The 2012 budget request totals $235,184,440. While this request is a decrease of $8,326,478 from the Department’s 2011 adopted budget, this reflects the decision on the part of the State to administer Medicaid (MA) Transportation, the MA Burial program, and the Children’s Long Term Support (CLTS) payment system themselves rather than through the counties. Hence, that revenue which totals $9,404,924 no longer passes through our budget, but the services will continue to be available to Dane County residents. Without this change, our 2012 budget proposal would have been an increase over the 2011 adopted budget of more than $1 million. The 2012 budget request decreases county taxes/General Purpose Revenue (GPR) by $1,847,367 to $61,802,438. The Department was able to accomplish this reduction, in part, through continuing to aggressively seek increased Federal and other outside revenue and find efficiencies.

The Department developed this proposal with the following goals:

- To preserve our core and mandated and non-mandated services at a level that ensures protection and high quality of life for our community’s most vulnerable and needy populations
- To continue to meet the needs of current Department consumers while adding new consumers or new services where feasible
- To maximize outside revenue to the greatest extent possible
- To accurately reflect 2012 revenues, expenses and utilization based on current experience and adjust budget lines accordingly
- To promote efficiencies and service system changes as alternatives to budget reductions
- To preserve the continuum of services from prevention to intervention to the greatest extent possible
- To be responsive to input from providers, consumers and policy makers regarding priorities and cost control measures
- To provide safe and adequate working conditions for Department staff

The Department faced significant fiscal challenges in preparing this proposal. While the need for local human services increased, financial resources to support those services decreased at the State and Federal levels. The Department struggled with local GPR issues related to State imposed revenue restrictions and general economic conditions, State revenue losses in areas such as Youth Aids ($514,000), a decrease of 23% in the Children Come First (CCF) MA capitation rate ($769,000), and other fiscal challenges in preparation of this budget. Fortunately, Dane County maintains its extraordinary local commitment to human services in this proposal.

Once again, staff were able to maximize waiver dollars and MA revenues to sustain and expand current services and add new initiatives. These increased revenues include increased Community Integration Program 2 (CIP2) revenue of $1.16 million that allows people with disabilities to remain in the community and increased MA Personal Care revenue of $2.9 million. These increased MA Personal Care funds will add 81,150 hours of care to new and existing consumers with physical disabilities and 1,600 hours of additional service for consumers in our aging long term care system as well as some additional services for consumers with developmental disabilities.
The extraordinary investment of nearly three-quarters of a million dollars in non-mandated senior case management through the focal point system is fully preserved. In addition, this proposal establishes a 0.5 FTE social worker position at South Madison Coalition to function as a discharge planner and facilitator for older adults who are detained at Mendota Mental Health Institute’s gero-psychiatric unit.

Funding for court ordered evaluations for mental health consumers is increased by $50,000 to better reflect actual costs. There is also increased funding of $60,000 for medication prescribing services at SOAR’s Recovery Dane program to enable consumers to obtain needed medications while they wait for other services.

In the children’s developmental disabilities (DD) system, $385,600 in additional revenue is realized. Expiring ARRA/stimulus funds that were earmarked for Birth to Three services is replaced by $155,600 in SSI revenue, fees, and MA Case Management. The remaining $230,000 in revenue assures that critical children’s DD services that may have been forced to be reduced remain whole. This proposal does reflect a reduction of $5,660,200 in the CLTS waiver payments, because these payments are now made through Wisconsin Physicians Service (WPS), Wisconsin Department of Health Services’ third party-administrator (TPA), and do not flow through the Department. This decrease does not signal a service reduction as children will continue to be served, and providers will continue to be paid.

Similarly, the State of Wisconsin eliminated contracts with the County for the administration of the Burial Assistance program ($440,000) and the MA Transportation program ($3,575,000). These services are still available to the citizens of Dane County. However, they are provided by contracts directly with the State to entities other than counties, and the revenues no longer flow through the Department’s budget. Together these reductions account for almost the entire reduction in the Economic Assistance and Work Services Division’s proposed budget.

Historically, the Department’s budget included funding to POS providers to comply with the County mandated Living Wage Ordinance. The living wage for 2012 will be $10.75 an hour. This proposal does not include funding to assist providers in complying with this requirement.

This budget proposal exempts from reductions vital public safety services such as child protection, delinquency, and elder abuse services. In addition, it continues funding for a number of services that no other county provides. This includes full funding of services for 60 new high school graduates with developmental disabilities, for the 36 high school graduates with developmental disabilities served as of mid-2011, and for six consumers who are aging out of children’s substitute care in the Children, Youth & Families (CYF) and Adult Community Services (ACS) Divisions at a GPR cost in 2012 of $614,800. In addition, the Department continues to fund many prevention/early intervention services. Among these are Joining Forces for Families (JFF), youth programming at the Boys and Girls Club and Urban League, the Early Childhood Initiative (ECI), and Planned Parenthood.

Badger Prairie Health Care Center moved into a new, state-of-the-art facility on February 23, 2011. GPR support for the new Badger Prairie Health Care Center facility is increased by only $14,550 in this proposal. This was made possible by an increase of $386,450 in Medicare Part B revenue due to a projected increased resident census (from 108 to 113) in this payer category. This new capacity is made possible by
the functionality of the new facility along with aggressive efforts on the part of the staff to recruit residents who fit the mission of the facility.

In summary, given the very challenging fiscal environment in which Human Services continues to operate and at a time of an unprecedented increase in need, this 2012 Department budget proposal maintains a high quality human services system that Dane County can be proud of. Below are a few Division specific changes between the adopted 2011 budget and this 2012 budget proposal. The complete proposal is posted on the Department’s website.

**ADMINISTRATION**

The Department’s general administration for 2012 is $3,978,038, which is a decrease of $211,860 over the 2011 adopted level. These savings are partially realized through the elimination of the vacant Associate Director position for a savings of $111,700. The Department continues its tradition of extremely low administrative overhead.

**CHILDREN, YOUTH & FAMILIES**

The Department’s proposed expenditures for 2012 for the Children, Youth & Families Division are $52.6 million ($25.3 million GPR & $27.3 million outside revenue).

Reductions are necessary in large part due to the loss of revenue from the reduction in State Youth Aids and the Federal Children Come First (CCF) capitation rate. Alternate care is reduced by $396,524 due to increased Corrective Sanctions revenue of $176,000, decreased contribution to Shelter Home by about $60,000, decreased utilization, and increased SSI payments to CLTS clients. Detox is reduced by $200,000, and the program is re-designed; $55,000 of this reduction is put toward increased AODA treatment services. While much of the prevention/early intervention continuum is maintained, the funding for Youth Resource Centers and the Community Support Specialists at Children’s Service Society are eliminated. The popular Joining Forces for Families program is continued with only the elimination of a 1.0 FTE vacant social worker position. Changes in the Children Come First (CCF) initiative are proposed due to the 23% reduction in the Medicaid capitation rate. While the JFF and ECI Offices in Sun Prairie will remain open, the Sun Prairie Field Office is proposed to be closed. CYF and EAWS services to this area will continue, but staff will be located in the Northport Office and the Job Center. This allows for rent savings and efficiencies in support staff.
ADULT COMMUNITY SERVICES

Proposed 2012 expenditures for the Adult Community Services Division are $140.4 million ($22.1 million GPR & $118.3 million outside revenue).

This proposal preserves $4.06 million of services in the Area Agency on Aging (AAA) including our unique focal point case management system that is non-mandated and funded at the 2011 level of $728,913. Aging Long Term Care services increase by $329,258 to $10.99 million. MA Personal Care revenues are increased by $26,398; this represents roughly 1,600 hours of additional service. Revenue increases to assist 20 additional individuals to live safely in the community and receive long term care services. One part of the CIP2 revenue increase is $384,341 that is earmarked for the State's initiative to relocate individuals from nursing homes and divert people at risk of being placed in a nursing home.

When viewed without the $5.6 million CLTS reduction, the Developmental Disabilities (DD) system’s 2012 proposed budget increases $219,150. Core services for consumers in the adult Self Directed Services (SDS) program are maintained, although the budget again asks consumers and POS partners to creatively seek further efficiencies amounting to 1.5% in order to accommodate 66 new consumers and annualize the cost of the new consumers from 2011. This budget fully funds services for 60 new high school graduates with developmental disabilities, provides full year services for 36 served in 2011, and supports six consumers who are aging out of children’s substantive care in the CYF & ACS divisions at a total GPR cost in 2012 of $614,800. While this has been a long-standing practice in Dane County to fund high school graduates, no other county makes this commitment. In the children’s DD system, $155,600 in SSI revenue, fees, and MA Case Management replaces expiring ARRA/stimulus funds previously earmarked for Birth to Three services.

The adult mental health budget increases by $393,329 to $22.64 million. Given the success of the care center facilities at Tellurian and the Mental Health Center of Dane County (MHCDC) and an increase of $60,000 in SOAR’s Recovery Dane services, closure of the MHCDC’s Recovery House is proposed for a savings of $73,341. A 0.5 FTE Social Worker at South Madison Coalition is proposed to work on discharge planning for older adults placed on Mendota Mental Health Institute’s gero-psychiatric unit. Tellurian CIT Adults at Risk staffing is increased from 0.5 FTE to 1.0 FTE to handle the 150+ annual referrals at a cost of $30,000.

Reductions in the Treatment Alternative Program (TAP) and Treatment Alternatives & Diversion (TAD) Grants led to capacity reductions in Drug Court and TAP. Overall Drug Court is reduced from 71 to 67 slots. TAP is reduced from 55 to 52 slots. Funding for the Alternatives to Aggression (ATA) Family Service contract that serves TAP clients and the YWCA Driver License Recovery program is eliminated.
Overall spending for consumers with physical disabilities increases by $2.19 million to $18.78 million. Due to our ability to obtain available MA Personal Care funds, this proposal increases these revenues by $1,338,898; this will allow an additional 81,150 hours of service to new and existing consumers.

**Badger Prairie Health Care Center**

Badger Prairie’s budget increased by $532,650 to $18.43 million ($10.37 million GPR & $8.06 million outside revenue).

Staffing is maintained at the current levels. Medicare Part B revenue is increase by $386,450 due to an increase in the resident census (from 108 to 113). The contracted Rehab Therapy services begun in 2011 have proved to be extremely successful programatically and financially, and revenue is increased by $100,000 as a result of this change. Funding is added to enhance Art and Music Therapy efforts at the new facility.

**Economic Assistance and Work Services**

The Economic Assistance and Work Services Division budget decreased by $4,066,484 to $18.04 million ($3.51 million GPR & $14.53 million outside revenue).

This decrease is largely due to the State’s decision to no longer contract with counties for the administration of the Burial Assistance and MA Transportation programs. These services will continue to be available to Dane County residents via the State. The State funding for these program in the amount of $4,015,000 is eliminated from this proposal. The County operation of Income Maintenance services is preserved by the formation of an IM Consortium with six (6) other counties in which Dane County will be the lead agency. Savings from the closing of the Sun Prairie Field Office are realized in this Division. While funding for clothing & food pantry services at CAC are eliminated and support for the Tenant Resource Center and Salvation Warming House are reduced, all housing case management services are maintained at their 2011 budgeted levels.
I want to extend my sincere thanks to everyone whose thoughtful input and hard work made the creation of this budget proposal possible. My special appreciation goes to my fiscal and management staff for their time and dedication and to all the providers, consortiums and entities that offered ideas for changes and efficiencies. I look forward to working with everyone throughout the upcoming budget deliberations.

Respectfully submitted by:

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