

A young child with a disability is climbing a colorful wooden play structure. The child is wearing a grey sweater and dark pants. The play structure has multiple horizontal bars in green, purple, and yellow. The child is looking down at the bars. In the background, there is a doorway and a basket of books.

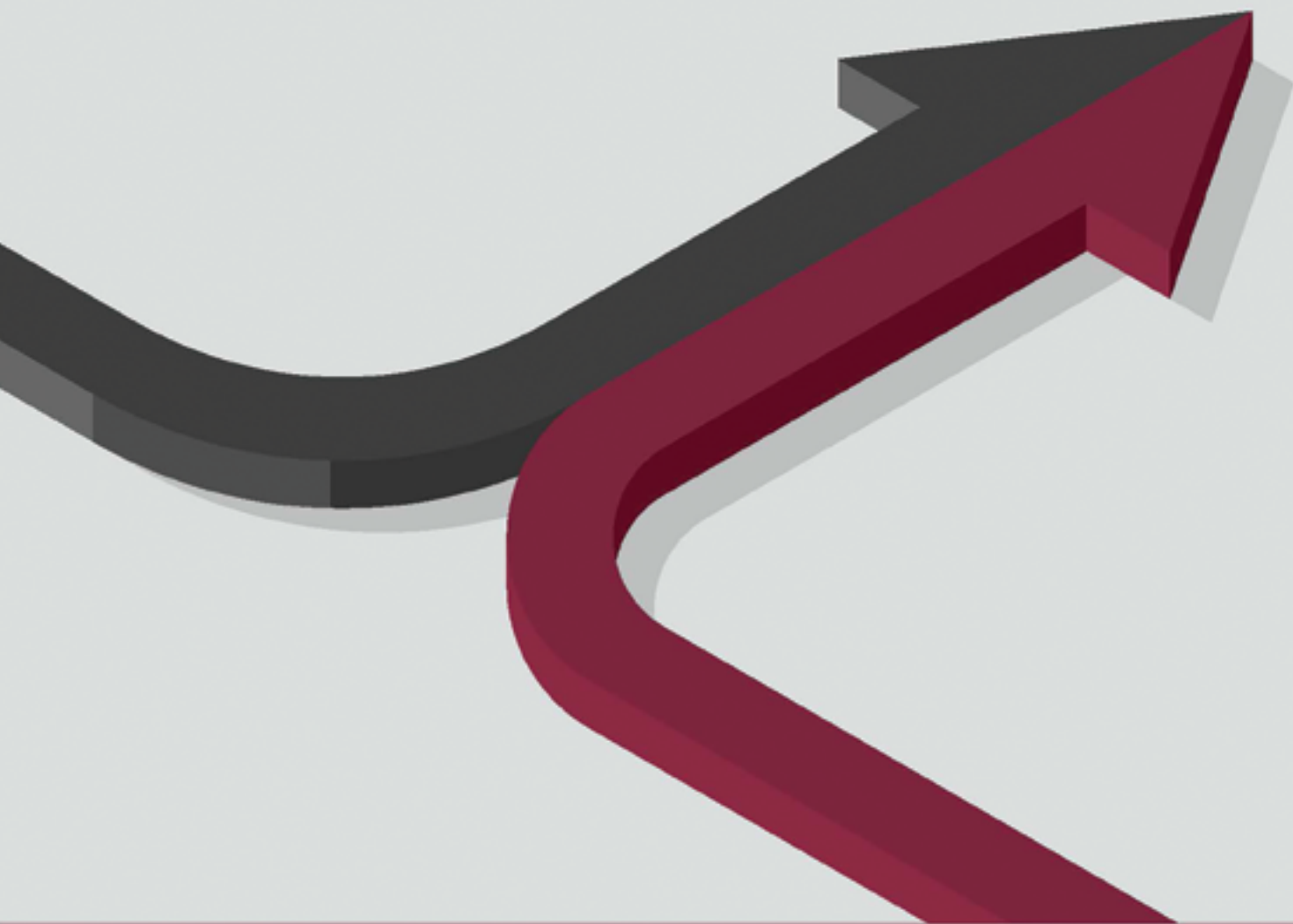
WISCONSIN Counties

APRIL 2025

Climbing to New Heights

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From the President

Mark D. O'Connell

/ President & CEO

Our Voices Matter: Advocating for Federal Support

In early March, a delegation of Wisconsin county leaders and WCA staff traveled to Washington, D.C., to meet with our congressional representatives. We make this trip annually during the National Association of Counties Legislative Conference, but the meetings were especially timely this year given the ongoing federal spending debates.

With a clear and urgent message, our delegation focused on two issues impacting every county in the state: Wisconsin counties need stable Medicaid funding and long-term transportation investments.

Medicaid is a lifeline for more than a million Wisconsinites, including over 300,000 children. Through BadgerCare Plus and other programs, Medicaid provides critical health care access for low-income families, seniors and people with disabilities.

Counties play a significant role in administering these services, yet uncertainty in federal Medicaid funding threatens to disrupt the ability of local health departments, hospitals, long-term care facilities and other service providers to meet our residents' needs. Potential changes could dramatically shift costs to states and counties, making it harder to provide these essential services.

During our meetings in Washington, we urged lawmakers to protect Medicaid funding and ensure counties aren't left shouldering an unsustainable financial burden.

Another key focus of our meetings was transportation funding. Wisconsin counties maintain thousands of miles of roads, relying on local, state and federal investments to address deteriorating infrastructure.

County leaders explained to our federal representatives how inflation is driving up construction costs and workforce shortages are extending project timelines. They stressed the need for flexible, reliable federal support to maintain our roads, bridges and public transit systems.

These discussions in Washington reinforced an important truth: Counties cannot afford to be passive regarding federal policy decisions. Our voices matter, and our advocacy efforts directly impact the funding and policies that shape our communities. The WCA will continue to work closely with our congressional delegation to ensure that counties have the resources they need to serve residents effectively. We need your voices to be heard as well.

As we navigate economic uncertainty and shifting federal priorities, Wisconsin's counties remain resilient. However, we cannot do it alone. We urge state and federal lawmakers to acknowledge the vital role counties play and to collaborate with us in ensuring long-term stability for Medicaid, transportation and the many other services that keep Wisconsin moving forward. ■

April is National County Government Month

Take part in the annual celebration of county government. Visit bit.ly/CtyGovtMonth to explore NACo's toolkit for ideas and tools to help your county participate.



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The generous contributions of the organizations below helped make the 2025 WCA Legislative Conference a success.



See pages 34-35 for conference highlights

WISCONSIN Counties

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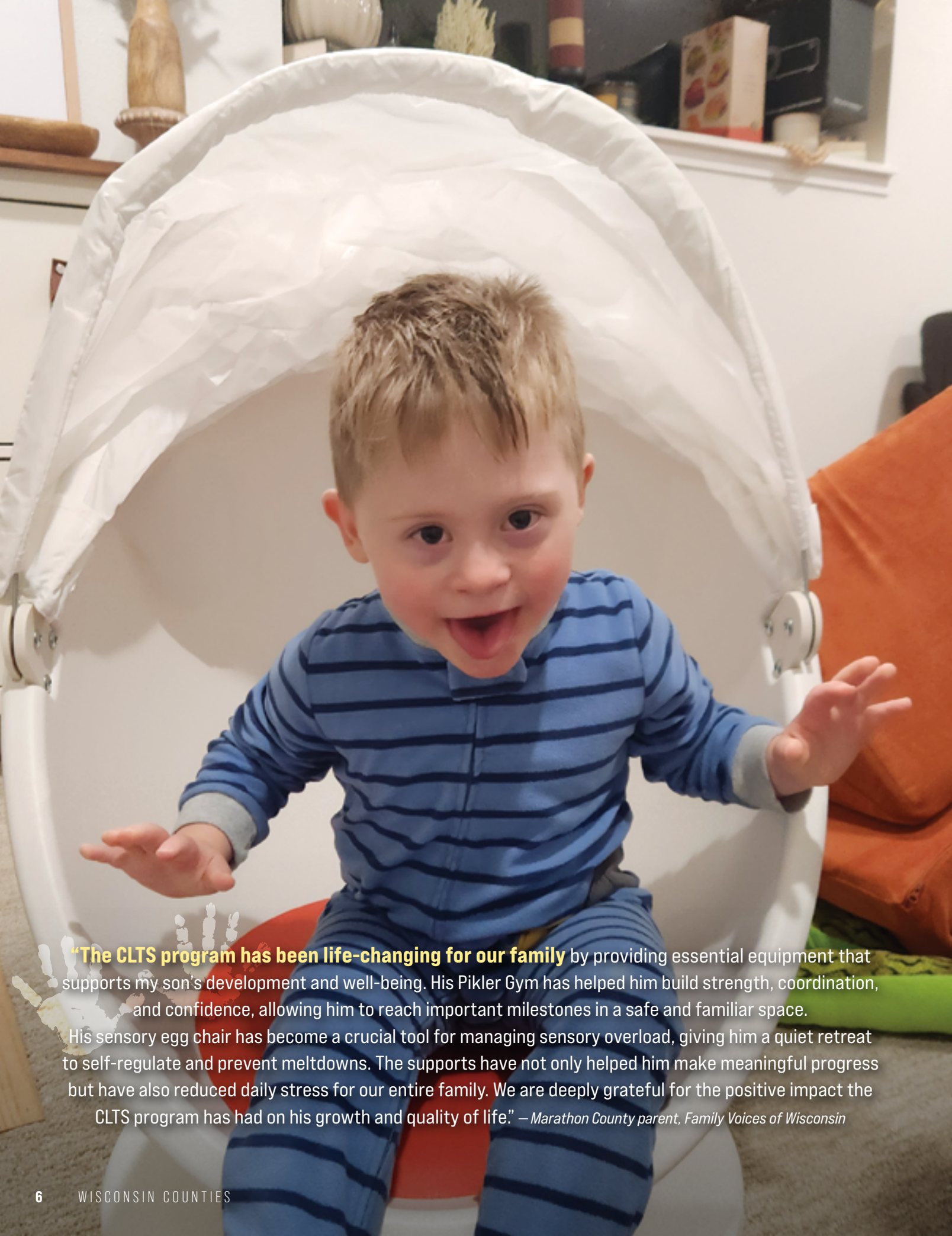
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“The CLTS program has been life-changing for our family by providing essential equipment that supports my son’s development and well-being. His Pikler Gym has helped him build strength, coordination, and confidence, allowing him to reach important milestones in a safe and familiar space.

His sensory egg chair has become a crucial tool for managing sensory overload, giving him a quiet retreat to self-regulate and prevent meltdowns. The supports have not only helped him make meaningful progress but have also reduced daily stress for our entire family. We are deeply grateful for the positive impact the CLTS program has had on his growth and quality of life.” — Marathon County parent, *Family Voices of Wisconsin*



A Lifeline for Families

CHILDREN'S LONG-TERM SUPPORT PROGRAM

By Lynn Renner, Communications and Information Manager, Family Voices of Wisconsin

Close to one in five families has a child with a disability or special health care needs in our state.¹ Having a child with a disability often adds emotional and financial stress to the entire family. They may need specialized equipment, home modifications and 24/7 caregiving, which families are not prepared for or have the means to pay for on their own. Parents often take on added roles, like being the case manager, advocate, nurse and therapist, in addition to their role as a parent and breadwinner.

The Children's Long-Term Support program provides critical support to thousands of these families by covering:

- Home modifications such as a fence or ramp
- Adaptive aids and vehicle modifications such as computers, standing frames and wheelchair van ramps
- Supplemental child care costs above what a family would pay for a typically developing child
- Parent training and education such as attending a conference or seminar

- Counseling and therapy services
- Respite services such as a direct care provider to give parents a break or time off from their caregiving responsibilities

Without CLTS, many of these children would be isolated and left behind and their families would be without the needed resources or support. When a family has a child with complex needs, parents often have no choice but to cut back or stop working outside the home. CLTS offers critically needed support so parents can work, care for all family members, and take care of their own physical and mental health needs. ■

Family Voices of Wisconsin is a family-run, statewide, nonprofit organization. As a part of the Department of Health Services network of agencies supporting children and youth with special health care needs, it empowers families to navigate health care and community support and services, guides families on their own leadership and advocacy journeys, and promotes family-centered care and family/professional partnerships. Visit familyvoiceswi.org to learn more.

1. National Survey of Children's Health, childhealthdata.org.

MEDICAID IN WISCONSIN: A BRIEF OVERVIEW

Wisconsin Medicaid is a joint federal and state program that helps people access quality health care coverage, long-term care and mental health services. The state has various Medicaid programs with specific enrollment requirements, including the Children's Long-Term Support (CLTS) Waiver Program highlighted in this issue of Wisconsin Counties. The largest Wisconsin Medicaid programs include:

1. BadgerCare Plus — a health care coverage program for low-income Wisconsin residents who are ages 0-64.

2. Family Care — a long-term care program for older adults and adults with disabilities to help them live in a home setting when possible. County aging and disability resource centers (ADRCs) work with Family Care members.
3. SeniorCare — a prescription drug assistance program for residents 65 years of age and older.

Visit dhs.wisconsin.gov/medicaid to learn more about Wisconsin Medicaid programs. □



CLTS: SUPPORTING WISCONSIN'S Children and Young Adults WITH DISABILITIES

By Deb Rathermel, Director of the Bureau of Children's Services, Wisconsin Department of Health Services

The Children's Long-Term Support (CLTS) program offers supports and services for children and young adults under age 22 who have significant developmental, physical, or emotional disabilities and substantial limitations in multiple daily activities because of these disabilities.

CLTS is a Medicaid home- and community-based program federally authorized under Section 1915(c) of the Social Security Act and funded through a joint state-federal partnership. The Wisconsin Department of Health Services and county health and human service departments partner to bring this program to Wisconsin families. County health and human service departments, or the agencies they contract to deliver the CLTS program, are called county waiver agencies.

Children and young adults who are enrolled in CLTS can get supports and services that are not part of other kinds of Medicaid health care coverage.

More than 30 different supports and services help children complete daily living tasks, learn new things, enhance their relationships, live safely in their home, and achieve their best physical and mental health. The services fall into five categories:

- Support services
- Teaching and skills development
- Management and coordination



Deb Rathermel

Bipartisan support for children with special needs has been the key catalyst to enrollment growth... The number of children and young adults who are enrolled in the CLTS program has more than doubled in the last five years, from 11,426 participants in 2019 to 25,438 participants in 2024.

“I don’t think we realized how much we had self-isolated from others until our family had the tools we needed to re-engage, thanks to CLTS. Our coordinator was kind, compassionate and the best listener. Just from a casual conversation, she identified needs she could fill. She was able to give us the tools to fill gaps in our son’s life that we had simply accepted. **Saying we are grateful seems like it’s not enough.**” — Columbia County parent, Family Voices of Wisconsin



WANT TO LEARN MORE?

Visit the DHS website at: bit.ly/DHS-CLTS

Join the email list at: bit.ly/CLTS-Email

- Physical aids
- Housing-related services

► Personalizing support for children with disabilities and their families

All children in the program work with a support and service coordinator assigned by their local agency. Coordinators help the families understand CLTS and their rights in the program. They connect the families to supports, services, and resources, including crisis and safety planning, and help the children achieve a self-empowered life as fully included members of their communities.

The coordinators use a standardized step-by-step decision-making process called “Deciding Together” to help ensure that families have a similar experience and consistent access to comprehensive service planning wherever they live.

► The growth of CLTS

The CLTS program continues to grow in participants, services and providers. Bipartisan support for children with special needs has been the key catalyst to enrollment growth. Children in Wisconsin who have disabilities no longer wait years for the care they need, avoiding institutionalization, poor health and family stress.


The number of children and young adults who are enrolled in the CLTS program has more than doubled in the last five years, from 11,426 participants in 2019 to 25,438 participants in 2024.

In the last three years, the number of CLTS providers has grown from 980 in 2022 to more than 2,500 in 2024.

► Partnering with counties

The Bureau of Children’s Services within the DHS is dedicated to honoring and empowering inclusive communities for children with disabilities and their families. The bureau partners with county waiver agencies through funding for supports and services, policies that enhance the program operations, and training and assistance for program partners. ■

Deb Rathermel is the director of the Bureau of Children’s Services in the Wisconsin Department of Health Services.



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Meeting the Needs of Children Today and Tomorrow with CLTS

By John Tuohy, Executive Director, Wisconsin County Human Service Association

Initially limited to children with physical and developmental disabilities, the Children's Long-Term Support program was expanded in 2019 to include children with emotional disabilities. The program is operated by the state Department of Health Services under a Medicaid waiver, and while not an entitlement, the expectation is to serve all eligible children. Counties conduct functional screens to determine eligibility, authorize services, and provide case management.

► Federal, state and local funding

Prior to 2017, the CLTS program was funded with a mix of state-funded "slots" using state general-purpose revenue

funds, federal Medicaid funds and county-matched slots using local funds to draw federal Medicaid dollars. Due to limited state-funded slots and variation across counties in locally matched slots, there were long waiting lists for services in most counties. Families receiving services through locally matched slots could also go back on a waiting list if they moved to another county.

In 2017, Wisconsin Act 59 provided full state funding in the Medicaid program for CLTS to eliminate the waiting lists



John Tuohy

“CLTS has changed our lives for the better. I am still not completely confident and comfortable on our journey, but I would be 10 times more stressed and 10 times more overwhelmed and confused if not for CLTS. They got us in and helped my family the quickest out of all our resources [therapy waiting list, insurance, etc.]” — Waukesha County parent, *Family Voices of Wisconsin*

for services. The new law included a provision requiring counties that invested in locally matched slots to maintain their 2016 level of local contribution for the CLTS program.

The maintenance of effort (MOE) continues today for 54 counties, with the MOE amounts varying from a few hundred dollars to over \$1 million. Collectively, they contribute \$6.1 million annually to support the CLTS program. Five counties contribute over half of the total MOE amount.

Counties can use funds from the Children’s Community Option Program (CCOP), the Community Aids Basic County Allocation or their county tax levy to meet the MOE requirement. These funds are paid to the DHS, which puts the money into the state Medicaid budget.

The Wisconsin County Human Service Association pursued legislation in the 2023-24 legislative session to eliminate the requirement but was not successful due to the negative fiscal impact on the Medicaid budget. WCHSA is currently analyzing spending to determine if the existing amount of CCOP funds that counties are using for their MOE along with CCOP underspending by counties would be enough to support eliminating the MOE requirement. Because CCOP funds can be used for services that do not qualify for Medicaid reimbursement to supplement CLTS services, it is important that counties have the ability to maximize the use of their CCOP dollars and not just use them to cover an MOE.

► **Rapid caseload growth**

Full Medicaid funding of the CLTS program, the 2019 expansion of eligibility to include children with emotional disabilities, and the expansion of eligible services and program outreach have resulted in rapid caseload growth in recent years.

In September 2020, there were 11,169 children enrolled in

CLTS with 1,247 children on waiting lists. (Children can be on the waiting list due to delays in completing enrollment of families into the program.) As of January 2025, there were 25,793 children enrolled with 1,197 children on waiting lists. This is a growth of 130% of enrolled children. In its September 2024 agency request for the 2025-27 state budget, the DHS projected that CLTS enrollment will grow to 26,100 in state fiscal year 2026 and 27,850 in state fiscal year 2027.

The rapid caseload growth has caused challenges. While the CLTS program does not have a specific caseload ratio,



2025-27 STATE BUDGET REQUEST

The WCA is requesting that the state eliminate the county CLTS maintenance of effort requirement and replace the \$6.1 million currently provided by counties from the MOE with state general-purpose revenue. **County officials are encouraged to contact their state legislators to support this request.**

service coordinators can effectively manage 30 to 35 families. Counties statewide have added hundreds of additional CLTS county and contracted staff over the last four years and will have to continue to add staff to keep up with caseloads.

The program provides sufficient revenue to cover service coordination costs, so adding more CLTS staff doesn’t impact the county tax levy. However, the challenge is hiring, training and retaining more staff in a tight labor market.

The CLTS program is fully funded by Medicaid and the persistence of waiting lists is a concern at the state level.

Continued on page 12

As of January, there were 25,793 children enrolled — an increase of 130% in five years.

“We live 25 minutes away from any town and have no fiber optic cables. Until CLTS helped to cover the cost of specialized Internet access through a home modification, my son couldn’t remotely access his doctors or community programs. Through CLTS, we were also able to work with behavioral consultants. Our son was having significant meltdowns resulting in throwing furniture. This behavior has stopped, and we are able to understand how to better approach him.” — Lincoln County parent, *Family Voices of Wisconsin*

Continued from page 11

The DHS is following up with counties experiencing significant delays in enrollment to analyze data reporting and whether staffing or other factors are contributing to the waiting lists. Counties will be directed to make improvements and could be subject to corrective actions plans and possible financial penalties for not reducing their waiting lists.

► **Purchase of service contracts**

Prior to 2025, counties were responsible for the purchase of service contracts with CLTS service providers. As the contract manager, counties determined if providers met all the program requirements. Providers are paid directly by Medicaid, so the DHS decided that, effective in 2025, counties will no longer contract directly with CLTS service providers. Rather, the DHS has the contract responsibility using the Medicaid agreement providers sign to receive reimbursement.

The state’s move to take over contracting with CLTS service providers has raised questions about the authority

of county human service departments to ensure that providers are meeting program requirements. Counties still authorize services for individual children with specific providers but no longer have the authority to monitor provider compliance, such as the completion of background checks for provider staff who work with children.

WCHSA has sought advice from the WCA and Attolles Law and is continuing to work with the DHS to clarify how to resolve problems with service providers. Currently, counties can refer problems to the DHS, which can remove providers from the CLTS provider registry for noncompliance with program requirements.

Going forward, counties and the state must work together to navigate the ongoing challenges, including funding, rapid enrollment growth, and ensuring program compliance, to effectively meet the needs of children with disabilities and their families. ■

John Tuohy is the executive director of the Wisconsin County Human Service Association. Tuohy has worked in human services for 35 years, including 32 years with the Department of Health Services and the Department of Children and Families.

Editor’s note: See the Legal Issues column on page 44 for more information about CLTS provider contracts and county authority.

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Transitioning to Adulthood

Helping People Live Their Best Lives

Beth Roberts, Director of Health and Human Services, Outagamie County

Ana was 5 years old when she began receiving support from the Children's Long-Term Support program. Every county has a CLTS program funded by a Medicaid waiver to help children with disabilities live their best lives with support and services for them and their families.

Based on her needs, Ana and her family received respite support, parent/caregiver training and daily living skills training from the CLTS.

When Ana turned 14, she and her family began discussing her transition to adulthood with her CLTS support and service coordinator. They worked on finding and coordinating opportunities for Ana to gain independence, increase her self-determination skills, and meet her educational and training goals, and discussed what life would look like after high school.

The coordinator also assisted Ana and her family in understanding their rights, responsibilities, and upcoming legal changes, including how to maintain Medicaid benefits when Ana finds employment.

As soon as she was eligible at age 17 and 6 months, Ana was referred to the county's Aging and Disability Resource Center for adult long-term support programs. She and her parents met with the CLTS service coordinator and ADRC specialist to discuss her eligibility and long-term care options as well as decision-making, employment, and natural supports such as family and friends.

The ADRC specialist first had to determine if Ana was financially and functionally eligible for adult long-term care.

Financial eligibility can be a challenge if the person is eligible for Medicaid as a child but loses

eligibility when they become an adult. Some rely on Supplemental Security Income as a source of Medicaid, but it can take at least six months for an adult disability determination from Social Security.

Functional eligibility can depend on having a valid diagnosis. If the only diagnosis is behavioral health, any functional limitations are attributed to that diagnosis and, therefore, cannot be used for the eligibility screening. Proper documentation of the diagnosis can also take some time. In some cases, the ADRC may find the person functionally eligible but the managed care organization they are referred to does not. In those situations, the person can appeal the determination.

If a youth has a behavioral health diagnosis but no developmental or physical condition, they likely are not eligible for adult long-term care. However, if they maintain financial and functional eligibility, they can continue to receive CLTS support until they turn 22. For these youth, the transition to adulthood focuses more on assisting with



Beth Roberts

If a youth has a behavioral health diagnosis but no developmental or physical condition, they likely are not eligible for adult long-term care.

employment, behavioral health treatment, decision-making assistance, and other areas.

Following the ADRC screening, Ana was deemed eligible for adult services. The ADRC specialist met with the family again for enrollment counseling to determine the best long-term care option, which, in Wisconsin, includes Family Care and the state's IRIS (Include, Respect, I Self-Direct) program.

When enrolled in Family Care, the participant works with a managed care organization. Each county has at least two managed care choices. The participant is assigned a care manager and a nurse care manager to help determine a service plan to meet their needs in the least restrictive place — either their current setting or a new one. The participants have contact with their care managers at least monthly to jointly determine what services are needed. Many counties also have a Family Care Partnership available, which is managed care that includes health care and long-term care.

The IRIS program is a self-directed program for adults with disabilities and elderly people in Wisconsin. Participants have the freedom to decide how they want to live and what services and support they need. The plan they develop must be approved by an IRIS consultant.

Ana and her family selected IRIS. Once Ana turned 18, a referral was made to their chosen IRIS organization. A consultant reached out to help them establish a budget and a care plan. Setting up private providers with a payroll agency and conducting background checks took several weeks. In the meantime, they continued to receive CLTS support until

the IRIS start date.

Ana and her parents also believed it would be helpful to establish a guardian. After Ana's doctor completed a competency evaluation, her parents contacted an attorney to file a petition for guardianship.

The transition to adult services may be challenging and anxiety-provoking. The ADRC can start working with youth — those enrolled in CLTS and others who think they may need assistance — when

they are 17 years and 6 months old. However, the official referral cannot be made until their 18th birthday. In the meantime, the family does not know if their child's current individualized care plan will be approved.

If a person is deemed ineligible for long-term care programs, they can still receive resources and information from the ADRC. Public school districts also assist youth in transitioning to adult services.

Navigating the transition from youth to adult long-term care can be complex, requiring early planning and coordination with support programs. County ADRC programs stand ready to help families understand their options and ensure continuity of care.

With her personalized care plan in place, Ana now enjoys greater independence while continuing to receive the services she needs. ■

Beth Roberts worked for Winnebago County as a Children's Long-Term Support supervisor for eight years and as the ADRC Director/Long-Term Support Division manager for nine years. She recently became the director of Health and Human Services for Outagamie County. Roberts has 36 years of experience working with children and adults in human services.



LEARN MORE

For detailed information about the transition process from youth to adult long-term care, visit bit.ly/DHS_Transition.

“Respite services, covered by the CLTS program, have literally saved me more than once!

They provided a break from my constant caregiving and gave him someone to look forward to seeing each week. Respite allowed me to have a few minutes of quiet, a few moments of peace.

It was the break I desperately needed to be able to come back to 24/7 caregiving without taking my stress or frustration out on family members.” — Dane County parent, Family Voices of Wisconsin



Nurturing Every Start

BIRTH TO 3 PROGRAM SUSTAINABILITY INITIATIVE

By Clare O'Brien, Budget and Policy Director, Milwaukee County Department of Health and Human Services

Wisconsin's Birth to 3 Early Intervention Services program offers critical support for infants and children — ages birth to 3 — diagnosed with developmental delays or disabilities. The concept of early intervention services is rooted in neuroscience, capitalizing on the remarkable growth that occurs in brain development by the age of 3, at which point the brain reaches 80% of its adult capacity. Further, early intervention reduces the need for costly special education services later in life. A study of six states showed that early intervention helped avoid special education services for up to 3,000 children per state, saving between \$7.6 million and \$68.2 million annually.¹

"We wouldn't wait until a building is half-constructed to



pour a strong foundation. Yet, we often delay critical investments in children until later in life, when interventions are costlier and less effective," said Polina Makievsky, president and CEO of Penfield Children's Center. "The greatest return comes when we invest early while the brain is most adaptable and responsive."

Counties, directly or with partner providers, deliver Birth to 3 services, including service coordination, occupational therapy, physical therapy, speech therapy, and special



Clare O'Brien

The concept of early intervention services is rooted in neuroscience, capitalizing on the remarkable growth that occurs in brain development by the age of 3, at which point the brain reaches 80% of its adult capacity.

education. Yet, despite its significance as a federally mandated program, the Birth to 3 program faces severe challenges. Years of stagnant funding, coupled with declining reimbursements and a dwindling provider network, have created an unsustainable situation for Wisconsin counties. The program, serving over 13,000 children annually with a statewide budget of roughly \$49 million, is uniquely funded primarily at the county level, placing a heavy burden on local taxpayers. However, a remarkable collaborative effort across the state offers hope, demonstrating the power of collective action to build a brighter future for Wisconsin's children.

► **A collaborative effort: “Nurturing Every Start”**

Counties and their providers have been balancing service demand against tight funding for years. For Milwaukee County, the strain of this imbalance hit a peak in December 2023 with concerns that the county's three dedicated providers — Curative Care Network, Penfield Children's Center and St. Francis Children's Center — would no longer be able to support the program.

The leadership team at the Milwaukee County Department of Health and Human Services engaged the partner providers in finding a solutions-based approach. However, they quickly realized that a more significant impact could be achieved by expanding these efforts statewide. So, in early 2024, the Birth to 3 Sustainability Workgroup was formed, consisting of providers, administrators, county staff and advocates. The team effort,

“Nurturing Every Start,” proved instrumental in generating momentum to confront the complex challenges facing the program. These challenges include:

- **Flat funding:** Despite growing demand, state/federal funding to counties has remained relatively unchanged at around \$12.7 million annually. This is not sufficient to meet the rising costs associated with increased enrollments and service needs.
- **Local county burden:** Wisconsin is only one of three states (Ohio and Maryland are the other two) in which Birth to 3 services are funded primarily at the local level. Counties contribute 36% of the program's funding through the local tax levy, a financial structure that places a disproportionate financial burden on local governments.
- **Shrinking provider network/staffing retention:** The

Continued on page 18



2025-27 STATE BUDGET REQUEST

The WCA is requesting that the state provide \$4 million annually for the Birth to 3 program, to bring the federal and state share of total Birth to 3 funding to about 50%. **County officials are encouraged to contact their state legislators to support this request.**

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Continued from page 17

program relies on a combination of county staff as well as providers that can offer the specialized array of Birth to 3 services. The size of the provider network has been shrinking, particularly in Milwaukee County, where two-thirds of providers have exited the system since 2018. Given the flat funding, provider rates have not increased, which impacts the ability to retain qualified Birth to 3 staff and offer training and specialized services. The declining number of providers limits access to care and creates barriers for families needing timely services.

- **Medicaid and private insurance reimbursement:** Over the last several years, private insurance reimbursement has declined while Medicaid reimbursement has been

inconsistent and has not kept pace with rising costs. This situation has served to increase the financial burden on counties to cover the cost of services.



If you are interested in advocating for Birth to 3 and/or learning more about the program, visit investinbirthto3.org.

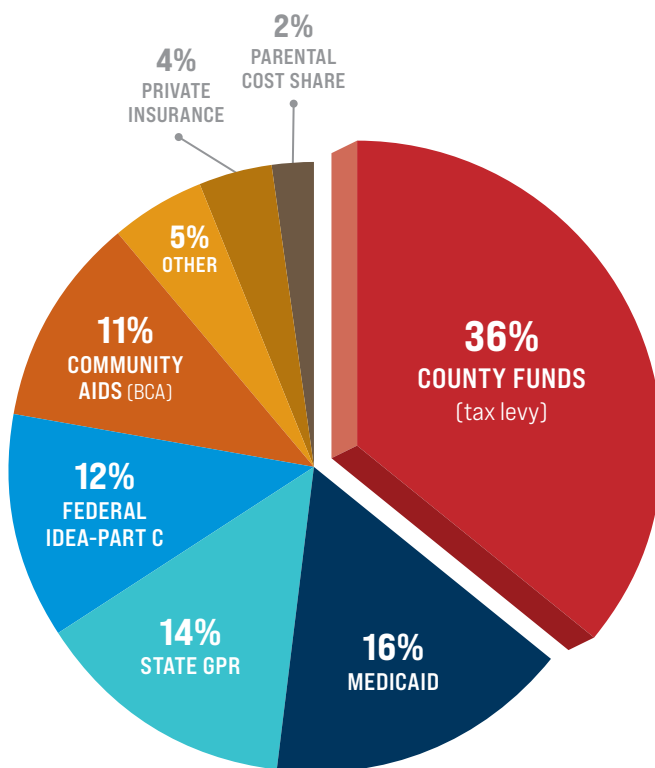
► **Key recommendations: A multi-pronged strategy**

With the major challenges identified, workgroup members joined a subgroup charged with exploring potential solutions. As part of a comprehensive strategy, key recommendations to stabilize the program include:

- **Increased state funding:** A core element is an annual increase of \$10 million in state general-purpose revenue and the establishment of annual increases to cover projected caseload growth and service costs. These would address the immediate financial crisis and improve the program's long-term viability.
- **Medicaid and private insurance reform:** To improve Medicaid reimbursement rates, the workgroup recommended that a dedicated liaison with the Wisconsin Department of Health Services be assigned to work with counties to tackle reimbursement challenges. Clarifying the role of private insurance as the primary payer is another strategy toward increasing private insurance reimbursement and will require coordination with the Office of the Commissioner of Insurance, the DHS and private insurers.

The workgroup also asked the DHS to pursue a Medicaid state plan amendment to include special education services and provide guidance on how these services can be considered medically necessary. Currently, the cost for special education services is not covered because they are not considered a medical service yet they are a requirement of Birth to 3. Federal law requires state Medicaid programs to pay for services that are both educationally and medically necessary. This

Wisconsin Birth to 3 Program | FUNDING BY SOURCE, 2023



The statewide, \$49 million Birth to 3 budget is heavily reliant on county levy contributions. Over the last several years, private insurance reimbursements have declined while Medicaid reimbursements have been inconsistent and have failed to keep pace with rising costs. At the same time, the state's contracted allocation to counties has remained relatively flat.

The program, serving over 13,000 children annually with a statewide budget of roughly \$49 million, is uniquely funded primarily at the county level, placing a heavy burden on local taxpayers.

is an exception to the general rule that Medicaid is the payer of last resort when other sources of coverage are available.

Further guidance is also needed from the DHS Bureau of Children's Services in educating counties on utilizing Children's Long-Term Support services when appropriate. Enrolling a child in both CLTS and Birth to 3 may work better for smaller counties as it could be used as another tool to maximize resources for children.

- **Improved communication and outreach:** Early intervention is most effective when implemented as soon as developmental delays are suspected. A strengthened outreach strategy, involving pediatricians, communities, and daycares, is needed to ensure families get timely access to these vital services.

► Looking ahead: A more vibrant future

Wisconsin has the potential to become a national leader in early intervention services for infants and toddlers. While the complexities of this issue and competing county priorities necessitate a long-term commitment, the collective vision is clear: Early intervention profoundly influences a child's future success. The cross-collaboration and engagement by stakeholders across the state offer a powerful model for addressing other complex challenges facing Wisconsin's communities. ■

Clare O'Brien is the budget and policy director for the Milwaukee County Department of Health and Human Services. She can be reached at clare.obrien@milwaukeecountywi.gov.

1. Emerald Consulting. (n.d.). "Cost avoidance return on investment." Document provided to the Prenatal-to-3 Policy Impact Center by Maureen Greer, executive director at the IDEA Infant & Toddler Coordinators Association, via email on April 1, 2020.

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Early Interventions for Children with Disabilities

A COUNTY/SCHOOL COLLABORATION

*By Gail Anderson, Executive Director,
Wisconsin Council for Administrators of Special Services*

Counties and schools across the country support children with disabilities and their families. Key components of early intervention and education services are designed to support children with developmental delays or disabilities in accordance with the federal Individuals with Disabilities Education Act (IDEA). This act has two distinct components: Part C for children from birth to age 3 and Part B for children ages 3 to 6. The intent is to provide early intervention as a seamless and supportive continuum of services for children with disabilities that fosters development, learning and long-term success.

► How is the county involved?

In Wisconsin, counties implement Part C through the Birth to 3 program, with the Department of Health Services providing oversight and passing through state and federal funding. Services are provided to children from birth

until age 3, who are eligible based on developmental delays or disabilities. County staff work collaboratively with participating families to identify the unique set of services to meet the child's specific developmental needs and support the parent(s) in assisting their child's development.

Services are identified in the child's Individualized Family Service Plan and are provided at no or minimal cost to the family. These family and child-centered services are provided, to the greatest extent possible, in the home and in community settings. This includes settings that are natural for the child's peers who do not have disabilities, such as parks and child care centers. Services must meet



Gail Anderson

the child and family's cultural and language needs. All children enrolled in a Birth to 3 program transition out of these services when they turn 3.

► **How does the county team transition children out of services?**

Shortly after a child enrolled in the county Birth to 3 program turns 2 years old, a transition plan is developed. Before they reach 2 years and 9 months, the Birth to 3 program team, including parents, will discuss whether the child is potentially eligible for special education services through the local school district. If the team decides the child is not potentially eligible, the Birth to 3 program team will review and discuss other available options to support the child's exit from the program. Parents have the right to "opt-out" of a referral or the sharing of records with other programs or agencies.

► **What happens if there is a transition to the local school district?**

If the Birth to 3 program team decides the child is potentially eligible for special education services, the team

Continued on page 22



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Continued from page 21

must refer the child to the local school district and the Department of Public Instruction before the child reaches age 2 years and 9 months. When the child turns 3, oversight and funding responsibility will shift from the county and the DHS to the local school district and the DPI.

With parental permission, the Birth to 3 program team will organize a transition planning conference with the local school district to help make the change as easy as possible for the child and family. Once the child is referred and the parents give permission, an Individualized Education Plan (IEP) team will begin an evaluation to determine eligibility for special education services. If the child is found eligible, the IEP team, which includes the parents, will develop goals and determine services for the child's continued development and learning. These services are provided in the child's natural environment, which may include the home, school or community-based settings.



ADDITIONAL RESOURCES

Birth to 3 Programs: bit.ly/DHS-Bto3-Counties

Birth to 3-Early Childhood Special Education Transition:
bit.ly/EC-Transition

Parents must give consent for placement in special education.

Strong relationships between families, county Birth to 3 teams, and school districts are the key to successfully serving Wisconsin's youngest citizens with disabilities and their families. Regardless of who provides the support and services, program priorities include family-centered services, with families as key decision-makers and active

participants in their child's growth; inclusive learning settings where children with and without disabilities learn together whenever appropriate; and collaboration between Birth to 3 program teams and school district IEP teams to enhance long-term success for children and their families. ■

Gail Anderson is the executive director of the Wisconsin Council for Administrators of Special Services. During her 30+ years of leadership at every level of the education system, Anderson has helped hundreds of districts across the state, country and world ensure that the investments they make lead to improved student outcomes.

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TAKING ON DOMESTIC ABUSE WITH HEART

A Vernon County Initiative

In rural Vernon County, a transformative initiative is taking root to break the cycle of domestic abuse.

Using a federal, \$200,000 Rural Violent Reduction Crime two-year grant, the county developed a program that includes a volunteer domestic abuse response team, counseling for offenders, sexual assault training for nurses, healthy relationship education for secondary students, and a coordinated community response team to oversee the work.

“Often, rural communities, with their limited resources, struggle to do much more during a domestic abuse call than deal with the offender,” said Susan Townsley, a licensed clinical social worker in Vernon County. “We wanted to find a way to help the victim and prevent repeat offenses.”

Townsley learned about the P.E.A.C.E. (Putting an End to Abuse through Community Efforts) Initiative in San Antonio, Texas, and was inspired to replicate its success.

After mapping out the components of a new program with Vernon County Sheriff Roy Torgerson, local police chiefs, the Vernon County Domestic Abuse Project and others using what they learned from San Antonio volunteers, Townsley took the lead in applying for the federal grant.

A core component of the program is the new HEART (Help End Abuse Response Team) volunteer response team. Under the program, law enforcement officers ask victims if they want a volunteer to come on-site after the scene is secure. If they agree, dispatch for the sheriff’s office or police

department contacts volunteers in the area to see who is available. One person may respond or a two-person team.

The primary responsibility of the volunteers is to listen. “If you’re empathetic and can listen, that’s 95% of the job of the HEART volunteers,” explains Torgerson. “The other 5% is giving victims resource materials to know where to find additional help.”

If the victim is open to it, the volunteer will walk them through the “power and control wheel” of domestic abuse and the resources available in the county. Volunteers leave behind resource packets, including materials for children, to ensure that even those who decline immediate help have information for the future. “A lot has happened before someone calls 911,” said Torgerson. “So, we have to help the victim when they do call in order to stop the cycle.”

Law enforcement has found that the presence of a HEART volunteer not only helps victims feel heard and know that they are not alone but also makes them more comfortable answering investigative questions. Some deputies and officers were initially hesitant about the program, but most have come on board now that they see it in action.

“We’re getting to the victims so much sooner,” says Janice Turben, Vernon County’s domestic abuse coordinator, who handles follow-up with the victims. She also works closely with dispatch and the volunteers, checking in with them after incidents, providing support and addressing any challenges they encounter.

Turben is responsible for training the volunteers. They gain insights from social workers on coercion and abuse, guidance from law enforcement on maintaining boundaries, and strategies for avoiding vicarious trauma from working with victims.

When the initial call for volunteers went out, about 30 people from diverse backgrounds stepped forward from across the county. About two dozen completed the training. Some have lived experience or work in the medical and emergency response fields while others include business owners and a mayor who just want to help their neighbors. The initial call went out on social media, but nearly all the

volunteers who successfully completed the training were directly approached by organizers. Additional volunteers are welcome. The goal is to have someone within a 15-minute range of any area of the county.

Since its launch in July 2023, the HEART program has responded to 80 incidents, with volunteers present about half the time. While the numbers are important, Torgerson emphasizes that the program’s success isn’t measured in statistics. “If one person benefits, it’s worth it,” he says.



*Law enforcement has found
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but also makes them more
comfortable answering
investigative questions.*

Victim testimonials underscore this impact. One survivor shared, “Had you not come here, I would have gone right back to him.” Another revealed that speaking with a volunteer helped her realize she wasn’t alone or “crazy,” giving her the courage to leave an abusive situation.

In addition to building a volunteer network with the grant, the county updated the assessment tools used by law enforcement when responding to domestic abuse incidents.

“The new lethality assessment and scoring system help deputies and officers in the county identify high-risk situations,” explained Torgerson. “If the score is high enough, the offender is not released until they see a judge.” The system helps ensure that patterns of abuse are documented and addressed,

even if individual incidents seem minor.

The county also updated a warning letter sent to those accused of stalking to deter the behavior before it escalates. According to the sheriff, about 80% of domestic homicides have a stalking element.

The other central pillar of the grant program is a focus on changing the behavior of offenders. Unless the situation is serious enough to send the offender immediately into the criminal justice system, most are enrolled in a six-month program — 27 meetings for men and 25 for women — designed to foster accountability and behavioral change. Townsley says it’s “a beautiful process to watch” as individuals transition from anger and blame to taking responsibility for their actions. “The assessments

Continued on page 26



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and group counseling program represent the program’s most significant ongoing cost,” says Townsley, “but it’s crucial in breaking the cycle of violence.”

The grant initiative is also extending its reach into schools and hospitals. Volunteers are working with middle schools to educate students about healthy relationships, aiming to prevent abusive patterns before they begin. In hospitals, HEART volunteers support victims who may not want police involvement but still need help. This collaboration is in its early stages but represents a critical expansion of the program’s services.

A community response team, including the district attorney, judges, social workers, law enforcement, domestic abuse advocates, the jail corporal, the victim witness coordinator, child protective services, group leaders, assessors, the family court commissioner and a representative from the Department of Corrections, meet monthly to assess the program’s progress and make changes to improve the system.

The initial grant runs through May 2025, and efforts are underway to secure additional funding to sustain the program. The UW-Madison Division of Extension’s Health & Well-Being Institute is partnering with the program to map its impact and generate data to support future funding requests. By tracking metrics such as reduced repeat offenses and increased victim reporting, the program aims to build a compelling case for its continuation.

Vernon County’s approach is already drawing attention as a replicable model, says Turben. While many community response teams focus on mental health, the county’s emphasis on domestic violence sets it apart. Other are taking note, and there’s hope that similar programs will spread. In October 2024, JoEllen Egge, an investigator in the Vernon County Sheriff’s Office, joined Townsley in presenting at the International Association of Chiefs of Police Conference in Boston, reaching an international audience.

By addressing domestic violence at its roots, providing holistic support to victims, and fostering accountability among offenders, Vernon County is setting a powerful example of what’s possible. ■

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Scott Galetka, Bayfield County land records administrator, and Heather Lee, a county GIS/remote sensing specialist, are two of Bayfield County's UAV pilots.

BAYFIELD COUNTY UAVs

Transforming County Operations

By Scott Galetka, Land Records Administrator, Bayfield County

Looking to make the inspection of its 70 gravel pits safer and more efficient, Bayfield County launched a program using unmanned aerial vehicles (UAVs), commonly known as drones, in 2018.

"We wanted a way to gather accurate data without sending staff into hazardous areas," said Scott Galetka, Bayfield County's land records administrator. "Instead of physically walking into a pit area and measuring the

perimeter on the ground, we'll fly a UAV equipped with a camera to create orthophotography and put the data in our GIS system to map the acreage of the open pit area."

What started as a niche tool for gravel pit inspections has become an indispensable resource throughout the county.

"We use UAV equipment to help our sheriff's office with investigations and collecting evidence," said Galetka. "We also support them with search and rescue operations,

“We wanted a way to gather accurate data without sending staff into hazardous areas. Instead of physically walking into a pit area and measuring the perimeter on the ground, we’ll fly a UAV equipped with a camera.” — Scott Galetka, Bayfield County’s land records administrator



Images by a Bayfield County UAV, using the search and rescue software Loc8, help locate a hunter wearing orange.

including locating people with dementia who have wandered off.”

The UAV operator can look for a person’s thermal signature starting in the area where they were last seen. When the search continues, software called Loc8 scans for colors the lost person may be wearing.

The software works best when the person is wearing bright colors such as blue, red or yellow hues that stand out against natural landscapes. “It only needs a small patch of color — about the size of a softball — to flag a potential search area, allowing the county to search faster and more thoroughly than in the past,” said Galetka.

Recently, the county has been working with a light detection and ranging (LiDAR) sensor on the UAV to capture high-resolution elevation data. By comparing the data with existing information, the county can easily examine changes to the landscape.

“We have been using it to monitor slumping along Fish Creek since the 2018 floods that washed out the roads and re-routed the stream,” said Galetka. “We flew a UAV over

the stream and identified a large area of the bank that had washed down the stream. The technology helps us pinpoint areas for stabilization projects and evaluate the success of previous efforts. It’s invaluable for long-term planning.”

The county has also collaborated with others, including the Bad River Tribe, the Wisconsin Wetlands Association, and Norvado, a local telecommunications provider, to use UAVs to map utilities and wetlands.

“The UAVs have made it safer, more efficient and far more accurate,” said Galetka. “We can deploy them quickly and get real-time data.”

The UAVs have become an essential tool in Bayfield County’s decision-making, from promoting tourism sites, inspecting roofs, developing 3D building models, monitoring jack pine regeneration, locating beaver dams, and documenting natural disasters. While the technology has its limitations, its potential continues to grow. ■

Scott Galetka is the land records administrator for Bayfield County.



UW-Madison psychology students traveled to St. Croix County in November 2023 to research options for sober living housing for justice-involved people. Photo courtesy of Dr. Patti Coffey, UW-Madison

ST. CROIX COUNTY

Prioritizing Substance Abuse Treatment

By Abigail Becker, Senior Associate for Communications & Outreach, UW-Madison UniverCity Alliance

Addressing substance use and improving access to substance use treatment in St. Croix County are priorities for Justice Services Director Phil Galli.

"If we could just help even a couple individuals, what that does for us, and most importantly, what that does for our residents, is huge," Galli said.

Researching these community challenges and identifying possible solutions were a focus of St. Croix



County's partnership with UniverCity Year — a multi-year program of UniverCity Alliance based at

UW-Madison. St. Croix County's Community Justice Collaborating Council applied to UniverCity for the years 2022-25 to focus on increasing access to residential substance use treatment and researching opportunities for creating a sober living facility for women.

Through this partnership, St. Croix County completed five projects with county staff, community residents, three

UniverCity's model of connecting higher education institutions and communities is centered on two-way learning: Campus partners are learning from local experts while community partners learn from academic experts.

UW-Madison instructors, and 17 students in three courses. The projects identified best practices in transitional housing and creating a sober living facility for women, reviewed incarceration health care obligations and policies, and analyzed wraparound substance use treatment for the county's treatment court participants.

Crediting his background in higher education, Galli said he recognized the value of getting an outside opinion from partners at UW-Madison and found the experience enriching.

"There's a willingness for people to come to the table, have those discussions with an open mind, and really think outside the box," said Galli on the impact of the UniverCity partnership. "In looking at this and working on these projects, folks are now willing to come back to the table and entertain ideas (about sober living housing facilities)."

Since the projects were completed, St. Croix County is hopeful that a new partnership with a Minnesota-based alcohol and drug recovery center will begin this year. Another partnership with a treatment provider is also under consideration.

"These partnerships will provide that lifeline and another resource that we otherwise wouldn't have — and we haven't had — in our community for several years," Galli said. "The work we have done with UniverCity allowed us to break down the state line barrier that was really insurmountable prior to this work."

UniverCity's model of connecting higher education institutions and communities is centered on two-way learning: Campus partners are learning from local experts while community partners learn from academic experts.

"Together, UW-Madison and Wisconsin communities can create solutions that benefit residents across the state while also providing high-impact learning experiences for students," UniverCity Alliance Managing Director Gavin Luter said.

As a part of that two-way learning, psychology students visited St. Croix County over two days to observe a drug

treatment court session, interview people with lived experience, and tour a sober living house. Their on-site experiences informed their report, which included 14 recommendations for creating successful sober living housing for women.

"The visit enriched the connection to the county and the issue," said Dr. Patti Coffey, a forensic psychologist and UW-Madison Department of Psychology faculty associate.

Coffey reflected on how welcoming and motivated the county staff and community members were during the students' visit. She emphasized the importance of bringing community-based projects into her classroom.

"Students are able to be of use in the community," Coffey said. "Students know and can gather academic and non-academic resources while also learning the importance of listening and learning from those with lived experiences."

Dillon Rickaby, who was a senior when he took the class, said the partnership affected his view of the criminal justice system and those affected by it.

"This project and class opened my eyes to the challenges that individuals reintegrating from prison face and how difficult the process is," Rickaby said. "I think there is a lot that we as a society could do to make the transition easier."

This work directly aligns with UW-Madison's ethos of the Wisconsin Idea, which is that education should influence people's lives beyond the boundaries of the classroom.

"The Wisconsin Idea in action is inspiring to students and really an obligation we have to help students learn how to do community work and to recognize they can give back in many different ways," Coffey said. "As a university, I think it is our obligation to Wisconsin." ■

Abigail Becker is the senior associate for communications and outreach at the UW-Madison UniverCity Alliance. The mission of UniverCity is to improve the quality and visibility of UW-Madison's education, research and service contribution to the high-road development of local communities that reflects the values of equity, democracy and sustainability.

Mary Anderson, communications manager for the UW-Madison Department of Psychology, contributed to this story.



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Wisconsin's Income Tax MARRIAGE PENALTY

There is a host of literature showing the many physical, emotional and financial benefits of marriage. Obviously, paying higher taxes is not among them. Yet, Wisconsin is one of 15 states with a tax structure that “penalizes” some couples if they are married.

► Wisconsin's income tax

Wisconsin's income tax has a lot of moving parts, but the most relevant for understanding the state's “marriage penalty” are the standard deduction, tax brackets and married couple credit.

Tax filing begins with income (Wisconsin adjusted gross income) from which filers subtract a standard deduction. Unlike the federal deduction, which is a single amount that does not depend on income, Wisconsin's “sliding scale” standard deduction declines as income rises. It is ultimately eliminated for higher-income filers. The size of the deduction and the rate at which it declines differs for single and married filers.

Wisconsin has four income tax brackets with higher rates for higher taxable incomes.¹ Each bracket is a range of income on which a tax rate is applied. The four rates range from 3.5% to 7.65%. Like the standard deduction, the tax brackets differ by filer type. The income levels on which each rate is applied differ for single and married filers.

Another feature of the Wisconsin income tax also affects the marriage penalty. Married couples who both work are eligible for the married couple credit, which is equal to 3% of the lowest earnings and capped at \$480. This credit was created in 1983 to

address the marriage penalty. It was altered several times over the years, with the last change occurring in 2001.

► Penalties and bonuses

While the income tax can generate a marriage penalty for some filers, it also creates a marriage “bonus” for others. To get a sense of what these penalties and bonuses look like, 2024 taxes for three hypothetical couples are examined.

First, consider a Wisconsin couple who each earn \$50,000.² If single, each would owe \$1,723 in tax, or \$3,446 total. If married, their \$100,000 of earnings would generate a tax liability of \$3,694 after accounting for the \$480 married couple credit. Thus, they incur a tax “penalty” of \$248 for marrying. While seemingly small, that \$248 is 7% more than they would have paid had they remained single.

The difference in individual incomes impacts the size of the penalty and for some creates a bonus. A couple earning \$65,000 and \$35,000, respectively, faces a slightly smaller \$202 (6%) penalty. However, for a couple with one individual earning most of the income (\$90,000 of the \$100,000 total), the tax bill declines by \$223, or 5%, when married.

This pattern generally holds for most incomes. Couples with widely different incomes receive a marriage bonus while those with similar incomes are “penalized” for being married. Moreover, the penalties and bonuses are generally higher as the couple's total income increases. For example, a couple who each earn \$75,000 would owe an extra \$454 in state income taxes if they were married. For couples with total incomes of \$475,000 or more, the penalty can be \$1,000 or



For most filers, the marriage “penalty” may not be large enough to forgo marriage. However, given the state’s declining youth population, it must be asked if there should be, in the tax system, any financial disincentive to marriage.

more, although the marriage bonus can be equally as high for those with widely divergent incomes.

► **Penalty drivers**

The primary reason for the marriage penalty is that the standard deduction and the tax brackets are not aligned between single and married filers. Consider first the impact of the varying standard deductions. A single filer with \$50,000 of adjusted gross income has a standard deduction of \$9,488 and taxable income of \$39,812.³ Thus, two single filers each earning that amount would have standard deductions totaling \$18,976 and taxable income totaling \$79,624. If that couple were married, they would be eligible for a \$10,105 standard deduction on their \$100,000 income, 46% less than had they been single. With taxable income of \$88,495, or \$8,871 more than if single, they would owe \$470 more in taxes due to the misalignment.

We can also look at the effect of the unaligned tax brackets. The two single filers pay a total of \$3,447 in state income taxes on their \$79,624 of taxable income. If the standard deductions for singles and married couples were aligned and the married couple had that same \$79,624 of taxable income, they would have an initial tax (before credits) of \$3,705. This is \$258 more than the unmarried couple due to the tax brackets not lining up.

Combining the effects of the two misalignments, the married couple’s initial tax is \$728 higher than the two single filers. The married couple credit of \$480 offsets 65% of the penalty in this situation.

► **A second penalty**

While lower-income couples often get a marriage bonus, for some, that savings can be negated due to reductions in the Earned Income Tax Credit. This federal credit is available to low- and moderate-income earners to incentivize work. Wisconsin offers a credit that is linked to the federal credit for families with at least one qualifying child.

To show how marriage can impact this credit, consider a single mother of two children. She earns \$20,000 and lives with her boyfriend who earns \$30,000. If they were married, they would pay \$248 less in state taxes due to a marriage “bonus.”

As a single mother earning \$20,000, though, she is eligible for the federal EITC credit of \$6,960 and the state credit of \$766. If the couple were married, these are reduced by \$4,293 and \$473, respectively, due to their combined income of \$50,000. The \$473 state penalty more than offsets the \$248 marriage bonus. However, the \$4,293 loss of the federal EITC makes marriage a “losing” proposition financially.

► **Solving the problem**

For most filers, the marriage “penalty” may not be large enough to forgo marriage. However, given the state’s declining youth population, it must be asked if there should be, in the tax system, any financial disincentive to marriage.

Other states have aligned their standard deductions and tax brackets to eliminate the marriage penalty for most taxpayers. Alternatively, the married couple credit could be increased to eliminate the penalty for all but the highest earners.

Eliminating the EITC penalty is more difficult because the state credit is tied to the federal credit. In 2021, Assembly Bill 692 was introduced to help with the issue. It would have allowed the married couple to claim, for three years, the greater of the credit available as a married couple or the amount each was eligible for in the year prior to marriage. The bill was not enacted. While not a perfect solution, it seems it was a step in the right direction. ■

Forward Analytics is a Wisconsin-based research organization that provides state and local policymakers with nonpartisan analysis of issues affecting the state.

1. Taxable income is adjusted gross income minus the standard deduction minus a \$700 personal exemption for the filer, his or her spouse, and each dependent. Filers and their spouses get an additional \$250 if they are 65 or older.
2. This is their only source of income, so earnings are the same as their adjusted gross income.
3. After accounting for the \$700 personal exemption.



Coffee Talk with the Governor “It’s the year of the kid,” said Gov. Tony Evers (above, right), who sat down with WCA President & CEO Mark O’Connell. Evers talked through his budget priorities and specifically the need for more state funding for education — K-12 through higher education, including the state’s two-year campuses — to invest in our children and minimize property tax increases. “We’re a purple state. People want us to work together and live in the world of the middle.”



Legislative Leadership

While sparring over priorities for the 2025-27 state budget, legislative leaders from both sides of the aisle provided suggestions for county officials on how to build relationships with their state legislators. A panel, featuring (left to right) Senate Assistant Minority Leader Jeff Smith (D-Brunswick), Senate Majority Leader Devin LeMahieu (R-Oostburg), Assembly Minority Leader Greta Neubauer (D-Racine), and Assembly Speaker Robin Vos (R-Rochester), suggested meeting monthly with legislators to update them on the impact of proposed legislation, staying in communication via text, and providing real-world stories from constituents.



Washington Update

“We go to the source, and we stick to our mission,” said Matt Chase (right), executive director of the National Association of Counties, when asked by O’Connell how they are managing to be effective during these tumultuous days in Washington, D.C. Chase talked through the three “big things” Congress is dealing with right now — a continuing resolution for funding the federal government, the dramatic increase in disaster aid requests, and the push to make massive tax cuts in the upcoming federal budget.

State Legislative Update

The WCA Government Affairs team, (left to right) Marcie Rainbolt, Chelsea Shanks, Collin Driscoll and Kyle Christianson, provided an overview of the association’s priorities for the 2025-27 state budget across their numerous issue areas.



Unfunded Mandates: Efficiencies & Strategic Solutions

In a session moderated by attorney Andy Phillips of Attolles Law (right), county executives (left to right) David Crowley of Milwaukee, Jon Doemel of Winnebago, and Paul Farrow of Waukesha, shared with attendees their most pressing budget challenges. The three panelists also talked about how they are trying to find efficiencies and explain the challenges to state legislators and the public.

Challenges & Innovations in County Government

From left to right, Milwaukee County Board Chairwoman Marcelia Nicholson, Kenosha County Executive Samantha Kerkman, La Crosse County Board Chairwoman Tina Tryggstad and Sheboygan County Administrator Alayne Krause joined Michelle Gormican Thompson of the WCA for a wide-ranging conversation about the innovative solutions their counties are working on to address challenges in providing services and building communities.



A RECORDING of the 2025 WCA Legislative Conference courtesy of WisconsinEye is available at [wiseye.org](https://www.wiseye.org).

Please note some sessions were deliberately not recorded.



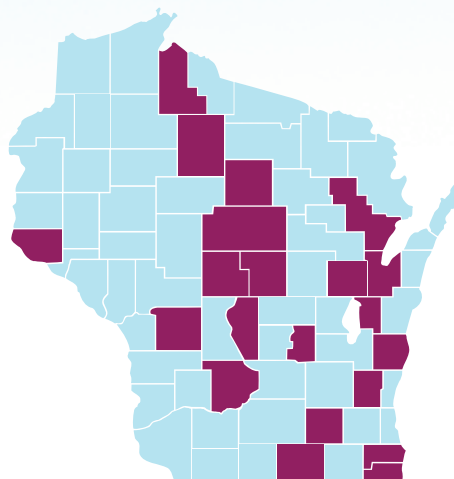
The Uniquely Wisconsin brand, built upon generations of rich storytelling from Discover Wisconsin, highlights the stories of the people, the culture, and the history of our state, sprinkled in with a bit of economic development and tourism. Visit youtube.com/DiscoverWI to see the stories.

To learn more and join the Emmy Award-winning Uniquely Wisconsin brand, contact the WCA.

BY THE NUMBERS FOR SEASONS 1-3

Data as of March 5, 2025

21 Uniquely Wisconsin Counties *Includes Season 4*



57 Docu-Series Videos Created



44,176 

Miles Traveled by Production Team

2
Emmy Awards



8 hours, 3 minutes

Total Video Run Time



987,597

Broadcast Views

38,516

Podcast Downloads



14

Podcasts Created

223



Social Media Posts



265,409

Engagements on
Social Media

6,732,475

Views of Videos Posted Online

16,508,369

Impressions of All Content
Across All Platforms

NEWS & ANNOUNCEMENTS



Save the dates for upcoming webinars:

- April 23
- May 28
- June 25
- July 23
- August 27
- October 22
- November 19
- December 17

April “In the Board Room” to Focus on Funding Nonprofits

The next WCA “In the Board Room with Attorney Andy Phillips and Attolles Law” monthly webinar, is scheduled for noon on Wednesday, April 23.

In 2017, the state attorney general authored an opinion questioning the legality of a county appropriating funds to support a local nonprofit organization such as a food pantry. Following that opinion, counties and other stakeholders, including the WCA, engaged in analyses and discussions surrounding the attorney general’s conclusions. Recently, Attolles Law issued a supplement to its earlier memorandum

on this topic, which provided a deeper analysis of the issues and concerns. Join us for the April edition of “In the Board Room” to discuss the attorney general opinion, the updated memorandum, and issues surrounding county funding of nonprofit organizations.

To attend the live webinars, pre-registration at bit.ly/InTheBoardRoom25 is required to receive the webinar link. There is no cost to register. The webinars are recorded and posted on the WCA website at wicounties.org. □

County Officials Meet with Federal Delegation in Capitol Hill Visits

Wisconsin county officials and WCA staff traveled to Washington, D.C., in March to advocate for critical funding during the National Association of Counties 2025 Legislative Conference. Their focus was on protecting Medicaid funding and securing long-term federal investment in Wisconsin’s transportation infrastructure.

The officials, coordinated by WCA Government Affairs Associates Chelsea Shanks and Collin Driscoll, met with Wisconsin’s congressional delegation on Capitol Hill. □



Pictured above in front of Sen. Tammy Baldwin’s office are: (Back row, left to right): Wood County Health Officer Sue Smith; Winnebago County Supervisor Steven Binder; Winnebago County Human Services Board Chair Larry Lautenschlager; Kenosha County Board Vice Chair Daniel Gaschke; Student Haiden Van Treeck; Trepealeau County Administrator Rebecca Glewen; Sheboygan County Administrator Alayne Krause; Marquette County Buildings and Grounds Superintendent Paul Van Treeck; and Wood County Supervisor Donna Rozar. (Front row, left to right): Wood County Board Chair and WCA Board Chair Lance Pliml; Waukesha County Board Chair Jim Heinrich; WCA Government Affairs Associate Chelsea Shanks; and WCA Government Affairs Associate Collin Driscoll. Photo by Michelle Gormican Thompson, WCA communications consultant.

GHT/County Mutual 2025 Scholarship Opportunities

Applications are being accepted until May 9 for scholarships to a Wisconsin college or university from the WCA Group Health Trust and the Wisconsin County Mutual Insurance Corporation. Visit wcaght.org and wisconsincountymutual.org for details.



Call for Resolutions

WCA 2025 ANNUAL BUSINESS MEETING: **DEADLINE FOR SUBMISSIONS IS 4:30 P.M. ON JUNE 23, 2025**

Each year, counties have the opportunity to submit resolutions for consideration at the Wisconsin Counties Association Annual Business Meeting, held in conjunction with the WCA Annual Conference in September. Resolutions adopted at the Annual Business Meeting become part of the WCA Platform.

The WCA Constitution requires all resolutions to be submitted to the WCA president & CEO no later than 90 days prior to the Annual Business Meeting. Therefore, all resolutions must be submitted to the WCA office no later than 4:30 p.m. on Monday, June 23, 2025, to be considered at the 2025 Annual Business Meeting. All resolutions submitted by the deadline will be referred to the appropriate steering committee, as well as the WCA Resolutions Committee, prior to action at the Annual Business Meeting.

Please keep the following in mind when submitting resolutions for the Annual Business Meeting:

1. All resolutions submitted must be adopted by your full county board (please send an official copy for verification purposes).
2. Any resolution submitted must be on a matter of public policy impacting a county's powers or responsibilities in the Wisconsin statutes.
3. Resolutions must be submitted with a cover memo

indicating that the resolutions are submitted for consideration at the Annual Business Meeting.

4. Resolutions may be submitted in one of the following ways: mailed to the WCA office: 22 E. Mifflin St., Suite 900, Madison, WI 53703; faxed to 608-663-7189; or emailed to diedrick@wicounties.org.
5. If possible, please also email a Microsoft Word or text version of the resolutions to the WCA office. This will allow for quicker processing of the resolution by WCA staff. You will still need to send an official copy of each resolution so staff can verify that action on the resolution was taken by the full county board.
6. Once the WCA office receives a resolution, a confirmation notice will be sent to the county clerk. If you do not receive a confirmation notice by June 24, 2025, please contact the WCA office to ensure your county's resolutions were received.

All resolutions received by the deadline will be considered at the Annual Business Meeting, scheduled to take place on Sunday, Sept. 21, 2025.

If you have any questions regarding the resolutions process, contact WCA Director of Outreach and Member Engagement Sarah Diedrick-Kasdorf at 608.663.7189 or diedrick@wicounties.org.

The WCA Annual Conference will be held from Sept. 21-23, 2025, in Sauk County.

New Forward Analytics Reports Focus on Wisconsin's Income Tax and Home Affordability

The latest report from Forward Analytics, "A Decade of Change: Wisconsin's Income Tax Since 2012," takes an in-depth look at the impact of recent income tax cuts and how the state's changing demographics have impacted tax collections.

"While these cuts aimed to help Wisconsinites, they also boosted the state's tax competitiveness," said Forward Analytics Director Dale Knapp. "However, this improvement was less dramatic than

anticipated due to similar tax cuts in other states."

In March, Forward Analytics also released its latest Spotlight, "Is Home Affordability Out of Reach?" The two-page research piece takes a closer look at the three common factors affecting a family's ability to buy a house — household income, home prices and mortgage rates.

Visit forward-analytics.net to access both reports. □



Monday County Leadership Meetings Join the WCA every Monday at 11 a.m. for the County Leadership Meeting. This weekly virtual meeting features updates from the WCA Government Affairs team and Attolles Law, association announcements, and guest speakers, such as state agency staff and legislators. A link to the virtual meeting is emailed to WCA members each week. □



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2024 ALERT Law Enforcement Grants

Equipping departments with a broad range of tools

By Michelle Gormican Thompson, Thompson Communications

In 2024, the Wisconsin County Mutual Insurance Corporation and Community Insurance Corporation's Advanced Law Enforcement Risk Training (ALERT) Law Enforcement Grants program awarded \$30,000 to eight departments.

These funds will support important initiatives such as stress debriefing programs for officers after critical incidents, the replacement of aging body armor, and mental health programs for law enforcement personnel.

"We saw more applicants this year with requests demonstrating greater needs within our member departments, especially in the areas of mental health and wellness," said Josh Dirkse, senior vice president of client services with Aegis, a Charles Taylor Company. "Our members' dedication to safer, more engaged communities was evident in the submissions, as was a desire to ensure that officers and members of the community are empowered to address mental health."

County Mutual and Community Insurance launched the grant program in 2023 with \$30,000 in total monies available annually. To be eligible, grantees must hold an active County Mutual or Community Insurance Corporation general liability insurance policy at the time of entry and meet the definition of a "law enforcement agency" as outlined in Wis. Stat. 165.

The 2024 ALERT Law Enforcement Grants were awarded in three categories: equipment, PPE and technology; training; and mental health and wellness. The eight winning departments included:

EQUIPMENT/PPE/TECHNOLOGY

- Shawano County for body armor
- Dunn County for wearable safety lights

TRAINING

- Sheboygan County for a critical incident stress debriefing class

MENTAL HEALTH/WELLNESS

- Village of Kewaskum for biannual mental wellness checks

- Iowa County for a mental health/wellness/community engagement app
- City of St. Francis for a wellness program with first responder psychological services
- Douglas County for visits with a wellness provider
- Richland County for a mental health counseling/wellness program for employees

"When critical incidents occur, it is vitally important to ensure the members of our department are given the tools necessary to process and prioritize the event and maintain their mental health," said Sheboygan County Sheriff Matt Spence. "The Sheboygan County Sheriff's Office is grateful to be a recipient of this grant to empower our team so we can serve the people of our county in a strong and positive way."

Law enforcement and fire agencies were welcome to apply for grant monies towards items such as training, equipment, technology, PPE (NO firearms or non/less-lethal alternatives [e.g., tasers]), community awareness campaigns, mental health and wellness

programming, and other innovative ideas or programs.

Following a thorough review of all applications, grants were awarded by the joint County Mutual and Community Insurance Loss Prevention/Workers' Compensation Advisory Committee at its November 2024 meeting.

"Law enforcement is vital for safe communities, but it's a risky job," said Michael Lamont, vice president of programs and services at the Wisconsin Counties Association. "We're excited to see these 2024 ALERT Law Enforcement Grants in action, helping member departments work safer and better serve their communities." ■

The ALERT Program provides training on key law enforcement issues, including the Fourth Amendment, vehicle operations, jail operations, and communications. In addition, the County Mutual owns several state-of-the-art firearms training systems, including the MILO Range Pro. The ALERT Program is available at no additional cost to members. For more information, contact Josh Dirkse, senior vice president of client services, via email or phone at 262-230-1495.



LEARN MORE

For more information on grant winners and usage of the monies, visit wisconsincountymutual.org or communityinsurancecorporation.com.

Editor's note: As of this writing, the U.S. Congress is debating another continuing resolution for the appropriation bills that fund the federal government. The appropriation bills are supposed to be approved by October 1, the start of the new federal fiscal year, but that rarely happens. Instead, Congress has been increasingly using short-term continuing resolutions to provide money for federal agencies.

The resolutions are typically at the same expenditure levels and used as a stopgap to prevent a government shutdown.

At the same time, Congress is working on a budget reconciliation for federal fiscal year 2025 (Oct. 1, 2024 – Sept. 30, 2025).

This is a separate process. It starts with a budget resolution outlining Congress' spending and revenue priorities.

Using the resolution's goals, legislation is advanced to reconcile tax and spending laws.

This article (edited for space constraints) provides an update on the status of the FY 2025 budget resolutions and an explanation of the budget reconciliation process. For the latest updates, visit the National Association of Counties website, naco.org.

U.S. Congress Begins Work on Budget Reconciliation Process

WHAT THIS MEANS FOR COUNTIES

By National Association of Counties Staff — Paige Mellerio, Legislative Director, Finance, Pensions & Intergovernmental Affairs, Local Government Legal Center; Blaire Bryant, Legislative Director, Health, Large Urban County Caucus; and Julia Cortina, Associate Legislative Director, Human Services & Education, Immigration Task Force

In February, the U.S. House and Senate adopted separate Fiscal Year (FY) 2025 budget resolutions with separate budget reconciliation instructions to officially begin the process of drafting legislation that the U.S. Congress will look to pass through budget reconciliation. The Senate is taking a two-bill approach while the House is looking to enact a wide range of policy priorities in one sweeping bill.

► What is the budget reconciliation process?

Budget reconciliation is a process that allows priority legislation to be expedited so long as the provisions in the bill have a direct fiscal impact on the federal government. Budget reconciliation bills are not subject to filibuster rules in the U.S. Senate and therefore, allow the majority to enact legislation without garnering bipartisan votes often needed to reach the 60 votes needed to end debate and move to a final vote. Both major political parties have traditionally used the budget reconciliation process to enact priority legislation over the past decade when they held majorities in both the U.S. House and Senate.

► What are the reconciliation steps?

1. U.S. House and Senate Budget committees draft and mark up a budget resolution instructing congressional committees to raise federal revenues or increase federal spending by a certain amount.
2. Congressional committees draft legislation in accordance with their instructions before sending draft text back to the respective budget committee to be packaged together as one bill for that chamber.
3. The U.S. House and Senate debate and vote on budget reconciliation legislation.
Note: In the Senate, debate is limited to 20 hours although senators can make motions and offer amendments after debate has expired.
4. Differences between the two bills are resolved in a conference committee or through amendments and the reconciliation bill is signed into law by the president.

Note: The U.S. House and Senate must pass the final, compromise legislation before it can be signed into law.

► What is in the House and Senate resolutions?

U.S. House Budget Resolution:

The U.S. House is moving forward with one budget reconciliation bill that will include a broad range of policy priorities for the U.S. Congress and the administration. The budget resolution marked up by the House Budget Committee would:

- Provide no more than \$4.5 trillion to extend expiring provisions of the 2017 Tax Cuts and Jobs Act
- Raise the national debt limit by \$4 trillion
- Increase spending by \$300 billion over 10 years for defense and immigration priorities
- Require at least \$1.5 trillion in mandatory spending cuts, with \$2 trillion as the target, over the next decade that could include cuts and/or reforms to:
 - Supplemental Nutrition Assistance Program (SNAP)
 - Social Services Block Grant (SSBG)
 - Temporary Assistance for Needy Families (TANF)
 - Inflation Reduction Act (IRA) clean energy tax credits

Of note to counties, the budget resolution directs the House Committee on Energy & Commerce to draft legislation reducing spending by \$880 billion over the next decade, representing the largest reduction mandate amongst the committees. While specific cuts remain uncertain, the bulk of health-related reductions will likely target the Medicaid program and could include FMAP (reimbursement percentage) adjustments, per-capita caps and work requirements. Medicaid provides coverage to over 70 million Americans and accounts for over half of all federal funds to states. These cuts would reduce eligibility, shift financial burdens to states and counties, and jeopardize access to essential health care services — leading to higher uncompensated care costs and straining county budgets.

Additionally, if the U.S. House cannot reduce mandatory spending to this target level over the next decade, the Ways & Means Committee's spending allowance would be lowered to \$3.5 trillion to extend the 2017 tax law. This could ultimately require the Ways & Means Committee to find additional revenue generators to offset the cost of tax



LEARN MORE

For details on the proposed cuts to Medicaid and the impact to counties, visit NACo's website at bit.ly/Medicaid-Cuts-Counties.



reform, which could include limiting or eliminating the municipal bond tax exemption.

U.S. Senate Budget Resolution:

The U.S. Senate is moving forward with a bifurcated approach to budget reconciliation, marking up a budget resolution instructing U.S. House and Senate committees to draft legislation limited to defense and

immigration-related policy priorities of Congress and the administration. Under this strategy, Congress would save extending the 2017 tax law for a second reconciliation bill later in the year.

According to the Senate Budget Committee, this first reconciliation bill would provide \$342 billion in funding for defense and immigration over the next four years and the projected annual spending increase of \$85.5 billion would be fully offset each year by spending reductions of the same amount. Of note to counties, the resolution instructs the Senate Finance Committee to reduce spending by \$1 billion over four years, and while specific cuts are uncertain, health-related reductions will likely target the Medicaid program.

► What are the next steps?

The U.S. House and Senate have passed their respective budget resolutions and congressional committees can begin drafting their sections according to the budget reconciliation instructions. However, both chambers will need to adopt the same FY 2025 budget resolution prior to enacting a budget reconciliation bill into law. ■





LEGAL ISSUES
RELATING TO COUNTY GOVERNMENT

Navigating CLTS Provider Contracts

Understanding County Authority and DHS Updates

By Andy Phillips and Malia Malone, Attorneys, Attolles Law, s.c.

The administration of the Wisconsin Children's Long-Term Support (CLTS) Waiver Program has recently undergone a significant shift. In November 2024, the Wisconsin Department of Health Services (DHS) issued an update eliminating the requirement and, purportedly the authority, for counties to enter into purchase of service contracts with CLTS providers.¹ This move has raised important questions about local authority, compliance and the impact on county oversight.

In this article, we examine the legal and practical ramifications of this change, particularly in light of Wis. Stat. § 46.036 and other applicable statutes. We also explore whether counties can — and should — continue to enter into agreements with CLTS providers despite the DHS directive.

► Understanding the CLTS Waiver Program

The CLTS program is a Medicaid home and community-based services initiative under Section 1915(c) of the federal Social Security Act. This program allows eligible children with disabilities to receive necessary services while remaining in their homes and communities rather than institutional settings.

Counties play a key role in the CLTS program.

However, with the introduction of a third-party payment administrator, the county's direct role in the financial administration of the program by executing contracts and facilitating payments has diminished. This evolution laid the groundwork for the DHS's recent policy shift.

► The DHS's new guidance: What has changed?

The DHS update explicitly states that, as of January 1, 2025, counties will no longer be required or allowed to enter into purchase of service contracts with CLTS providers. The rationale behind this decision is to maintain statewide consistency in provider requirements and eliminate local restrictions that might limit participants' freedom to choose a qualified provider.

The update cites 42 CFR § 431.51(b)(1), which ensures Medicaid recipients have the right to choose their service providers. The DHS contends that counties imposing additional contractual requirements could create barriers that violate this federal regulation. Consequently, the DHS has prohibited counties from requiring CLTS providers to sign any local agreements, contracts or memoranda of understanding.

► **Examining county authority:** **Can counties still contract with CLTS providers?**

Despite the DHS's directive, Wis. Stat. § 46.036 does not inherently prevent counties from entering into contracts with CLTS providers. In fact, counties likely have express statutory authority to engage in such agreements. However, their enforcement powers and ability to impose local requirements remain severely restricted.

► **Considerations related to county authority**

Statutory authority to contract: Counties retain broad authority under Wis. Stat. §§ 46.22(1)(b)1b² and 46.23(3)(b)³ to investigate welfare services, coordinate with providers, and ensure the well-being of children receiving services. This statutory framework suggests that counties could legally enter into contracts with CLTS providers as long as those agreements do not impose additional restrictions beyond what the DHS mandates. Additionally, many CLTS providers also provide services to counties outside of the CLTS program. Contracts for these services are not only allowed by the referenced statutory authority, they are required.

Oversight responsibilities: Counties remain responsible for administering the CLTS program at the local level. This includes ensuring service quality, reporting violations, and assisting the DHS with compliance efforts. A contract that merely reinforces DHS-imposed requirements could serve as a useful oversight tool without violating the new directive.

► **Challenges and risks of local contracts**

While counties may have a legal basis for maintaining contracts with CLTS providers, several risks must be considered:

1. The DHS enforcement actions: If the DHS perceives local contracts as noncompliant with its directive, it could take action against counties. While the extent of the DHS's authority to penalize counties remains uncertain, the potential for conflict exists.

2. Limited bargaining power: Given that counties cannot restrict a CLTS provider's ability to operate, a provider who refuses to sign a county contract would still be eligible to

deliver services. This undermines the county's negotiating leverage and raises questions about the practical utility of such agreements.

3. Enforcement limitations: Counties may become aware of provider violations before the DHS but lack the authority to take independent corrective action. They would still need to rely on the DHS for enforcement, further complicating oversight efforts.

► **A practical approach: Threading the needle**

If counties choose to maintain contractual relationships with CLTS providers, they must tread carefully. A well-crafted contract should:

- Mirror the DHS requirements without imposing additional local restrictions
- Acknowledge county responsibilities for reporting and oversight
- Clarify expectations for compliance and collaboration with the DHS

Ultimately, the DHS's new policy aims to create a uniform statewide framework while preserving Medicaid recipients' rights. However, the exclusion of counties from contract-based oversight may pose challenges for local administration.

► **Conclusion: What's next for counties?**

The DHS update marks a shift in how CLTS provider relationships are managed at the county level. While counties retain some statutory authority to enter into agreements, their enforcement powers remain limited.

Counties should carefully assess the necessity and feasibility of local contracts, balancing their oversight responsibilities with the legal risks of noncompliance. Advocacy efforts may also be warranted to seek clarity or modifications to the policy that better align with the realities of local program administration.

Additionally, counties should encourage CLTS participants and families to conduct independent research when selecting providers and refrain from influencing provider choice. The WCA and its general counsel have

Continued on page 46



LEGAL ISSUES

Continued from page 45

created a draft “notice to participants” that can be modified for use by counties if desired.⁴

The WCA welcomes collaboration with the DHS to clarify expectations for the role counties play in communicating with families and participants when selecting providers. The shared goal of the WCA, individual counties, and the DHS continues to be the delivery of appropriate services to families in the CLTS program by qualified providers. The DHS has expressed a willingness to communicate with providers so expectations can be clarified. This could provide flexibility for counties to communicate more directly with families about the appropriateness of particular CLTS providers.

As Wisconsin navigates these changes, collaboration between counties, the DHS and service providers will be essential to maintaining the integrity of the CLTS program while upholding the rights and needs of participating families. Counties should work closely with their corporation counsel’s office when determining whether to enter into local contracts for CLTS provider services and the nature of any notice that might be shared with CLTS

participants. If counties have specific questions about their authority regarding the CLTS program and the changes surrounding the shift in the DHS guidance, they should contact their corporation counsel and may contact the authors of this article. ■

Attolles Law, s.c. works on behalf of Wisconsin counties, school districts, and other public entities across the state of Wisconsin. Its president & CEO, Andy Phillips, has served as outside general counsel for the Wisconsin Counties Association for nearly 20 years.

1. The November 2024 DHS Update states in relevant part: “Effective January 1, 2025, CWAs will no longer enter into purchase of service contracts with CLTS providers.” “Without state statutory authority, there is no rationale for DHS to tolerate local restrictions to the CLTS provider network. CWAs may not require CLTS providers to sign local contracts, agreements, or memoranda of understanding (MOUs).”
2. Wis. Stat. § 46.22[1][b]1b states that county departments of social services shall have the function, duty and power to, “make investigations that relate to child welfare services, except for welfare services provided under ch. 48 and subch. III of ch. 49, community-based juvenile delinquency-related services, and juvenile correctional services, upon the request by the department of health services.”
3. Wis. Stat. § 46.23[3][b] simply gives a county department of human services the same authority as a county department of social services.
4. As of the time of this writing, the WCA and the Wisconsin County Human Service Association are in discussions with the DHS surrounding the notice and its contents. The WCA will keep counties apprised as to the status of those discussions.

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