

Minutes of the Health & Human Services Board

Friday, July 14, 2017

Chair Wood called the meeting to order at 8:32 a.m.

Board Members Present: Supervisors Chuck Wood, Christine Howard (9:13 a.m.), and Bill Zaborowski, and Citizen Members Jeffrey Genner, Mary Lodes, Michael O'Brien, and Tim Whitmore

Also Present: Chief of Staff Mark Mader, Health and Human Services Director Antwayne Robertson, Health and Human Services Deputy Director Laura Kleber, Department of Administration Sr. Financial Budget Analyst Steven Trimborn, Sr. Financial Budget Analyst Clara Daniels, Administrative Services Manager Randy Setzer, Accounting Services Coordinator Will Emslie, Intake and Shared Services Division Manager Kathy Mullooly, Economic Support Coordinator Debbie Berg, Child and Family Services Division Manager Lisa Roberts, Adolescent and Family Services Division Manager Ron Pupp, Veterans Services Officer and Division Manager Mike Johannes, Public Health Division Manager Dr. Nancy Healy-Haney, Public Health Officer Ben Jones, Aging and Disability Resource Center Division Manager Mary Smith, Aging and Disability Resource Center Coordinator Lisa Bittman, Clinical Services Division Manager Joan Sternweis, Mental Health Center Administrator Jeff Lewis, Outpatient Services Administrator Gordon Owley, Criminal Justice Collaborating Council Coordinator Rebecca Luczaj, Human Services Supervisor Danielle Birdeau

Recorded by Julie Bartelt, Health and Human Services Departmental Secretary.

Approve Minutes of 6-15-17

MOTION: Zaborowski moved, seconded by Genner to approve the minutes of June 15. Motion carried 6-0.

Overview of Proposed 2018 Budget

Robertson began by expressing appreciation to the dedicated, responsible, teamwork of the individuals involved in developing this challenging 2018 budget.

Emslie provided a PowerPoint overview of the 2018 HHS budget (attached). Overall expenses are increasing due to a variety of cost drivers. Fortunately, additional revenues have been identified. Revenues are increasing by \$2.5M; charges for services are decreasing by \$1.4M, which is largely the result of having received the first full year cost settlement for the CCS program, in the intensive outpatient program. This is not a decrease in revenue, it is being better able to anticipate how much revenue will be realized through the cost settlement versus through interim billing. Other revenues is an increase of \$2.6M – those two offset one another to account for approximately \$1.2M of the revenue increase in this budget. Tax levy allocation was \$476,288 and today a balanced budget is presented within that target. Fines/licenses revenue is up slightly. Fund balance is reduced by \$324,000 over the 2017 budget. The 2017 budget provided fund balance for safety improvements at the Mental Health Center, as well as some

funding for one time placement costs. General Government revenue is increasing by about \$1M, contributed by anticipated additional revenues from CLTS expansion. The Department received a Preventing Drug Overdose (PDO) grant, built into the 2018 budget. Recently the CJCC received a new three year grant through Substance Abuse and Mental Health Services Administration (SAMSHA) and a \$175,000 of additional revenue through the Children and Family Aids allocation, a grant through the State Department of Children and Families. Expenses are also increasing by \$2.5M. The reduction of \$75,000 in capital assets reflects those safety improvements. Interdepartmental charges are down by \$58,000 as a result of the building improvements. Operating expenses are increasing by \$1.4M. Emslie highlighted a few; mental health institute placements are up by \$300,000, out of home care placements in Children and Families Division and Adolescent and Families Division are up by over \$360,000, an increase built into the budget for birth-three services, increased costs of the CLTS expansion, and personnel costs are increasing by \$1.1M.

Fiscal challenges are Birth to Three mandated program, out of home placements, uncertainty of the CLTS waitlist (maintenance of efforts requirements), in the clinical division the 24/7 mobile crisis intervention where two FTE Clinical Therapist positions are created in the 2018 budget, and the many changes in clinical positions to better meet the current and ongoing needs, costs of both youth and adults at the state mental health institutes, residential services for opioid dependent clients in the substance use area. Zaborowski raised discussion about the costs associated to the opioid epidemic occurring in the county, and asked if the crisis is worsening. Sternweis stated there is an increase in the number of individuals coming to Waukesha County HHS identifying issues of substance use – not only alcohol, but opioids. It is good news that people are seeking treatment and accessing services. The number of clients is about the same, but there is an increase in the days of care. Someone experiencing substance use of alcohol may be able to enter a thirty or sixty day program, moving into supports, and do very well. The risk of relapse is easier to control because the physiology and clarity of thought has improved dramatically. Someone addicted to opioids, it takes a longer amount of time to achieve and to overcome the physical addiction; those individuals are sick for weeks, unless they have medication assisted treatment. More about the costs will be reported under the Clinical Services budget presentation.

Emslie moved on to Adolescent and Families Services Division; the fiscal challenges are residential care placement costs that mirror Children and Families, while experiencing an increase of young truants' referrals. In the ADRC Division there is an increase in requests for aging services with limited dollars based on funding constraints in state grants, and there is a waitlist for certain services. The Clearview Nursing Home is a challenge in this budget. In the Public Health Division, health check revenue is declining. The Intake and Shared Services Division largest challenge is identifying enough foster homes, foster families, and kinship providers.

There is a net increase of 4.5 positions in the 2018 budget; 5.5 new positions included are supported by non-tax levy or a reduction in extra help. In addition, the 2018 budget unfunds two full time regular positions and refunds one previously unfunded regular position. Emslie showed a summary of the increase in positions; in addition to the regular positions, extra help is increasing in part because of the 24/7 crisis program, and adding resources for a part time fraud

investigator. The .95 FTE increase in overtime reflects an estimate of current overtime trends in the mental health facility and the Juvenile Center. O'Brien asked where the new positions will go. Emslie answered in the Outpatient Clinic Division there is an FTE for the PDO grant, two clinical therapists related to 24/7 crisis, in the Intensive Outpatient Program, there is a new position related to CCS services for children, as well as a .5 position for CCS and CRS quality assurance, and one FTE in the ADRC contract division.

Emslie's presentation highlighted the expenditure containment in the 2018 budget. There is an elimination of contracts and consulting services; overall there is a decrease in mileage, tuition and travel accounts, a decrease in office and paper supplies, as well as outside printing, and a decrease in small equipment purchases.

This budget maximizes revenue. The tax levy allocation was approximately \$476,000. Non-tax levy revenues are up overall by \$2.5M, a 3.7% increase. General government related to grants and state budget changes. County Medicaid revenues, Emslie highlighted that CCS is a unique funding source, a Medicaid revenue stream not available to private providers.

Emslie talked about initiatives; Admissions within the Clinical Services Division, as well as same day access, and just in time scheduling for doctors within the clinics, Avatar optimization, caregiver support program for new foster and kinship parents, the Dementia Crisis Innovation Grant for which there will be an ordinance in August to accept approximately \$58,000 one-time funding; partnership with the State on new programming called Family Find which is a tool to utilize social media to help children in out of home care to locate other family members.

There are competing needs for funding anticipated in the future. The preventative contracts for services, which are generally the contracts not mandated by state law are under pressure from some of the mandated services. The preventative services are the best hope to avoid higher costs and out of home care or institutional placements. Alternative placement options to mental health institute placements, and children in out of home care, are likely to require future investments.

Proposed Intake and Support Services Division Budget

Mullooly explained the programs of the Intake and Shared Services Division. Economic Support Services are within the division and HHS Coordinator Debbie Berg presented that section. Intake and Shared services are Child Protective Services, foster care, day care certification, crisis day care services, home and financial management services, and volunteer drivers. See attached 2018 proposed budget table, Program Highlights, and Program Activities, as reported by Mullooly.

Mullooly reported the Activity Table Data. The number of access referrals decreased, the number of child abuse and neglect reports increased. The number of children assessed for abuse/neglect is estimated at 850, a decrease of about 50 cases. Mullooly stated although there was a drop in the number of cases, social workers are needing to spend more time with each family due to the opioid abuse crisis. The three HHS child welfare divisions reported today along the similar theme. In 2017 there is an average of one baby born drug positive per week. They have seen one or both parents' die of drug overdoses. Grandparents and relatives are being

asked more frequently to care for these children. At this time, there are fifty-three licensed foster homes, and seventeen that are engaged in licensing processes. There are currently six available foster homes county-wide. Of these homes, fewer will take teenagers and fewer will take sibling groups of three or more. This is a crisis for the county. 222 children are in kinship care. Relatives in and around Waukesha County have stepped up to care for the children. The opioid crisis has impacted the length of time children stay in care, which further complicate the foster care crisis.

The home and financial management cases (a.k.a. payee cases) will decrease due to many adult cases managed by adult protective services and MCO agencies. This position will focus more on children in foster and kinship care, with transportation and other support services. The number of children assessed and re-assessed for kinship care is increased approximately by 29 cases. Kinship care funded placements are budgeted to decrease by about 5. The state funding allocation for 2018 is for 188 kinship care homes. There is a waitlist of approximately 20 cases. Without increased funding or without children leaving kinship care, they will remain on the waitlist. Crisis intervention for the child protective service calls after 4:30 p.m., week days, weekends and holidays is anticipated to increase to 280. There continues to be a reduction in the number of certified family daycares. That program has been over regulated by the state, requiring a college degree and building a fence to care for children. Certain children will do better in a smaller daycare, and less of those are certified. The volunteer transportation program, driving children to visitation, people to court ordered or AODA services, etc., is budgeted for approximately 84,000 miles in 2018.

Lodes asked if the children on the waitlist are at risk. There are voluntary cases, those not yet reaching the level of child protective services. Example, if a mother, due to a variety of reasons, places her child with the grandmother, and the grandmother seeks help from HHS, HHS would like to be able to provide support. The child and family are assessed, criminal background checks and a home visit are conducted when placed on the waitlist. Lodes' second question was if supervisors are compensated for their overtime work to support staff on the 24/7 crisis program, so as not to lose quality leaders. Mullooly answered that it was a big change, but they have all learned more about child protective services standards and protocols, creating a stronger team across the three child welfare divisions. Yes, try to compensate through reschedule and flex time.

Whitmore asked about the increase in the general government revenues due to child care administration, when the number of day cares is decreasing. Mullooly stated that child care administration funding supports more than just the certification of day care homes; it supports the Economic Support worker, daycare for emergency kinship or foster care placements, etc.

Berg, explained Economic Support services provided through the five county Moraine Lakes Consortium; Medical assistance programs (Badgercare and Medicaid), Foodshare, child care assistance program (Wisconsin Shares Program). 90% of cases are processed through a call center or on line. Cases handled just through Waukesha County are long term care cases and fraud investigations. In the Moraine Lakes Consortium, there were over 54,000 open cases and about 21,500 cases are Waukesha County residents. In the previous 12 months, over 48,000 applications were processed, plus renewals.

Berg reviewed the attached 2018 proposed budget table, Program Highlights, and Program Activities. She explained some additional needed funding received for fraud investigation programs.

Berg explained the graphs showing a spike in 2014, when the Affordable Care Act began, and then has plateaued as is expected for 2018. A reduction is anticipated FoodShare cases possibly resulting in a better job market. Childcare cases will likely increase a bit. There are many changes in the Childcare program; one of the largest is the recent implementation and use of the EBT swipe cards which benefits are loaded for the consumer to pay directly to the daycare. Berg explained how this new system and authorization process has drastically increased the workload.

Proposed Child and Family Services Division Budget

Roberts began with in home safety and out of home placement services, ongoing child protective services. If there is risk of abuse/neglect, the preference is to manage safety issues in the home with the family. If the risk is significant enough, children need to be placed either in foster home, group home, or residential facilities. The Child and Family Services Division maintains those children in their out of home care settings and works with parents to rectify their challenges. They have a small subgroup of children who are not abused, but have significant special needs, and despite efforts to support their parents, the children or community are not safe, may require residential treatment.

The general government revenue is increasing about \$95,000, serving about the same number of families, but given the challenges families are facing, more children are unable to be maintained safely at home and require placement in other settings. The heroin/opioid epidemic has clearly impacted this area. They are seeing more drug affected infants. A parent struggling with their own addiction issues or newly in recovery, to take care of a child who is drug addicted themselves, is challenging, and most of those children require out of home care. There are parents overdosing in front of their children. Working with parents to create a safe environment for their children is becoming more and more challenging. This is why the reunification rates are down drastically. Roberts talked about other forms of permanency; transferring guardianship or terminating parents' rights. These are statewide issues and the governor's budget currently proposes an increase to the Child and Family allocations throughout the state. With that we will see a \$131,000 increase. With that there is a decrease in the revenue piece for the Post Reunification Program because reunification rates are down. The state supports some funding for legal fees – over 90% of families served are involved in the juvenile court system and the Division receives support from the Waukesha County Corporation Counsel, and there is a slight decrease expected in 2018. The charges for services area is decreasing about \$25,000. There is billing/funding revenue produced by the clinical therapist. Children entering out of home care who are receiving social security benefits are rerouted to the county to cover out of home care placement cost, which shows a slight decrease in other revenues. Personnel costs are shifting. A group of social workers trained in both waiver and children protective services, generally costs are split 50/50. The Division has started to experience few of the 340 children served fit into the child protection area, therefore expenses were reallocated. Operating expenses increase by about

\$217,000 as a result of increasing the out of home care costs, slightly offset by the centralized intake contract, reallocated to cover some of the Birth to Three Program's increased costs.

Roberts reviewed charts on page 6, reflecting increases in foster care, group home, and residential care expenses, due to more children staying longer. The recent legislative changes benefit the children, but with a cost to the county. There is an impact due to new Corporation Counsel Attorneys, a new judge, a new court commissioner. Roberts talked about available services for families to try to rectify their challenges impacts, costly placement resources, and preventative services through contract agencies and community providers. She highlighted Safe Babies/Healthy Families as a tremendous support to Waukesha County families, keeping children safe and preventing deeper end, high cost services.

Howard inquired about the status of available foster care homes. Roberts replied it is a crisis – due to a shortage of certified and available foster homes for the number of children, the age, or severity of needs.

Roberts stated that the Children with Special Needs area encompasses three primary programs – Birth to Three (support services to children ages birth to three having been assessed as having 25% or more deficit in any developmental area), Children's Long Term Support Waiver Funding (CLTS) (federal, state, and local match funding to provide supportive wraparound services to keep children with chronic disabilities living in their home) and the Children's Community Options Program (CCOP) (much the same as the waiver; supports the children on the waitlist for the waiver). The governor wants to be the first states in the country to eliminate the waitlist for children with special needs, and significant funding has been allotted by the State to eliminate the waitlist by the end of 2018. Waukesha currently has about 375 children on the waitlist and is projected to serve approximately 340 in this program this year, which more than doubles the number of children served on the waiver over the next year and a half. The case managers are able to bill the waiver, resulting an increase in revenue of about \$716,000. There is an administrative cost associated, as well as case management billing. The charges for services in this area are increasing by about \$40,000. There is a parental fee collected for children in this program. Other revenues increasing by about \$30,000. The majority of these services and products purchased for the children, are processed through a third party administrator.

Birth to Three has been a financial challenge to match the mandate. The state has not increased the allocation since 2010, at which point the State decreased the allocation to acquire other Medicaid sources, which did not provide additional funding. Every county in the state is struggling to meet the Birth to Three program with the current funding and insurance levels. In response to questions about Lutheran Social Services from Mader, Lodes, and Howard, Roberts explained how it has been possible to continue having LSS provide the mandated Birth to Three services for Waukesha County.

Continuing with the budget of CWSNs, this area sees a significant increase in contracted services, because through the waiver program the number of children served will double.

Lastly, Roberts reported that waiver funding goes through a third party administrator. Two years ago, auditors advised that because counties are responsible for how the funding is spent, it is

required to be part of the budget book, even though the funding does not come to the county directly. This is unknown at this time, until the governor's budget is approved. It is anticipated there will be a \$1.5M increase due to Waukesha's large waitlists in the state. There will be an ordinance to accept this funding.

Proposed Adolescent and Family Services Division Budget

Pupp, is Adolescent and Family Services Division (A&F) Manager. The division receives referrals through Access in the Intake and Shared Services Division, and through Intake in the Adolescent Division, more of a criminal or delinquency front door. Once referred, there are ongoing workers assigned to work with families. There is a degree of consequence and a consistent effort to focus on remediation. Treatment of underlying reasons why children committed crimes is necessary to alleviate future criminal behavior. Ongoing workers work with independent living skills in groups, conflict resolution, contract out to community providers for therapy, and 2.5 therapists in the A&F unit. There are a limited number of foster families that will agree to accept teenagers, so there exists a challenge to maintain youth in the community.

Pupp stated A&F is asking for a \$33,000 increase this year and it is offset in large part by the \$79,000 in Juvenile Center expenses.

General government revenue is about \$39,000 primarily due to some state funding received from the Child and Family allocation, used for ongoing child protection and juvenile justice case management. A&F also received an increase in youth aids of \$18,300 from the state and largely passed along to one community provider, Wisconsin Community Services (WCS), who provides tracking services. Rather than placing youth in a residential program or jail, they may be on an ankle bracelet at home. WCS provides homebound detention tracking and intensive supervision. A&F lost approximately \$21,000 in independent living funds at the state level. Each county has a mandate to serve teenagers aging out of care, to prepare them for adulthood. In the past the counties received that funding. It is now contracted with a Transitional Resource Agency (TRA) to serve those between 18 to 24 years of age (Workforce Development Center in Waukesha County). A&F remains mandated to serve the 14 to 18 year old group, which is unfunded.

Personnel costs have increased a slightly, asking to refund one social work position previously vacated by a retirement. Intensity of cases remains high, given the previous factors mentioned by Mullooly and Roberts.

Operating expenses decreased \$161,000 in large part due to discontinuing a long standing in home services contract provider, concluding that the amount spent on those services was not a good return on investment. A&F is currently partnering with community partners (Power for Change, LSS, and Shorehaven) offering similar services and are billing Medicaid and other insurances. Moreover, supplemental funding for these partners is needed for some services and are not insurance reimbursable, i.e. school or HHS meetings.

Pupp reviewed the numbers served in Family Services and in Juvenile Services. Custody intake decisions and court intake referral numbers are all over and difficult to predict. The number of referrals to court has increased and predicted to remain a trend in 2018.

Pupp explained work done to prevent youth going to court, e.g. deferred prosecution agreements (DPA). About 87% of truants are on DPA's, teaching the families support skills and diverting court involvement and ongoing services.

Pupp reported higher truancy rates over the last five years. 40% of intakes are truancy related. Of those 40% truants, 30% are under the age of 13.

Despite the high numbers and intensity of cases, Pupp reported the out of home placement rate is stable, as a result of work to support youth in their home. The goal has always been 2% or lower and this year is at 1.51%. However, the raw numbers have actually gone up, which drives up costs.

Lodes asked if there are any trends seen with youth and truancy – bad parenting, bullying, anxiety? Pupp answered it is all the above. The goal is to intervene early and become involved before there are deeper end needs. He talked about work with medical providers to avoid writing excuses for anxiety as evidence shows excusing youth afraid to go to school does not help them overcome their fear. The better approach is to help them to deal with anxiety and remain in school. Robertson added it is also a systems issue, as schools have seen a reduction in resources and funding, elimination of guidance counselors, and types of interventions.

Recidivism rates were reported, measured one year post discharge from services. The 2016 numbers are an anomaly because St. Charles youth were not included in the count, due to terminating the contract. A&F did contact St. Charles and offered continued services to the families, six families accepted and others moved on.

Pupp reported on the numbers of childcare days, number in foster care is 25 this year, group homes had 1 for three months, and residential care centers estimate is 14, budgeted for 10.

The Juvenile Center had a revenue decrease of about \$2500 from the state, a training expense. The fund balance decreased about 30%, anticipating the slender man girls leaving Waukesha County HHS' care. Personnel costs decreased due to a long term supervisor retirement and a long term medical leave that will eliminate extra help needs next year. Interdepartmental charges budget decrease about \$18,000, eliminating transportation costs for the slender man girls' visitation with family.

Pupp reviewed the number of childcare days in shelter care, the 2017 estimate is "off the chart". There have been several days the facility has been at capacity. This is driven by no available foster homes and the reduction of residential care facilities (St. A's in Milwaukee is closing their residential facilities in August). Shelter care stays are up as youth are waiting for placements openings. Wood asked about the relationship with Lad Lake, and Pupp said it is excellent. Secure Shelter is male population. In 2016 there were 554 days of care of non-county residents. In 2016 there were four or five young men who stole cars in Milwaukee and were arrested, detained and charged in Waukesha County. The 2018 budgeted number of 247 days of care is a three year average for non-county residents. Secure Detention with Washington County house the female population. The 2016 actual was 806 days of care, and in 2017 it is projected to be

806 as well. The budget for 2018 is going up, partially due to the three year average. Pupp reports the increase in female secure days of care, in addition to the slender man girls, is due to the lack of residential placement providers/beds. Lastly, Pupp reviewed the graphic of days in care; 2017 is 3,758 (2079 males and 1689 girls), and days in Secure Detention.

Proposed Veterans Services Division Budget

Mike Johannes, Veterans' Services, referred to page 17 and 18. The general government revenue is a \$13,000 state grant from the Wisconsin Department of Veterans Affairs. Last year's attempt to restrict payment of those funds has been lifted. Personnel costs increased due to a retirement payout this year, and a retirement last year. Currently 100% of the division has been there five years or less. Operating expenses increase with the receipt of \$5000 in donations, some of which will go to the Veterans Resource Fair. Under Activity – Output Indicators, the 2016 actual total dollars to Waukesha County Veterans' \$281M.

Johannes reported Veterans' unemployment rate is currently lower than civilians' in the State. More companies have been contacting Johannes interested in hiring Veterans. Minutemen Staffing contacted Johannes about co-hosting a hiring event with them. It is free for Veterans.

The Veterans' suicide rate is lower in Waukesha compared to the rest of the nation. There are approximately eight per year; there were three this year. Johannes would like to establish a partnership with the VA and their psychiatrists. Veterans' are required to go to Milwaukee for their psychiatric appointments, but many have expressed feeling more comfortable attending the Waukesha Veterans' Office. The VA is not open to bringing their psychiatrists to Waukesha, but Johannes is going to push for a teleconference style appointment for Veterans' to communicate with the VA psychiatrists.

Johannes announced the formation of a Female Veterans Group. These are Veterans under forty years of age, to promote connectedness in the community. The June 30 Honor Walk at Mitchell Park in Brookfield, in conjunction with a symphony concert at the Sharon Lynne Wilson Center was a success. The Guitars for Veterans is now open, partnering with the Vets Center and a university music department. The Veterans' Division just began working with Project Echelon, pairing pro-athletes with disabled veterans for endurance sports. A Veterans' Resource Fair is planned for October 16 and 17 at the Human Services Center Building. Genner asked if the Veterans' Office sees a lot of walk-ins. Yes, many come in requesting benefit determination assistance. There was a FAQ added to the website as well, but the older Veterans are not inclined to go online and would prefer to come into the office.

Proposed Public Health Division Budget

Dr. Nancy Healy-Haney stated the budget supports the State of Wisconsin certification for Level II Public Health Division, and has three areas - administration, family and community, communicable disease control and preparedness. The administration area provides oversight and leadership to all Public Health Programs, employees, staff development, and grants management. The Family and Community area offers a variety of direct services, including children, adults, and seniors. The child health programs address immunizations, lead screening, health checks,

fluoride varnish, and case management for high risk children at risk for failure to thrive or abuse/neglect. There are many intra-divisional partnerships in the HHS Department. There are programs for high risk pregnant women, drug affected infants, cholesterol and glucose screening for adults. Healy-Haney talked about engagement in the 2016-2020 Community Health Improvement Plan and Process (CHIPP). Also in the family area, they offer Women, Infants and Children Program (WIC), including nutritional remediation of children birth to five and to high risk pregnant women with nutritional deficiencies. Under communicable disease control and preparedness, there are 80 reportable diseases followed daily. They provide treatment to tuberculosis clients and to the sexually transmitted disease area. In addition, there is a heavily used travel clinic, which is tied into the CDC's Travel recommendations for what is needed for immunization recommendations or any dangerous events. The other area is preparedness - the county must be ready to activate a clinic within twelve hours. There continues to be exotic diseases surfacing, i.e. Zika and Elizabethkingia.

Jones explained program highlights on page 20. Overall, the budget is \$3,323,603, roughly a decrease of \$27,000.

Dr. Healy-Haney reviewed the Divisions' activities. The walk-in clinic continues to increase its utilization. There is an increase in the chronic disease screenings for seniors, at health fairs and walk-ins. The number of urine drug screens in the intra-divisional partnerships continue to increase. Approximately 40% of those referred for a drug screening are positive.

Under WIC activities, many are eligible in the county. The national trend is down for parents utilizing WIC for themselves or for their young children. It has been noted over time that when other programs related to nutritional supplements are made available, such as Foodshare, then WIC participation decreases. In 2016 Waukesha County merchants received \$1,794,700 added because of the WIC program. Farmers also benefited by obtaining \$7735 from WIC.

On Page 22, Dr. Nancy addressed Communicable Disease and Preparedness. Communicable disease continues on a fast upward trend. This will continue as population increases in Waukesha County. There is an upward trend of confirmed cases of communicable diseases. She highlighted the significant number of tuberculosis cases and home visitations. The drug dispensary through the State Health Department for this program provides coverage for the expensive medications that many people could not otherwise afford. Dr. Nancy reported on seeing outbreaks of pertussis, mumps, and chicken pox in schools. The STD program continues on an upward trend. Lastly, preparedness training continues with the assistance of grants. Lodes asked if the immunizations continue to be at a 7% opt out rate; Jones answered yes, for a variety of reasons, mostly personal conviction waiver. It is about 5000 children who are not immunized. This is also seen in colleges and there is meningitis occurring. There is outreach to schools and daycares.

Dr. Healy-Haney and Jones presented on the 2016-2020 Community Health Improvement Plan and Process (CHIPP). See attached PowerPoint and copy of the survey handed out and completed by the HHS Board. This survey will be distributed to the community over the next few weeks, through advisory committees, non-profit agencies, etc. to prioritize the top six health issues in Waukesha County as identified by the CHIPP Steering Committee. The six health

topics are opiates/heroin, alcohol, communicable diseases/managing chronic diseases, healthcare navigation, mental health, and nutrition/physical activities. There is also a CHIPP website; <https://www.waukeshacounty.gov/chipp/>

Proposed Aging and Disability Resource Center Division Budget

Smith introduced the new ADRC Coordinator, Lisa Bittman.

Adult Protective Services (APS) is mandated by state statute, primarily to investigate concerns of abuse/neglect of adults/elders. The APS Unit performs necessary court work for situations requiring court ordered protection and services. This unit provides short term case management and links individuals to long term resources. Staff social workers provide annual reviews for those individuals under court ordered intervention for protective placement in institutional settings. \$132,000 increase is budgeted for 2018.

Smith reviewed the program highlights per page 23 attached.

Smith reported APS activity. The average caseload for the eight social workers is budgeted to remain 60 clients, including active investigations, as well as annual Watts reviews for people who are placed. 300 Watts reviews are budgeted; these are annual reviews required of people protectively placed. As staff are conducting these annual Watts reviews, they are determining if there is any possible way to reduce the order. The emergency protective placements are budgeted to decrease approximately 20. The Chapter 51.67 reduce as well. In the first half of 2017 there has been a decrease in the emergency placements and Chapter 51.67's, due to close work with the crisis unit and law enforcement to do crisis stabilization, ultimately impacting the budget in the future. There are 50 comprehensive evaluations predicted; these evaluations are completed for the court to determine need for a protective placement order. At Risk cases reported in WITS (Wisconsin Incident Tracking System) are increasing. The increase is due to more reporting requirements by the state than actual cases. The APS Unit is implementing the Avatar system, which will enable much better data collection and analysis in the future.

Bittman reported that the Community Services program provides a wide range of services that empower seniors, those with disabilities, and their caregivers to make informed choices and remain as independent as possible. Direct services are provided through a variety of funding, including through the Older Americans Act, Wisconsin DOT funding, Elder Abuse and Neglect funding and the Alzheimer's Family Caregiver Support Funding. Services include home delivered and congregate meals, care coordination, adult day care services, home chores, bathing, housekeeping, respite care, shared fare taxi and other specialized transportation, caregiver support, and emergency intervention. Services require an assessment is done to ensure eligibility criteria are met. Different funding sources have different eligibility requirements. Many services are provided under the Older Americans Act funding which serves those 60 and over, with a special emphasis on reaching targeted frail, isolated, home bound, and economically challenged older adults. Most direct services provided in support services transportation and emergency intervention services are provided under vendor contract with community based partners. Additionally, the Community Service Program offers opportunities for people to volunteer.

The 2018 budget projects an increase of \$76,000 in Community Services Program. Bittman reported the program highlights found on page 25.

Bittman reported on the activities listed on page 27. The Rideline one-way trips are expected to increase by about 1000 rides, due to increased need from the community. There are five fare ranges under which clients fall, a cost share is determined relative to their income. About 60% of clients served provide a cost share in the highest range, and 27% are in the lowest cost share range. The shared fare taxi graphic projects 43,000 trips in 2018; less than budgeted in 2017 due to the loss of one taxi provider. Whitmore started discussion regarding the costs and numbers of rides for Rideline and shared taxi. The total number of rides predicted in 2018 is 71,000; an increase of 2600 over the 2017 budget. Howard asked how many people – not rides – are utilizing Rideline and shared taxi services? Smith will forward that data. Bittman continued on page 26 to the cost per ride for shared taxi which is not projected to increase, however the Rideline cost is \$1.17 increase over the 2017 cost, due to a 3% contractual increase with the provider. On page 28, 1500 people are projected to receive direct services such as homemaker, bathing, adult daycare, emergency intervention, etc. An increase need is seen with the aging population. The increase in demand for the homemaking services has created a waitlist. These services are funded with tax levy and client cost share. There is an increase in staff time to provide care coordination with other community resources. All clients served in Community Services Program are not eligible for the State's long term care programs, therefore have fewer supports available to them. An increase in participation and success is seen in the evidence based prevention classes. On page 28, Bittman referred to volunteer information. In 2018 an increase of 105 volunteers. Volunteers provide 38,000 hours of services with a value of \$900,000 to Waukesha County. Page 29 includes information about the home delivered meal program. In 2018 they anticipate an increase of 267 meals over 2017, with an increase of about 78 participants, again seeing the impact of the aging population. Those receiving home delivered meals are assessed for eligibility which includes homebound status and having no one available to prepare meals for them. Clients are re-assessed annually and monitored throughout the year to ensure the eligibility remains. There is an increase in the average client donation amount for each meal to \$1.84. 37% of the cost of the home delivered meal program will be covered by grants, 36% by tax levy, 20% by client donations, and 7% by MCO revenues. Congregate meal sites are serving clients most isolated and frail. Bittman reviewed responses to annual consumer surveys. In 2017, 94% of those receiving home delivered meals were able to live independently in their home, 81% felt they had an improved quality of life, and 70% said over half of their daily food intake was provided by this meal. On page 31, the congregate meal sites anticipates an increase of about 1000 meals over the 2017 budget. They are seeing fewer diners, but those attending are dining more often. There are ten senior center sites throughout the county. There is an increase in donations for the congregate meal cost to \$2.00 each meal. The breakdown of funding sources for the senior dining program is 75% grants, 18% donation, and 7% tax levy. Lastly, the annual survey results for the senior congregate sites shows 63% said that half or more of their daily food intake was provided by this meal and 78% said that by attending the site and having this meal improved their quality of life.

Smith moved on to the ADRC Contract fund review. The ADRC serves a single point of entry for the public to gain information and assistance related to various resources and options

available to older adults and adults with disabilities in the community. The core services include marketing, outreach and public education. The ADRC provides reliable and objective information and assistance, options counseling, assess for financial and functional eligibility for publicly funded long term care programs. They then conduct the enrollment counselling for the individual. They have elderly and disability benefit counseling, transitional services for those youths transitioning into the adult long term care system, and provide information on surrogate decision making.

Funding to support the programs of the ADRC are provided by the State of Wisconsin Bureau of Aging and Long Term Care Resources and the US Department of Health and Human Services; there is no tax levy. The general government revenue is budgeted to increase approximately \$181,000 which is \$2.357M, the State ADRC contract. Smith reported the program highlights for the contract fund on page 33.

The goal of the state requiring an ADRC marketing and business plan is to increase public education and outreach, provide resources and assist individuals to maximize their own personal finances, thus delaying the need for long term care publicly funded benefit programs.

The program activity shows an increase in 2018 of 9000 related to the marketing position and additional contacts coming into the ADRC. Of those contacts, they generate the option counseling contacts, budgeted at \$1800, and inform consumers on available services and how to maximize their own personal funds. The functional screen contacts is budgeted at 1500, the number of times staff assist individuals with the completion of the functional screen, which determines functional eligibility for programs. The elder benefits counseling clients are increasing by about 300 related to the aging population. The ADRC offers an Introduction to Medicare class twice per month and is a great benefit to the community. There is Medicare D counseling provided, which is the prescription drug plans. The disability benefits counseling cases are budgeted at a slight decrease, more in line with what the actual number have been. The Elder Benefit Specialist helps county residents receive approximately \$3.4M in benefits, and the Disability Benefit Specialist helps residents receive approximately \$2.1M in benefits. Smith talked about the outreach and marketing activities; anticipating additional presentation, health fairs, and displays, with the aid of the marketing person. Annual newsletter distribution is increased and the ADRC Resource Guide is budgeted the same.

Howard asked how many are currently on the homemakers' waiting list. There are two or three, and more are anticipated. Tax levy in that program is approximately \$30,000 and the ADRC provide two hours of homemaker services one time per month. There are many requests for this service. This is an area that requires continue monitoring.

Proposed Clinical Services Division Budget

Sternweis talked about how the Clinical Division underlays the work done across Human Services and many aspects of services in public government. Acute mental illness, suicide risk, physical disabilities, substance abuse disorders, and the impact those issues have on individuals, children, families, and the community is what the Clinical Services Division is all about in terms of recovery and treatment programs. Sternweis talked about options and opportunities; structural

changes with the mobile crisis team, electronic health record, behavioral medicine services, and the CJCC evidence based decision making (EBDM) process, efficiencies created through emergency response efforts that resulted in fewer people being detained, which has lessen the burden on the Sheriff's department, local law enforcement, reduced work load of corporation counsel and the court system. EBDM looks at efficiencies and identifies gaps to close the loop. Luczaj has some new grant opportunities to talk about as well. Crisis intervention team training – they continue to train officers at no cost to those departments with grant funding. In 2013 the Genoa onsite behavioral health pharmacy opened, and in the past month, a second location, opened at the mental health center. Another efficiency through that endeavor is, instead of purchasing a medication dispensing machine, they are looking at leasing the machine from Genoa, which is less costly and places Genoa as the responsible party for the software linkages. Another big change and improvement was in the Admissions Unit and same day access. Walk-in times are fully functional in the Clinic.

Sternweis talked about leveraging grant opportunities, both the crisis grant and the DOJ grant for the drug treatment court. Through grant dollars, consultation to benefit both customers requesting substance use disorder treatment, or for the crisis team, was purchased.

With Avatar, the electronic medical record, there will be more charts, graphs, and data driven outcomes available in the Clinical area for the 2019 budget. Sternweis stated the Clinical Services Division provides treatment across a lifespan, and shared a graph showing the ages and numbers served, in five year increments. The most frequent needs are between ages 18 to 35.

Sternweis shared good news regarding the recent award of a \$95,000 medication assisted treatment services grant from the state, starting in September and ending in June. She also talked about the \$225,000 Prevention of Drug Overdose (PDO) grant. The Substance Abuse Supervisor and Dr. Owley are working with ProHealth Care on treating the whole person. Much literature is pointing to a triple diagnosis, having to do with pain management. O'brien asked about the differences between the PDO grant and the new state medication assisted treatment grant. Sternweis explained that the PDO grant's strict focus is on prevention and the distribution of Narcan. The new state targeted response to opioid grant is specific to treatment services, and must be used to expand the use of Vivitrol and Suboxone, assisting people with withdrawal and recovery. The funding is not to supplement current services, rather a new service, to serve more clients.

Lastly, Sternweis stated the main mission is, whether children or adults with severe persistent mental illness, individuals with substance use disorder, alternatives to hospitalization, making sure there is the right level of care, at the right time, in the right dosage for those individuals.

Lewis referred to page 36 and reviewed the Mental Health Center budget program highlights. This is a 28 bed free standing psychiatric hospital serving Waukesha County, which is 24/7 assessments, intervention, diagnosis, and treatment for those having serious mental health problems, and alcohol detox. 60% of the admissions have a co-existing substance abuse in their condition.

Lewis announced the big news of going live this week with Avatar, electronic medical records.

In 2018 they are again looking at resurfacing two seclusion rooms to a softer surface for safety, painting the lobby which has not been painted since 1992, and adding bathroom suicide prevention doors to avoid identified risk, furniture and cubicle replacement, and technology upgrades.

Activities; patient days are expected at 6450, admissions are expected to increase as efficiencies improve due to staffing and becoming more comfortable in the electronic record.

Howard commented that she was very pleased to see the suicide prevention doors at the Mental Health Center in the budget.

Dr. Owley, Outpatient Services Administrator, reported the Clinical Services programs are in two areas – the Mental Health Outpatient programs occurring in the Human Services Center Building and other programs occurring in the Mental Health Center. At the MH Outpatient Clinic there is mental health therapy, substance abuse services, and crisis intervention services. There are psychiatrists, advanced nurse practitioners for psychotropic medication management, support services available for uninsured clients for medication assistance programs, diagnostic medication management crisis intervention, including therapy and case management.

General government revenues increase by \$232,000 as the result of the award of a \$225,000 PDO grant and the Juvenile Crisis grant increase of \$7500. This number will change with the \$95,000 State Medication Assisted Treatment grant just received. Owley reported the program highlights on pages 34, 35, and 36.

Program activities, Owley reported that the 2018 budgeted unduplicated count at the outpatient clinic is 4200, a 1600 increase over the 2017 budget, mainly due to crisis services. MH outpatient visits are at 17,000. AODA outpatient visits are approximately 1000. Clients receiving detox remains budgeted at 50, and detoxification days of care remains steady, budgeted at 130. AODA residential days of care is budgeted at 5388, per the estimate for 2017. State institutes days for children was budgeted in 2017 at 486 and is projected to be 1284. Therefore, the 2018 budget is 921 days. The reason for the increase of children at the institutes is the number of children in the county who are severely mentally ill or developmentally disabled, autistic, cognitively delayed, and present serious behavior management problems. More training with crisis responders is planned in an attempt to lower the number of days of care in institutes for children, as well as attempt to identify other resources in the community.

Referring to page 39, Owley talked about the mobile crisis intervention activities, the program wherein as of July 1 had to go 24/7. This budget data is for six months actual, January to June, 2017. So for the first half of 2017, there have been 3828 inbound calls, and resulted in 1700 in person assessments. These occur in a hospital emergency room, the community, home, school, or place of work. The time factor for the assessments, including travel, paperwork, is close to four hours per assessment. It is very labor intensive. A remarkable job has been done reducing unneeded hospitalization, especially with younger population. Approximately two thirds of the crisis calls involve adults. Over six months, the number has steadily grown each month. O'Brien questioned the effects of this on workload. Without the exact data, Owley explained out

of the 1700 assessments, half of those did not require psychiatric hospitalization. This means law enforcement does not have to take individuals into custody, and for medical clearance, which can be anywhere between thirty minutes to twelve hours, avoids corporation counsel involvement, so there are no court cases, and emergency rooms utilization. It relieves stress on law enforcement, courts, and hospitals. In addition, the family is not disrupted; no one is placed in handcuffs and transported in the back of a squad car. It is a different way of practices, expanding services around stabilization, and mobilizing staff throughout the county, instead of one having to leave the home.

Referring to page 38, Owley talked about services that take place at the Mental Health Center; Treatment and Support Services Unit (TSSU), Comprehensive Community Services (CCS), Adult Mental Health Day Treatment, Community Support Program (CSP), Targeted Case Management and Community Recovery Services (CRS). Residential care and group homes, adult family homes, institutional settings are provided through contracts with multiple specialized groups throughout Wisconsin and contained in these programs.

Owley and Emslie explained the program highlights for the Mental Health Outpatient Intensive unit on page 38. Revenue was moved, previously budgeted on the charges for services line down to the other revenue line, to reflect the increased ability to better estimate how much of the CCS revenue from interim payments billed to Medicaid versus payments through the cost settlement process, which are delayed by a year and therefore better classified as prior year revenues and fall under the other revenue classification. Across CCS it is about a \$1.1M increase in revenue. Under personnel increases, Owley explained the necessity for the .5 FTE for quality assurance, as this billing is severely monitored by the state.

The Mental Health Outpatient Intensive activities on page 39 were reported. CCS and case management number of clients remains stable. The CSP program is not on the table; the 2017 budget was 191, the 2017 estimate is 190, and the 2018 budget remains at 190. CCS program days decrease about 3000, about 600 in CRS, and 3100 in specialized residential program days, for a total residential days of care decrease of about 6700. Total residential hours of care remain stable.

Luczaj stated that the Criminal Justice Collaborating Council was established in 2002, and was the second CJCC in the State of Wisconsin, after Marathon County. It was formed to make collaborative decisions about the criminal justice system. All stakeholders are represented; judges, DA, County Board, County Executive, the Sheriff. There are currently 48 counties and tribes in the state that now have a CJCC. The state Department of Justice has a CJCC as well.

Luczaj shared the good news about the award of a new Expanding Substance Abuse Treatment Capacity in Drug Court grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) beginning in September, 2017 and ending in September, 2020. This will add where the federal Bureau of Justice Assistance Drug Court Enhancement grant ends in September, 2017. This was a highly competitive grant and Waukesha was the only county in the state awarded. The program plan is to serve 150 individuals in Drug Court over the three years. The grant will sustain the current capacity and increase it by another ten, serving 60 participants and reduce the wait list. In addition, it will allow Waukesha to add a case manager. This grant

will allow an increase to the hours of the recovery coach coordinator hired last year, and pay for substance use assessment through Health and Human Services, outpatient treatment, residential treatment, and medication assisted treatment.

Luczaj reviewed the budget table and program highlights on page 40 and 41.

Luczaj reviewed the list of nine post-conviction program activities listed on page 41. Eight of the nine programs are coming up for bid, as is done every five to seven years.

Luczaj reviewed the activities list and tables showing numbers of clients served, successful completion rates, and jail days diverted by CJCC programs, on page 42. All of the 2017 estimates are based off of the first six month actual totals. Discussion about the impressively high percentage of successful completions of Drug Court – in 2016 it was 71%. The national average for drug courts is around 50%. Waukesha County’s higher rate could be attributed to the addition of the recovery coach, and to the judge in the program. Discussion about Judge Maria Lazar’s upcoming transition to drug court. She has attended a national training put on by the National Drug Court Institute, as well as a state drug court conference.

O’Brien stated that the alcohol treatment court is tax levy funded. How far out is drug court securely funded through grants? Luczaj stated that drug court is funded through two grants; one is the Treatment Alternatives Diversion Grant through the Department of Justice which is a five year grant currently in year one, and the new federal grant through September, 2020.

The last chart is jail days diverted, using formulas to calculate the impact of five programs on jail days. Three of the post-conviction programs, indicated by an asterisk, reflect potential good time earned by inmates. This is important because the estimates are fairly conservative, after the Sheriff’s department 2014 audit of which part of the audit involved CJCC programs and the calculation of jail days saved. The auditors recommended for post-conviction programs, that the calculation be reduced by about 22.3% to account for any potential good time earned. Luczaj noted under the Pretrial Intoxicated Driver Intervention Program, the 2017 target is 15,000 and the 2017 estimate is 12,000. There are no less jail days saved attributed to this program. It all has to do with changes made by the District Attorney’s Office in the way the pretrial offers are made, no longer making bifurcated offers. This created a lag in calculating the jail days saved. WCS will be doing some manual work to calculate under the new system.

Proposed Administrative Services Division Budget

Setzer described the Administrative Services Division and explained the program highlights, as seen on page 45.

All of the new Departmental Strategic Plan Objectives are listed on page 44. They, along with relative measures will be added to the budget book.

Recap and Summarization

Robertson thanked the HHS Board for their time and work to review a very complex budget.

Motion: Howard moved, second by Genner, to approve the presented 2018 HHS budget.
Motion carried 6-0.

Wood indicated a letter will be drafted by HHS Administration stating that the HHS Board approves and recommends the 2018 HHS budget as presented today, to the County Executive. Mader interjected that the overall theme of this budget is supported, and there will be appropriate adjustments as necessary for the final budget document.

Motion: Howard moved, second by Genner to adjourn at 3:28 p.m. Motion carried 6-0.

Respectfully submitted,

Christine Howard
Secretary

Quirt, Patti

From: Eric Calvino <eWiSACWIS@wisconsin.gov>
Sent: Monday, August 14, 2017 1:52 PM
To: Casarrubias, Mireya; Sampson, Kim J; lynn.casarez@wisconsin.gov; Carriveau, Jennifer; Quirt, Patti; Ries, Alison; Sinclair, Elizabeth
Subject: A Placement Has Ended

A placement for Denetta Gray (10406208) with provider Missing from Out-of-Home Care (8028024) was ended on 08/10/2017 with a reason of: Child No Longer Missing.

Please see the Aaronetta Hurt (8428463) case for more information.

Sent From: eWiSACWIS/Eric Calvino
e-mail address: ecalvino@waukeshacounty.gov

Health and Human Services 2018 Budget:

Strategic Budgeting Under a Challenging Fiscal Environment

**Waukesha County Department of Health and Human Services
2018 Budget Analysis**

Account Classification	2017 Budget	2018 Budget	Variance	% Change
Revenue	(74,377,412.00)	(78,567,292.00)		
⊕ Charges for Services	(9,265,077.00)	(7,857,569.00)	(1,407,508.00)	-15.19%
⊕ County Tax Levy	(25,579,978.00)	(26,053,978.00)	474,000.00	1.85%
⊕ Fines and Licenses	(357,002.00)	(378,746.00)	21,744.00	6.09%
⊕ Fund Balance	(666,570.00)	(349,360.00)	(317,210.00)	-47.59%
⊕ General Government	(35,621,827.00)	(38,374,184.00)	2,752,357.00	7.73%
⊕ Interdepartmental Revenues	(275.00)	(725.00)	450.00	163.64%
⊕ Other Revenues	(2,886,683.00)	(5,552,730.00)	2,666,047.00	92.36%
Expenses	74,377,412.00	78,567,292.00	(4,189,880.00)	5.63%
⊕ Capital Assets	75,000.00	0.00	(75,000.00)	-100.00%
⊕ Interdepartmental Charges	4,155,906.00	4,098,060.00	(57,846.00)	-1.39%
⊕ Operating Expenses	35,594,633.00	38,575,435.00	2,980,802.00	8.37%
⊕ Personnel Costs	34,551,873.00	35,893,797.00	1,341,924.00	3.88%

Fiscal Challenges

➤ Children and Family Division:

- Birth to Three Programing
- Out of Home Placements
- CLTS Waitlist MOE and Start-up costs

➤ Clinical Division:

24/7 Mobile Crisis Intervention Services

- 2018 Budget
 - Creates of two (2) new Regular Full Time Position Clinical Therapist
 - Changes to existing positions to better meet clinical needs
- The Department has redeployed staff resources from to crisis services: 7.85 FTE regular full-time positions (\$865,388)

Fiscal Challenges, Continued

➤ Clinical Division (continued):

Institutions

- Youth Institutes
- Adult Institutes
- Daily cost without insurance = \$1,350

Residential Services for Opioid Dependent Clients

- Higher level of care
- Longer length of stay

➤ Adolescent and Families:

- Residential Care Placement
- Meeting the needs of young truants (Approximately 40% of intakes are truants)

Fiscal Challenges, Continued

➤ ADRC

- Increased requests for aging services, with limited dollars to provide services, currently have a wait list for homemaker services
- Clearview Nursing Home

➤ Public Health:

- Declining Healthcheck Revenue

➤ Intake and Shared Services:

- Not enough foster homes or kinship providers resulting in higher placement costs

➤ Department-wide

- Pay for performance and market adjustments
- Corporate Compliance and Electronic Health Records

Continuing Challenges, Continued

2018 Pay for Performance Expansion Plan

Step Moving to Open 1/1/2018

Step Range Number	Classification	Number of Positions
12	Benefits Specialist	2
11	Fraud Investigator	1
10	Economic Support Specialist	35
9	Departmental Secretary	1
8	Veteran's Services Aide	1
8	Volunteer Program Specialist	2
7	Senior Administrative Specialist	4
Total Number of Positions:		43
5 classifications		

Step moving to Step Plus Non-Base Performance Award at Maximum 1/1/2018

Step Range Number	Classification	Number of Positions
17	Registered Nurse	15
9	Licensed Practical Nurse	1
9	Food Service Specialist	1
8	Juvenile Center Worker	7
7	Fiscal Specialist	4
6	Certified Occupational Therapy Asst	2
6	Psychiatric Technician	19
5	Human Services Support Specialist	5
5	Administrative Specialist	15
5	Fiscal Assistant	9
4	Nutrition Services Assistant	1
3	Public Health Technician	1
3	Administrative Assistant	18
1	Senior Dining Manager	6
Total Number of Positions:		104
14 Classifications		

Personnel Analysis

➤ Personnel

- 5.5 new positions in 2018 budget are supported by non tax levy revenues or a reduction in Extra Help
- 2018 Budget unfunds 2.0 FTE regular positions, refunds 1.0 FTE previously unfunded regular position

Total All HHS Divisions	2016 Actual	2017 Adopted Budget	2017 Estimate	2018 Budget	Change from 2017 Adopted	% Change from 2016 Adopted
Regular Positions	388.79	384.09	384.09	388.59	4.50	1.2%
Extra Help	18.73	23.87	23.87	26.30	2.43	10.8%
Overtime	2.74	2.45	2.45	3.40	0.95	38.8%
Total	410.26	410.40	410.40	418.29	7.89	1.9%

Expenditure Containment

- Elimination of contracts and consulting services
- Decrease mileage, tuition, travel (excluding grant \$)
- Decrease Office and Paper Supplies
- Decrease Small Equipment purchases
- Decrease in outside printing costs

Maximizing Revenue

- Tax Levy budget-over-budget = \$474,000
- Non Tax Levy Revenue = \$2,215,900 in new revenues (3.8%)
 - General Government = \$1,252,400
 - County Medicaid Revenues = \$1,141,400
 - Fund Balance = (\$317,200)

Initiatives

- Admissions
- Avatar Optimization
- Caregiver Support Program for new foster and kinship parents
- Dementia Crisis Innovation Grant
- Partnership with State on new programming called Family Find
 - Utilization of social media and internet networks to locate family members for children in out of home care

Competing Future Funding Needs

- Preventive Contracting Services
- 24-Hour Mobile Mental Health Crisis Services
- Birth-to-Three
- Out-of-Home Placements
- Substance Abuse Services
- CLTS Waitlist Elimination Requirement
- Alternative Placement Options to Mental Health Institutes and Out-of-Home Care

Intake and Shared Services

Program Description

Intake and Shared Services programs serve as the initial contact point for Child Welfare service referrals. Assessments are provided in the areas of child protective services; foster home recruitment, licensing and training; out of home placement requests; parent/teen family dysfunction; disability funding requests; and information/referral services. Short-term and supportive service includes Kinship Care assessment and funding; childcare certification; respite day care for families in crisis; home and financial management services and volunteer transportation services. The Division's purchased services include investments in prevention and early intervention services.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	26.06	26.60	26.60	26.60	(0.00)
General Government	\$1,323,900	\$1,334,711	\$1,337,053	\$1,337,053	\$2,342
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$2,518	\$2,100	\$252	\$0	(\$2,100)
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$2,681	\$2,800	\$376	\$1,000	(\$1,800)
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy (Credit)	\$2,039,790	\$1,982,244	\$1,982,244	\$2,024,095	\$41,851
Total Revenues	\$3,368,889	\$3,321,855	\$3,319,925	\$3,362,148	\$40,293
Personnel Costs	\$2,097,364	\$2,102,464	\$2,124,163	\$2,146,750	\$44,286
Operating Expenses	\$1,104,483	\$1,142,777	\$1,159,344	\$1,139,658	(\$3,119)
Interdept. Charges	\$75,625	\$76,614	\$75,545	\$75,740	(\$874)
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$3,277,472	\$3,321,855	\$3,359,052	\$3,362,148	\$40,293
Rev. Over (Under) Exp.	\$91,417	\$0	(\$39,127)	\$0	\$0

 **Program Highlights**

General Government revenues are budgeted to increase \$2,300. This is due to an increase in the Child Care Administration funding of \$19,000, which is offset by a decrease in the Kinship allocation of \$16,300.

Charges for Services budget of \$2,100 is eliminated. This is due to the county's inability to charge Kinship providers a background check fee.

Other Revenue decreases \$1,800. This is due to a reduction in donations to support foster care events, primarily due to the loss of a long-time corporate donor.

Personnel Costs are budgeted to increase \$44,300. This is due to cost to continue for 26.6 FTE.

Operating Expenses are budgeted to decrease \$3,100. This is due to the elimination of \$20,000 in contracted services expenses for marketing the 211 hotline. It is partially offset by an increase in Kinship care expenses of \$14,200 for ongoing voluntary and new court-ordered families.

Interdepartmental Charges decrease by \$870. This is mainly due to a reduction in cell phone fixed expenditures.

Intake and Shared Services (cont.)



Program Activities

Activities-(Workload data)	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Intake (Access) # of Referrals	5,309	5,200	5,167	5,200	0
Child Abuse/Neglect Reports	1,746	2,000	2,010	2,000	0
Children Assessed For Abuse/Neglect	924	900	814	850	(50)
Home & Financial Management Cases	32	35	25	15	(20)
Kinship Care Assessments/Reassessments	210	193	222	222	29
Kinship Care Funded Placements of children (Avg. Monthly)	210	193	222	188	(5)
Kinship Care Waiting List, # of children	20	20	13	20	0
Crisis Intervention: Child Protective/Health Welfare JCI # of contract	1,230	1,070	1,296	1,350	280
Crisis Respite Child Day Care, # of children	110	125	100	110	(15)
Family Day Care: # Certified Homes	15	25	11	12	(13)
Volunteer Transportation: Miles Driven	74,724	80,000	83,540	84,000	4,000

*eWISACWIS Dashboard Report (448/498)

Economic Services Administration and Support

Program Description

Waukesha County is a member of the Moraine Lakes (ML) Consortium that includes the following counties: Fond du Lac, Ozaukee, Walworth and Washington County. Fond du Lac County is the lead agency with fiscal responsibility for the ML Consortium. Waukesha County administers a variety of Economic Support (ES) programs including Medical Assistance, FoodShare (Food Stamps), Child Care, a fraud elimination program, and the Wisconsin Home Energy Assistance Program. Program benefit services are provided either directly or through a purchase of service contract based on eligibility for applicable program offerings. Additionally, Economic Support has responsibility to work closely with the FoodShare Employment and Training (FSET) agency to ensure participants are meeting the work requirements associated with the FSET program.



	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	47.66	45.66	45.66	46.16	0.50
General Government	\$3,727,994	\$3,492,989	\$3,341,132	\$3,550,819	\$57,830
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$0	\$0	\$0	\$0	\$0
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$40,684	\$28,500	\$42,768	\$35,000	\$6,500
Appr. Fund Balance	\$79	\$0	\$0	\$0	\$0
County Tax Levy (Credit)	\$286,647	\$206,431	\$206,431	\$250,703	\$44,272
Total Revenues	\$4,055,404	\$3,727,920	\$3,590,331	\$3,836,522	\$108,602
Personnel Costs	\$3,018,457	\$3,139,862	\$3,070,490	\$3,275,973	\$136,111
Operating Expenses	\$462,074	\$394,207	\$373,374	\$365,613	(\$28,594)
Interdept. Charges	\$189,151	\$193,851	\$193,168	\$194,936	\$1,085
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$3,669,682	\$3,727,920	\$3,637,032	\$3,836,522	\$108,602
Rev. Over (Under) Exp.	\$385,722	\$0	(\$46,701)	\$0	\$0

Program Highlights

General Government revenues are budgeted to increase by about \$58,000. This is primarily due to an increase in the State Income Maintenance Allocation. There is also an expected increase in fraud investigation funding.

Other Revenue increases by \$6,500 to \$35,000. This is due to an increase in incentive monies earned from pursuing fraud cases.

Personnel Costs increase by about \$136,111 to \$3,276,000. This is due to cost to continue of 45.66 employees including adjustments related to the pay-for-performance compensation plan, and the addition of a 0.5 LTE Fraud Investigator funded by the increased fraud investigation funding.

Operating Expenses are budgeted to decrease by \$28,600, primarily due to the elimination of a one-time budget item in 2017 of \$24,000 for small equipment.

Interdepartmental Expenses increase by about \$1,100, mainly due to increases in computer maintenance expense and offset by lower telephone expense.

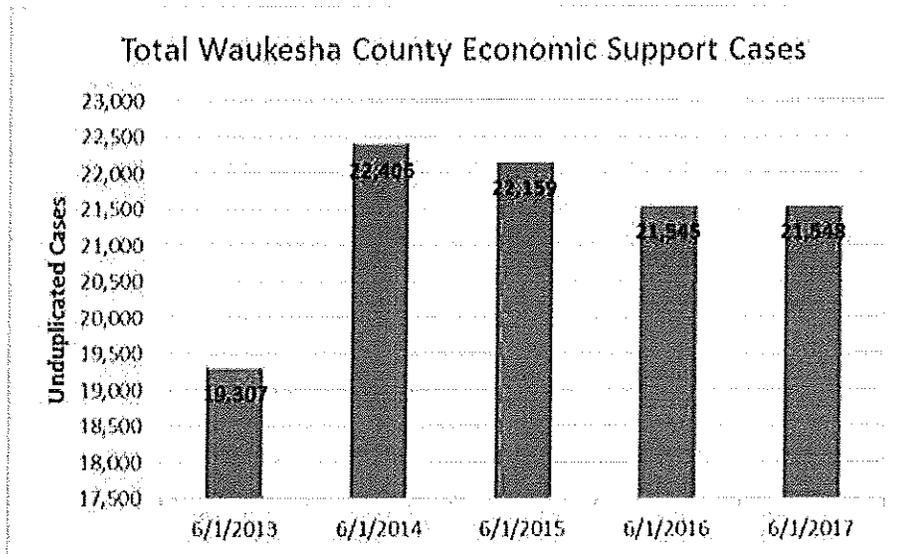
Economic Services Administration and Support (cont.)



Program Activities

Waukesha County Economic Support Caseload Data	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Total unduplicated caseload (a)	21,968	22,000	21,500	21,500	(500)
Total Medical Assistance cases (b)	18,407	18,800	18,600	18,800	0
Total Food Share Cases (c)	8,735	9,200	8,600	8,500	(700)
W-2 Child Care Average Monthly Cases (d)	752	775	800	865	90
Call Center average speed of answer (e)	6.82 minutes	5 minutes	5 minutes	5 minutes	0
Application processing timeliness (e)	98.25%	95%	95%	95%	0

- (a) WEBI Income Maintenance Management Report – Active Case Summary;
- (b) WEBI Income Maintenance Management Report – IM Case Summary Report
- (c) WEBI Income Maintenance Management Report – IM Case Summary Report
- (d) WEBI Automated Case Directory – Child Care Case County Summary Report
- (e) State benchmarks average speed of answer is 10 minutes and application processing at 95% minimum



The increase from 6/1/2013 to 6/1/2014 was primarily due to the start of the federal market place based on the Affordable Care Act.

Children & Family Division: In-home Safety/Out of Home Placement Services

Program Description

This program area is comprised of the Child and Family Services Unit and the Permanency Services/Alternate Care Unit, which provides in-home safety services to families with a child who has been abused or neglected or are at-risk of abuse and neglect. Also, services are provided to prevent imminent placements, reunify families or establish an alternate permanent plan. Alternate Care placements include court ordered placements with relatives, foster homes, treatment foster homes, group homes, residential care centers, and supervised independent living settings. Placement prevention services provide an alternative to high cost placements. Services provided to parents help prepare for family preservation, reunification or termination of parental rights and adoptions.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	0.07	0.00	0.00	0.00	0.00
General Government	\$461,555	\$491,889	\$455,678	\$586,928	\$95,039
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$103,761	\$191,825	\$173,133	\$166,825	(\$25,000)
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$80,195	\$99,180	\$92,844	\$92,844	(\$6,336)
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy (Credit)	\$3,636,647	\$3,875,285	\$3,875,285	\$3,812,509	(\$62,776)
Total Revenues	\$4,282,158	\$4,658,179	\$4,596,940	\$4,659,106	\$927
Personnel Costs	\$2,057,563	\$2,080,627	\$2,088,352	\$1,863,393	(\$217,234)
Operating Expenses	\$2,881,223	\$2,308,175	\$2,816,458	\$2,525,970	\$217,795
Interdept. Charges	\$257,042	\$269,377	\$262,549	\$269,743	\$366
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$5,195,828	\$4,658,179	\$5,167,359	\$4,659,106	\$927
Rev. Over (Under) Exp.	(\$913,670)	\$0	(\$570,419)	\$0	\$0

Program Highlights

General Government revenues increase by about \$95,000 to \$586,900, primarily due to a proposed increase to the State Child and Families allocation of \$131,250. This proposed increase is to support the growth in both Child Protective and Juvenile Justice cases. This is offset by decreases to the Post Reunification revenue due to lower enrollment of eligible children, and a slight decrease to IV-E Legal revenues due to a reduction in the allocation.

Charges for Services revenues decrease by \$25,000 due to revenue budgeted for a Clinical Therapist being moved to Clinical Services Division budget.

Other Revenue is budgeted to decrease by \$6,300 due to a slight reduction in projected SSI/SS Collections from clients to be used for cost of care.

Personnel Costs are budgeted to decrease by \$217,000. This is primarily due to shifting 2.75 FTE from Children and Families to Children with Special Needs to better align staff costs with the program where their revenue is generated. This is offset by cost to continue for 21.77 FTE.

Operating Expenses are budgeted to increase by \$217,800 to \$2,526,000. This is primarily due to an increase in the Out of Home Care budget of \$300,000, and is partially offset by the elimination of the Centralized Intake contract of \$50,500, which will be part of the Birth to Three contract in 2018. There is also a decrease of \$23,000 in Post Reunification expense due to lower enrollment of eligible children.

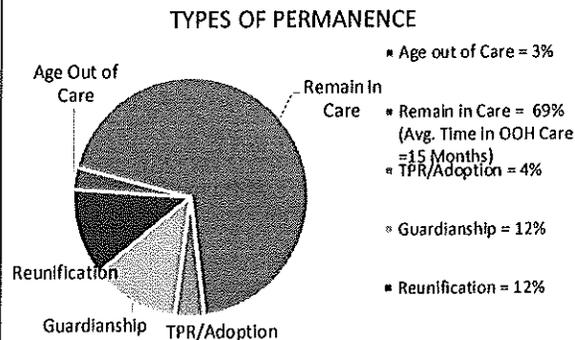
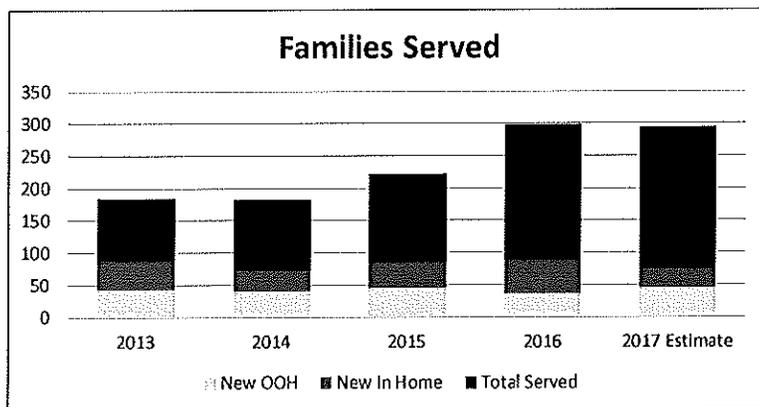
Interdepartmental Charges increase by about \$350 due to an increase in IV-E Legal Charges of \$2,900 and offset by a decrease in Postage of \$2,600.

Children & Family Division: In-home Safety/Out of Home Placement Services (cont.)

Program Activities

Activity	2016 <u>Actual</u>	2017 <u>Budget</u>	2017 <u>Estimate</u>	2018 <u>Budget</u>	Budget <u>Change</u>
Total foster care					
Days of Care	30,538	22,873	32,461	28,870	5,997
Foster Care expenditures	585,144	450,000	648,217	550,000	100,000
Total group homes					
Days of Care	270	73	406	281	208
Group Homes Care expenditures	53,331	15,000	82,322	60,000	45,000
Total Residential Care Centers					
Days of Care	2,421	1,455	2,448	2,609	1,154
Residential Care Centers expenditures	1,163,921	800,000	1,099,228	950,000	150,000
Terminations of parental rights (# of cases)	7	12	12	12	0

Child and Family Unit Activity	2016 <u>Actual</u>	2017 <u>Budget</u>	2017 <u>Estimate</u>	2018 <u>Budget</u>	Budget <u>Change</u>
Total # Families Served	210	225	220	225	0
<u>Total children in:</u>					
Foster care	156	150	170	175	25
Group homes	2	1	1	1	0
Residential care	9	7	8	8	1
Number of new cases	88	100	75	85	(15)
In home	52	40	30	25	(15)
Out of home	36 (79 kids)	60	45	60	0



Children with Special Needs Unit

(Includes Birth to Three Program)

Program Description

The Children with Special Needs unit includes the following three (3) program areas: Birth to Three, Children's Long Term Support, and Children's Community Options Program. (CCOP). The Birth to Three program is a public/private partnership with Lutheran Social Services (LSS). It provides early intervention services to parents with children from birth to age three with special needs, who demonstrate at least 25% delay in one or more areas of development, or have a diagnosed condition which will likely result in developmental delays. Examples include Downs Syndrome, Autism, Spina Bifida, and Cerebral Palsy.

Another area includes the Federal/State Medicaid Home and Community Based Service Waiver for Children's Long Term Support (CLTS Waiver funding). It provides fully funded and locally-matched tax levy funding for children diagnosed with severe and chronic disabilities to purchase supports and services that enable them to remain living safely at home and in their communities.

Finally, the Children's Community Options Program (CCOP) provides fully funded State dollars to parents of children with disabilities to purchase goods or services that enable the child to remain safely living at home. This funding can also be used as local match for the CLTS waiver program.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	0.00	0.00	0.00	0.00	0.00
General Government	\$2,273,026	\$2,355,778	\$2,441,768	\$3,072,287	\$716,509
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$184,283	\$191,775	\$181,775	\$231,775	\$40,000
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$151,137	\$257,707	\$257,707	\$287,707	\$30,000
Appr. Fund Balance	\$0	\$140,000	\$140,000	\$0	(\$140,000)
County Tax Levy (Credit)	(\$108,448)	(\$55,762)	(\$55,762)	(\$92,031)	(\$36,269)
Total Revenues	\$2,499,998	\$2,889,498	\$2,965,488	\$3,499,738	\$610,240
Personnel Costs	\$394,879	\$404,420	\$412,225	\$680,738	\$276,318
Operating Expenses	\$1,964,884	\$2,441,848	\$2,300,160	\$2,775,073	\$333,225
Interdept. Charges	\$42,445	\$43,230	\$43,230	\$43,927	\$697
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$2,402,208	\$2,889,498	\$2,755,615	\$3,499,738	\$610,240
Rev. Over (Under) Exp.	\$97,790	\$0	\$209,873	\$0	\$0



Program Highlights

General Government is budgeted to increase by about \$716,000 to \$3,072,000. This is due to increases in both state's reimbursement of indirect costs and case management revenue, as a result of the Governor's proposal to eliminate CLTS wait lists by the end of 2018, and the subsequent increased volume of both contracted staff and CLTS waiver clients served.

Charges for Services revenues increase by \$40,000 as a result of increased Parental Fee collections due to the higher volume of clients.

Other Revenue increases by \$30,000 as a result of increased reimbursement revenue for CLTS expenditures made using the County P-Card due to the higher volume of clients. There are offsetting expenses.

Personnel Costs increase by about \$276,000 primarily due to shifting 2.75 FTE from Children and Families to Children with Special Needs to better align staff costs with the program where their revenue is generated.

Children with Special Needs Unit (cont.)

Operating Expense is budgeted to increase by about \$333,000. This is due to an increase to Birth to Three of \$101,000, as well as increased contracted staff costs of \$475,000 as a result of the Governor's proposal to eliminate CLTS wait lists by the end of 2018, and the subsequent increased volume of both contracted staff and CLTS waiver clients served. These are offset by decreases to Children's COP contracted staff and direct services as this funding source will now be used primarily for local match for the CLTS waiver. This increase also includes additional expenses for increased County P-Card expenses, and Parental Fee expenses, both of which have offsetting revenues.

Interdepartmental Expenses increase by \$700, due to increased computer maintenance charges.



Program Activities

Birth to Three Activity	2016	2017	(Includes Birth to Three Program)		Budget
	Actual	Budget	2017 Estimate	2018 Budget	Change
Total # children enrolled on Oct. 1st	213	225	225	225	0
Total # children served in B-3	524	565	565	550	(15)
Total # children served in Trauma At-risk	42	45	45	40	(5)
Total # children served in Centralized Intake	658	700	675	690	(10)

Childrens Long Term Support (CLTS) Waiver Activity*	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Total # of Children Served:	504	595	422	685	90
CLTS Waiver	397	475	347	660	185
Children's COP Program	119	120	75	25	(95)
Number of new non-autism cases	10	25	35	350	325
Number of closed non-autism cases	45	15	35	40	25
Number of kids on waiting list for Children's COP Program or waiver support	309	310	375	100	(210)

*Future estimates of children served will be impacted by State mandated changes.

**Children with Long-Term Support Needs (CLTS) Third Party
Administrator (informational only)**

Program Description

During 2010, the Centers for Medicare and Medicaid Services required that renewal of the Children's Long Term Support (CLTS) comply with federal regulations for implementing a standardized, statewide Medicaid Management Information System for processing provider claims and encounter level data reporting no later than December 31, 2011. The State of Wisconsin Department of Health Services selected Wisconsin Physicians Service (WPS) as the contracted vendor for the Third Party Administrator (TPA) claims implementation. All County Waiver Agencies (CWA) claims were paid through WPS, removing it from being recorded on the County financial records. Early in 2013, the State issued an opinion that payments that the TPA makes to service providers are grant expenditure and they must be treated as such in 2013 and future audits and be included on the Schedule of Expenditure of Federal and State Awards (SEFSA).

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	0.00	0.00	0.00	0.00	0.00
General Government	\$4,519,819	\$4,233,212	\$4,233,212	\$5,733,212	\$1,500,000
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$0	\$0	\$0	\$0	\$0
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$0	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy (Credit)	\$0	\$0	\$0	\$0	\$0
Total Revenues	\$4,519,819	\$4,233,212	\$4,233,212	\$5,733,212	\$1,500,000
Personnel Costs	\$0	\$0	\$0	\$0	\$0
Operating Expenses	\$4,519,819	\$4,233,212	\$4,233,212	\$5,733,212	\$1,500,000
Interdept. Charges	\$0	\$0	\$0	\$0	\$0
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$4,519,819	\$4,233,212	\$4,233,212	\$5,733,212	\$1,500,000
Rev. Over (Under) Exp.	\$0	\$0	\$0	\$0	\$0



Program Highlights

General Government revenues are budgeted to increase by \$1,500,000. This is due to an expected increase in the State allocation due to the Governor's proposal to eliminate CLTS wait lists by the end of 2018. There is no tax levy impact to this transaction as the revenue and expenses are pass through as required by the State of Wisconsin and are informational only transactions.

Operating Expenses are budgeted to increase by \$1,500,000. This is due to an expected increase in the State allocation due to the Governor's proposal to eliminate CLTS wait lists by the end of 2018. There is no tax levy impact to this transaction as the revenue and expenses are pass through as required by the State of Wisconsin and are informational only transactions.

Family Services & Juvenile Services

Program Description

Provide court intake services, court supervision and treatment to delinquent youth, as well as juveniles and children in need of protection or services. Services to these children and their families are directed at maintaining the children in their own homes and communities, reducing delinquency recidivism and promoting family and public safety. Services include intake assessments; regularly scheduled family and individual meetings; collaboration with schools and academic programs; monitoring compliance with court orders and school attendance; conflict resolution; case coordination; group counseling; and independent living training/preparation. Intensive tracking; home detention; youth accountability groups; mediation; and electronic monitoring are provided through contracts. In addition to these in-home services, monitoring and coordination of Correctional and Correctional Aftercare placements, and monitoring and coordination of Foster Care, Group Home and Residential Care Center placements of delinquent youth and juveniles in need of protection and services are provided.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	38.50	37.50	37.50	38.50	1.00
General Government	\$3,617,672	\$3,536,656	\$3,534,183	\$3,576,183	\$39,527
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$137,650	\$158,200	\$162,041	\$158,200	\$0
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$80,979	\$54,802	\$58,029	\$54,802	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy (Credit)	\$2,530,004	\$2,457,255	\$2,457,255	\$2,425,301	(\$31,954)
Total Revenues	\$6,366,305	\$6,206,913	\$6,211,508	\$6,214,486	\$7,573
Personnel Costs	\$3,545,005	\$3,475,290	\$3,531,588	\$3,648,769	\$173,479
Operating Expenses	\$2,213,349	\$2,476,611	\$2,216,561	\$2,307,920	(\$168,691)
Interdept. Charges	\$218,518	\$255,012	\$263,248	\$257,797	\$2,785
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$5,976,872	\$6,206,913	\$6,011,397	\$6,214,486	\$7,573
Rev. Over (Under) Exp.	\$389,433	\$0	\$200,111	\$0	\$0

Program Highlights

General Government revenues are budgeted to increase by \$39,500 to \$3,576,200, primarily due to a proposed increase to the State Child and Families allocation of \$43,800. This proposed increase is to support the growth in both Child Protective and Juvenile Justice cases. This is also due to an increase in the Youth Aids allocation of \$18,300, which is offset by the elimination of the Independent Living program revenues of \$21,000.

Charges for Services revenues for billable client services such as juvenile center and alternate care, and Other Revenues for projected SSI/SS Collections from clients for cost of care, will both remain at the 2017 budget level.

Personnel Costs are budgeted to increase by about \$173,500 to \$3,650,000. This is due to refunding 1.0 FTE social worker that had been unfunded in the 2017 budget and adding additional funds to create two lead worker positions. In addition, there are costs to continue the 37.5 FTEs.

Operating Expenses are budgeted to decrease by about \$169,000. This is due to a reduction in contracted services of about \$255,000, mainly due to the elimination of an intensive family services contract to pursue equivalent services that are more cost effective. This is partially offset by an increase to the out of home care budget of \$100,000 due to increasing numbers of children being placed out of the home.

Interdepartmental charges increase by approximately \$ 000. This is mainly due to standard increases in end user technology costs and interdepartmental legal fees.

Family Services & Juvenile Services (cont.)

 Program Activities

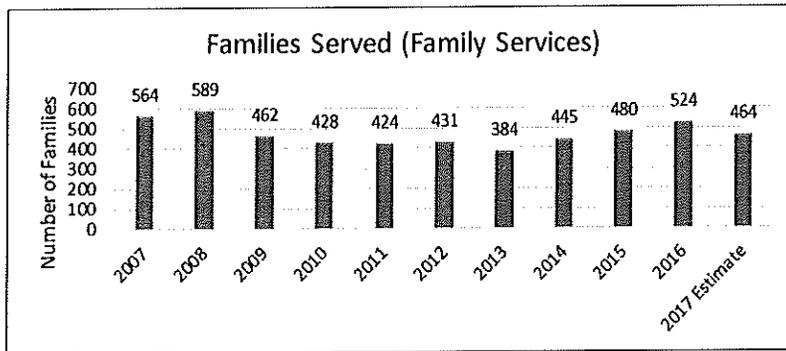


	2016 <u>Actual</u>	2017 <u>Budget</u>	2017 <u>Estimate</u>	2018 <u>Budget</u>	Budget <u>Change</u>
Number of families served (Family Services) (a)	524	515	464	489	(26)
Number of families served (Juvenile Services)	310	305	266	273	(32)
Custody Intake decisions (b)	367	450	274	344	(106)
Court Intake Referrals (c)	518	670	636	670	0
Days of Care of juveniles in State correctional institutions	46	673	190	498	(175)
Total State charges for correctional institution placement	\$13,064	\$198,586	\$73,592	\$198,586	0

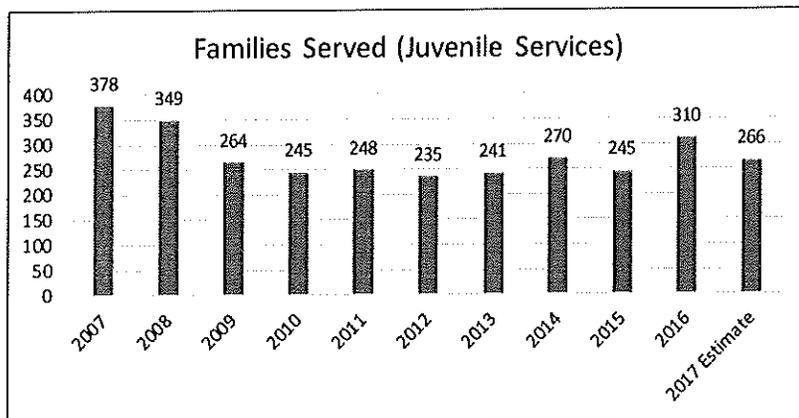
(a) The 2017 estimated number of families served in Family Services is based upon continued number of truancy referrals, including an increased number of younger children being referred.

(b) Custody Intakes have fluctuated historically and can be significantly affected by a relatively small group of youth who have repeated acting out behavior at home and/or run away from home.

(c) The 2017 estimated number of Court Intakes reflects continued overall trend toward increased truancy intakes. Historically truancy referrals have fluctuated year-to-year, while delinquency referrals on a national, state and county level have generally decreased over the past 10 years.

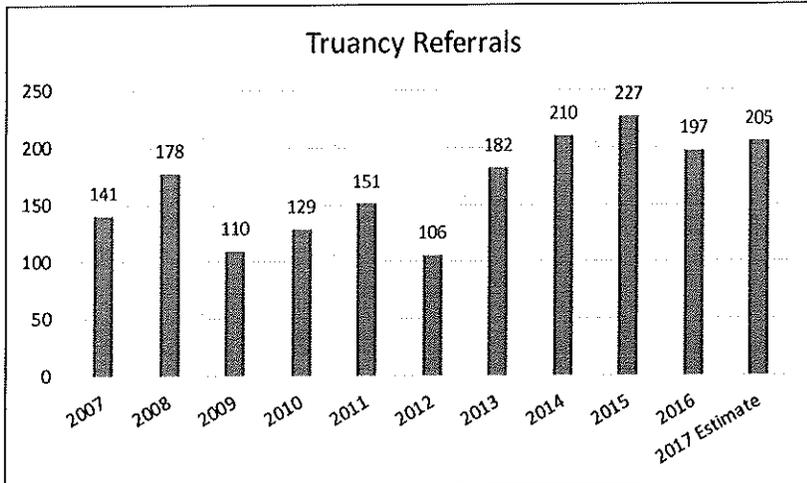


HHS continues to serve more truants, "uncontrollable youth", and voluntary youth than delinquents.

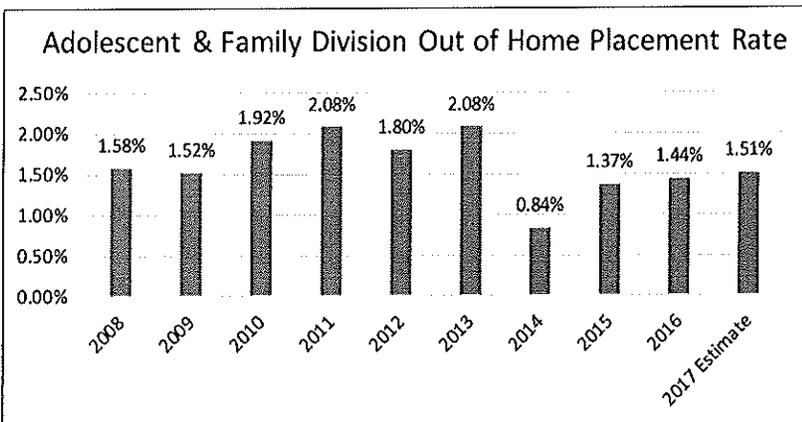


About a third of our clients are defined as delinquent. This percentage has been consistent even as overall numbers of cases vary. This percentage is consistent with national trends.

Family Services & Juvenile Services (cont.)

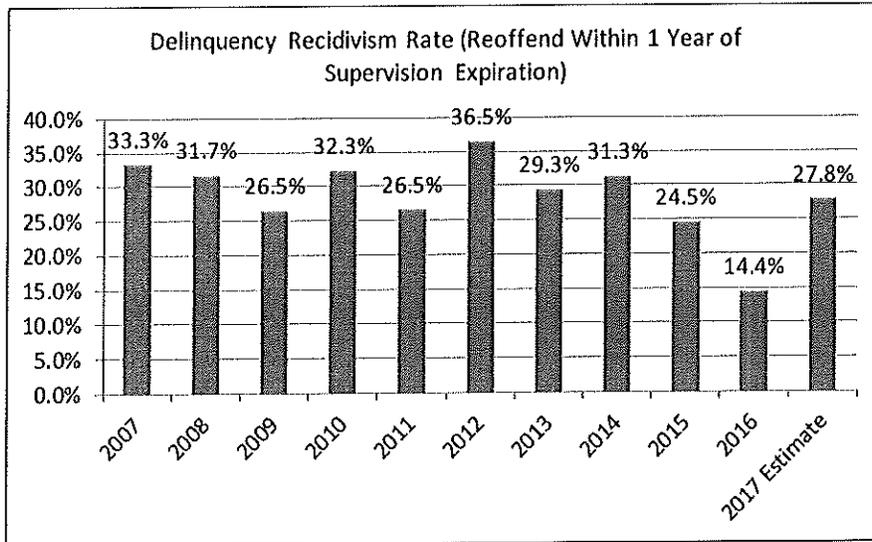


The number of truancy referrals has been high the last five years. Over the past several years, there has been a significant increase in truancy referrals for young, elementary school age children. About 40% of intakes are truants. Of these truants, about 30% are under thirteen years of age.



The Division has maintained a low out of home placement rate over the past 10 years when compared to the total number of clients served. Although various reductions were required due to reduced State and Federal funding, staff and providers continue to achieve results that have generally maintained the placement rate at or below the target of 2%. Diligent efforts continue to be made to maintain young people in their homes whenever appropriate and to minimize the length of time in placement.

Family Services & Juvenile Services (cont.)



The recidivism rate shows the percentage of youth who reoffend within one year of the end of their Court supervision. A substantial majority of these youth do not reoffend during that time. Note: The 2016 rate is an anomaly. We ended a contract with a provider and their clients were not included in the 2016 calculations.

Alternate Care Activity	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Total children in foster care	19	21	25	25	4
Days of Care	5,675	3,750	5,213	4,307	557
Foster Care expenditures	\$372,441	\$289,844	\$420,026	\$349,844	60,000
Total youth in group homes	1	3	1	1	(2)
Days of Care	135	497	92	206	(291)
Group Home expenditures	\$25,515	\$99,440	\$17,500	\$39,440	(60,000)
Total youth in Residential Care Centers	12	10	14	14	4
Days of Care	1,875	1,878	2,746	2,102	224
Residential Care Centers expenditures	\$633,458	\$653,200	\$962,560	\$753,200	100,000

Juvenile Center

Program Description

Provides 24-hour care and supervision to delinquent and status offender youth who are court-ordered to be held in boy's secure detention at the Juvenile Center. Physical custody determinations are provided by Juvenile Center supervisory staff. On grounds schooling is provided, as well as daily structured activities. Nursing, dietician and physician services are provided through contracts. Beginning in 2012, female secure detention services were purchased from the Washington County Juvenile Detention Facility. Effective July 1, 2015, Lad Lake, Inc. began providing male and female Shelter Care services through a contract at a licensed Residential Care Center located in Dousman, WI.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	10.03	10.03	10.03	12.55	2.52
General Government	\$42,681	\$43,901	\$41,401	\$41,401	(\$2,500)
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$170,984	\$180,000	\$190,371	\$180,000	\$0
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$0	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$30,000	\$30,000	\$30,000	\$0	(\$30,000)
County Tax Levy (Credit)	\$1,436,489	\$1,521,415	\$1,521,415	\$1,481,578	(\$39,837)
Total Revenues	\$1,680,154	\$1,775,316	\$1,783,187	\$1,702,979	(\$72,337)
Personnel Costs	\$804,400	\$759,651	\$773,892	\$732,617	(\$27,034)
Operating Expenses	\$971,264	\$955,753	\$967,315	\$929,161	(\$26,592)
Interdept. Charges	\$81,279	\$59,912	\$45,916	\$41,201	(\$18,711)
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$1,856,943	\$1,775,316	\$1,787,123	\$1,702,979	(\$72,337)
Rev. Over (Under) Exp.	(\$176,789)	\$0	(\$3,936)	\$0	\$0

Program Highlights

General Government revenues decrease by \$2,500. This decrease is due to the loss of State funding available to reimburse training expenses.

Charges for Services related to days of care billed to clients remain at the 2017 budget level.

Fund Balance decreases by \$30,000 based on a 2017 budget one-time funding related to secure female detention costs.

Personnel Costs are budgeted to decrease by about \$27,000. This is primarily due to the retirement of a long time supervisor and the budgeting of the position at an entry-level cost. There is also a reduction of about \$2,300 for extra help based on projected needs.

Operating Expenses decrease by about \$26,600. This is mainly due to utilization trending and the anticipated discharge of clients to other placements.

Interdepartmental Charges are budgeted to decrease by about \$18,700. This is mainly due to the fact that interdepartmental transportation costs associated with placements at the secure female detention facility will decrease as the projected census decreases.

Juvenile Center (cont.)

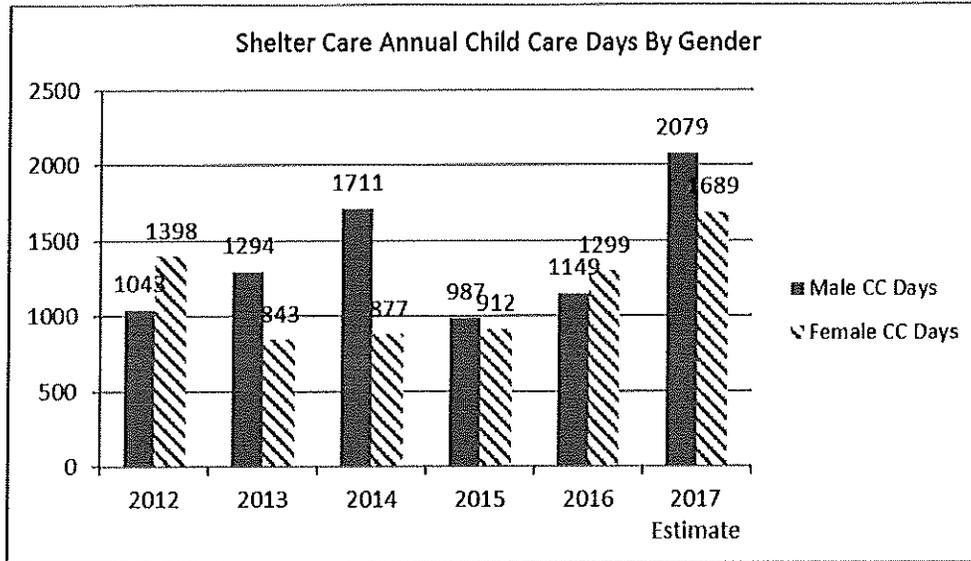


Program Activities

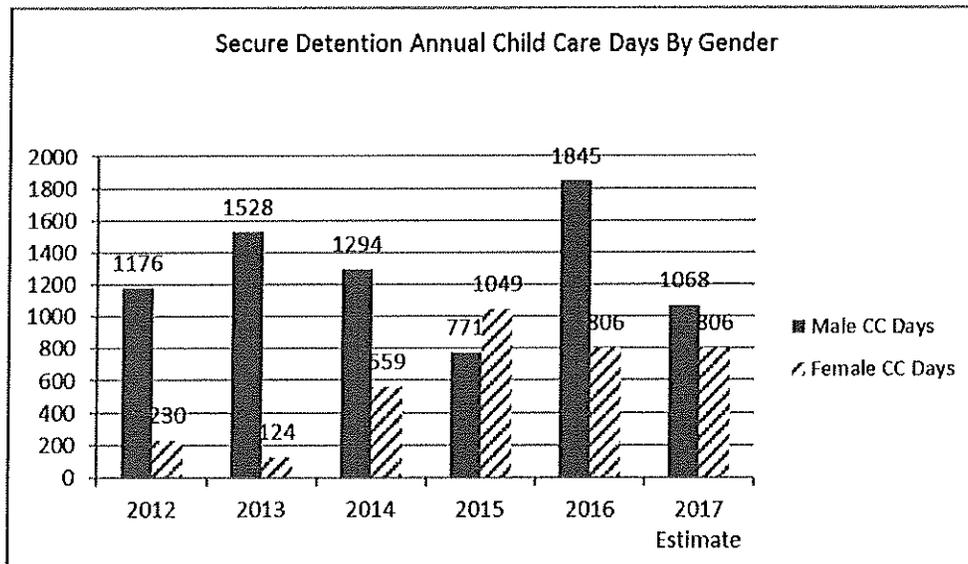
Activity (a)	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
<u>Non-Secure Detention/Shelter Care</u>					
# of Child Care Days – County Residents	2,448	2,096	3,768	2,686	590
# of Child Care Days – Out of County Residents	0	0	0	0	0
Total # of Child Care Days	2,448	2,096	3,768	2,686	590
Average daily population	6.7	5.7	7.17	6.37	0.67
<u>Secure Detention at Waukesha County Juvenile Center (Males Only)</u>					
# of Child Care Days – County Residents	1,291	1132	977	981	(151)
# of Child Care Days – Out of County Residents	554	200	91	247	47
Total # of Child Care Days	1,845	1332	1,068	967	(365)
Average daily population at center	3.53	3.6	2.7	2.78	-0.82
<u>Contracted Secure Detention at Washington County Facility (Females Only) (b)</u>					
# of child care days purchased	806	640	806	887	247
Average daily population	2.2	1.8	2.2	2.43	0.63

- (a) Residents who spend a portion of a day in Shelter Care or Secure Detention are included in the # of child care days provided.
 (b) Contract with Washington County started in 2012.

Juvenile Center (cont.)



While the number of child care days for both genders has fluctuated over this period, the total child care days for males has, with the exception of 2012, been higher than that for females. In 2017, the shelter has been at capacity on several occasions.



The number of child care days has consistently been higher for males than for females, with the exception of 2015. This reflects the placement by the Adult Court of two adolescent females for extended periods of time in the Washington County Secure Detention Facility. The spike in male secure in 2016 was the result of long term stays by a few males.

Veterans' Services

Program Descriptions

It is the mission of the Waukesha County Division of Veterans' Services to advocate for and assist all veterans of the U.S. Armed Services, their dependents, and survivors. The Division ensures that clients obtain all available and appropriate benefits for which they are entitled. The Division staff is committed to act in a courteous, effective, and fiscally responsible manner to maintain its reputation as one of the top veterans' service divisions in the State by providing maximum service to its clientele.

Referrals are made to other Federal, State, and local agencies for benefits from other programs. Information related to veterans' issues is collected, updated, made available on the Internet, and distributed where and when appropriate.

In addition, the County Executive, with the approval of the County Board, appoints three Veterans' Commissioners. The Commission is required to meet at least once a year, and as needed thereafter to authorize and provide the amount of funds required for needy veterans.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	3.70	4.00	4.00	4.00	0.00
General Government	\$13,000	\$13,000	\$13,000	\$13,000	\$0
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$0	\$0	\$0	\$0	\$0
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$0	\$0	\$1,500	\$4,145	\$4,145
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy (Credit)	\$304,626	\$302,801	\$302,801	\$302,719	(\$82)
Total Revenues	\$317,626	\$315,801	\$317,301	\$319,864	\$4,063
Personnel Costs	\$268,128	\$254,723	\$268,732	\$256,776	\$2,053
Operating Expenses	\$23,217	\$42,020	\$36,473	\$44,665	\$2,645
Interdept. Charges	\$18,597	\$19,058	\$17,722	\$18,423	(\$635)
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$309,942	\$315,801	\$322,927	\$319,864	\$4,063
Rev. Over (Under) Exp.	\$7,684	\$0	(\$5,626)	\$0	\$0

 **Program Highlights**

General Government revenues of \$13,000 consist of a Wisconsin Department of Veterans' Affairs County Veterans' Service Office Grant from the State and remains unchanged in the 2018 budget.

Other Revenue increases of \$1,500 in 2017 and \$4,145 in 2018 due to donations restricted for veteran services by various donors.

Personnel Costs increase by \$2,000 to \$256,700 due to staff turnover and cost to continue for 4.0 FTEs.

Operating expenditures increase \$2,600 to \$44,600 mainly due to an increase of almost \$1,400 in Travel Costs, \$1,500 in Promotion/PR Supplies, and \$2,600 in Veteran Emergency Services, offset by a reduction of over \$3,000 in Markers and Flags.

Interdepartmental Charges decrease almost \$600 to \$18,500 mainly due to reductions in Postage, offset by an increase in end user technology fees.

Veterans' Services (Cont.)

Veterans' Services Program Units

Financial Summary	2016 Actual	2017 Adopted Budget	2017 Estimate	2018 Budget	Change From 2017 Adopted Budget	
					\$	%
Information Assistance						
Revenues	\$13,000	\$13,000	\$14,500	\$17,145	\$4,145	31.9%
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0	N/A
County Tax Levy	\$293,512	\$291,934	\$291,934	\$289,127	(\$2,807)	-1.0%
Expenditures	\$307,784	\$304,934	\$311,958	\$306,272	\$1,338	0.4%
Rev. Over (Under) Exp.	(\$1,272)	\$0	(\$5,524)	\$0	-	N/A
Veterans' Service Commission						
Revenues	\$0	\$0	\$0	\$0	\$0	N/A
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0	N/A
County Tax Levy	\$11,114	\$10,867	\$10,867	\$13,592	\$2,725	25.1%
Expenditures	\$2,158	\$10,867	\$10,969	\$13,592	\$2,725	25.1%
Rev. Over (Under) Exp.	\$8,956	\$0	(\$102)	\$0	-	N/A
Veterans' Services Division Total						
Revenues	\$13,000	\$13,000	\$14,500	\$17,145	\$4,145	31.9%
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0	N/A
County Tax Levy	\$304,626	\$302,801	\$302,801	\$302,719	(\$82)	0.0%
Expenditures	\$309,942	\$315,801	\$322,927	\$319,864	\$4,063	1.3%
Rev. Over (Under) Exp.	\$7,684	\$0	(\$5,626)	\$0	-	N/A



Program Activities

Activity - Output Indicators	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Total dollars to Waukesha County veterans (a)	\$281,070,746	\$255 mil	\$255 mil	\$260 mil	\$5 mil
Clients interviewed and counseled (In Office)	4,025	4,000	4,000	4,000	0
Number of appearances on behalf of veterans	45	65	65	55	(10)
Miles traveled on veterans' affairs	2,277	3,700	3,700	2,500	(1,200)
Incoming phone calls answered	8,174	8,100	8,100	8,200	100
Contacts by E-Mail (requiring a response)	10,672	9,100	9,100	10,500	1,400

(a) This figure reflects the value of all Federal and State benefits awarded to county veterans. Based on the 2017 estimate data this would equate to \$842 of benefits returned for each tax levy dollar expended.

Program Description

Administration Section

The Administration Section provides leadership, direction and clinical competence in the overall management of the Public Health Division's human resources, program resources, and overall budget. This section is responsible for the Division's State of Wisconsin Administrative Code 140 certification review to maintain Level II health department status. This section will prepare the Division for national accreditation, and will maintain necessary programs for accreditation, such as quality improvement and workforce development. The section works closely with the fiscal division in ensuring corporate compliance and HIPPA maintenance. The operation of Insight, the public health electronic health record, is overseen by this section.

Family and Community Health Section

The Family and Community Health Section provides services directly to individuals, families and to the population collectively. This section provides various services to individuals from early childhood to late in life through clinic visits, home visits or community events. Child preventive health services can include childhood immunizations, lead poisoning screenings, child health checks, fluoride varnishing, and child neglect and abuse assessments. Adult health services consist of screenings and case management in screening areas such as cholesterol, glucose, blood pressure, pregnancy testing, as well as, prenatal and postpartum monitoring, sexually transmitted disease control, and drug testing. This section oversees the County's Community Health Assessment and Improvement Plan and Process (CHIPP), which addresses population health through community assessments to determine the county's leading health problems and collaborates with community partners for remediation strategies. Additionally, there is participation on numerous community coalitions to address health equity and health disparities.

The Women, Infants and Children (WIC) program is federally funded and provides nutrition assessments for prenatal and postpartum lactating mothers, infants under one year and children through five years of age. Nutrition recommendations are offered with corresponding electronic benefits specifically outlining food purchases that will remedy nutritional deficiencies.

Communicable Disease Control and Public Health Preparedness Section

The Communicable Disease Control and Public Health Preparedness Section provides services to individuals, families and to the population collectively. This section provides communicable disease surveillance, investigations and interventions to control communicable diseases and outbreaks affecting individuals, families and businesses in Waukesha County. Communicable disease interventions include notification, education, treatment consultation and containment measures (such as work restriction, isolation or quarantine). Clinical services in this section include directly observed treatment for Tuberculosis (TB), the Travel Immunization Clinic and the Sexually Transmitted Diseases (STD) Clinic. Partner notification for STDs and HIV are conducted routinely. Public health preparedness is a rapidly evolving component of this section that addresses preparedness strategies for quick response to a range of public health threats, both intentional and unintentional, including biological, chemical or natural disasters. Emerging diseases, such as Zika and Avian Influenza, are tracked closely and plans are continually refined based off the latest Centers for Disease Control information. Staff trainings and exercises are conducted regularly with key partners.

Public Health (cont.)

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	37.73	34.87	34.87	33.18	(1.68)
General Government	\$900,648	\$823,971	\$823,967	\$748,194	(\$75,777)
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$317,308	\$358,851	\$283,432	\$296,726	(\$62,125)
Interdepartmental	\$400	\$275	\$725	\$725	\$450
Other Revenue	\$0	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy (Credit)	\$2,460,042	\$2,168,268	\$2,168,268	\$2,276,030	\$107,762
Total Revenues	\$3,678,398	\$3,351,365	\$3,276,392	\$3,321,675	(\$29,690)
Personnel Costs	\$2,928,905	\$2,888,255	\$2,795,856	\$2,873,734	(\$14,521)
Operating Expenses	\$296,035	\$230,880	\$230,880	\$216,381	(\$14,499)
Interdept. Charges	\$229,799	\$232,230	\$230,543	\$231,560	(\$670)
Fixed Assets	\$12,995	\$0	\$0	\$0	\$0
Total Expenditures	\$3,467,734	\$3,351,365	\$3,257,279	\$3,321,675	(\$29,690)
Rev. Over (Under) Exp.	\$210,664	\$0	\$19,113	\$0	\$0



Program Highlights

General Government revenue is budgeted to decrease approximately \$75,800 to \$748,200 due to reductions in the following grants: Women, Infants and Children (WIC) - \$24,400; Maternal Child Health (MATERN) - \$8,800 and Adult Immunization (IMMUAD) - \$11,400. Preparedness grant revenue decreases by \$40,100 as the result of shifting revenue to the Administrative Services Division for emergency preparedness staff which is partially offset by an increase of \$9,000 in the grant funding level. The reductions are offset by increases due to the following grants: Cities Readiness (READY) - \$7,600; Prevention (PREV) - \$1,200.

Charges for Services revenue is budgeted to decrease approximately \$62,100 to \$297,000 mainly due to a \$60,000 decrease in Healthcheck as a result of lower client utilization and as a result of budgeting lead testing separately at \$7,300, a decrease in maternal child health services of \$9,000, and a decrease in prenatal care coordination of \$5,000. The decreases are partially offset by an increase of \$5,000 in the travel clinic based on utilization.

Interdepartmental revenues increased by \$450 to \$725 due to increased utilization of tuberculosis skin tests.

Personnel costs are decreasing by approximately \$14,500 to \$2,873,700 mainly due to a 1.68 FTE reduction. The reductions include the unfunding of 1.0 FTE Public Health Nurse position and the reduction of extra help by 0.68 FTE related to reduced WIC funds available for Extra Help and a slight reduction in nursing Extra Help. These decreases are offset by nursing staff moving to the pay for performance, market rate adjustments, the addition of 2 lead worker designations for public health nurses, and the cost to continue of the remaining 33.18 FTEs.

Operating expenditures decrease by \$14,500 to \$216,000, which includes decreases in interpretation services of \$5,300, outside printing of \$3,000, medical supplies of \$4,000, travel costs of \$1,500, and tuition and registration of \$1,000.

Interdepartmental charges decrease by \$2,800 to approximately \$229,400 mainly due to a \$2,400 decrease of telephone costs.

Public Health (cont.)



Program Activities

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Number of telephone calls to the Division for information/triage	8,255	8,400	8,300	8,400	0
Number of walk-in clients at the Division	3,900	3,850	4,100	4,150	300

Program Activities: Family and Community Health

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Number of children tested for lead poisoning	1,319	1,525	1,200	1,450	(75)
Number of Healthcheck examinations	1,564	1,950	1,350	1,650	(300)
Number of pregnant women PNCC screened	287	350	300	350	0
• Number of women case managed	178	185	165	200	15
• Number of women who delivered full term infants of average birth weight	171	180	160	190	10
Number of children at-risk (medical/physical neglect) case managed	146	165	140	165	0
Number of children receiving fluoride varnishing	480	725	415	525	(200)
Number of chronic disease screenings	525	750	650	850	100
Number of urine drug screening for HHS clients	994	700	1,200	1,050	350
• Number of positive urine drug screening clients	400	350	450	450	100

Program Activities: (WIC)

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
State estimated # of eligible low income population per month for Waukesha County (a)	4,483	4,400	4,300	4,300	(100)
Total number of mothers, infants/children served per year in the WIC Program	3,128	3,150	3,000	3,000	(150)
Annual number of infants/children nutritionally deficient enrolled in the WIC program	2,267	2,300	2,100	2,000	(200)
Monthly WIC enrollment of at-risk mothers, infants and children for Waukesha County	1,900	1,925	1,850	1,731	(194)

(a) Based on the 2014 US Bureau of Census, Waukesha County Poverty Estimates.

(b) From January 1, 2016 through December 31, 2016 WIC food vouchers supplemented Waukesha County retail food vendors by \$1,794,700 and local Waukesha County produce farmers by \$7,735.



Program Activities: Communicable Disease and Preparedness

Communicable Disease Control: Level I	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Number of communicable disease referrals investigated	3,152	2,600	3,500	3,500	900
Number of communicable disease cases identified	1,863	1,700	2,000	2,000	300
Number of outbreaks investigated	95	110	130	125	15
Number of TB skin tests	516	900	625	750	(150)
Number of vaccines administered	3,127	3,200	3,350	3,300	100
Number of Travel Clinic clients	244	280	260	285	5
Number screened in STD clinic	202	190	240	230	40
Number of preparedness trainings conducted	15	15	16	16	1
Number of staff meeting ICS requirements	44	46	44	46	0

ADRC - Adult Protective Services

Program Description

The Adult Protective Services Unit's primary responsibility is to investigate concerns of abuse and neglect of adults and elders (ages 60 and older) at risk in the community. The Adult Protective Services Unit performs all necessary court work for situations that require court ordered protection and services. This unit provides short-term case management and linkage to long-term care resources capable of providing a range of services and/or residential services for vulnerable adults. Staff social workers provide annual reviews of those individuals under court ordered intervention for protective placements in institutional settings. As a unit within the Aging and Disability Resource Division, the Adult Protective Service unit is in an optimal position to collaborate closely with Aging and Disability Center Staff on determining any protective service needs of consumers that present for services and/or provide outreach and connection with community stakeholders associated with older adult programming in Waukesha County.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	11.00	9.00	9.00	9.00	0.00
General Government	\$486,706	\$486,706	\$486,706	\$486,706	\$0
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$33,689	\$101,000	\$76,000	\$76,000	(\$25,000)
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$22,531	\$26,904	\$22,531	\$22,531	(\$4,373)
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy (Credit)	\$1,491,883	\$1,069,392	\$1,069,392	\$1,231,032	\$161,640
Total Revenues	\$2,034,809	\$1,684,002	\$1,654,629	\$1,816,269	\$132,267
Personnel Costs	\$775,222	\$750,158	\$761,449	\$804,196	\$54,038
Operating Expenses	\$907,311	\$777,903	\$833,681	\$852,483	\$74,580
Interdept. Charges	\$163,888	\$155,941	\$155,960	\$159,590	\$3,649
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$1,846,421	\$1,684,002	\$1,751,090	\$1,816,269	\$132,267
Rev. Over (Under) Exp.	\$188,388	\$0	(\$96,461)	\$0	\$0

Program Highlights

General government includes revenues from Supportive Home Care State Basic County allocation of \$259,000, and a State Basic County Allocation of \$227,700, to fund Adults-at-Risk activities and Adult Protective Services (APS). These funds remain unchanged from the 2017 budget.

Charges for services budget are reduced \$25,000 to \$76,000 due to the reduction of the number of clients emergency protectively placed at Waukesha Memorial Hospital. Waukesha County Department of Health and Human Services (HHS) is obligated to provide services and protection to adults found to be legally incompetent and a danger to themselves or others. Law enforcement and APS utilize Waukesha Memorial Hospital as a placement site for emergency protective placements for both adults at risk and elder adults at risk. HHS pays for the episode and then bills the client to recapture the costs.

Other revenue is budgeted to decrease approximately \$4,400 to about \$22,500 resulting from social security reimbursements for clients served by this program where Waukesha County is the protective payee.

Net personnel costs are budgeted to increase approximately \$54,000 to about \$804,200 primarily due to supervisor turnover, staff insurance coverage and cost to continue for the 9.0 FTEs.

ADRC - Adult Protective Services (cont.)

Operating expenditures are budgeted to increase approximately \$74,600 to \$852,500. Of this increase, \$34,000 is attributable to an increase in the annual Marsh Country Health Alliance assessment fee budgeted at \$184,000 for clients receiving ongoing care at Clearview Nursing Home and Facility for Individuals with Intellectual Disabilities (IID) in Dodge County. Client services increase by \$36,700 as a result of rates for volunteer and corporate guardians.

Interdepartmental charges are budgeted to increase approximately \$3,600 to \$159,600 mainly due to an increase in legal charges.



Activity	2016 Act.	2017 Bud.	2017 Est.	2018 Bud.	Bud. Change
Average Caseload for eight Dispositional Workers	65	60	70	60	0
Number of Watts Court Ordered Assessment Reviews	320	350	330	300	(50)
Emergency Protective Placements	73	70	50	50	(20)
Chapter 51.67	29	60	36	36	(24)
Comprehensive Evals	58	65	50	50	(15)
At Risk Cases Reported in WITS*	503	325	517	500	175

*Wisconsin Incident Tracking System

ADRC - Community Services

Program Description

The Community Services (CS) program provides a range of home and community-based services and opportunities. These activities empower seniors, those with disabilities and their caregivers to make informed choices and remain as independent as possible in their home of choice and community. The Community Services program, funded through a variety of grants, donations and tax levy, supports direct services to clients and ADRC administrative operations.

Core services include: home delivered and congregate meals, care coordination, adult day care, home chore services, bathing, light housekeeping, respite care, shared fare-taxi and specialized accessible transportation, caregiver support services, emergency intervention services. Services do require an assessment to ensure that individuals meet eligibility criteria set by the various funding sources. Additional opportunities available include volunteer engagements, and various health promotion education programs.

Services provided under the Older Americans Act (Titles IIIB Supportive Services, Title C-1 Congregate Nutrition, Title C-2 Home Delivered Meals, Title D Preventive Health and Title E National Family Caregiver Support) serve those age 60 and over with an emphasis placed on reaching the targeted frail, isolated, homebound and disadvantaged older population, as well as their caregivers. Older Americans Act services are not means tested and mandate a request for donations towards services; therefore, no standardized fees can be charged for services. Most services in the Community Services program are provided through contracted providers in Supportive Services, Transportation and emergency intervention services.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	18.45	18.85	18.85	19.24	0.39
General Government	\$2,571,018	\$2,573,425	\$2,593,648	\$2,551,105	(\$22,320)
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$0	\$0	\$0	\$0	\$0
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$380,988	\$373,759	\$393,810	\$397,324	\$23,565
Appr. Fund Balance	\$15,055	\$7,655	\$7,655	\$7,700	\$45
County Tax Levy (Credit)	\$992,101	\$1,056,221	\$1,056,221	\$1,131,094	\$74,873
Total Revenues	\$3,959,162	\$4,011,060	\$4,051,334	\$4,087,223	\$76,163
Personnel Costs	\$1,228,335	\$1,278,288	\$1,281,930	\$1,305,324	\$27,036
Operating Expenses	\$2,515,616	\$2,600,370	\$2,621,305	\$2,654,047	\$53,677
Interdept. Charges	\$98,329	\$132,402	\$125,978	\$127,852	(\$4,550)
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$3,842,280	\$4,011,060	\$4,029,213	\$4,087,223	\$76,163
Rev. Over (Under) Exp.	\$116,882	\$0	\$22,121	\$0	\$0

ADRC – Community Services (cont.)



Program Highlights

General government revenues are budgeted to decrease about \$22,300 to approximately \$2,551,100, primarily due to a decrease in the Alzheimer’s grant of \$28,500, a \$1,100 decrease in the State of Wisconsin Specialized Transportation Grant and a decrease in the Nutrition Incentive Services Program (NSIP) of \$10,800. Offset by increases in Supportive Services IIIB of \$1,300; Nutrition Services IIIC1 & IIIC2 of \$1,800; Family Caregiver Support IIIE of \$10,500 and Other State Revenue grant of \$4,500.

Other revenue is budgeted to increase approximately \$23,600 to about \$397,300 primarily due to Senior Dining and Home Delivered Meal donations of \$26,000 and IIIB Supportive Services of \$2,500 offset by reduced nutrition program revenue from Managed Care Organization (MCO) meals of \$5,800.

Fund balance increases by \$45 to \$7,700 for one time equipment purchases in 2018.

Personnel costs increase about \$27,000 to \$1,305,300 due to a 0.4 FTE increase in the Extra Help for the Senior Dining and Home Delivered Meal Program and cost-to-continue for staff in the overall Community Service programs.

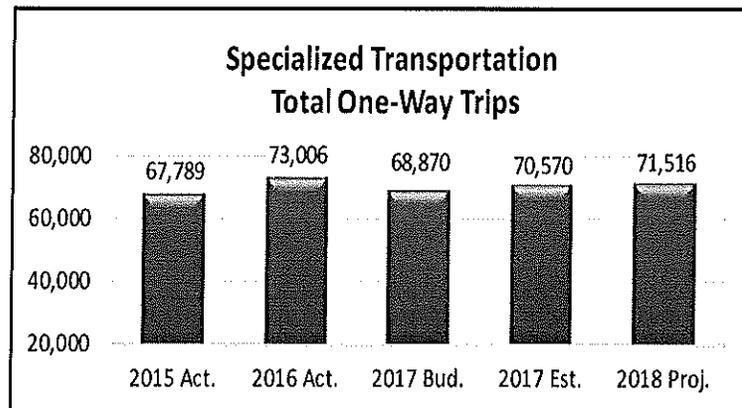
Operating expenditures are budgeted to increase about \$53,700 to \$2,654,000 primarily due to an anticipated increase in nutrition program food costs of \$44,700 to \$943,600 to serve a combined nutrition program meal total of 172,389, an increase of about 1,269 meals, and a 3% budgeted contracted meal cost increase. In addition, a \$9,700 increase for volunteer mileage reimbursement to deliver Home Delivered Meals is budgeted. Community based bath and respite care services are anticipated to increase \$3,400 and \$29,300 to \$152,000 and \$112,000, respectively. Transportation services increase about \$20,200 to \$1,006,900 due to a Rideline contract vendor rate increase offset by a .25 cent increase in passenger fare rates per one way trip for Rideline and Shared Fare Taxi programs. Chore Services are budgeted to increase \$5,000 and an increase in Prescription Meds of \$1,000. These increases are offset by the Alzheimer’s grant related services decrease of \$25,400 due to a reduced State grant award. Additional decreases include \$17,600 for Health Screening, \$10,200 in Contracted Services, \$4,500 in Printing Services and \$3,500 in Senior Dining Small Equipment.

Interdepartmental charges decrease by about \$4,600 to \$127,900 mainly due to a reduction in postage of \$5,200 and telephone expense of \$3,000 offset by an increase in worker’s compensation of \$2,500.

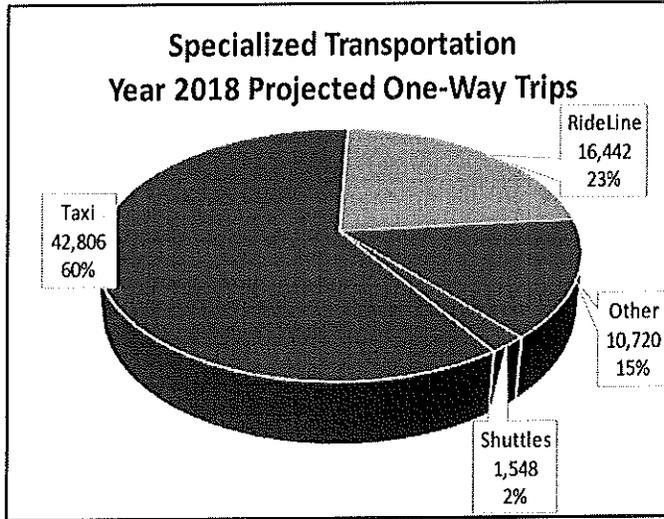


Program Activities

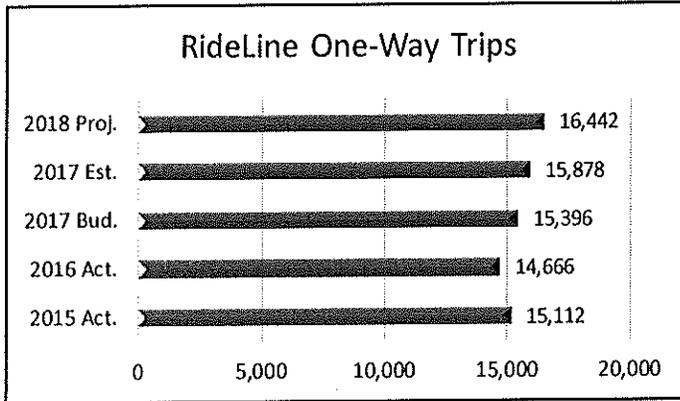
Specialized Transportation Net Average Cost Per One-Way Trip					
Type of Services	2015 Actual	2016 Actual	2017 Budget	2017 Estimate	2018 Budget
Shared-Fare Taxi	\$5.94	\$5.96	\$6.05	\$5.98	\$5.98
RideLine	\$34.24	\$36.13	\$37.78	\$37.94	\$39.11



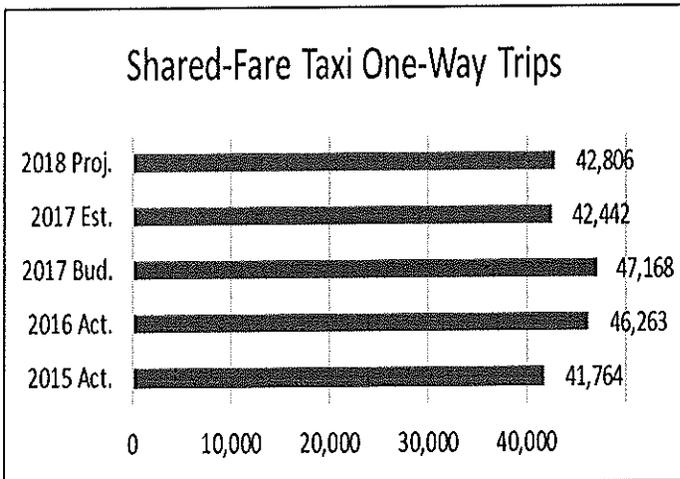
ADRC – Community Services (cont.)



Overall, the 2018 Specialized Transportation Program budget includes an increase of 2,646 one-way trips from the 2017 budget, and a 1.3% increase of 946 one-way trips from the 2017 estimate, for a total of 71,516.



The number of one-way RideLine trips is expected to increase from the 2017 budget level, by 1,046 rides.



Shared-fare taxi service is expected to decrease by 4,362 one-way trips from the 2017 budget level, and increase by 364 one-way trips or less than 1.0% from the 2017 estimate.

ADRC – Community Services (cont.)

Clients Receiving Community Services				
2016 Act.	2017 Bud.	2017 Est.	2018 Bud.	Change from 2017 Budget
1,356	1,350	1,501	1,500	150

Volunteer Activities	2016 Act.	2017 Bud.	2017 Est.	2018 Bud.	Change from 2017 Budget
Number of Volunteers	794	725	810	830	105
Valuation	\$865,594	\$848,160	\$877,846	\$899,521	51,361
Number of Hours	36,740	36,000	37,260	38,180	2,180

The hourly valuation for all Waukesha County volunteers was established at \$23.56 per hour as determined by The Independent Sector.

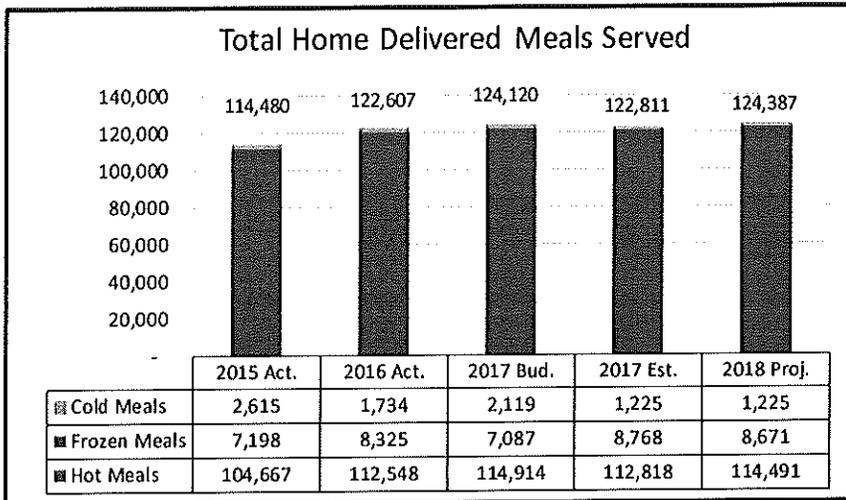
Home Delivered Meal (HDM) Participant Responses to Survey Questions				
Questions	2016 Act.	2017 Bud.	2017 Act.	2018 Bud.
HDMs help to live independently in home	85.4%	85.0%	84.0%	85.0%
Feel HDMs have improved quality of life	87.9%	90.0%	81.0%	90.0%
Half or more daily food intake provided by meal	64.6%	65.0%	70.0%	65.0%

Home Delivered Meal (HDM) Participant Responses to Survey Questions				
Questions	2016 Act.	2017 Bud.	2017 Act.	2018 Bud.
HDMs help to live independently in home	85.4%	85.0%	84.0%	85.0%
Feel HDMs have improved quality of life	87.9%	90.0%	81.0%	90.0%
Half or more daily food intake provided by meal	64.6%	65.0%	70.0%	65.0%

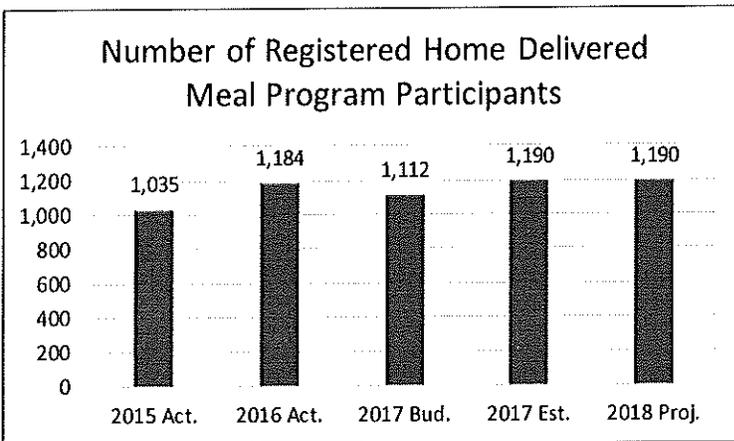
ADRC – Community Services (cont.)

Home Delivered Meal Cost Summary				
	2016 Act.	2017 Bud.	2017 Est.	2018 Bud.
Gross Cost Per Meal	\$8.05	\$7.96	\$8.11	\$8.32
Average Client Donation Per Meal	\$1.82	\$1.69	\$1.84	\$1.84
Net Cost Per Meal	\$6.23	\$6.27	\$6.27	\$6.48

Cost per meal summary for Senior Dining and Home Delivered meals are not comparable due to program offerings.

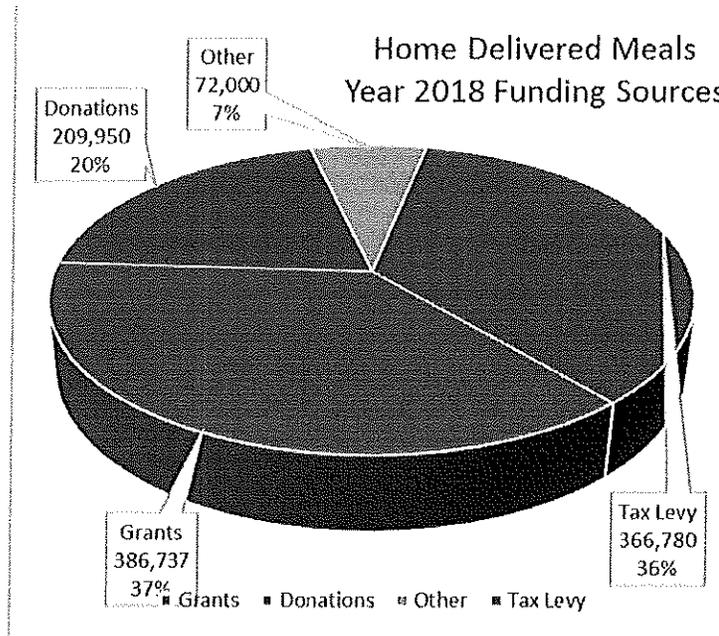


Projected number of home delivered meals for 2018 anticipates an increase of 267 meals from the 2017 budgeted number of meals to be served. This projected increase in number of meals is based on actual experience for the first half of 2017.



Based on actual experience in 2016 and during the first half of 2017, the number of projected home delivered meal recipients in 2018 is expected to be at 1,190. This is an increase of 78 from the 2017 budgeted level.

ADRC – Community Services (cont.)

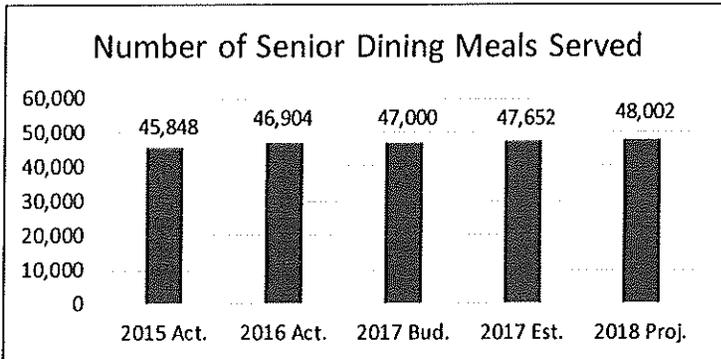


Senior Dining Center Meal Cost Summary					
	2015 Act.	2016 Act.	2017 Bud.	2017 Est.	2018 Bud.
Gross Cost Per Meal	\$11.02	\$10.84	\$11.04	\$10.91	\$10.98
Average Donation Per Meal	\$2.01	\$1.96	\$1.86	\$2.00	\$2.00
Net Cost Per Meal	\$9.01	\$8.88	\$9.18	\$8.91	\$8.98

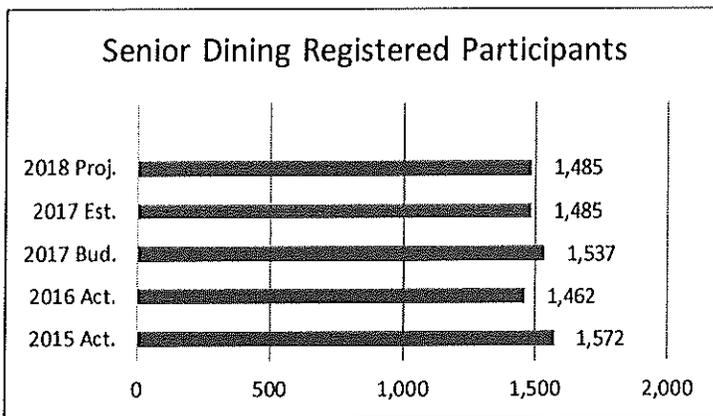
Cost per meal summary for Home Delivered meals and Senior Dining are not comparable due to required program offerings including nutrition education and activities.

Percent of Senior Dining Participants Responding to Survey				
Questions	2016 Act.	2017 Bud.	2017 Act.	2018 Bud.
Half or more daily food intake provided by meal	65.7%	60.0%	63.0%	60.0%
Improved quality of life	88.7%	85.0%	78.0%	80.0%

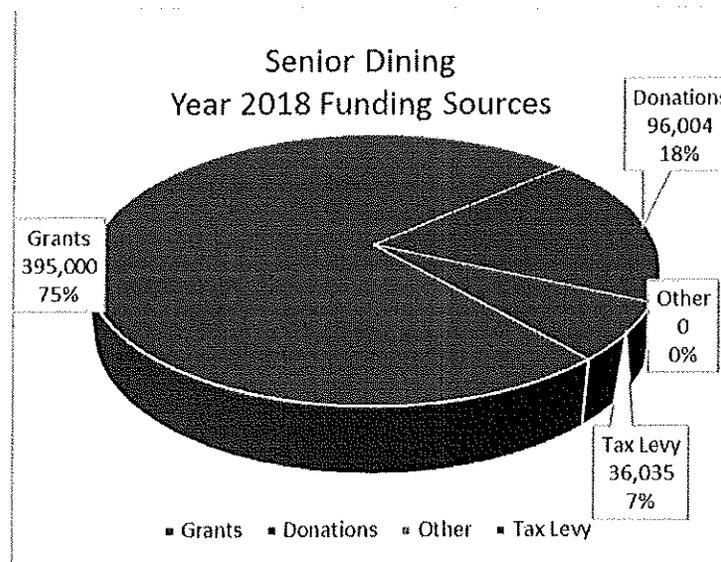
ADRC – Community Services (cont.)



The 2018 Senior Dining Program is expected to increase by 1,002 meals from 2017 budget, and increase 350 meals from 2017 estimate.



Based on actual experience during 2016 and during the first half of 2017, the number of Senior Dining participants is projected at 1,485 in 2018.



Aging & Disability Resource Center Contract Fund

Program Description

The Aging and Disability Resource Center (ADRC), a special revenue fund, serves as a single point of entry for the public to gain information and assistance related to various resources and options available to older adults and/or adults living with a disability. The ADRC honors choice, supports dignity, and maximizes independence.

Core services include marketing, outreach and public education, reliable and objective information and assistance, options counseling, assessment of financial and functional eligibility for publicly funded long-term care, enrollment counseling for Wisconsin's various long-term care programs, elder and disability benefit counseling, transitional services for students and youth, as well as information about surrogate decision making. The ADRC information and assistance center also serves as the entry point for referrals related to potential adult at risk and elder abuse or neglect cases.

Additional activities include preventative and early intervention health education activities, public outreach, advocacy and dementia support.

Funding to support the programs of the ADRC is provided by the State of Wisconsin Bureau on Aging and Long Term Care Resources and the U.S. Department of Health and Human Services.

Financial Summary	2016 Actual	2017 Adopted Budget	2017 Estimate	2018 Budget	Change From 2017 Adopted Budget	
					\$	%
Revenues						
General Government	\$2,895,737	\$3,176,445	\$3,358,726	\$3,358,215	\$181,770	5.7%
Fine/Licenses	\$0	\$0	\$0	\$0	\$0	N/A
Charges for Services	\$0	\$0	\$0	\$0	\$0	N/A
Interdepartmental	\$0	\$0	\$0	\$0	\$0	N/A
Other Revenue	\$0	\$0	\$0	\$0	\$0	N/A
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0	N/A
County Tax Levy (Credit)	\$0	\$0	\$0	\$0	\$0	N/A
Total Revenue Sources	\$2,895,737	\$3,176,445	\$3,358,726	\$3,358,215	\$181,770	5.7%
Expenditures						
Personnel Costs	\$1,738,801	\$1,742,796	\$1,800,197	\$1,880,489	\$137,693	7.9%
Operating Expenses	\$764,662	\$1,050,587	\$1,176,267	\$1,094,443	\$43,856	4.2%
Interdept. Charges	\$392,277	\$383,062	\$382,262	\$383,283	\$221	0.1%
Fixed Assets	\$0	\$0	\$0	\$0	\$0	N/A
Total Expenditures	\$2,895,740	\$3,176,445	\$3,358,726	\$3,358,215	\$181,770	5.7%
Rev. Over (Under) Exp.	(\$3)	\$0	\$0	\$0	\$0	N/A

Position Summary (FTE)

Regular Positions	22.40	22.00	22.00	23.00	1.00
Extra Help	0.00	0.00	0.00	0.16	0.16
Overtime	0.00	0.00	0.00	0.00	0.00
Total FTEs	22.40	22.00	22.00	23.16	1.16

Aging & Disability Resource Center Contract Fund (cont.)



Program Highlights

General government revenue for the Aging and Disability Resource Center (ADRC) Contract fund is budgeted to increase about \$181,800 to \$3,358,200 of which \$2,357,800 is State ADRC Contract Revenue, \$852,400 in Federal Medicaid match and \$148,000 in additional State grants.

Personnel costs are budgeted to increase approximately \$137,700 to \$1,880,500 for 23.16 FTE. This includes 1.0 FTE new sunset position for a Marketing Coordinator to comply with additional State Contract requirements, and 0.16 FTE for an Extra Help ADRC Specialist. In addition, increases include the cost to continue for the budgeted FTE's.

Operating expenditures increase about \$43,900 to \$1,094,400 due to increased State grant expenditures of \$40,000 in Dementia Care Specialist and \$34,500 for Dementia Crisis Innovation Grant. Additional increased expenditures include Advertising & Legal of \$9,500, Training of \$5,000, Promotion of \$4,600, Mileage Reimbursement of \$4,300, Telecom of \$2,100, Computers of \$1,500, and Office Equipment of \$1,000. These increases are offset by a decrease of \$66,000 in contract services.

Interdepartmental charges decrease by \$221 to \$383,300 related to allocation of Interdepartmental charges.



Program Activity

The ADRC provides customers a variety of services to help them make appropriate choices to meet their long-term care needs. Activities include information and referral, long-term care options counseling, conducting financial and functional eligibility screens, and elder and disability benefit counseling contacts.

	2016 Act	2017 Bud.	2017 Est.	2018 Bud.	Change from 2017 Budget
Information & Assistance Contacts	31,187	31,000	36,852	40,000	9,000
Long-Term Care Options Counseling Contacts	4,454	4,000	5,215	5,800	1,800
Functional Screen Contacts	1513	1,600	1,418	1,500	-100
Elder Benefits Counseling Clients Served (a) (c)	910	650	960	950	300
Disability Benefits Counseling Cases (b) (c)	446	575	427	450	-125

(a) For ages 60 and over.

(b) For ages 18 to 59. Includes client and third party contacts.

(c) In 2016, the Elder Benefit Specialist helped County residents to receive \$3,428,809 in benefits and the Disability Benefit Specialist helped County residents receive \$2,100,291 in benefits.

Outreach and Marketing Activities					
	2016 Act.	2017 Bud.	2017 Est.	2018 Bud.	Change from 2017 Budget
Annual Newsletter Distribution	30,000	30,000	32,000	32,000	2,000
ADRC Resource Guide	12,000	12,500	10,000	10,000	(2,500)
Presentation/Display Attendees	3,680	4,000	4,700	5,500	1,500

Mental Health Outpatient-Clinical

Program Description

The Clinical Services Division provides behavioral medicine, treatment and support services to citizens of Waukesha County who are experiencing symptoms of mental health and substance abuse disorders. The service delivery system is consistent with State Statute Chapter 51 requirements and applicable state and federal regulations. The array of services creates a continuum of care including diagnostic services, medication management, crisis intervention, individual and group therapy, case management, independent living training, peer support, residential rehabilitation, and acute psychiatric inpatient treatment. Services are individualized to maximize each client's independence, recovery, self-management of symptoms, and to prevent relapse.

The Mental Health Outpatient Clinic provides state certified Outpatient Mental Health Clinic, Substance Abuse Service, and Crisis Intervention Service serving children, youth, and adults. The staff includes the professional services of psychiatrists and advanced practice nurse practitioners for psychotropic medication management with support services available to uninsured clients to access patient assistance programs and low-cost medication plans. Access to specialized inpatient services at the State Mental Health Institutes including geropsychiatry, child psychiatry and secure placements for adults are initiated and monitored through the outpatient clinic.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	33.48	36.03	36.03	37.93	1.90
General Government	\$875,183	\$822,811	\$1,055,341	\$1,055,327	\$232,516
Fine/Licenses	\$352,542	\$357,002	\$378,746	\$378,746	\$21,744
Charges for Services	\$1,124,447	\$963,626	\$1,080,612	\$1,082,612	\$118,986
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$1,977,707	\$1,430,344	\$1,769,911	\$1,660,845	\$230,501
Appr. Fund Balance	\$0	\$260,000	\$260,000	\$0	(\$260,000)
County Tax Levy (Credit)	\$4,280,294	\$5,268,821	\$5,268,821	\$6,072,896	\$804,075
Total Revenues	\$8,610,173	\$9,102,604	\$9,813,431	\$10,250,426	\$1,147,822
Personnel Costs	\$3,429,706	\$3,879,707	\$3,742,520	\$4,215,917	\$336,210
Operating Expenses (a)	\$5,655,106	\$4,885,091	\$6,178,531	\$5,700,655	\$815,564
Interdept. Charges	\$312,565	\$337,806	\$324,281	\$333,854	(\$3,952)
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$9,397,377	\$9,102,604	\$10,245,332	\$10,250,426	\$1,147,822
Rev. Over (Under) Exp.	(\$787,204)	\$0	(\$431,901)	\$0	\$0

(a) The 2017 operating expenses are estimated to exceed the 2017 budget related to greater than anticipated costs for placements of county residents receiving treatment at state mental health institutions.

 Program Highlights

General Government revenues increase by \$232,500 to \$1,055,000 as a result of the award of a \$225,000 grant for the Prevention of Drug Overdose, focused on opioid overdose and prevention. Additionally, Juvenile Crisis grant revenues increase by \$7,500.

Fines and License revenues reflect a \$21,700 increase to \$378,700 based on prior year activity levels of the Intoxicated Driver Program surcharge revenues.

Charges for Services increase \$119,000 in the 2018 budget to \$1,082,600 based on current year estimates for crisis services, substance use, and mental health services.

Other Revenue is budgeted to increase \$230,500 driven by state collections increase of \$204,800 for children and \$131,700 for adults located at the State Mental Health Institute. This is partially offset by a decrease of \$106,000 in Supplemental Security Income (SSI) / Social Security collections revenues, where the county is the protective payee for mental health clients.

Mental Health Outpatient-Clinical (cont.)

Appropriated Fund Balance decreases \$260,000 as the result of one-time funding in 2017 for state institute costs that will not carry over to 2018.

Personnel Costs are budgeted to increase \$336,200 to \$4,344,100 driven by the costs to continue for 36.03 FTE staff assigned to this program, and the addition of .9 FTE Extra Help Clinical Therapists related to the 24/7 crisis mandate. Additionally, 2.0 FTE Clinical Therapists replace 1.8 FTE Extra Help Clinical Therapists. Other changes that are FTE neutral include an additional Lead worker for substance use services, the conversion of a Senior Substance Abuse Counselor to a Human Services Supervisor, the conversion of a Human Services Supervisor to a Human Services Coordinator, and the conversion of a Senior Mental Health Counselor to a Program and Projects Analyst. This budget also reflects the addition of 1.0 FTE grant funded Clinical Therapist sunset position for the Prevention of Drug Overdose grant.

Operating Expenses are increasing \$815,200 in 2018. Expenses for adults and children at the State Mental Health Institutes are increasing by \$640,600 as days of care continue to trend upward. Costs for Prescription Medications are increasing \$44,900 based in projected client utilization. Psychiatric Services are decreasing \$28,900, and Laboratory Supplies are decreasing \$14,000. Prevention of Drug Overdose grant expenses increase of \$121,500, and Juvenile Crisis grant revenues increase by \$7,500, both offset by corresponding General Government revenues.

Interdepartmental Charges are decreasing by \$4,000 in 2018 from savings throughout various expense accounts.

Program Activities



	2016	2017	2017	2018	Budget
Activity – MH Outpatient Clinical	Actual	Budget	Estimate	Budget	Change
Outpatient – MH - Unduplicated count	3,060	2,600	4,234	4,200	1,600
Outpatient – MH – Visit	18,753	18,000	16,008	17,000	(1,000)
Outpatient – AODA – Unduplicated Count	976	1,050	966	1,000	(50)
Outpatient AODA Visits	13,603	15,110	13,603	14,000	(1,110)
Clients Receiving Detox	38	50	38	50	0
Detoxification: Days of Care	106	130	106	130	0
AODA Residential: Days of Care	4,764	4,500	5,388	5,388	888
State Institutes Payments: Days of Care (children)	786	486	1,284	921	435
State Institutes Payments: Days of Care (adults)	1,951	1,520	1,680	1,680	160

Mental Health Center

Program Description

This budget reports the financial operations of the Mental Health Center (MHC) inpatient hospital for accounting purposes and State/Federal reporting including federal/state Medicare Cost Report requirements. This program provides for all services related to admissions to the hospital for psychiatric emergency and other psychiatric hospitalizations and related support services.

The inpatient hospital program of the Mental Health Center provides 24-hour care including assessment, intervention, diagnosis and treatment for individuals with acute and chronic mental illnesses requiring diagnosis; medication monitoring and stabilization; individual, couple, and group counseling; and development of aftercare services. Alcohol detoxification management services are also provided. The facility has a capacity of 28 on two 14 bed units, and serves court-involved and voluntary patients.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	48.72	49.11	49.11	52.34	3.23
General Government	\$0	\$0	\$0	\$0	\$0
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$2,550,727	\$2,994,314	\$3,252,520	\$3,107,628	\$113,314
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$0	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$45,486	\$224,220	\$224,220	\$141,660	(\$82,560)
County Tax Levy (Credit)	\$3,694,937	\$3,543,809	\$3,543,809	\$3,564,505	\$20,696
Total Revenues	\$6,291,150	\$6,762,343	\$7,020,549	\$6,813,793	\$51,450
Personnel Costs	\$4,779,488	\$4,849,951	\$4,853,150	\$4,999,880	\$149,929
Operating Expenses	\$966,847	\$938,347	\$934,519	\$1,000,931	\$62,584
Interdept. Charges	\$813,687	\$899,045	\$909,732	\$812,982	(\$86,063)
Fixed Assets	\$0	\$75,000	\$0	\$0	(\$75,000)
Total Expenditures	\$6,560,022	\$6,762,343	\$6,697,401	\$6,813,793	\$51,450
Rev. Over (Under) Exp.	(\$268,872)	\$0	\$323,148	\$0	\$0

Program Highlights

Charges for Services increase by \$113,300 driven by revenues related to the 28 bed psychiatric hospital where days of care are expected to increase from 6,300 to 6,450 days. Revenues for copy and duplicating fees are budgeted to decrease by \$1,200 due to the implementation of Electronic Health Records in July 2017. The 2017 estimate reflects \$258,000 higher than 2017 budgeted revenue to \$3,253,000 due to an uptick in admissions in late 2016, for which payment is received in 2017.

Appropriated Fund Balance decreases by \$82,600 due to spending more on building safety improvements in 2017 required as a result of the federal compliance audit. The 2018 fund balance appropriation is budgeted to cover the following items: \$40,000 for the resurfacing of two seclusion rooms; \$5,000 to paint the lobby; \$25,000 for suicide prevention doors; \$39,500 for replacement furniture and cubicles; and \$32,200 for technology upgrades.

Personnel costs increase by \$149,900, approximately 3.1%, to \$4,999,900. This includes the cost to continue for 49.11 FTE, plus an additional 3.23 Extra Help and Overtime FTE. Extra Help and Overtime changes have been made to better serve the current needs of the Mental Health Center and allow for adequate staffing in order to reduce the number of clients referred to State Institutes. Extra Help will increase .08 FTE Dietician, 1.88 FTE in Nursing and Psychiatric Technicians, and .68 FTE Clinical Therapists. Overtime will be increased by .44 FTE for Psychiatric Technicians and .16 for Inpatient Registered Nurses, while reducing Inpatient Clinical Therapists by .01 FTE.

Mental Health Center (cont.)

Operating expenses increase approximately \$62,600, primarily due to \$30,000 lease fee for an electronic medication dispensing machine, \$39,500 for replacement furniture and cubicles, and \$13,000 in food service related to the higher days of care projected in 2018. The increase in expense is offset partially by other small favorable variances among operating expense accounts such as \$1,000 in Psychological Testing Materials, \$3,000 in Medical Supplies, \$1,300 in Educational/Therapy Supplies, \$3,300 in Mileage/Travel/Tuition, \$2,800 in Pre-Employment Costs, and \$1,900 in Printing costs.

Interdepartmental Charges are decreasing by approximately \$86,000. The 2017 budget included \$140,000 for building code upgrades, fire suppression equipment, and seclusion room upgrades. The 2018 budget includes \$40,000 for the resurfacing of two seclusion rooms, \$5,000 to paint the lobby, and \$25,000 for suicide prevention doors. Natural gas expenses are expected to be \$16,000 less based on past usage and the County's ability to lock in rates in advance. Transportation costs are increasing \$15,400, Computer Maintenance is increasing \$5,600 and Vehicle Replacement is increasing \$700. Several expenses are decreasing including Malpractice Insurance at \$5,300, Postage at \$1,500, Records and Storage at \$1,500 due to electronic health records, and \$3,800 for Telephones.

Fixed Assets are reduced \$75,000 due to the plan to purchase an electronic medication dispensing machine in the 2017 budget. The decision was made to lease the equipment instead. The 2018 budget has no fixed asset expenses, and includes \$30,000 in Operating expenses for the lease on the machine.



Program Activities

Activity	2016 Actual	2017 Budget	2017 Estimate	2018 Target	Budget Change
Days of Care	6443	6600	6300	6450	-150
Admissions	661	863	698	850	-13
Discharges	659	863	698	850	-13
Average Length of Stay (Days)	9.6	7.6	7.1	7.7	.1

Mental Health Outpatient-Intensive

Program Description

The Mental Health Outpatient Intensive program (located at the Mental Health Center) is comprised of two units. The Treatment and Support Services Unit (TSSU) provides an array of community based mental health services to residents of Waukesha County through two state certified programs, Comprehensive Community Services (CCS) and Adult Mental Health Day Treatment. The second unit is the State certified Community Support Program (CSP). Additional services are provided through Targeted Case Management and Community Recovery Services (CRS) benefits for eligible clients.

Residential Care in group homes, adult family homes and institutional settings is provided through contracts with multiple specialized programs throughout Wisconsin.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	21.18	22.29	22.29	24.12	1.83
General Government	\$692,352	\$692,352	\$692,352	\$692,352	\$0
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$2,233,691	\$4,063,822	\$2,315,239	\$2,490,239	(\$1,573,583)
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$2,689,139	\$282,609	\$2,565,638	\$2,666,454	\$2,383,845
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy (Credit)	\$3,901,189	\$3,519,525	\$3,519,525	\$2,999,914	(\$519,611)
Total Revenues	\$9,516,371	\$8,558,308	\$9,092,754	\$8,848,959	\$290,651
Personnel Costs	\$2,064,480	\$2,074,626	\$2,149,045	\$2,363,577	\$288,951
Operating Expenses	\$6,226,796	\$6,249,760	\$6,157,576	\$6,249,274	(\$486)
Interdept. Charges	\$230,771	\$233,922	\$233,661	\$236,108	\$2,186
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$8,522,047	\$8,558,308	\$8,540,282	\$8,848,959	\$290,651
Rev. Over (Under) Exp.	\$994,324	\$0	\$552,472	\$0	\$0

Program Highlights

General Government revenue will remain flat to 2017 budget. The Community Mental Health Services grant is \$603,700. The allocation of Basic County Allocation for the Community Support Program funding is maintained at \$88,600.

Charges for Services revenues are budgeted to decrease by approximately \$1,573,600. This reflects a budgeted decrease in client fee revenue for services billed to Medicaid for the Comprehensive Community Services (CCS) program by \$1,108,000 to \$1,550,000, based on an estimate of total expenses for which reimbursement will be available under the state's cost based reimbursement model. Community Recovery Services (CRS) client fee revenue decreased by \$271,500 to \$313,500 based on prior year actual revenues. Community Support Program and Treatment and Support Services revenues are budgeted to decrease by \$194,000 to \$626,900 based on prior year actual and current year trended revenues.

Other Revenue increases by \$2,383,800 to reflect the prior year revenue for CCS Program cost settlements. The Wisconsin Medical Assistance Cost Reporting (WIMCR) cost based reimbursement program is budgeted to remain consistent at \$282,600.

Personnel costs are budgeted to increase \$288,900 to \$2,363,600. This reflects a 1.0 FTE transfer of a Clinical Therapist from Clinical Services Outpatient to CCS, the addition of 1.0 FTE Clinical Therapist for CCS children, and the addition of .5 FTE regular part time Clinical Therapist for CCS and CRS quality assurance. The increases are offset by a reduction of .67 FTE Extra Help.

Mental Health Outpatient-Intensive (cont.)

Operating Expenses are budgeted to decrease by \$500. While the total difference is relatively flat year over year, there are several changes within 2018 budget operating expenses. This includes a reduction in group home costs, and the addition of community based treatment resources. \$29,000 is budgeted for technology upgrades.

Interdepartmental Charges are budgeted to increase by \$2,200 driven by end user technology fees and computer replacement.



Program Activities

	2016	2017	2017	2018	Budget
Activity – MH Outpatient Intensive	Actual	Budget	Estimate	Budget	Change
CCS (Comprehensive Community Services) Number of Clients	127	145	145	136	(9)
Case Management Number of Clients	74	70	70	70	-
CSP (Community Support Program) Number of Clients	189	191	191	188	(3)
<hr/>					
CCS Program Days	11,005	13,559	13,505	10,585	(2,974)
CRS Program Days	4,350	6,113	4,380	5,475	(638)
Specialized Residential Program Days	11,063	9,679	8,030	6,570	(3,109)
Total Residential Days of Care	26,418	29,351	25,915	22,630	(6,721)
<hr/>					
CCS Hours of Care	4,802	5,400	4,965	5,600	200
CRS Hours of Care	2,278	3,250	3,351	3,351	101
Total Residential Hours of Care	7,080	8,650	8,316	8,951	301
<hr/>					
Mobile Crisis Intervention					
In Person Risk Assessment	NA	NA	1,674	1,700	NA
Crisis Inbound Calls	NA	NA	3,828	4,500	NA

Criminal Justice Collaborating Council (CJCC)

Program Description

With the support of the Chief Judge, County Executive, and County Board, the Waukesha County Criminal Justice Collaborating Council (CJCC) was established in the fall of 2002. The Council was formed with several goals in mind including better understanding of crime and criminal justice problems, greater cooperation among agencies and units of local government, clearer objectives and priorities, more effective resource allocation, and the creation of additional criminal justice programming. The Council feels that, taken together, these results can increase public confidence in and support for criminal justice processes, and enhance system performance.

The mission of the Waukesha County CJCC is to enhance public safety and promote the effective and efficient administration of the criminal justice system through community collaboration by ensuring offender accountability and providing rehabilitative services, while recognizing the rights and needs of victims.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	1.00	1.00	1.00	1.00	0.00
General Government	\$257,163	\$260,386	\$325,451	\$465,681	\$205,295
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$50,129	\$36,564	\$42,870	\$44,564	\$8,000
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$0	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy (Credit)	\$1,055,158	\$1,077,870	\$1,077,870	\$1,095,467	\$17,597
Total Revenues	\$1,362,450	\$1,374,820	\$1,446,191	\$1,605,712	\$230,892
Personnel Costs	\$112,535	\$115,760	\$114,650	\$119,695	\$3,935
Operating Expenses	\$1,236,089	\$1,241,058	\$1,286,036	\$1,446,499	\$205,441
Interdept. Charges	\$12,727	\$18,002	\$23,522	\$39,518	\$21,516
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$1,361,351	\$1,374,820	\$1,424,208	\$1,605,712	\$230,892
Rev. Over (Under) Exp.	\$1,099	\$0	\$21,983	\$0	\$0

Program Highlights

General Government Revenue increases by approximately \$205,300 to \$465,700, mainly due to the addition of a new SAMHSA grant Expanding Substance Abuse Treatment Capacity in the Waukesha County Drug Court. The grant begins September 30, 2017 and ends September 29, 2020, with \$302,000 budgeted in 2018. The federal Bureau of Justice Assistance (BJA) Drug Court Enhancement grant will end on September 30, 2017, resulting in a \$96,600 reduction from the 2017 to 2018 budget. General Government revenues also include state Department of Corrections (DOC) revenue for the Community Service Options (CSO) program of \$24,000, and increase of \$230.

Charges for Services are budgeted to increase by \$8,000 to \$44,600. This is in anticipation of increased revenue for client fees from the Day Report Center Program based on current trend. Day Report Center participants are charged a flat fee, which is mandatory for all program participants based upon length of stay in the program.

County Tax Levy is budgeted to increase by \$14,000 to \$1,094,000.

Personnel Costs are budgeted to increase \$3,900 to \$119,700, reflecting the cost to continue for the 1.0 FTE Coordinator position.

Operating expenses are budgeted to increase approximately \$205,400 driven mainly by the addition of the SAMHSA grant at \$274,500 and retirement of the BJA grant at \$91,800 (offset by corresponding revenues). The cost to continue for contracted services for various CJCC programs is \$23,000, assuming an average 2% increase for most vendors.

Interdepartmental charges are budgeted to increase \$21,500 driven by a decrease in BJA grant administrative expenses of \$4,800 and increase in administrative expenses related to SAMHSA grant by \$27,500. \$1,200 increase is due to minor changes in other various interdepartmental accounts.



Program Activities

CJCC activities include the following programs:

Pretrial Screening Program

Screens all newly booked inmates in the Waukesha County Jail, for the purpose of gathering and verifying information to prepare a screening report for the Court prior to the initial court appearance to assist in release decisions and setting appropriate bail.

Pretrial Supervision Program

Provides pretrial supervision and monitoring of adults pending misdemeanor and some felony charges while awaiting trial or adjudication to assure appearances at court hearings, provide support with clients' needs to prevent recidivism, and is an alternative to pretrial incarceration, saving jail days.

Pretrial Intoxicated Driver Intervention Program (OWI Program)

Provides intensive supervision to repeat drunk driving defendants shortly after arrest in an effort to get them enrolled in treatment as soon as possible during the pretrial phase, with the goal of reducing drunk driving recidivism.

Drug Treatment Court Program

Utilizing a post-plea, pre-dispositional model, provides rigorous supervision, case management, and drug testing for drug dependent offenders, including intensive judicial oversight and an emphasis on treatment, in an effort to increase long-term sobriety, which will ultimately reduce crime and increase public safety. The average program length is 18 months.

Alcohol Treatment Court Program

Provides intensive supervision and case management of 3rd & 4th offense drunk drivers post-conviction with intensive judicial oversight and an emphasis on treatment, in an effort to help offenders break the cycle of drunk driving, improve the chances of a sober and healthy lifestyle, and contribute to a safe community. The program length is approximately 12-18 months.

Community Service Options Program

Provides support with site placement and tracking/reporting community service hours worked for adult offenders who are court ordered to complete community service as a condition of their sentence or as a condition of probation, as well as to adults confined in the Huber facility who wish to reduce their jail sentence by performing community service.

Day Report Center Program

Intensive supervision and monitoring of adults post-conviction, providing an alternative to incarceration with the goals of reducing the population of the Huber facility and reducing recidivism through direct support and referrals to services throughout Waukesha County to meet clients' needs and improve lives.

Jail Adult Basic Education (ABE) Program

In July 1990, Waukesha County Technical College (WCTC) and the Waukesha County Sheriff's Department began a partnership to provide adult basic education, high school completion, and employability skills to inmates at the Huber facility and, later, at the County Jail.

Reentry Employment Program

Provides job readiness skills (resume development, preparation for interviews, assistance completing on-line applications, etc.) to unemployed or underemployed offenders in the Waukesha County Huber facility to help them secure and maintain employment.

The following tables show the number of clients served, successful completion rates, and jail days diverted by CJCC programs.

Program	2016 Actual	2017 Target	2017 Estimate	2018 Target
Pretrial Screening	2,422	2,350	2,692	2,500
Pretrial Supervision	484	500	541	500
Pretrial Intoxicated Driver Intervention	833	825	721	800
Day Report Center	252	250	286	260
Alcohol Treatment Court	62	70	85	75
Drug Treatment Court	96	70	97	85
Community Service Options	633	600	593	600
Offender Reentry Employment	212	225	294	250
Jail ABE/GED	305	150	150	150
TOTAL CLIENTS SERVED*	5,299	5,040	5,459	5,220

*Not an unduplicated total, as clients can participate in multiple programs.

Program	2016 Actual	2017 Target	2017 Estimate	2018 Target
Pretrial Supervision	72%	75%	70%	75%
Pretrial Intoxicated Driver Intervention	82%	80%	73%	80%
Day Report Center	83%	75%	82%	80%
Alcohol Treatment Court	79%	85%	65%	75%
Drug Treatment Court	71%	65%	50%	65%
Community Service Options	63%	80%	75%	75%

	Program	2016	2017	2017	2018
		Actual	Target	Estimate	Target
# Jail Days Diverted	Pretrial Supervision	7,723	6,000	9,422	8,000
	Pretrial Intoxicated Driver Intervention	14,323	15,000	12,000	14,000
	Day Report Center*	5,682	6,000	5,621	5,700
	Alcohol Treatment Court*	2,456	2,500	2,351	2,400
	Community Service Options*	1,465	2,500	1,500	1,500
	TOTAL JAIL DAYS DIVERTED	31,649	32,000	30,894	31,600

*Totals reflect potential good time earned by inmates.

Administrative Services

Major Departmental Strategic Plan Objectives

CUSTOMER SERVICE PILLAR: High Customer Satisfaction

Objective 1: Responding to Customers

Respond to customers in an effective manner within divisional standards for timeliness.

Objective 2: Electronic Health Records

Improve continuity of care by continued sequential implementation of an electronic health record management system by division or functionality by December 2019.

QUALITY PILLAR: High Standards of Service Excellence

Objective 3: Data Analytics

Measure accomplishment toward the department's Mission and Strategic Plan Objectives using data analytics each quarter through the last quarter of 2019.

Objective 4: Services to Citizens

Continuously improve services to citizens experiencing, or at-risk of experiencing, an event or condition that threatens their well-being, with service assessment processes through December 2019.

TEAM PILLAR: Best Professionals Serving the Public in the Best Way

Objective 5: Employee Retention

Increase employee retention by 2% by December 2019.

Objective 6: Increasing Stakeholder Contacts

Increase education, communication and advocacy contacts with federal, state, and local policymakers and stakeholders by 10% by December 2019.

HEALTH & SAFETY PILLAR: Ensure the Well Being of Citizens

Objective 7: Prevention Strategies

Increase department prevention strategies by 5% to promote community, family, and individual well-being by December 2019.

Objective 8: Collective Impact

Increase health and human service resources, service linkages, and collaborations by 5% with community partners to broaden the collective impact by December 2019.

Objective 9: Comprehensive Plans

Develop four comprehensive plans by December 2019 to address the health and human service concerns identified in the HHS environmental scan and budget driver trends.

FINANCE PILLAR: Protect Taxpayers Investment

Objective 10: Regulatory Requirements

Demonstrate that regulatory requirements are met for each revenue source by its associated reporting period.

Administrative Services (cont.)

Program Description

Along with providing the overall direction of the HHS Department, Administrative Services is responsible for coordinating and providing operational, fiscal and management information systems support.

Major functions and responsibilities include the processing of client and provider payments, contract administration of vendor purchased services, commercial carrier contract negotiation, monitor and analyze legislative initiatives, billing and service coding for Medicare, Medical Assistance, commercial insurance carriers and responsible parties, and liaison to Human Resources. Administrative Services monitors HHS compliance with the Health Insurance Portability & Accountability Act (HIPAA) Privacy Security/HITECH compliance, client medical records management and centralized administrative support. The division c the annual budget process along with monitoring budget variances and reporting of business data analytics. Department specific business application support, computer training and system administration, along with Department-wide data collection, analysis and reporting to various outside entities are coordinated and supported through this area.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	60.65	63.94	63.94	62.94	(1.00)
General Government	\$8,819,621	\$8,553,977	\$8,553,977	\$8,601,103	\$47,126
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$26,312	\$23,000	\$23,000	\$23,000	\$0
Interdepartmental	\$19,432	\$0	\$0	\$0	\$0
Other Revenue	\$17,639	\$330,078	\$330,078	\$330,078	\$0
Appr. Fund Balance	\$55,685	\$0	\$4,695	\$200,000	\$200,000
County Tax Levy (Credit)	(\$2,583,381)	(\$2,413,597)	(\$2,413,597)	(\$2,521,834)	(\$108,237)
Total Revenues	\$6,355,308	\$6,493,458	\$6,498,153	\$6,632,347	\$138,889
Personnel Costs	\$4,571,190	\$4,675,895	\$4,508,807	\$4,725,969	\$50,074
Operating Expenses	\$807,770	\$971,121	\$945,426	\$1,034,832	\$63,711
Interdept. Charges	\$805,481	\$846,442	\$845,528	\$871,546	\$25,104
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$6,184,441	\$6,493,458	\$6,299,761	\$6,632,347	\$138,889
Rev. Over (Under) Exp.	\$170,867	\$0	\$198,392	\$0	\$0

Program Highlights

General Government revenues increase by \$47,100 to approximately \$8,600,000. This is primarily related to an increase of \$47,000 in administrative cost recovery from the Public Health BIO-Terrorism Preparedness related to the assignment of administration staff to perform services funded by the grant. Other funding included in general government revenue had minimal or no funding increases includes the Aging and Disability Resource Center (ADRC) State Contract to \$669,800, Basic County Allocation of \$7,606,000, the Income Maintenance Allocation of \$115,000, All other Public Health Grants of \$16,000 and indirect Cost Recovery from ADRC Older American grants of \$64,300.

Charges for Services revenue from record copy services budgeted at \$23,000 remain unchanged from the 2017 budget.

Other revenues are budgeted to remain unchanged from the 2017 budget at \$330,100. This is related to the Wisconsin Medical Assistance Cost Reporting (WIMCR) program reimbursements to reflect the current funding distribution between actual cost incurred in HHS programing.

Administrative Services (cont.)

Fund Balance increases by \$200,000 to provide one time funding related to department wide initiatives for alternative placement services for high need clients.

Personnel costs increase by about \$50,000 to \$4,726,000. This reflects the unfunding of one FTE Office Services Coordinator and the net cost to continue for the 62.94 FTE, the addition of two lead workers in the records unit, and adjustments for pay for performance compensation. Other changes that are FTE neutral include the reclassifying of 3.0 FTE Programs and Projects Analyst to 3.0 FTE Senior Information Technology Professional-A, the abolishment of an administrative assistant and create a Senior Administrative Specialist, abolish a Senior Administrative Specialist and create a Senior Information Technology Professional-A, reclassification of 2.0 FTE Programs and Projects Analyst to 2.0 FTE Medical Coder, reclassifying a Senior Financial Analyst to Revenue Cycle Coordinator and reclass a Principal IT Professional to Business Applications Support Administrator.

Operating expenses increase by about \$64,000 to approximately \$1,035,000 mainly from a \$17,400 increase in computer equipment and software services related to the CORE project implementation, \$38,000 in contracted services for billing statement printing and mailing, \$8,700 is related to the payments made to volunteer drivers for taxable mileage reimbursement.

Interdepartmental charges are higher by \$25,000 to \$872,000 mainly due to increased allocations of about \$40,200 for workers compensation, about a \$5,300 for legal charges, \$5,500 for copier replacement charges and \$6,500 due to the increase in the end user technology computer charges. This increase is partially offset by decreases in postage charges of about \$15,000 due to contracted mail service for billing statements; \$7,100 for records storage and retrieval, \$2,400 related the trunked radio replacement charge, about \$3,900 in telephone charges and a reduction of \$4,200 general property and vehicle liability insurance.

Administrative Services (cont.)

Family Care Payments to the State

This program reflects the 2013 required (mandated) payment back to the State as part of the local maintenance of effort base for the State Family Care initiative, which began July of 2008 for Waukesha County.

	2016 Actual	2017 Budget	2017 Estimate	2018 Budget	Budget Change
Staffing (FTE)	0.00	0.00	0.00	0.00	0.00
General Government	\$2,504,618	\$2,504,618	\$2,504,618	\$2,504,618	\$0
Fine/Licenses	\$0	\$0	\$0	\$0	\$0
Charges for Services	\$0	\$0	\$0	\$0	\$0
Interdepartmental	\$0	\$0	\$0	\$0	\$0
Other Revenue	\$0	\$0	\$0	\$0	\$0
Appr. Fund Balance	\$0	\$0	\$0	\$0	\$0
County Tax Levy (Credit)	\$0	\$0	\$0	\$0	\$0
Total Revenues	\$2,504,618	\$2,504,618	\$2,504,618	\$2,504,618	\$0
Personnel Costs	\$0	\$0	\$0	\$0	\$0
Operating Expenses	\$2,504,618	\$2,504,618	\$2,504,618	\$2,504,618	\$0
Interdept. Charges	\$0	\$0	\$0	\$0	\$0
Fixed Assets	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$2,504,618	\$2,504,618	\$2,504,618	\$2,504,618	\$0
Rev. Over (Under) Exp.	\$0	\$0	\$0	\$0	\$0



Program Highlights

General Government revenues of \$2,504,618 reflect a portion of State Community Aids – Basic County Allocation (BCA) received from the State Department of Health Services. Operating expenses for 2017 include the required payment back to the State Department of Health Services to meet the scheduled county contribution. The county is now at the scheduled legislated maintenance of effort (equal to 22% of the total long-term care expenditures for the final year that the County operated this program) the same amount annually hereafter to help pay for Waukesha County residents receiving benefits from the State's Family Care Program.