



Community Aids/
Children and Family Aids

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The Department of Health Services (DHS) and the Department of Children and Families (DCF) distribute funds to counties through the community aids, and children and family aids programs. These state and federal funds support a variety of mental health, substance abuse, developmental disability, and child welfare services provided on the local level. In calendar year 2015, total community aids and children and family aids allocations equal approximately \$256.7 million.

The Department of Health and Family Services (DHFS, now DHS) historically distributed community aids, which funded both child welfare and other health services. 2007 Act 20 created DCF, which assumed responsibility for multiple programs previously administered by DHFS and the Department of Workforce Development, and split the community aids program into two separate state payments beginning in fiscal year 2008-09 — community aids from DHS, and children and family aids from DCF. The sum of the two payments equals the total amount the state would have allocated under the original community aids program.

This paper provides information on community aids and children and family aids, including the following: (a) county responsibilities for the delivery of social services and child welfare services; (b) supported activities and funding sources of aid payments; (c) county requirements to receive funding; (d) eligibility and fees for child welfare and other social services; and (e) state monitoring and evaluation procedures. The appendices to this paper provide additional background information, including current and historical allocations by county.

State and County Service Delivery

Wisconsin statutes define the responsibilities of DHS and counties in delivering social services under Chapter 46, and alcohol, drug abuse, developmental disabilities, and mental health services under Chapter 51. Chapter 48 of the statutes defines the DCF and county roles in delivering child welfare services. Appendix I lists the services that counties may support with community aids and children and family aids funding.

Social Services. Chapter 46 of the statutes specifies many of the social services counties must provide to their residents, including direct program services to individuals and families. However, counties have considerable flexibility in determining the funding allocated for each type of service. For example, counties must provide social services to persons who receive federal and state payments for supplemental security income or who would have qualified for the former aid to families with dependent children (AFDC) program. State law does not specify the types or amount of services counties must provide, and counties must only provide social services within the limits of available state, federal, and county matching funds.

Mental Health, Developmental Disabilities, and Substance Abuse Services. Under s. 51.42 of the statutes, counties have the primary responsibility for the well-being, treatment, and care of residents with mental illness, developmental disabilities, or alcohol or other drug dependency, and for ensuring that individuals receive any necessary emergency services. However, counties must only provide programs, services, and resources that the county can reasonably provide

within the limits of state, federal, and county matching funds.

Within these funding limits, counties must offer the following services: (a) collaborative and cooperative prevention programs; (b) comprehensive diagnostic and evaluation services; (c) inpatient and outpatient care and treatment, residential facilities, partial hospitalization, emergency care, and supportive transitional services; (d) related research and staff training; and (e) continuous planning, development, and evaluation of programs and services for all population groups.

For more information on these specific service areas, see the Legislative Fiscal Bureau informational papers titled "Services for Persons with Developmental Disabilities," and "Services for Persons with Mental Illness."

Child Welfare. Child welfare services encompass a broad range of services and activities aimed at assuring safety and permanence for children and the well-being of children and their families. These include efforts to educate the public on the prevention and reporting of child abuse and neglect; methods to receive, screen, and respond to child abuse and neglect reports; the provision of, or referral to, parenting education classes, counseling, material supports, respite care, mental health or substance abuse treatment, or any other activity designed to strengthen, preserve, or reunite families; assessment, case planning, and review to determine services for children in foster care; and transitional services to children who age out of foster care.

The child welfare system is county-operated and state-supervised. Responsibility for children in the child welfare system is shared between the juvenile court and the county department of human or social services. In Milwaukee County, the child welfare system is shared with DCF, rather than the county department of human services. Child welfare services are also provided to Na-

tive American children by tribal social services departments.

DCF is responsible for providing statewide leadership and supervision of child welfare standards and practices, administering state and federal funds for child welfare services, and assuring compliance with state and federal law and regulations. DCF also provides adoption services for children with special needs from counties other than Milwaukee County.

Neither community aids nor children and family aids fund economic support programs such as Wisconsin Works, FoodShare, or state support for child care expenses. Further, counties do not deliver or coordinate all local social services. Private, nonprofit agencies that contract directly with DHS or DCF provide various state-funded social services, such as family planning services, shelters for homeless persons, and assistance to victims of domestic abuse. In addition, services are provided by private agencies funded by contributions and community fund-raising organizations.

Community Aids

In 2015, DHS will distribute \$188.1 million in community aids funding. Statutes require DHS to distribute community aids within the limits of available federal funds and the amount of state funding budgeted. These funds must support services provided by county social services departments, human services departments, departments of community programs, and departments of developmental disabilities services. Under s. 46.40 of the statutes, community aids support the following activities:

- Community social services;
- Mental health services;
- Developmental disabilities services;
- Alcohol and other drug abuse services;

- the Alzheimer's family and caregiver support program; and
- the family support program.

DHS makes several allocations under the community aids program, including the basic county allocation (BCA), which counties may use to support any eligible service (\$170.0 million in calendar year 2015), and four categorical allocations for specific purposes: (a) the federal substance abuse prevention and treatment block grant (\$9.7 million); (b) the federal community mental health block grant (\$2.5 million), the state general purpose revenue (GPR) supported family support program (\$4.9 million), and the GPR-supported Alzheimer's family and caregiver support program (\$1.0 million). Appendix II provides the calendar year 2015 allocation, by county and category; Appendix III provides total county allocations for the past several years.

Basic County Allocation. Counties may use funding provided under the community aids BCA to support the social service programs listed above. In state fiscal year 2014-15, the total budgeted BCA equals \$169,951,600, from the following funding sources: (a) \$138,665,200 GPR; (b) \$20,031,800 FED from the social services block grant (SSBG); and (c) \$11,254,600 FED from the temporary assistance for needy families (TANF) block grant. These federal funding sources are described below.

Social Services Block Grant. Wisconsin's total SSBG allocation in federal fiscal year (FFY) 2013-14 equaled \$28.6 million. States may use SSBG funds to provide services directed toward at least one of five goals: (a) prevent, reduce, or eliminate economic dependency; (b) achieve or maintain self-sufficiency; (c) prevent or remedy neglect, abuse, or exploitation of children and adults; (d) prevent or reduce inappropriate institutional care; and (e) 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, evaluation, and technical assistance to develop, implement, or administer the state's social service program.

States may not use SSBG funds for certain services, including medical care (except family planning, rehabilitation, and certain detoxification services), educational services generally provided by public schools, and most social services provided by hospitals, nursing homes, and prisons. Although states need not provide a match for SSBG funds, states must prepare a plan that ensures expenditure of the funds on appropriate social services.

Temporary Assistance for Needy Families Block Grant. The 1996 federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) created the TANF block grant as a replacement to the AFDC program. Wisconsin received \$314.5 million in TANF block grant funds in FFY 2013-14. A state may use up to 10% of this allocation for purposes consistent with the requirements of the SSBG. Federal law specifies that any funds states use in this manner are subject to the federal SSBG requirements, not to TANF block grant requirements. For additional information on this grant, see Legislative Fiscal Bureau informational paper "Wisconsin Works (W-2) and Other Economic Support Programs."

Substance Abuse Block Grant. In FFY 2013-14, Wisconsin received a total of \$27.0 million under the federal substance abuse prevention and treatment block grant (SABG). The state allocated \$9,735,700 in SABG funding for community aids in calendar year 2015. The SABG supports the development and implementation of substance abuse prevention, treatment, and reha-

bilitation activities. States must spend at least 20% of the SABG on education and prevention activities and at least 10% on substance abuse treatment services for pregnant women and women with dependent children.

In addition, federal guidelines require SABG-funded treatment programs for intravenous drug users to admit individuals into treatment within 14 days after making such a request, or 120 days of such a request if an individual receives interim services within 48 hours. States must also directly provide or contract for tuberculosis services such as counseling, testing, treatment, and early intervention services for human immunodeficiency virus (HIV). Counties decide what services to provide with SABG funds, but must comply with these federal guidelines.

Mental Health Block Grant. Wisconsin received a total of \$7.4 million in federal community mental health block grant (MHBG) funds in FFY 2013-14. State statutes require DHS to allocate \$2,513,400 of these funds through the community aids program. This funding supports comprehensive community mental health services to adults and children, as well as evaluation, planning, administration, and educational activities related to these services.

MHBG-funded services include respite care, adult family home care, community prevention services, crisis intervention, counseling, and therapy. Several federal restrictions apply to the use of these funds. For example, states may not use these funds to provide inpatient services or to make cash payments to recipients of health services. States may use up to 5% of the block grant to support administrative costs.

Family Support Program. Statutes specify that DHS may distribute up to \$5,089,800 GPR annually for counties to provide services under the family support program. In calendar year 2015, DHS distributed \$4,909,300 GPR for this purpose. This program funds services to enable

children with severe disabilities to remain at home with their parents or caretakers.

The program serves families with children with physical, mental, or emotional impairments and substantial limitations in at least three of seven functions of daily living, including self-care, receptive and expressive language, learning, and mobility. The program provides eligible families with up to \$3,000 a year in services and goods, such as training for parents in behavioral management, respite care, home modifications, and attendant care. Counties may use up to 10% of their allocations to pay for staff and other administrative costs.

Alzheimer's Family and Caregiver Support Program. Statutes specify that DHS may allocate up to \$2,342,800 GPR annually to provide services to persons with Alzheimer's disease and their caregivers, enabling the person with Alzheimer's disease to remain a member of the household. In calendar year 2015, DHS will distribute \$1,558,900 through this program. Of that total, DHS will allocate \$1,039,000 to 43 counties as an allocation under community aids, and \$519,900 to area agencies on aging in 29 counties as a non-community aids allocation.

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 or a community-based residential facility. The program does not provide services to individuals who live in institutions, such as nursing homes.

Adjustments to Community Aids Allocations. The following adjustments have been made to county community aids allocations over the past several years.

Act 32 Reduction to Milwaukee County BCA. 2011 Wisconsin Act 32, the 2011-13 biennial

budget act, made multiple changes to the statewide Medicaid and FoodShare eligibility determination and case management, referred to as the income maintenance (IM) system. These changes included a conversion of all county positions at the Milwaukee County Enrollment Services Center (MilES) to state positions, resulting in DHS completely operating and staffing that office. Statutes had required Milwaukee County to provide \$2.7 million per year in county funds for the operation of MilES. Act 32 repealed this requirement for county support of MilES, but also reduced the amount that Milwaukee County received in community aids by an equal amount. This \$2.7 million reduction began in the calendar year 2012 BCA allocation.

Transfers to the Family Care Program. The Family Care program supports long-term care services to qualifying individuals who are eligible for medical assistance (MA). Originally offered in five pilot counties in the early 2000s, these services were available in 57 counties in 2014. Once Family Care services become available in a county, part of the county's community aids BCA that previously supported long-term care services for this population is reallocated to fund Family Care services

Provisions enacted in 2007 Wisconsin Act 20 established the expected contribution level for each county, once Family Care begins in the county. The amount equals the actual amount the county spent for long-term care services in 2006, not to exceed 22% of the county's 2006 BCA. For counties that spent more than 22% of their BCA, the statutes provide for a buy-down provision, where the expected county contribution phases down to 22% over a five-year period following implementation of the Family Care program. This buy-down provision results in a need for a corresponding increase in state GPR funding for the Family Care program.

DHS currently permits counties to make the Family Care contribution as an annual lump sum

or in quarterly installments throughout the year. In addition, the Department has authorized the following three acceptable methods for counties to make their payment: (a) a reduction in the county BCA contract; (b) direct payment to DHS; or (c) by directing the state to subtract the payment from the county's regular monthly reimbursement payments. A DHS program revenue appropriation that partially funds Family Care service costs receives these county contributions.

Wisconsin Medicaid Cost Reporting Program. The Wisconsin Medicaid cost reporting program (WIMCR) aims to increase the amount of federal funds the state can claim under the MA program by maximizing federal payments to counties for certain MA-eligible services. Created under 2003 Wisconsin Act 318, the program provides counties with a GPR and FED-funded WIMCR supplemental payment for the difference between certain reported MA-reimbursable costs and MA reimbursement rates. DHS then reduces the GPR-funded portion of the counties' BCA by an equivalent amount. The program results in GPR savings because the state offset an all-GPR reduction to the BCA with a partially federally-funded WIMCR payment. The state shares a portion of the annual WIMCR savings with counties by reducing BCA payments by \$19.25 million less than the amount of the WIMCR payment. In state fiscal year 2013-14, the state made WIMCR payments to counties of \$49.8 million all funds.

Children and Family Aids

Similar to the community aids basic county allocation payments made by DHS, DCF provides counties with children and families aids. Children and family aids funding is distributed to eligible counties for services related to child abuse and neglect and to unborn child abuse, including prevention, investigation, and treatment.

Children and Families Allocation. DCF refers to the children and family aids basic county allocation as the children and families allocation (CFA). CFA funds may be used for the child abuse and neglect, juvenile justice, and other children and families target populations. Based on expenditure data reported to DHS, approximately 50% of the CFA is used for child abuse and neglect, 27% for other child welfare services to families, and 23% for community-based juvenile justice services. CFA funds cannot be used for juvenile corrections placements.

Appendix II shows the allocation for calendar year 2015. CFA funds are allocated in the calendar year in two increments. Approximately 25% of CFA funds are made available to counties from January through June. The remaining 75% of CFA funds are added to the contract in July for unreimbursed expenses through June and for July through December. Counties may carry over up to three percent of CFA funds from one year into the next.

As discussed below, state law requires counties to match a portion of the CFA. The CFA requires a county match of 9.89%. However, because no matching is required for the 25% of CFA funds made available from January, 2015, through June, 2015, the effective annualized rate is only 7.4%. The matching requirement is implemented by allowing counties to draw the first 92.6% of the allocation and to earn the remaining 7.4% by reporting the county match on a dollar to dollar basis. In practice, most counties provide funding above the match requirement.

In 2014-15, DCF was budgeted \$66,475,500 to fund the CFA, including: (a) \$29,226,900 GPR; (b) \$26,194,900 FED from state foster care reimbursement claims under Title IV-E of the Social Security Act; (c) \$2,968,800 FED from funds the state receives under Title IV-B, subpart 1 of the Social Security Act; (d) \$3,996,300 FED from the SSBG; and (e) \$4,088,600 FED from TANF block grant funds transferred to the SSBG.

The SSBG and TANF block grants are described in the DHS-administered BCA section. The other federal funding sources are described briefly below.

Title IV-E. DCF distributes, as part of the CFA, 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 PRWORA. However, the AFDC financial criteria are still used to determine IV-E eligibility.

Title IV-E revenue included in the CFA is earned based on maintenance payments and administrative costs incurred by counties. Counties pay expenses out of the CFA and local tax levy funds. Expenses are then reported to DCF, and DCF claims the Title IV-E reimbursement. Since the IV-E reimbursement is for costs incurred by counties, the state has flexibility on how to budget the IV-E revenue once it is received. As a result, the amount of Title IV-E funds that DCF distributes to counties through the CFA is determined through the state budgeting process and is not based on counties' foster care caseloads.

Maintenance payments are funds provided to cover the costs of food, shelter, clothing, daily supervision, school supplies, personal 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%.

Title IV-E administrative reimbursement is determined based on expenses reported by counties. Of the expenses reported, the percentage of staff activities devoted to IV-E reimbursable functions is determined. For those administrative costs which are eligible for reimbursement, the

reimbursement rate is 50%.

The Legislative Fiscal Bureau informational paper entitled "Child Welfare Services in Wisconsin" provides additional information regarding Title IV-E reimbursement.

Title IV-B, Subpart 1. Child welfare funds are provided to states under Title IV-B, subpart 1 of the Social Security Act to support permanency planning for children. Unlike Title IV-E (foster care) funding, states are limited in the use of Title IV-B to support out-of-home care, or to provide child care that is exclusively work-related. The primary purpose of Title IV-B child welfare funding is to keep children with their own families. These services include respite care, intensive family treatment, and individual and family counseling. Funds are distributed to states on the basis of their under-21 population and per capita income.

Tribal Family Services Program

The Family Services Program (FSP) is jointly administered by DHS and DCF. Tribes receive a separate FSP allocation via contract with DHS and DCF. Tribes submit a three-year plan and annual budget to DCF and DHS detailing how the family services funds will be used and how outcomes will be evaluated. These plans detail separate budgets for DHS and DCF funds, but tribes may use funds from both departments to support the same tribal staff and provide integrated services to families. Tribes also submit semi-annual reports describing progress on achieving the goals identified in their plans.

The FSP allocations include funds from multiple state and federal sources. Due to regulations on the use of the particular fund sources, portions of the total FSP allocation must be used for spe-

cific types of services. The DHS FSP allocation is comprised of federal and state Alcohol, Tobacco, and Other Drug Abuse (ATODA) funds which must be directed towards ATODA prevention/treatment activities.

Appendix IV identifies the FSP grants each tribe or band will receive in calendar year 2015. As shown in Appendix IV, the DCF allocation is comprised of \$1,271,900 GPR. In addition, tribes also receive \$408,700 in federal Title IV-B subpart 2 funding and \$310,000 in federal community services block grant funding (CSBG).

The DCF FSP allocation can be used for a wide range of human services, including domestic abuse, child welfare, self-sufficiency, teen parenting, and child care. However, the range of services funded by the DCF allocation in a tribe's FSP plan must include the following services: (a) adolescent pregnancy prevention and parenting skills; (b) child/respite care; (c) permanency for children in out-of-home care; (d) family preservation and support services; (e) empowerment for low-income individuals, families, and communities to overcome the effects of poverty; (f) domestic abuse intervention, prevention and education services; and (g) other services to improve family functioning and positive outcomes for children. Tribes are free to reallocate the allocation between the different service categories, but unused FSP funding does not carry over into the following year.

FSP funds may not be used to supplant existing funds and cannot be used for out-of-home child placement costs. Further, if any tribe receives a CSBG allocation directly from the Federal Office of Community Services, that tribe's FSP allocation will be reduced by the amount of the federal award and the state CSBG portion of FSP funds will be redistributed to other tribes.

In addition to the above funding sources, approximately \$395,000 million program revenue (PR) is made available from Indian gaming re-

ceipts to cover unexpected or unusually high-cost out-of-home care placements and guardianship payments ordered by tribal courts. Tribes may request funding from the tribal high-cost pool on a case-by-case basis.

County Funding Requirements

County Match. Counties provide matching funds of 9.89% of the basic county allocation and the Alzheimer's family and caregiver support allocation. As discussed above, the effective annualized rate for matching CFA funding is 7.4%. No county matching requirement applies to the family support program, or the SABG and MHBG allocations. Appendix V shows the required matching fund amounts for each county for calendar year 2015.

Under current practice, DHS 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. DHS has required only those counties that receive the allocation through a department of human services or social services to provide the match. Those counties that receive their allocation through an area aging agency or the department of health are not required to provide the match. In 2015, 29 counties received the Alzheimer's family and caregiver support allocation through an area aging agency.

Counties may use local tax levies, federal and state revenue sharing funds, or private donations to meet their match requirements. Private donations cannot exceed 25% of the required county match. DHS and DCF may reduce a county's community aids allocation or children and family aids allocation by an amount equal to the amount by which the county does not meet its match re-

quirement.

Maintenance-of-Effort. Counties must also meet certain maintenance-of-effort requirements. First, federal regulations of the SABG require counties 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 cannot use community aids to replace county funds used to allow individuals over 18 years of age with developmental disabilities to live in a non-institutional setting.

Carry-Forward Provisions. At the request of a county, DHS and DCF must carry forward up to 3% of the total amount of the basic county allocation, children and family aids allocation, the SABG, the MHBG, and Alzheimer's caregiver support funds allocated for a calendar year for use in the following calendar year. Five percent of the family support program allocation may be carried over. The following restrictions apply to any funds carried forward:

- Counties must use all funds carried forward must for the funds' original purpose;
- Counties may not use carry-forward funds for staff or administrative costs; and
- Any original match requirement applies to funds carried forward by a county.

DHS and DCF 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. DHS carried forward \$91,338 and DCF carried forward \$12,272 from calendar year 2013 into calendar year 2014. Any funds not carried forward lapse to the general fund at the end of each fiscal year. No funds lapsed to the general fund in calendar years 2013 or 2014.

Eligibility Criteria and Fees

All persons who qualify for supplemental security income or medical assistance qualify for services funded through county social services agencies. In addition, people with income at or below levels determined by DHS qualify for these services. For calendar year 2014, this level equals 75% of the state's median income, or \$4,155 per month for a family of three. Counties may choose to provide services to persons with higher incomes.

Counties must charge fees based on the ability to pay for certain services. For certain services, counties cannot, or may choose whether to, charge fees. DHS establishes a uniform fee schedule by rule that counties use to assess all fees, except under certain circumstances. The individual or family payment amount varies depending on the number of people in the household and the amount of monthly income the family receives. For example, in 2014, a family of three with gross monthly income of up to \$2,650 would not pay any fee for services received, with fees increasing on a sliding scale as income increases. The DHS website provides a copy of the current uniform fee schedule at www.dhs.wisconsin.gov/uniform-fee/.

Parents who pay court-ordered child support for a child in substitute care, as determined by the child support percentage standard, are not required to pay uniform fees for the substitute care services provided by the county.

Monitoring and Evaluation

DHS and DCF monitor county programs in several ways. The Departments sign an annual contract with each county and use the contract, as

well as fiscal and program information, to audit the county. In addition, regional Department staff monitor programs and serve as liaison between the counties and DHS and DCF. This section discusses several monitoring and evaluation tools used by the Departments.

County Budgets. County agencies develop annual budgets as part of the county budgeting process. Annually, DHS and DCF inform each county by mid-summer of the estimated amount of community aids and children and family aids the county will receive in the succeeding calendar year. The county, with participation from the public, then assesses the needs of its clients and the resources available to meet those needs. The county agency then submits the budget to the county executive, county administrator, or county board for review and approval.

State-County Contract. In late fall of each year, DHS and DCF finalize the state-county contract containing county allocations for the upcoming year for a range of programs, including the community aids and children and family aids allocations. The county board must approve and return the signed contract by January 1, unless the county receives an extension. The contract is between DHS and DCF and the county board, and legally obligates the parties to expend only the amount of available state and federal funds and required county matching funds.

The contract contains multiple provisions, including the following: (a) the manner in which the counties will provide the services subject to the contract; (b) the process by which the state reimburses counties for these services; and (c) county record-keeping and reporting requirements.

Counties receive allocations on a calendar year basis. Due to changes in the timing of payments under 2009 Act 28, the Departments allocate approximately 25% of the payments in January of a given year, with the remaining 75% pro-

vided in July of that year. Prior to this change, approximately counties received 50% of the payments in each half of the calendar year.

County Reporting of Services and Expenditures. Counties report certain types of information to DHS through the human services reporting system (HSRS), the human services revenue report (HSRR), and the community aids reporting system (CARS). DCF also collects information on child protective services provided using children and family aids funds through the electronic Wisconsin Statewide Automated Child Welfare Information System (eWISACWIS). DCF collects information on juvenile justice and child welfare services using CFA funds separately, with counties having the option to report services in eWISACWIS or an annual report.

Human Services Reporting System (HSRS). HSRS collects data on five major client populations: developmental disabilities, mental health, alcohol and other drug abuse, physical and sensory disabilities, and elderly. Information contained in HSRS includes clients served, services received, and expenditures for services provided through community aids and children and family aids, and the community options, intoxicated driver, and community integration programs (HSRS does not include Family Care expenditures). Reported county expenditures for social services and child welfare services from all sources (including county tax levy, community aids, children and family aids, the community options program, youth aids, and services reimbursed by other funding sources such as MA), totaled over \$1.3 billion in calendar 2013.

Counties must submit client-specific information at different intervals depending on the program. For long-term care waiver programs, counties must submit information monthly, while counties must submit information on other programs either quarterly or annually. HSRS reports do not include information on revenue sources reported separately in the HSRR. Appendix VI provides more detailed information on clients served and expenditures, by target group and program category cluster, as reported through HSRS and other DHS reporting systems

Human Service Revenue Report (HSRR). Counties must annually submit a human service revenue report (HSRR) of all county human service expenditures and revenues to DHS. This report shows actual costs to provide human services at the local level and the source of funds used to pay for these costs. HSRR uses the same target groups as client data reporting in HSRS..

Community Aids Reporting System (CARS). Counties also must submit monthly reports of expenditures based on the categories included in the state contract. DHS uses the community aids reporting system (CARS) to authorize the payment of funds to counties across a range of contracts.

These reports do not indicate expenditures by fund source because community aids and children and family aids funds are distributed as two aggregate payments. As CARS data elements report budget contract categories, and HSRS and HSRR report broad program categories, it is generally not possible to make data comparisons among these reporting systems.

Additional Resources

Additional information on community aids and children and family aids is available through the following sources:

Department of Health Services State-County Contract

www.dhs.wisconsin.gov/sca

Department of Children and Families State-County Contract

www.dcf.wisconsin.gov/contractsgrants/social_human_services_contracts

Human Services Reporting System (HSRS) Home

www.dhs.wisconsin.gov/hsrs

List of Appendices

Appendix I	Eligible Community Aids and Children and Family Aids Services
Appendix II	Community Aids/Children and Family Aids Allocations - Calendar Year 2015
Appendix III	Total Community Aids/Children and Family Aids Allocation, By County Calendar Years 2009 through 2015
Appendix IV	Tribal Family Services Program (FSP) Allocations for Tribal FY 2015
Appendix V	County Matching Requirements - Calendar Year 2015
Appendix VI	County Expenditures and Clients Served as Reported Through the Human Services Reporting System (HSRS) and Other DHS Systems - Calendar Year 2013

APPENDIX I

Eligible Community Aids and Children and Family Aids Services

Child care

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

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 Support Programs

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

Investigations and assessments

- Court intake and studies
- Intake assessment

Prevention, access, and outreach

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

Specialized transportation and escort services

Supported employment services

Supportive home care services

Work-related and day care services

- Work-related services
- Nonmedical day care services

APPENDIX II

Community Aids/Children and Family Aids Allocations Calendar Year 2015

County	Community Aids (DHS)						Total
	Basic County Allocation	Mental Health Block Grant	Substance Abuse Block Grant	Alzheimer's Family and Caregiver Support*	Family Support Program	Children and Family Aids (DCF)	
Adams	\$550,713	\$8,555	\$34,248	\$0	\$16,828	\$255,372	\$865,716
Ashland	768,640	9,580	28,276	6,929	28,202	340,822	1,182,449
Barron	1,429,795	20,066	79,713	0	50,087	638,419	2,218,080
Bayfield	558,861	7,354	35,262	5,374	31,684	251,351	889,886
Brown	6,494,813	98,340	365,279	0	197,378	3,007,841	10,163,651
Buffalo	544,428	7,803	23,204	5,462	16,634	314,418	911,949
Burnett	577,492	7,248	28,760	0	15,689	254,348	883,537
Calumet	852,236	12,388	46,328	7,711	37,481	380,305	1,336,448
Chippewa	1,917,655	27,037	96,341	0	55,842	839,181	2,936,056
Clark	1,325,469	16,032	55,026	0	40,172	572,520	2,009,219
Columbia	1,324,883	16,818	77,128	12,864	45,478	596,297	2,073,468
Crawford	999,367	7,939	32,086	5,899	18,811	432,014	1,496,116
Dane	12,198,325	160,098	650,692	139,786	293,949	5,487,389	18,930,240
Dodge	2,139,506	31,007	111,966	21,486	78,028	990,395	3,372,388
Door	783,369	7,665	46,219	0	45,433	335,128	1,217,814
Douglas	2,178,736	25,572	110,750	17,661	48,175	757,611	3,138,505
Dunn	1,240,386	18,754	69,453	0	32,108	555,654	1,916,354
Eau Claire	3,574,052	51,569	189,338	0	88,244	1,617,339	5,520,542
Florence	256,410	3,434	8,512	0	13,660	204,300	486,316
Fond du Lac	2,292,380	37,307	153,543	0	98,901	1,509,974	4,092,105
Forest	493,232	5,386	29,605	6,921	15,930	242,051	793,125
Grant	1,710,436	21,745	77,899	20,236	59,436	715,606	2,605,358
Green	871,823	11,554	45,365	8,685	27,976	420,734	1,386,137
Green Lake	564,681	6,805	32,340	5,537	20,632	258,450	888,445
Iowa	662,905	8,335	29,860	1,561	22,783	288,507	1,013,952
Iron	302,397	3,621	7,985	4,143	9,048	134,401	461,595
Jackson	969,514	8,922	39,385	6,658	33,994	464,932	1,523,406
Jefferson	1,955,849	26,128	109,299	19,009	66,343	898,091	3,074,718
Juneau	751,279	10,820	42,890	0	24,826	325,664	1,155,479
Kenosha	5,467,651	72,813	326,821	0	111,865	2,525,153	8,504,304
Kewaunee	610,276	7,486	26,797	7,973	27,444	285,263	965,238
La Crosse	2,765,781	56,779	204,793	30,800	99,173	1,805,632	4,962,958
Lafayette	608,771	7,785	22,055	5,668	37,214	275,770	957,264
Langlade	855,548	12,236	50,577	0	10,086	357,430	1,285,877
Lincoln	530,319	7,585	31,351	0	6,252	416,918	992,424
Manitowoc	2,725,517	35,127	140,547	0	77,626	1,217,996	4,196,813
Marathon	3,994,019	52,071	215,234	0	173,599	1,587,113	6,022,037
Marinette	1,254,226	18,732	75,173	0	49,370	556,220	1,953,721
Marquette	454,323	6,423	23,939	5,118	16,607	203,698	710,108
Menominee	771,310	5,752	41,427	6,124	22,872	341,707	1,189,192

APPENDIX II (continued)

**Community Aids/Children and Family Aids Allocations
Calendar Year 2015**

County	Community Aids (DHS)						Total
	Basic County Allocation	Mental Health Block Grant	Substance Abuse Block Grant	Alzheimer's Family and Caregiver Support*	Family Support Program	Children and Family Aids (DCF)	
Milwaukee	\$36,057,503	\$685,914	\$2,431,021	\$242,158	\$852,668	\$6,890,367	\$47,159,632
Monroe	1,299,189	18,307	71,115	12,497	46,054	583,482	2,030,644
Oconto	939,843	13,353	48,966	0	41,726	433,996	1,477,884
Oneida	1,056,223	11,796	64,839	0	34,889	497,507	1,665,253
Outagamie	4,387,053	64,126	236,002	41,674	126,854	1,975,573	6,831,282
Ozaukee	1,807,316	25,233	85,354	0	56,810	820,579	2,795,292
Pepin	431,390	4,795	11,569	4,362	14,196	185,267	651,579
Pierce	963,981	13,239	51,163	0	27,996	456,160	1,512,538
Polk	1,305,526	17,164	68,628	12,330	41,518	589,614	2,034,780
Portage	1,139,740	25,490	111,625	0	57,412	781,465	2,115,733
Price	593,013	8,029	19,379	5,632	26,183	264,954	917,189
Racine	7,346,561	100,488	500,171	64,711	168,420	3,292,937	11,473,289
Richland	563,834	9,465	32,819	3,565	19,306	361,425	990,414
Rock	6,350,149	73,312	343,850	72,180	117,853	2,851,971	9,809,315
Rusk	760,879	9,661	30,407	6,036	18,690	331,194	1,156,867
St. Croix	1,174,495	17,529	70,176	0	58,331	521,781	1,842,312
Sauk	1,602,880	17,541	82,089	13,677	46,635	711,088	2,473,910
Sawyer	779,267	8,146	50,066	5,556	36,075	349,155	1,228,264
Shawano	1,123,548	16,604	73,720	17,002	39,067	507,178	1,777,119
Sheboygan	3,462,751	51,197	178,215	0	98,798	1,564,041	5,355,002
Taylor	861,116	9,043	31,092	8,511	20,050	386,971	1,316,783
Trempealeau	1,087,699	15,769	43,091	11,157	28,096	465,697	1,651,509
Vernon	1,013,930	12,392	44,268	9,289	19,637	445,337	1,544,854
Vilas	651,313	7,434	40,862	0	21,987	237,325	958,922
Walworth	2,351,917	22,005	118,911	17,755	64,956	1,064,188	3,639,732
Washburn	623,942	8,386	27,842	0	17,128	279,313	956,612
Washington	2,401,091	37,470	131,927	0	84,972	1,049,604	3,705,064
Waukesha	7,843,716	109,469	421,473	71,795	255,291	3,529,309	12,231,052
Waupaca	1,361,468	20,786	80,798	15,096	52,668	629,494	2,160,310
Waushara	740,361	10,433	37,207	7,181	36,679	341,609	1,173,469
Winnebago	5,005,280	68,961	253,027	45,181	126,074	2,310,771	7,809,294
Wood	<u>2,537,339</u>	<u>39,193</u>	<u>128,562</u>	<u>0</u>	<u>86,461</u>	<u>1,184,231</u>	<u>3,975,786</u>
Total	\$169,951,687	\$2,513,400	\$9,735,700	\$1,038,950	\$4,909,339	\$68,555,598	\$256,704,674

* Counties with no listed Alzheimer's Family and Caregiver Support Program allocation receive that grant through Area Agencies on Aging, rather than as a community aids allocation.

APPENDIX III

Total Community Aids/Children and Family Aids Allocation, By County Calendar Years 2009 through 2015

County	2009	2010	2011	2012	2013	2014	2015
Adams	\$868,302	\$846,648	\$855,750	\$860,050	\$859,881	\$855,450	\$865,716
Ashland	1,191,541	1,119,748	1,171,012	1,177,847	1,177,619	1,171,375	1,182,449
Barron	2,243,211	2,187,385	2,204,594	2,218,147	2,217,707	2,206,156	2,218,080
Bayfield	902,955	879,549	878,038	882,403	882,239	877,695	889,886
Brown	10,172,108	9,918,386	10,070,754	10,140,211	10,138,214	10,086,143	10,163,651
Buffalo	920,455	895,316	902,884	909,284	909,122	905,051	911,949
Burnett	902,620	878,581	882,726	887,473	887,301	877,206	883,537
Calumet	1,354,171	1,320,947	1,328,478	1,336,069	1,335,816	1,328,927	1,336,448
Chippewa	3,005,473	2,917,547	2,937,213	2,938,387	2,937,797	2,922,233	2,936,056
Clark	2,030,593	1,981,093	1,990,003	2,001,313	2,000,905	1,990,065	2,009,219
Columbia	2,099,743	2,038,223	2,059,811	2,073,019	2,072,626	2,061,942	2,073,468
Crawford	1,514,580	1,475,025	1,487,289	1,496,546	1,496,245	1,488,105	1,496,116
Dane	19,084,237	18,609,223	18,741,729	18,870,834	18,867,083	18,768,440	18,930,240
Dodge	3,379,229	3,279,886	3,328,929	3,351,433	3,350,800	3,333,581	3,372,388
Door	1,243,155	1,212,708	1,212,905	1,219,316	1,219,074	1,212,683	1,217,814
Douglas	3,191,312	3,105,803	3,123,438	3,140,796	3,140,147	3,121,528	3,138,505
Dunn	1,277,572	1,888,106	1,898,344	1,909,748	1,909,367	1,899,323	1,916,354
Eau Claire	5,599,528	5,437,150	5,476,945	5,515,225	5,483,161	5,454,215	5,520,542
Florence	485,380	473,350	478,723	482,200	482,122	480,459	486,316
Fond du Lac	4,086,522	3,973,976	4,028,739	4,063,467	4,062,763	4,046,423	4,092,105
Forest	795,159	788,229	790,567	794,861	794,710	790,837	793,125
Grant	2,611,021	2,583,139	2,589,768	2,603,339	2,602,837	2,588,778	2,605,358
Green	1,371,558	1,333,260	1,370,762	1,379,530	1,379,270	1,372,345	1,386,137
Green Lake	895,008	868,769	878,175	882,877	882,709	878,150	888,445
Iowa	1,013,519	1,001,989	1,005,933	1,010,943	1,010,741	1,005,336	1,013,952
Iron	463,356	451,023	455,240	456,989	456,901	454,435	461,595
Jackson	1,501,434	1,459,215	1,505,251	1,515,243	1,514,952	1,507,232	1,523,406
Jefferson	3,092,644	3,002,008	3,042,513	3,062,919	3,062,339	3,046,599	3,074,718
Juneau	1,179,148	1,149,773	1,150,769	1,156,778	1,156,547	1,150,437	1,155,479
Kenosha	8,531,368	8,316,946	8,382,419	8,439,827	8,438,144	8,394,062	8,504,304
Kewaunee	958,351	934,832	950,792	955,865	955,678	950,763	965,238
La Crosse	5,008,427	4,870,614	4,898,907	4,940,951	4,940,101	4,920,371	4,962,958
Lafayette	958,480	933,734	950,624	955,818	955,637	950,730	957,264
Langlade	1,250,976	1,243,205	1,264,171	1,271,128	1,270,867	1,278,572	1,285,877
Lincoln	1,400,126	1,379,181	1,397,755	1,406,243	1,405,963	986,520	992,424
Manitowoc	4,236,049	3,928,367	4,162,874	4,190,516	4,189,678	4,167,632	4,196,813
Marathon	5,550,194	5,512,830	5,552,420	5,587,239	5,586,125	5,954,033	6,022,037
Marinette	1,983,092	1,933,896	1,939,622	1,951,160	1,950,775	1,940,611	1,953,721
Marquette	718,520	697,001	702,665	706,114	705,979	702,293	710,108
Menominee	1,204,384	1,174,336	1,176,131	1,182,660	1,182,423	1,176,147	1,189,192

APPENDIX III (continued)

**Total Community Aids/Children and Family Aids Allocation, By County
Calendar Years 2009 through 2015**

County	2009	2010	2011	2012	2013	2014	2015
Milwaukee	\$51,159,370	\$50,150,719	\$50,055,635	\$47,537,801	\$47,525,888	\$47,159,632	\$47,159,632
Monroe	2,054,579	1,997,584	2,014,096	2,026,201	2,025,815	2,015,313	2,030,644
Oconto	1,477,755	1,441,207	1,467,144	1,475,717	1,475,428	1,467,892	1,477,884
Oneida	1,617,127	1,606,714	1,649,221	1,659,498	1,659,172	1,650,735	1,665,253
Outagamie	6,903,818	6,732,897	6,782,002	6,823,791	6,822,490	6,787,088	6,831,282
Ozaukee	2,803,134	2,733,228	2,761,468	2,779,149	2,778,592	2,763,979	2,795,292
Pepin	660,015	641,852	648,393	651,513	651,385	647,865	651,579
Pierce	1,502,020	1,464,492	1,499,046	1,508,356	1,508,059	1,500,374	1,512,538
Polk	2,053,549	1,999,019	2,013,562	2,026,409	2,026,022	2,015,465	2,034,780
Portage	2,117,870	2,059,782	2,067,154	2,083,389	2,088,670	2,074,975	2,115,733
Price	920,687	896,888	905,031	909,871	904,063	904,870	917,189
Racine	11,678,322	11,339,051	11,352,132	11,431,212	11,429,027	11,369,530	11,473,289
Richland	999,789	924,995	978,274	985,339	985,167	981,108	990,414
Rock	9,884,037	9,637,238	9,715,670	9,782,659	9,780,706	9,729,354	9,809,315
Rusk	1,173,323	1,142,546	1,147,661	1,154,275	1,154,047	1,147,847	1,156,867
St. Croix	1,868,750	1,822,691	1,829,144	1,839,405	1,839,042	1,829,528	1,842,312
Sauk	2,507,691	2,435,158	2,456,992	2,472,790	2,472,315	2,459,336	2,473,910
Sawyer	1,247,582	1,215,658	1,214,806	1,221,703	1,221,470	1,215,149	1,228,264
Shawano	1,790,935	1,747,000	1,771,273	1,781,700	1,781,354	1,772,324	1,777,119
Sheboygan	5,388,029	5,253,465	5,317,403	5,353,476	5,352,411	5,324,512	5,355,002
Taylor	1,318,102	1,285,205	1,302,998	1,310,550	1,310,285	1,303,310	1,316,783
Trempealeau	1,677,476	1,630,883	1,644,081	1,654,335	1,654,013	1,645,144	1,651,509
Vernon	1,565,834	1,519,801	1,536,395	1,545,244	1,544,943	1,536,717	1,544,854
Vilas	953,950	950,230	952,622	956,518	956,317	950,789	958,922
Walworth	3,666,471	3,572,838	3,607,569	3,631,684	3,630,980	3,612,005	3,639,732
Washburn	962,207	938,143	953,989	959,188	958,996	953,971	956,612
Washington	3,753,486	3,660,597	3,678,790	3,701,661	3,700,922	3,681,400	3,705,064
Waukesha	12,362,117	12,002,673	12,105,650	12,190,827	12,188,496	12,125,059	12,231,052
Waupaca	2,172,418	2,119,051	2,140,184	2,150,003	2,149,602	2,138,655	2,160,310
Waushara	1,175,806	1,141,687	1,167,481	1,171,421	1,174,201	1,168,277	1,173,469
Winnebago	7,823,351	7,629,038	7,749,285	7,793,756	7,792,268	7,752,115	7,809,294
Wood	<u>3,945,762</u>	<u>3,848,007</u>	<u>3,916,336</u>	<u>3,942,600</u>	<u>3,941,820</u>	<u>3,921,405</u>	<u>3,975,786</u>
Total	\$261,460,863	\$255,541,334	\$257,627,149	\$256,436,809	\$256,356,331	\$254,908,604	\$256,704,674

APPENDIX IV

Tribal Family Services Program (FSP) Allocations for Tribal FY 2015

Fund Source	Adolescent Pregnancy and Parenting	Child Welfare	Promoting Safe and Stable Families	Domestic Abuse	Community Services Block Grant	Child Care	Total FSP Allocation
	GPR	GPR	FED IV-B 2	GPR	FED CSBG	GPR	All Funds
Bad River	\$11,427	\$17,167	\$35,364	\$37,481	\$28,831	\$51,439	\$181,709
Ho-Chunk	9,400	15,481	32,364	36,398	26,672	25,749	146,064
Lac Courte Oreilles	11,427	17,167	38,465	37,481	28,831	40,450	173,821
Lac du Flambeau	41,427	17,167	41,055	82,632	28,826	30,252	241,359
Menominee	67,952	17,187	71,107	37,494	28,841	33,477	256,058
Oneida	11,429	17,167	41,332	47,422	28,826	59,162	205,338
Potawatomi	11,227	17,000	20,024	37,373	23,841	53,955	163,420
Red Cliff	11,430	17,163	40,166	37,483	28,836	30,755	165,833
Sokaogon	11,427	17,167	32,819	37,481	28,839	27,778	155,511
St. Croix	11,427	17,167	22,566	37,481	28,825	29,956	147,422
Stockbridge-Munsee	<u>11,427</u>	<u>17,167</u>	<u>33,439</u>	<u>37,481</u>	<u>28,831</u>	<u>25,699</u>	<u>154,044</u>
Total FSP	\$210,000	\$187,000	\$408,700	\$466,207	\$310,000	\$408,672	\$1,990,579

APPENDIX V

County Matching Requirements Calendar Year 2015

County	Community Aids Match	Children and Family Aids Match	Total Match
Adams	\$55,019	\$18,115	\$73,134
Ashland	76,791	24,371	101,162
Barron	142,843	46,302	189,145
Bayfield	55,833	17,676	73,509
Brown	648,862	216,571	865,433
Buffalo	54,391	22,728	77,119
Burnett	57,694	18,330	76,024
Calumet	85,142	27,551	112,693
Chippewa	191,583	60,999	252,582
Clark	132,421	40,897	173,318
Columbia	132,362	43,218	175,580
Crawford	99,841	31,337	131,178
Dane	1,218,669	393,597	1,612,266
Dodge	213,746	70,329	284,075
Door	78,262	24,389	102,651
Douglas	217,666	54,738	272,404
Dunn	123,920	39,808	163,728
Eau Claire	357,064	114,630	471,694
Florence	25,617	14,666	40,283
Fond du Lac	229,020	108,221	337,241
Forest	49,276	17,720	66,996
Grant	170,881	51,663	222,544
Green	87,099	30,076	117,175
Green Lake	56,414	18,340	74,754
Iowa	66,227	20,686	86,913
Iron	30,211	9,404	39,615
Jackson	96,859	33,166	130,025
Jefferson	195,398	64,297	259,695
Juneau	75,056	23,696	98,752
Kenosha	546,243	178,478	724,721
Kewaunee	60,969	20,013	80,982
La Crosse	276,314	130,301	406,615
Lafayette	60,819	19,898	80,717
Langlade	55,457	25,877	81,333
Lincoln	120,020	30,377	150,397
Manitowoc	272,292	87,861	360,153
Marathon	361,998	112,272	474,270
Marinette	125,303	40,139	165,442
Marquette	45,389	14,477	59,866
Menominee	77,057	24,290	101,347

APPENDIX V (continued)

**County Matching Requirements
Calendar Year 2015**

County	Community Aids Match	Children and Family Aids Match	Total Match
Milwaukee	\$3,602,310	\$511,671	\$4,113,981
Monroe	129,795	41,990	171,785
Oconto	93,895	31,337	125,232
Oneida	105,521	35,696	141,217
Outagamie	438,287	142,742	581,029
Ozaukee	180,559	58,332	238,891
Pepin	43,098	13,418	56,516
Pierce	96,306	32,814	129,120
Polk	130,428	42,149	172,577
Portage	113,865	54,743	168,608
Price	59,245	18,671	77,916
Racine	733,955	235,702	969,657
Richland	56,330	26,024	82,354
Rock	634,409	204,870	839,279
Rusk	76,015	23,811	99,826
St. Croix	117,337	37,618	154,955
Sauk	160,135	51,477	211,612
Sawyer	77,852	24,836	102,688
Shawano	112,248	37,129	149,377
Sheboygan	345,945	113,340	459,285
Taylor	86,029	27,604	113,633
Trempealeau	108,666	33,948	142,614
Vernon	101,296	32,312	133,608
Vilas	65,069	16,939	82,008
Walworth	234,967	76,601	311,568
Washburn	62,335	20,448	82,783
Washington	239,880	75,824	315,704
Waukesha	783,623	253,006	1,036,629
Waupaca	136,017	44,923	180,940
Waushara	73,965	24,863	98,828
Winnebago	500,050	166,556	666,606
Wood	<u>253,492</u>	<u>83,504</u>	<u>336,996</u>
Total	\$16,978,952	\$4,936,403	\$21,915,355

APPENDIX VI

County Expenditures and Clients Served As Reported Through the Human Services Reporting System (HSRS) and Other DHS Systems* Calendar Year 2013

	<u>Expenditures</u>		<u>Clients**</u> <u>Number</u>
	<u>Amount</u> <u>(in Millions)</u>	<u>% of</u> <u>Total</u>	
Target Group			
Abused and Neglected Children***	\$121.2	9.0%	-
Adults and the Elderly	105.5	7.9	12,655
Children and Families	75.5	5.6	6,061
Delinquent and Status Offenders***	156.2	11.6	-
Developmental Disability	300.3	22.4	21,161
Mental Health	469.7	35.0	59,741
Physical and Sensory Disability	43.7	3.3	3,543
Substance Abuse	<u>70.9</u>	5.3	40,164
Total	\$1,343.2		
Standard Program Category Cluster			
Access, Prevention, and Outreach	\$40.0	3.0%	2,777
Child Day Care/Crisis Respite Care	2.6	0.2	230
Community Living and Support Services	332.3	24.7	37,480
Community Residential Services	241.9	18.0	4,879
Community Support Programs	72.1	5.4	7,328
Community Treatment Services	283.8	21.1	72,011
Inpatient and Institutional Care	155.3	11.6	12,196
Investigation and Assessments	75.1	5.6	36,795
Juvenile Corrections	11.2	0.8	178
Specialized Transportation or Escort	22.5	1.7	1,151
Supported Employment	4.2	0.3	525
Supportive Home Care	67.6	5.0	769
Work Related and Day Services	<u>34.5</u>	2.6	6,301
Total	\$1,343.2		

* Includes services funded from sources other than community aids and children and family aids, such as MA waiver programs, community options program, county tax levy.

** Some clients receive services from more than one category cluster. No total is provided, as it would double-count these individuals.

***Due to the implementation of new data systems to track county services, DHS no longer compiles the number of individuals served in the target groups "Abused and Neglected Children" and "Delinquent and Status Offenders."