-94 and \$250,000 in 1997-98.

2) GPR amounts shown for fiscal years 1987-88 through 1998-99 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.

3) Beginning in fiscal year 1996-97, the amounts shown reflect the transfer of GPR and federal funding for child care, to the Department of Workforce Development under provisions of 1995 Wisconsin Act 289.

4) Beginning in 2001-02, figures represent expenditures after Milwaukee County's contribution for child welfare services (\$38,792,200) and after Family Care transfers.

5) 2003 Act 318 reduced the amount of GPR funding available for community aids in 2003-04 and 2004-05 to support an equivalent amount of MA payment adjustments to counties, 2005 Act 25 continued this change indefinitely.

## APPENDIX III

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

#### Services for Which a Fee is Mandatory

<ul style="list-style-type: none"> <li>• Child care (if income is above Department-established limit)</li> <li>• Respite care provided or purchased by Chapter 51 boards</li> <li>• Family support</li> <li>• Adoptions under s. 48.837(7) of the statutes</li> <li>• Adult family home care</li> <li>• Foster and group home care</li> <li>• Shelter care except in domestic abuse emergencies</li> <li>• Court intake and studies: divorce settlements and custody and visitation studies not funded by the social services block grant</li> <li>• Juvenile correctional institution services</li> <li>• Congregate and home-delivered meals funded under the community options program</li> </ul>	<ul style="list-style-type: none"> <li>• Detoxification</li> <li>• Inpatient &amp; Institutions for Mental Disease</li> <li>• State Centers for the Developmentally Disabled/nursing</li> <li>• Child caring institutional care</li> <li>• Community-based treatment facility care</li> <li>• Medical day center services</li> <li>• Counseling and therapy not funded by the social services block grant</li> <li>• Community support: assessment &amp; diagnosis, education &amp; training, counseling &amp; psychotherapy, medical support, transportation</li> <li>• Intake assessments for intoxicated use of motor vehicle, boat, all terrain vehicle, snow mobile.</li> <li>• Intake assessment for use of controlled substances</li> </ul>
--	--

#### Services Which are Exempt From Fees

<ul style="list-style-type: none"> <li>• Sheltered employment</li> <li>• Interpreter services and adaptive equipment needed for access to services</li> <li>• Adoption services other than by private agencies to non-relatives</li> <li>• Court intake and studies under Chapters 48, 51 and 55 ordered by the court &amp; required by Statutes</li> <li>• Adult restitution</li> <li>• Family planning</li> <li>• Congregate and home-delivered meals (funded by the Older Americans Act)</li> <li>• Community prevention, organization and awareness</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis intervention: information and referral</li> <li>• Nonmedical day center services</li> <li>• Community support: eligibility determination, advocacy, person locating</li> <li>• Outreach, information and referral</li> <li>• Intake assessment: community options program, child abuse and neglect</li> <li>• Advocacy and defense resources</li> <li>• Health screening and accessibility</li> <li>• Staff Training and development</li> <li>• Agency/systems management</li> </ul>
--	--

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

<ul style="list-style-type: none"> <li>• Respite care purchased or provided by county social services departments</li> <li>• Supportive home care</li> <li>• Housing/energy assistance</li> <li>• Specialized transportation and escort services</li> <li>• Work-related services and supported employment (other than sheltered employment)</li> <li>• Daily living skills training (except for nonmedical day services)</li> <li>• Interpreter services and adaptive equipment (not needed for access to services)</li> <li>• Shelter care in domestic abuse emergencies</li> <li>• Court intake and studies under Chapters 48, 51 and 55 requested by an individual</li> <li>• Adult day care</li> </ul>	<ul style="list-style-type: none"> <li>• Court intake and studies for divorce assessments custody and visitation studies funded by the federal social services block grant</li> <li>• Juvenile probation and supervision</li> <li>• Juvenile reintegration and aftercare</li> <li>• Juvenile restitution</li> <li>• Congregate and home-delivered meals (not funded by Older Americans Act)</li> <li>• Recreation activities</li> <li>• Crisis intervention: counseling, supervision to minors, transportation</li> <li>• Counseling and therapy funded by the social services block grant</li> <li>• Case management</li> <li>• Protective payment/guardianship</li> </ul>
---	---

**APPENDIX IV**  
**Calendar Year 2006**  
**Community Aids Allocations to Counties**

County	Basic County Allocation	Alzheimer's Family and Caregiver Support*	Mental Health Block Grant	Substance Abuse Prevention and Treatment Block Grant	Family Support	Total Allocation	Required County Match
Adams	\$803,150	\$0	\$8,555	\$34,248	\$17,697	\$862,781	\$83,394
Ashland	1,107,966	9,903	9,580	28,276	28,202	1,183,927	119,854
Barron	2,079,059	0	20,066	79,713	52,722	2,228,925	216,033
Bayfield	815,370	7,681	7,354	35,262	31,684	897,351	84,882
Brown	9,446,197	0	98,340	365,279	197,378	10,107,194	1,006,310
Buffalo	859,103	7,806	7,803	23,204	16,634	914,550	87,856
Burnett	837,441	7,726	7,248	28,760	16,139	896,864	87,892
Calumet	1,238,441	11,021	12,388	46,328	37,481	1,345,659	131,448
Chippewa	2,781,412	25,728	27,037	96,341	55,842	2,986,360	310,672
Clark	1,914,788	0	16,032	55,026	40,172	2,026,018	207,538
Columbia	1,928,679	18,385	16,818	77,128	45,478	2,086,488	201,901
Crawford	1,437,435	8,431	7,939	32,086	19,801	1,504,702	144,956
Dane	17,717,957	139,786	160,098	650,692	319,562	18,962,482	2,041,638
Dodge	3,106,173	30,708	31,007	111,966	78,028	3,357,882	332,570
Door	1,140,785	0	7,665	46,219	47,433	1,240,102	118,767
Douglas	2,961,225	25,241	25,572	110,750	50,584	3,170,963	310,224
Dunn	1,803,838	0	18,754	69,453	33,218	1,924,153	184,543
Eau Claire	5,190,404	44,304	51,569	189,338	88,244	5,563,859	547,049
Florence	456,636	0	3,434	8,512	14,379	482,242	46,348
Fond du Lac	3,781,962	0	37,307	153,543	104,105	4,071,713	388,326
Forest	735,162	6,921	5,386	29,605	18,274	793,004	74,889
Grant	2,415,610	28,920	21,745	77,899	62,017	2,603,610	250,824
Green	1,265,554	12,412	11,554	45,365	29,448	1,362,861	136,067
Green Lake	821,670	7,914	6,805	32,340	20,632	889,361	88,170
Iowa	947,323	2,231	8,335	29,860	23,772	1,010,532	98,962
Iron	433,801	5,918	3,621	7,985	9,048	460,373	44,938
Jackson	1,399,997	9,516	8,922	39,385	35,779	1,491,814	142,624
Jefferson	2,844,161	27,168	26,128	109,299	69,823	3,073,099	309,513
Juneau	1,093,100	0	10,820	42,890	24,826	1,171,636	109,250
Kenosha	7,965,133	0	72,813	326,821	112,397	8,476,632	847,763
Kewaunee	882,584	7,973	7,486	26,797	27,444	952,284	90,371
La Crosse	4,576,973	30,800	56,779	204,793	99,173	4,968,518	490,871
Lafayette	877,295	8,101	7,785	22,055	39,084	952,450	89,925
Langlade	1,181,538	0	12,236	50,577	3,798	1,248,110	122,286
Lincoln	1,318,192	0	7,585	31,351	41,383	1,396,627	142,763
Manitowoc	3,955,565	0	35,127	140,547	81,701	4,208,865	409,220
Marathon	5,123,368	0	52,071	215,234	153,092	5,537,351	549,476
Marinette	1,827,259	0	18,732	75,173	49,370	1,970,534	196,080
Marquette	659,703	7,315	6,423	23,939	16,607	713,987	70,676
Menominee	1,120,508	6,124	5,752	41,427	22,872	1,196,683	115,825

**APPENDIX IV (continued)**

**Calendar Year 2006  
Community Aids Allocations to Counties**

County	Basic County Allocation	Alzheimer's Family and Caregiver Support*	Mental Health Block Grant	Substance Abuse Prevention and Treatment Block Grant	Family Support*	Total Allocation	Required County Match
Milwaukee	\$46,957,607	\$242,158	\$685,914	\$2,431,021	\$896,282	\$51,169,368	\$5,671,336
Monroe	1,888,266	17,861	18,307	71,015	46,054	2,041,503	210,679
Oconto	1,364,334	13,077	13,353	48,966	41,726	1,481,456	139,640
Oneida	1,501,635	0	11,796	64,839	40,022	1,613,157	160,143
Outagamie	6,373,477	59,560	64,126	236,002	127,171	6,860,019	662,221
Ozaukee	2,617,746	0	25,233	85,354	56,810	2,785,143	286,176
Pepin	618,967	6,233	4,795	11,569	14,196	655,760	64,458
Pierce	1,399,999	0	13,239	51,163	27,996	1,492,397	146,934
Polk	1,895,589	17,622	17,164	68,628	43,699	2,040,521	201,220
Portage	1,906,715	0	25,490	111,625	57,412	2,101,242	202,820
Price	853,182	8,049	8,029	19,379	26,183	914,822	87,964
Racine	10,742,935	92,485	100,488	500,171	169,026	11,604,499	1,164,580
Richland	926,551	3,565	9,465	32,819	20,140	991,706	95,466
Rock	9,226,940	72,180	73,312	343,850	123,836	9,834,135	1,008,120
Rusk	1,098,389	8,627	9,661	30,407	19,639	1,165,774	111,721
St. Croix	1,710,955	16,748	17,529	70,176	58,331	1,873,739	191,095
Sauk	2,325,895	19,547	17,541	82,089	46,635	2,491,707	247,289
Sawyer	1,137,587	7,940	8,146	50,066	36,075	1,239,814	116,957
Shawano	1,641,123	17,002	16,604	73,720	41,020	1,787,516	175,662
Sheboygan	5,025,284	0	51,197	178,215	103,022	5,353,494	517,339
Taylor	1,240,878	8,511	9,043	31,092	20,050	1,309,574	125,718
Trempealeau	1,569,929	15,945	15,769	43,091	29,571	1,672,830	160,649
Vernon	1,466,185	13,276	12,392	44,268	19,637	1,555,758	150,041
Vilas	881,607	0	7,434	40,862	25,222	951,891	87,408
Walworth	3,411,778	25,376	22,005	118,911	64,956	3,643,026	368,620
Washburn	902,646	-0	8,386	27,842	17,998	956,002	92,821
Washington	3,490,125	0	37,470	131,927	88,972	3,748,494	389,379
Waukesha	11,394,969	102,609	109,469	421,473	258,524	12,283,811	1,281,833
Waupaca	1,982,963	21,575	20,786	80,798	54,481	2,158,790	207,987
Waushara	1,073,844	10,263	10,433	37,207	36,679	1,168,426	117,040
Winnebago	7,260,821	64,572	68,961	253,027	131,074	7,773,455	767,661
Wood	<u>3,680,940</u>	<u>0</u>	<u>39,193</u>	<u>128,562</u>	<u>86,461</u>	<u>3,935,156</u>	<u>415,752</u>
<b>Total</b>	<b>\$242,422,378</b>	<b>\$1,362,814</b>	<b>\$2,513,400</b>	<b>\$9,735,600</b>	<b>\$5,064,224</b>	<b>\$261,118,416</b>	<b>\$26,659,422</b>

Note: These allocations do not reflect \$6,651,000 in additional foster care funds allocated to counties for programs to assist children and families

\*A portion of the total Alzheimer's Family and Caregiver Support Program and Family Support Program funding is provided to other agencies and are not reflected in this table.

## APPENDIX V

### Title IV-E Incentive Payments Calendar Years 2006 and 2007

County	2006/2007	County	2006/2007
Adams	\$93,274	Manitowoc	\$158,000
Ashland	94,085	Marathon	219,668
Barron	126,320	Marinette	119,402
Bayfield	94,130	Marquette	84,615
Brown	324,005	Menominee	91,879
Buffalo	84,769	Milwaukee	0
Burnett	88,188	Monroe	146,291
Calumet	109,799	Oconto	111,297
Chippewa	144,180	Oneida	105,816
Clark	139,610	Outagamie	233,484
Columbia	119,806	Ozaukee	133,620
Crawford	94,479	Pepin	80,947
Dane	465,818	Pierce	102,608
Dodge	152,580	Polk	116,992
Door	98,594	Portage	140,858
Douglas	127,548	Price	90,029
Dunn	119,208	Racine	334,427
Eau Claire	170,982	Richland	95,667
Florence	76,279	Rock	254,700
Fond du Lac	164,717	Rusk	93,126
Forest	87,617	St. Croix	129,903
Grant	134,134	Sauk	135,169
Green	101,193	Sawyer	95,250
Green Lake	90,820	Shawano	120,709
Iowa	96,180	Sheboygan	184,749
Iron	78,154	Taylor	98,785
Jackson	92,451	Trempealeau	101,819
Jefferson	144,809	Vernon	132,267
Juneau	104,307	Vilas	92,701
Kenosha	260,543	Walworth	169,537
Kewaunee	89,251	Washburn	90,287
La Crosse	187,217	Washington	174,794
Lafayette	93,595	Waukesha	351,910
Langlade	97,974	Waupaca	126,050
Lincoln	101,275	Waushara	97,552
		Winnebago	218,196
		Wood	<u>150,460</u>
		State Total	\$9,831,454

Note: Milwaukee County is not eligible to receive additional federal foster care funds since DHFS is responsible for providing child welfare services in Milwaukee County.

## APPENDIX VI

### Community Aids Target Groups

*Developmentally Disabled.* Individuals who have a disability attributable to brain injury, cerebral palsy, epilepsy, autism, mental retardation, or another 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 for the individual.

*Mental Health.* Individuals with chronic mental illness, including adults with serious and persistent mental illness and children and adolescents with severe emotional disturbances, each of whom are unable to independently perform essential personal and social roles appropriate to their age and require or receive treatment or supervision in order to carry out activities of daily living or to participate in community living.

*Substance Abuse.* Individuals who use alcohol and/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 person or family relations. This group also includes a person whose use of alcohol and or other substances 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 a substance abuse disability.

*Physically or Sensory Disabled.* Individuals, under

the age of 65, 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.

*Delinquents or Status Offenders.* Delinquent children include juveniles referred to court intake due to an allegation of delinquency, or found to be delinquent as defined under s. 938.02 (3m) of the statutes. Status offenders are those juveniles alleged to be in need of protection or services under s. 938.13 due to any of the following: (a) parental or guardian petition to control the juvenile; (b) truancy from school; (c) the juvenile is a school drop-out; (d) truancy from home; and (e) the juvenile under 10 years of age commits a delinquent act.

*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 or sexual abuse, neglect or emotional damage.

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

*Adults and the Elderly.* Adults or elderly individuals who have service needs not specified in other target groups.

## APPENDIX VII

### Clients Served and Expenditures Calendar Year 2005

#### By Target Group

	<u>Clients</u>		<u>Expenditures</u>	
	Number	Percent of Total	Amount (in millions)	Percent of Total
Developmentally Disabled	43,968	11.4%	\$589.6	33.2%
Mental Health	97,265	25.3	368.6	20.7
Substance Abuse	81,181	21.1	78.5	4.4
Physically and Sensory Disabled	11,027	2.9	92.1	5.2
Delinquent and Status Offenders	32,505	8.4	175.5	9.9
Abused and Neglected Children	33,194	8.6	204.5	11.5
Children and Families	37,883	9.8	73.1	4.1
Adults and the Elderly	<u>47,884</u>	<u>12.4</u>	<u>195.7</u>	<u>11.0</u>
Total	384,907	100.0%	1,776.6	100.0%

#### By Standard Program Category Cluster

	<u>Clients</u>		<u>Expenditures</u>	
	Number	Percent of Total	Amount (in millions)	Percent of Total
Child Care	1,217	0.2%	\$3.8	0.2%
Supportive Home Care	17,159	2.8	150.6	8.4
Specialized Transportation and Escort	11,657	1.9	29.8	1.7
Community Prevention, Access and Outreach <sup>2</sup>	14,382	2.4	49.2	2.8
Community Living and Support Services	124,839	20.5	396.0	22.2
Investigation and Assessments	186,095	30.6	147.1	8.2
Community Support	8,937	1.5	57.2	3.2
Work Related and Day Services	28,811	4.7	110.3	6.2
Supported Employment	4,398	0.7	13.7	0.8
Community Residential Services	24,018	4.0	416.3	23.3
Community Treatment Services	143,489	23.6	225.9	12.6
Inpatient and Institutional Care <sup>3</sup>	41,974	6.9	162.6	9.1
Juvenile Correctional Institutes <sup>4</sup>	<u>654</u>	<u>0.1</u>	<u>24.1</u>	<u>1.3</u>
Total	607,630	100.0%	\$1,786.6	100.0%

<sup>1</sup>Some clients are included in more than one category. In addition to the clients identified here, 19,796 family members were served in 2003. Child care expenditures do not reflect work- or training-related child care.

<sup>2</sup>Number of clients served may not represent accurate number of clients served since counties are not required to report these expenditures on a client-specific basis.

<sup>3</sup>Includes Institutes for Mental Diseases.

<sup>4</sup>Average daily population, estimate.

## APPENDIX VIII

### Total Community Aids Allocations Calendar Year 2001 through 2007

County	2001	2002	2003	2004	2005	2006	2007
Adams	\$869,266	\$871,357	\$861,481	\$860,126	\$859,644	\$862,781	\$862,781
Ashland	1,180,905	1,184,337	1,181,934	1,180,068	1,179,405	1,183,927	1,183,927
Barron	2,241,357	2,247,480	2,223,282	2,219,784	2,218,542	2,228,925	2,228,925
Bayfield	895,130	899,031	897,259	895,883	895,394	897,351	897,351
Brown	10,170,042	10,194,348	10,089,272	10,073,367	10,067,719	10,107,194	10,107,194
Buffalo	914,565	916,574	914,706	913,256	912,741	914,550	914,550
Burnett	893,932	895,397	893,956	892,547	892,047	896,864	896,864
Calumet	1,342,669	1,347,304	1,344,615	1,342,528	1,341,786	1,345,659	1,345,659
Chippewa	2,980,875	2,987,621	2,981,587	2,976,903	2,975,239	2,986,360	2,986,360
Clark	2,039,336	2,044,180	2,023,774	2,020,547	2,019,399	2,026,018	2,026,018
Columbia	2,084,571	2,090,089	2,085,900	2,082,646	2,081,491	2,086,488	2,086,488
Crawford	1,505,954	1,508,060	1,504,935	1,502,510	1,501,648	1,504,702	1,504,702
Dane	18,942.16	18,977,654	18,802,037	18,909,357	18,898,758	18,962,482	18,962,482
Dodge	3,348,271	3,357,832	3,351,097	3,345,867	3,344,011	3,357,882	3,357,882
Door	1,243,743	1,249,268	1,238,200	1,236,278	1,235,595	1,240,102	1,240,102
Douglas	3,160,074	3,178,112	3,146,435	3,141,437	3,139,663	3,170,963	3,170,963
Dunn	1,938,413	1,942,315	1,922,224	1,919,183	1,918,104	1,924,153	1,924,153
Eau Claire	5,551,900	5,562,638	5,551,387	5,542,651	5,539,548	5,563,859	5,563,859
Florence	486,468	488,108	481,782	481,011	480,738	482,242	482,242
Fond du Lac	4,090,871	4,083,327	4,060,170	4,053,749	4,051,519	4,071,713	4,071,713
Forest	792,194	794,165	792,568	791,328	790,887	793,004	793,004
Grant	2,592,977	2,601,912	2,596,665	2,592,592	2,596,966	2,603,610	2,603,610
Green	1,358,746	1,362,150	1,014,723	1,357,278	1,356,521	1,362,861	1,362,861
Green Lake	887,664	890,161	1,359,408	886,993	886,500	889,361	889,361
Iowa	1,013,471	1,016,778	888,378	1,013,127	1,006,738	1,010,532	1,010,532
Iron	460,049	461,127	460,185	459,452	459,192	460,373	460,373
Jackson	1,490,543	1,494,597	1,491,556	1,489,194	1,488,355	1,491,814	1,491,814
Jefferson	3,071,646	3,080,081	3,073,906	3,069,112	3,067,409	3,073,099	3,073,099
Juneau	1,180,427	1,183,474	1,170,424	1,168,581	1,167,926	1,171,636	1,171,636
Kenosha	8,528,651	8,541,929	8,458,677	8,445,270	8,440,510	8,476,632	8,476,632
Kewaunee	949,881	953,240	951,323	949,836	949,307	952,284	952,284
La Crosse	4,973,740	4,959,057	4,949,150	4,941,476	4,938,695	4,968,518	4,968,518
Lafayette	948,392	952,987	951,084	949,605	949,080	952,450	952,450
Langlade	953,651	1,281,087	1,267,946	1,265,956	1,265,249	1,248,110	1,248,110
Lincoln	1,744,134	1,426,401	1,410,559	1,408,334	1,407,544	1,396,627	1,396,627
Manitowoc	4,238,449	4,247,773	5,490,415	4,196,107	4,193,741	4,208,865	4,208,865
Marathon	5,533,836	5,547,365	4,202,771	5,481,789	5,478,726	5,537,351	5,537,351
Marinette	1,987,196	1,993,278	1,970,374	1,967,292	1,966,197	1,970,534	1,970,534
Marquette	714,425	716,644	715,210	714,097	713,702	713,987	713,987
Menominee	1,196,000	1,199,230	1,196,795	1,194,905	1,194,233	1,196,683	1,196,683

**APPENDIX VIII (continued)**

**Community Aids Allocations  
Calendar Year 2001 through 2007**

County	2001	2002	2003	2004	2005	2006	2007
Milwaukee	\$91,975,793	\$51,927,874	\$51,124,706	\$51,132,970	\$51,102,679	\$51,169,368	\$51,169,368
Monroe	2,040,173	2,046,016	2,041,916	2,038,731	2,037,601	2,041,503	2,041,503
Oconto	1,476,701	1,481,825	1,478,865	1,476,568	1,475,751	1,481,456	1,481,456
Oneida	1,624,140	1,628,353	1,612,170	1,609,638	1,608,738	1,613,157	1,613,157
Outagamie	6,865,136	6,881,778	6,867,931	6,857,179	6,853,362	6,860,019	6,860,019
Ozaukee	2,810,913	2,818,195	2,788,307	2,783,890	2,782,321	2,785,143	2,785,143
Pepin	655,397	657,083	655,737	654,693	654,321	655,760	655,760
Pierce	1,503,683	1,507,067	1,491,890	1,489,529	1,488,691	1,492,397	1,492,397
Polk	2,036,221	2,041,331	2,037,107	2,033,914	2,032,780	2,040,521	2,040,521
Portage	2,115,872	2,107,472	2,103,341	2,091,022	2,089,880	2,101,242	2,101,242
Price	913,366	916,577	914,723	913,284	912,772	914,822	914,822
Racine	11,583,27	11,603,410	11,580,122	11,562,039	11,555,618	11,604,499	11,604,499
Richland	1,245,098	991,339	989,330	987,823	987,208	991,706	991,706
Rock	9,833,852	9,848,887	9,828,877	9,813,340	9,807,823	9,834,135	9,834,135
Rusk	1,165,268	1,168,147	1,165,164	1,163,311	1,162,653	1,165,774	1,165,774
St. Croix	1,868,533	1,875,764	1,872,049	1,869,165	1,868,141	1,873,739	1,873,739
Sauk	2,486,171	2,491,746	2,486,702	2,482,787	2,481,396	2,491,707	2,491,707
Sawyer	1,237,571	1,242,071	1,239,602	1,237,685	1,237,004	1,239,814	1,239,814
Shawano	1,786,720	1,791,507	1,787,939	1,785,170	1,784,186	1,787,516	1,787,516
Sheboygan	5,390,939	5,403,001	5,348,349	5,339,879	5,336,872	5,353,494	5,353,494
Taylor	1,307,629	1,309,979	1,307,288	1,305,197	1,304,455	1,309,574	1,309,574
Trempealeau	1,673,355	1,676,780	1,673,367	1,670,716	1,669,774	1,672,830	1,672,830
Vernon	1,560,932	1,563,950	1,560,766	1,558,292	1,557,414	1,555,758	1,555,758
Vilas	956,021	958,714	949,385	947,902	947,374	951,891	951,891
Walworth	3,639,564	3,647,494	3,640,091	3,634,343	3,632,301	3,643,026	3,643,026
Washburn	961,977	963,673	954,119	952,598	952,058	956,002	956,002
Washington	3,781,861	3,793,888	3,755,516	3,749,627	3,747,535	3,748,494	3,748,494
Waukesha	12,269,786	12,301,117	12,276,375	12,257,164	12,250,343	12,283,811	12,283,811
Waupaca	2,151,692	2,158,179	2,153,881	2,150,544	2,149,359	2,158,790	2,158,790
Waushara	1,169,407	1,174,563	1,172,231	1,170,421	1,169,778	1,168,426	1,168,426
Winnebago	7,757,280	7,772,560	7,756,820	7,744,599	7,740,260	7,773,455	7,773,455
Wood	<u>3,952,066</u>	<u>3,962,781</u>	<u>3,921,025</u>	<u>3,914,838</u>	<u>3,912,641</u>	<u>3,935,156</u>	<u>3,935,156</u>
Total	\$302,293,645	\$262,441,589	\$260,503,842	\$260,310,880	\$260,163,558	\$261,118,416	\$261,118,416

Note: In addition to the allocations identified, \$412,800 is distributed to American Indian tribes and bands for childcare for low-income families and additional foster care funds are distributed to counties for programs to assist the children and families.

Beginning in 2002, Milwaukee County's annual allocation was reduced by \$38,792,200. This funding represents a portion of Milwaukee County's contribution to support state costs of providing child welfare services in that county.

**APPENDIX IX**

**2007 Per Capita Community Aids Allocations**

Rank	County	Per Capita Allocation*	Rank	County	Per Capita Allocation*
1	Menominee	\$257.91	36	Marquette	47.10
2	Florence	93.64	37	Waushara	46.87
3	Crawford	86.73	38	Sheboygan	46.23
4	Pepin	86.63	39	Green Lake	46.03
5	Forest	78.28	40	Lincoln	45.88
6	Rusk	76.00	41	Dunn	45.62
7	Jackson	75.08	42	Polk	45.60
8	Sawyer	72.21	43	Kewaunee	45.22
9	Douglas	72.00	44	La Crosse	45.21
10	Ashland	70.51	45	Marinette	44.55
11	Iron	67.60	46	Juneau	43.30
12	Taylor	65.81	47	Shawano	42.73
13	Buffalo	65.23	48	Door	42.70
14	Rock	62.37	49	Oneida	42.68
15	Trempealeau	59.77	50	Vilas	42.59
16	Racine	59.66	51	Iowa	42.50
17	Clark	58.95	52	Marathon	42.25
18	Langlade	58.79	53	Sauk	42.24
19	Lafayette	58.36	54	Brown	41.97
20	Price	58.08	55	Dane	41.16
21	Bayfield	57.89	56	Fond du Lac	40.69
22	Eau Claire	57.69	57	Waupaca	40.59
23	Washburn	56.37	58	Adams	40.53
24	Milwaukee	54.83	59	Outagamie	40.03
25	Richland	54.58	60	Oconto	38.72
26	Burnett	54.03	61	Jefferson	38.65
27	Vernon	53.24	62	Green	38.30
28	Kenosha	53.06	63	Dodge	37.87
29	Grant	51.69	64	Columbia	37.83
30	Wood	51.56	65	Pierce	37.80
31	Manitowoc	50.27	66	Walworth	36.64
32	Chippewa	49.32	67	Waukesha	32.39
33	Winnebago	47.85	68	Ozaukee	32.35
34	Barron	47.84	69	Portage	30.49
35	Monroe	47.38	70	Calumet	29.84
			71	Washington	29.56
			72	St. Croix	<u>24.27</u>
				Statewide Average	\$47.13

\*Based on calendar year 2007 allocations and 2005 population estimates.