

AGENDA

**Jefferson County Human Services Board
Jefferson County Workforce Development Center
874 Collins Road, Room 103, Jefferson, WI 53549
February 12, 2013 at 8:30 a.m.**

Committee Members:

**Jim Mode, *Chair*
Dick Jones, *Secretary*
Julie Merritt
Augie Tietz**

**Pamela Rogers, *Vice Chair*
John McKenzie
Jim Schultz**

- 1. Call to Order**
- 2. Roll Call/Establishment of Quorum**
- 3. Certification of Compliance with the Open Meetings Law**
- 4. Review of the February 12, 2013 Agenda**
- 5. Citizen Comments**
- 6. Approval of January 8, 2013 Board Minutes**
- 7. Communications**
- 8. Review of December, 2012 Financial Statement**
- 9. Review and Approve January, 2013 Vouchers**
- 10. Division Updates: Child and Family Division, Behavioral Health, Administration, Economic Support, and Aging and Disability Resource Center**
- 11. Review and Approve Mental Health Task Force Action Alert**
- 12. Information and Update on Community Care Resources (CCR)**
- 13. Discuss Substance Abuse Coalition**
- 14. Proclamation Recognizing March as Professional Social Worker Month**
- 15. Request for County Board Resolution Recognizing April as Child Abuse Prevention Month**
- 16. Consider County Board resolution to support Osteopath School of Medicine in Jefferson**
- 17. Update from Wisconsin County Human Services Association**
- 18. Set next meeting date and potential agenda items (March 12 @8:30 a.m.)**
- 19. Adjourn**

The Board may discuss and/or take action on any item specifically listed on the Agenda

Special Needs Request - Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.

JEFFERSON COUNTY HUMAN SERVICES
Board Minutes
January 8, 2013

Board Members Present: Jim Mode, Pam Rogers, Richard Jones, Augie Tietz, John McKenzie, Julie Merritt, and Jim Schultz

Others Present: Human Services Director Kathi Cauley; Aging & Disability Resource Center Manager Sue Torum; Child & Family Division Manager Brent Ruehlow; Administrative Services Manager Joan Daniel; Economic Support Manager Jill Johnson; Office Manager; Donna Hollinger, and County Board Chairman John Molinaro.

1. CALL TO ORDER

Mr. Mode called the meeting to order at 8:30 a.m.

2. ROLL CALL/ESTABLISHMENT OF QUORUM

All Present/Quorum established

3. CERTIFICATION OF COMPLIANCE WITH THE OPEN MEETINGS LAW

Compliance attained

4. REVIEW OF THE JANUARY 8, 2013 AGENDA

No Changes

5. CITIZEN COMMENT

No Comments

6. APPROVAL OF THE DECEMBER 11, 2012 BOARD MINUTES

Ms. Rogers made a motion to approve the December 11, 2012 board minutes.

Mr. Schultz seconded.

Motion passed unanimously.

7. COMMUNICATIONS

No Communications

8. REVIEW OF NOVEMBER, 2012 FINANCIAL STATEMENT

Ms. Daniel reviewed the November 2012 financial statement (attached) and reported that we are projecting a positive fund balance of \$13,348, which includes the 2011 carryover request. (attached) Ms. Daniel also presented the financial statement and summary sheet (attached) that details projections for revenue, expenses, tax levy and variance by program within each Division and discussed the areas that are having the most impact on the budget. Also included are reports showing Alternate Care and Commitment costs. (attached)

9. REVIEW AND APPROVE DECEMBER, 20 12 FINANCIAL VOUCHERS

Ms. Daniel reviewed the summary sheet of vouchers totaling \$503,451.76 (attached).

Mr. Tietz made a motion to approve the December 2012 vouchers totaling \$503,451.76 as presented.

Mr. Jones seconded.

Motion passed unanimously.

10. DIVISION UPDATES: CHILD & FAMILY RESOURCES, BEHAVIORAL HEALTH, ADMINISTRATION, ECONOMIC SUPPORT, AND AGING & DISABILITY RESOURCE CENTER

Child & Family Resources:

Mr. Ruehlow reported on the following items:

- On February 1, "Ongoing Standards" goes into effect, so staff need to go to training so we are in compliance.
- "Confirming Safe Environments" is another training that staff must attend. This helps us assess that children who are placed out of home are not only safe, but that it is a good fit for both the child and family.
- One individual who was in a high cost environment moved into an eligible foster home setting to allow us to offset costs via waiver.
- Eleven children found permanency.
- The number of referrals remain the same in both the Child Protective Services area and Delinquency.
- Our rehabilitation services provider for the Birth to Three Program approached us and said that they are losing money. We checked with other counties and found out that our prices are lower than most counties. We are discussing ways to increase their revenue, and exploring how we can offset this increase to the county. We will put out an RFP in 2014.
- The 2013 budget allowed us to add a staff in our Intake unit, which was filled internally. After a first round of interviews, we will re-post to fill the internal position.

Behavioral Health:

Ms. Cauley reported on the following items:

- Enclosed is an article from Mental Health America asking to "Support Access to Mental Health Services in the Biennial Budget," which encourages citizens to sign the form and return to Governor Walker. There are 3 points outlining the support for increased access and one is funding for Comprehensive Community Services programs. Since we already have this program, it would allow us to expand it. This item will be put on the February agenda for further discussion.
- A report called "Reducing Wisconsin's Prescription Drug Abuse: A Call to Action" was presented at the Substance Abuse Coalition meeting. The goal is to build a healthier Wisconsin. This will be put on the February agenda for further discussion.
- We had 5551 crisis calls in 2011 and 5509 in 2012.
- We had 124 emergency detentions in 2011 and 125 in 2012.
- We did 302 crisis plans for the year, which helps individuals manage their lives better.
- We had 198 suicide calls.

Administration:

Ms. Daniel reported on the following items:

- We are working on year-end closing.
- We are billing for November services
- We have been working with Care Wisconsin to pay for protective payee and client medical services.

Economic Support:

Ms. Johnson reported on the following items:

- As of January 1, Forward Services took over Emergency Assistance, W-2 Programs, and the Job Access Loans. They will be located one day per week at 222 Wisconsin Drive in Jefferson, so communication between them and clients may be an issue. There will be a lot to coordinate.
- We hired a new employee who started January 2, but another one is leaving to go work for the state. We will post for that position.
- There are about 7,100 households on assistance.
- The Call Center is one year old now and everyone seems to be used to it now. We took 6600 calls in December. 2013 begins performance goals with more details on how fast a call is answered, etc.
- The state is changing the regional meetings to statewide meetings and will be holding them in four locations. The first one is being held in Madison, which will include some training.

ADRC:

Ms. Torum reported on the following items:

- The agency is beginning to have joint discussions with Care WI about issues involving shared mental health consumers. The meetings will focus on education and resolving issues.
- The Dementia Care Specialist has been hired and started on 1/2/13. The grant ends in October 2013 so the focus of the work plan is on "sustained independence," meaning that the objectives will not all resolve around one individual. The Department of Health Services was asked to include a funding request for Dementia Care Services in the 2013 – 2015 State Budget, and if passed, we would ask the HR committee to approve the position. There are a variety of evidenced based practice activities that will be offered through this project. Kathi Cauley had suggested that we host a Dementia Summit and this will be arranged sometime this summer.
- The Transportation Software has been purchased and Ms. Torum thanked the board for their support of this purchase.
- On Thursday, 1/10/13, the State Office of Resource Development is bringing Mississippi state staff to our ADRC to discuss start up issues. Mississippi does not have ADRC's and wanted to see the WI model, which has received federal excellence awards.
- The county has revamped the way in which it contracts for guardianship fees. The changes will create efficiencies, most particularly in the fiscal unit. From a business standpoint, the changes make sense. Ms. Torum also informed the board that a contract

for these services with LSS will not be issued in 2013 due to performance issues. Approximately eight wards will be transferred to Opportunities, Inc.

11. DISCUSS CRISIS INTERVENTION TECHNIQUES AWARD FOR A LAW ENFORCEMENT OFFICER

Ms. Cauley presented the board with nominations from an individual from the City of Lake Mills Police Dept and one from the Jefferson County Sheriff's Crisis Negotiations team.

Ms. Merritt made a motion to give the CIT award to the Jefferson County Sheriff's Crisis Negotiations team.

Mr. Mode seconded.

Motion passed unanimously.

12. REVIEW AND APPROVE 2013 BILLING RATE

Ms. Daniel discussed the details of the 2013 Billing/Charge Rates.

Ms. Rogers made a motion to approve the rates and recommend approval at the county board.

Mr. Jones seconded.

Motion passed unanimously.

13. UPDATE ON WISCONSIN COUNTY HUMAN SERVICES ASSOCIATION

Ms. Cauley reported on the following items:

- Mr. Mode is very involved with the Redesign Committee, and last Thursday he presented the work of the Redesign and the Statutory Committees to the Executive Board.
 - In February, WCHSA members will vote on the draft changes from the Redesign Committee, which states that counties will be able to collaborate with each other to deliver services, and would involve Statute changes.
 - The Statutory Committee is considering changes regarding crisis costs and family care that is described in HS 46.
- WCHSA lobby days is scheduled for April 10 in Madison.

14. SET NEXT MEETING DATE AND POTENTIAL AGENDA ITEMS

The next meeting will be on Tuesday, February 12. The following will be on the agenda:

- Mental Health Task Force Action Alert
- Substance Abuse Coalition

15. ADJOURN

Ms. Rogers Tietz made a motion to adjourn the meeting.

Mr. Jones seconded.

Motion passed unanimously.

Meeting adjourned at 10:00 a.m.

Respectfully submitted by Donna Hollinger

NEXT BOARD MEETING

Tuesday, February 12, 2013 at 8:30 a.m.

Workforce Development Center,

874 Collins Road, Room 103, Jefferson, WI 53549

SOCIAL WORK MONTH PROCLAMATION

WHEREAS social workers have the right education and experience to guide individuals, families, and communities through complex issues and choices;

WHEREAS social workers connect individuals, families, and communities to available resources;

WHEREAS social workers are dedicated to improving the society in which we live;

WHEREAS social workers are positive and compassionate professionals;

WHEREAS social workers stand up for others to make sure everyone has access to the same basic rights, protections, and opportunities;

WHEREAS social workers help people help themselves, whenever and wherever they need it most;

WHEREAS social workers have been the driving force behind important social movements in the United States and abroad;

NOW, THEREFORE, in recognition of professional social workers and their commitment and dedication to individuals, families, and communities everywhere through legislative advocacy, service delivery, research, and education,

I, _____, proclaim the month of March 2013 as **Professional Social Work Month** and call upon all citizens to join with the **National Association of Social Workers** and Jefferson County Human Services Department in celebration and support of social workers and the social work profession.

Financial Statement Summary Preliminary December, 2012

We are projecting a positive fund balance of \$236,436. This projection includes the carryover we requested from 2011. The increase is based on insurance/Medicaid collection estimates. This projection is based on current YTD inpatient and December children placement expenditures. WIMCR revenue with final adjustments came in at \$325,878 versus the budget of \$250,000. Still reviewing to make sure all outstanding invoices are accrued.

Summary of the variances:

Revenue: Overall Revenues are favorable by \$69,044 – currently working on Insurance/Medicaid billing for December services.

Expenditures are favorable by \$180,755

Major Classifications impacting the projected Balance (based on 12month preliminary)

Salary over budget by \$(109,966)

Fringes under budget by \$272,582

Children Alternate Care over budget by (\$248,395)

Children's Waiver over budget by (\$32,752)

Hospital/Detox over budget by (\$34,496)

Operating Costs over budget by (\$50,789)

- **BEHAVIOR HEALTH DIVISION:** Projection is favorable by \$169,764

For the month of December, Winnebago & Mendota invoice was a net balance of \$79,881. I still need to check with St. Agnes to determine if there are any outstanding bills for December that haven't been billed. Nothing is currently estimated in the above projection for any additional bills.

- **CHILDREN & FAMILIES DIVISION:** Projection is unfavorable by \$197,333

Child Alternate Care unfavorable \$248,395. We are still working on finalizing CCR payments for 2012. Accrual has been prepared and is included in the above projection.

- **ECONOMIC SUPPORT DIVISION:** Projection favorable by \$96,510.

- **AGING & ARC DIVISION:** Projection is favorable by \$100,702

Received approval from the State to Expense transportation software versus depreciate software.

- **ADMINISTRATIVE DIVISION:** Projection is favorable by \$77,876.

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT
STATEMENT OF REVENUES & EXPENDITURES
For 12 Months Ended Preliminary December, 2012

SUMMARY

Federal/State Operating Revenues
County Funding for Operations
less: Prepaid Expense Transfer
Total Resources Available
Total Adjusted Expenditures
OPERATING SURPLUS (DEFICIT)
Balance Forward from 2011-Balance Sheet Operating Reserve
NET SURPLUS (DEFICIT)

Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2012 Budget	Year End Variance
10,436,198	205,889	10,642,087	11,316,416	10,573,043	10,642,087	10,573,043	69,044
7,647,032	0	7,647,032	7,975,355	7,647,032	7,647,032	7,647,032	0
0	0	0	0	0	0	0	0
18,083,230	205,889	18,289,119	19,291,771	18,220,075	18,289,119	18,220,075	69,044
18,302,293	990	18,289,877	18,274,200	18,468,149	18,289,877	18,470,632	(180,755)
(219,063)	204,899	(758)	1,017,571	(248,074)	(758)	(250,557)	249,799
237,194		237,194	0	237,194	237,194	237,194	0
18,131	204,899	236,436	1,017,571	(10,880)	236,436	(13,363)	249,800

REVENUES

STATE & FEDERAL FUNDING

MH & AODA Basic County Allocation	1,976,317	0	1,976,317	1,976,324	1,976,324	1,976,317	1,976,324	(7)
Childrens Basic County Allocation	865,844	0	865,844	868,493	868,493	865,844	868,493	(2,649)
Family Care County Contribution	0	0	0	0	0	0	0	0
Childrens L/T Support Waivers	40,479	3,358	43,837	489,139	585,455	43,837	585,455	(541,618)
Behavioral Health Programs	280,601	32,161	312,762	388,725	250,595	312,762	250,595	62,167
Community Options Program	150,992	3,079	154,071	158,654	152,115	154,071	152,115	1,956
Aging & Disability Res Center	782,604	38,494	821,098	762,265	755,167	821,098	755,167	65,931
Aging/Transportation Programs	629,991	12,491	642,482	644,534	611,989	642,482	611,989	30,493
Youth Aids	603,104	2,965	606,069	742,996	649,947	606,069	649,947	(43,878)
IV-E TPR	0	44,346	44,346	51,761	81,000	44,346	81,000	(36,654)
Family Support Program	67,697	552	68,249	66,343	66,343	68,249	66,343	1,906
Children & Families	153,081	2,591	155,672	87,298	84,566	155,672	84,566	71,106
ARRA Birth to Three	0	0	0	17,800	0	0	0	0
I.M. & W-2 Programs	174,293	15,195	189,488	1,289,377	1,237,120	189,488	1,237,120	(1,047,632)
Client Assistance Payments	239,831	(871)	238,960	355,549	197,222	238,960	197,222	41,738
Early Intervention	165,564	0	165,564	166,510	166,510	165,564	166,510	(946)
Total State & Federal Funding	6,130,398	154,362	6,284,760	8,065,768	7,682,846	6,284,760	7,682,846	(1,397,140)

COLLECTIONS & OTHER REVENUE

Provided Services	2,182,196	0	2,182,196	2,081,436	2,109,434	2,182,196	2,109,434	72,762
Child Alternate Care	176,079	0	176,079	141,670	166,329	176,079	166,329	9,750
Adult Alternate Care	114,819	0	114,819	118,907	143,386	114,819	143,386	(28,567)
Childrens L/T Support	577,514	46	577,560	307,704	34,566	577,560	34,566	542,994
1915i Program	50,582	0	50,582	94,240	96,223	50,582	96,223	(45,641)
Donations	109,453	0	109,453	95,688	87,200	109,453	87,200	22,253
Cost Reimbursements	244,638	0	244,638	234,532	190,389	244,638	190,389	54,249
Other Revenues	850,519	51,481	902,000	176,471	62,670	902,000	62,670	839,330
Total Collections & Other	4,305,800	51,527	4,357,327	3,250,648	2,890,197	4,357,327	2,890,197	1,467,130

TOTAL REVENUES

EXPENDITURES

10,436,198	205,889	10,642,087	11,316,416	10,573,043	10,642,087	10,573,043	69,990
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	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2012 Budget	Year End Variance
WAGES								
Behavioral Health	1,205,176	0	1,205,176	1,117,398	1,151,579	1,205,176	1,151,579	53,597
Childrens & Families	1,099,933	0	1,099,933	1,343,171	1,409,031	1,099,933	1,409,031	(309,098)
Community Support	725,806	0	725,806	717,125	695,532	725,806	695,532	30,274
Comp Comm Services	336,992	0	336,992	278,971	331,046	336,992	331,046	5,946
Economic Support	842,319	0	842,319	868,617	850,838	842,319	850,838	(8,519)
Aging & Disability Res Center	438,554	0	438,554	414,592	416,370	438,554	416,370	22,184
Aging/Transportation Programs	705,284	0	705,284	383,126	391,032	705,284	391,032	314,252
Childrens L/T Support	109,265	0	109,265	105,544	105,078	109,265	105,078	4,187
Early Intervention	288,544	0	288,544	292,840	297,856	288,544	297,856	(9,312)
Management/Overhead	830,732	0	830,732	785,592	820,443	830,732	820,443	10,289
Lueder Haus	263,722	0	263,722	267,717	267,849	263,722	267,849	(4,127)
Safe & Stable Families	204,753	0	204,753	189,185	204,460	204,753	204,460	293
Supported Emplmnt	0	0	0	41,193	0	0	0	0
Total Wages	7,051,080	0	7,051,080	6,805,071	6,941,114	7,051,080	6,941,114	109,966
FRINGE BENEFITS								
Social Security	527,599	0	527,599	514,552	503,240	527,599	503,240	24,359
Retirement	410,242	0	410,242	606,390	423,295	410,242	423,295	(13,053)
Health Insurance	1,688,224	0	1,688,224	1,825,702	1,961,178	1,688,224	1,961,178	(272,954)
Other Fringe Benefits	23,367	0	23,367	42,900	34,301	23,367	34,301	(10,934)
Total Fringe Benefits	2,649,432	0	2,649,432	2,989,544	2,922,014	2,649,432	2,922,014	(272,582)
OPERATING COSTS								
Staff Training	14,177	0	14,177	12,648	21,107	14,177	21,107	(6,930)
Space Costs	197,893	0	197,893	189,834	259,363	197,893	259,363	(61,470)
Supplies & Services	811,999	0	811,993	708,076	747,459	811,993	747,459	64,534
Program Expenses	109,689	0	109,689	142,286	179,562	109,689	179,562	(69,873)
Employee Travel	170,062	0	170,062	168,670	210,117	170,062	210,117	(40,055)
Staff Psychiatrists & Nurse	390,857	0	390,857	355,378	374,033	390,857	374,033	16,824
Birth to 3 Program Costs	225,818	0	225,818	213,645	279,163	225,818	279,163	(53,345)
Busy Bees Preschool	1,390	0	1,390	1,499	2,694	1,390	2,694	(1,304)
ARRA Birth to Three	0	0	0	13,081	0	0	0	0
Opp. Inc. Payroll Services	506	0	506	0	0	506	0	506
Other Operating Costs	11,078	0	11,078	1,227	31,654	11,078	36,654	(25,576)
Year End Allocations	(69,671)	(81,748)	(151,419)	(33,150)	21,934	(151,419)	21,934	(173,353)
Capital Outlay	103,816	0	103,816	97,341	90,484	103,816	90,484	13,332
Total Operating Costs	1,967,614	(81,748)	1,885,860	1,870,535	2,217,570	1,885,860	2,222,570	(336,710)
BOARD MEMBERS								
Per Diems	6,545	0	6,545	5,720	7,000	6,545	7,000	(455)
Travel	108	0	108	35	0	108	0	108
Training	509	0	509	690	1,000	509	1,000	(491)
Aging Committee	0	0	0	0	0	0	0	0
Total Board Members	7,162	0	7,162	6,445	8,000	7,162	8,000	(838)
CLIENT ASSISTANCE								
W-2 Benefit Payments	34,304	0	34,304	186,946	103,827	34,304	103,827	(69,523)

Funeral & Burial
 Medical Asst. Transportation
 Energy Assistance
 Kinship & Other Client Assistance
Total Client Assistance

Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2012 Budget	Year End Variance
0	0	0	77,795	0	0	0	0
0	0	0	36,096	0	0	0	0
126,030	0	126,030	134,918	133,000	126,030	133,000	(6,970)
113,101	0	113,101	129,376	128,127	113,101	128,127	(15,026)
273,435	0	273,435	565,131	364,954	273,435	364,954	(91,519)

MEDICAL ASSISTANCE WAIVERS

Childrens LTS
Total Medical Assistance Waivers

749,546	(2)	749,544	803,371	716,792	749,544	716,792	32,752
749,546	(2)	749,544	803,371	716,792	749,544	716,792	32,752

COMMUNITY CARE

Supportive Home Care
 Guardianship Services
 People Ag. Domestic Abuse
 Family Support
 Transportation Services
 Opp. Inc. Delinquency Programs
 Opp. Inc. Independent Living
 Other Community Care
 Elderly Nutrition - Congregate
 Elderly Nutrition - Home Delivered
 Elderly Nutrition - Other Costs
Total Community Care

74,858	0	74,858	80,531	78,424	74,858	78,424	(3,566)
171,302	0	171,302	138,322	132,836	171,302	132,836	38,466
45,000	0	45,000	45,000	47,280	45,000	47,280	(2,280)
5,446	0	5,446	1,386	1,917	5,446	1,917	3,529
51,983	0	51,983	48,840	63,954	51,983	63,954	(11,971)
114,396	0	114,396	114,400	130,924	114,396	130,924	(16,528)
0	0	0	0	0	0	0	0
222,168	12,477	221,245	127,380	174,219	221,245	174,219	47,026
43,604	0	43,604	57,525	50,902	43,604	50,902	(7,298)
69,184	0	69,184	75,693	73,549	69,184	73,549	(4,365)
13,898	0	13,898	6,502	6,122	13,898	6,122	7,776
811,839	12,477	810,916	695,579	760,127	810,916	760,127	50,789

CHILD ALTERNATE CARE

Foster Care & Treatment Foster
 Intensive Comm Prog
 Group Home & Placing Agency
 L.S.S. Child Welfare
 Child Caring Institutions
 Detention Centers
 Correctional Facilities
 Shelter & Other Care
Total Child Alternate Care

409,648	0	409,648	311,709	334,500	409,648	334,500	75,148
0	0	0	0	0	0	0	0
1,331,893	0	1,331,893	913,042	750,852	1,331,893	750,852	581,041
0	0	0	0	0	0	0	0
172,757	0	172,757	194,768	403,380	172,757	403,380	(230,623)
44,066	0	44,066	33,341	40,000	44,066	40,000	4,066
22,152	0	22,152	38,733	187,179	22,152	187,179	(165,027)
5,390	0	5,390	758	21,600	5,390	21,600	(16,210)
1,985,906	0	1,985,906	1,492,351	1,737,511	1,985,906	1,737,511	248,395

HOSPITALS

Detoxification Services
 Mental Health Institutes
 Other Inpatient Care
Total Hospitals

28,417	0	28,417	59,274	59,000	28,417	59,000	(30,583)
810,693	0	810,693	625,297	705,614	810,693	705,614	105,079
0	0	0	0	40,000	0	40,000	(40,000)
839,110	0	839,110	684,571	804,614	839,110	804,614	34,496

OTHER CONTRACTED

Adult Alternate Care (Non-MAW)
 Family Care County Contribution
 AODA Halfway Houses
 1915i Program
 IV-E TPR
 Emergency Mental Health
 Work/Day Programs

369,544	0	369,544	367,033	406,186	369,544	406,186	(36,642)
858,734	0	858,734	1,209,192	858,734	858,734	858,734	0
0	0	0	0	0	0	0	0
153,184	0	153,184	249,867	275,406	153,184	275,406	(122,222)
116,702	0	116,702	107,551	87,000	116,702	87,000	29,702
21,903	0	21,903	25,790	15,600	21,903	15,600	6,303
0	0	0	0	0	0	0	0

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2012 Budget	Year End Variance
Ancillary Medical Costs	257,834	0	257,834	295,269	262,769	257,834	262,769	(4,935)
Miscellaneous Services	129,006	0	129,006	42,501	25,758	129,006	23,241	105,765
Prior Year Costs	698	70,263	70,961	0	0	70,961	0	70,961
Clearview Commission	59,564	0	59,564	64,399	64,000	59,564	64,000	(4,436)
Total Other Contracted	1,967,169	70,263	2,037,432	2,361,602	1,995,453	2,037,432	1,992,936	44,496
TOTAL EXPENDITURES	18,302,293	990	18,289,877	18,274,200	18,468,149	18,289,877	18,470,632	(180,755)

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Revenue & Expenditures Preliminary December 30, 2012

Summary Sheet

() Unfavorable

Program		Annual Projection			Budget			Variance
		Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	
Behavior Health								
5000	BASIC ALLOCATION	2,841,506	4,008,420	1,166,914	2,873,321	3,945,517	1,072,196	(94,718)
5003	LUEDER HAUS	166,015	443,106	277,091	111,825	499,205	387,380	110,289
5007	EMERGENCY MENTAL HEALTH	68,686	494,452	425,766	151,196	533,335	382,139	(43,627)
5011	MENTAL HEALTH BLOCK	25,830	24,376	(1,454)	26,128	26,196	68	1,522
5025	COMMUNITY SUPPORT PROGRAM	717,644	1,385,379	667,735	728,686	1,357,855	629,169	(38,566)
5027	COMP COMM SERVICE	398,921	648,706	249,785	337,193	702,488	365,295	115,510
5031	AODA BLOCK GRANT	109,299	93,438	(15,861)	109,299	109,299	0	15,861
5043	CERTIFIED MENTAL HEALTH	39,496		(39,496)	38,784		(38,784)	712
5044	EMERGENCY MENTAL HEALTH	31,040	21,903	(9,137)	15,600	15,600	0	9,137
5049	MAPT Funds	3,091	11,818	8,727	3,098	5,989	2,891	(5,836)
5063	1915i PROGRAM	50,582	153,184	102,602	96,223	298,305	202,082	99,480
5065	Supp Emplmt Evidence Based	0	0	0	0	0	0	0
5066	Medicaid Infrastructure Grant	42,341	42,341	0	0	0	0	0
Total	Behavior Health	4,494,451	7,327,123	2,832,672	4,491,353	7,493,789	3,002,436	169,764

Children & Families

5001	CHILDREN'S BASIC ALLOCATION	1,103,889	2,817,715	1,713,826	987,234	2,077,872	1,090,638	(623,188)
5002	KINSHIP CARE	71,594	71,594	0	44,727	92,327	47,600	47,600
5005	YOUTH AIDS	618,322	1,337,863	719,541	728,136	1,985,099	1,256,963	537,422
5006	YOUTH AIDS STATE CHARGES	22,152	22,152	0	11,445	187,179	175,734	175,734
5008	YOUTH INDEPENDENT LIVING	30,464	85,248	54,784	24,054	83,079	59,025	4,241
5009	YA EARLY & INTENSIVE INT	15,415	166,515	151,100	6,166	153,084	146,918	(4,182)
5010	COMM OPTIONS PROG	154,071	615	(153,456)	152,115	3,581	(148,534)	4,922
5018	FAMILY SUPPORT	68,249	5,446	(62,803)	66,343	1,917	(64,426)	(1,623)
5020	DOMESTIC ABUSE		45,000	45,000		45,000	45,000	0
5021	SAFE & STABLE FAMILIES	84,871	377,901	293,030	75,000	393,582	318,582	25,552
5036	SACWIS	5,933	28,382	22,449	0	0	0	(22,449)
5039	ARRA BIRTH TO THREE	0	0	0	0	0	0	0
5040	CHILDRENS LTS WAIV-DD	243,468	390,501	147,033	249,161	347,746	98,585	(48,448)
5041	CHILDRENS LTS WAIV-MH	375,646	514,611	138,965	361,210	539,159	177,949	38,984
5042	CHILDRENS LTS WAIV-PD	2,283	2,085	(198)	9,650	17,099	7,449	7,647
5067	CONSORTIUM ARRA BIRTH TO THREE	0	0	0	0	0	0	0
5068	FOSTER PARENT TRAINING	0	2,745	2,745	7,224	17,312	10,088	7,343
5070	IV-E TPR	44,346	121,400	77,054	81,000	211,289	130,289	53,235
5080	YOUTH DELINQUENCY INTAKE	0	496,403	496,403	0	0	0	(496,403)

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Revenue & Expenditures Preliminary December 30, 2012

Summary Sheet

() Unfavorable

		Annual Projection			Budget			
	Program	Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	Variance
5175	EARLY INTERVENTION	224,949	685,217	460,268	197,510	755,587	558,077	97,809
5188	BUSY BEES PRESCHOOL	6,126	49,883	43,757	11,358	53,585	42,227	(1,530)
								0
Total	Children & Families	3,071,779	7,221,276	4,149,497	3,012,333	6,964,497	3,952,164	(197,333)

Economic Support Division

5050	NURSING HOME M.A. ADMIN.	0	0	0	0	0	0	0
5051	INCOME MAINTENANCE	894,880	1,418,386	523,506	964,339	1,366,616	402,277	(121,229)
5053	CHILD DAY CARE ADMIN	98,716	244	(98,472)	110,493	134,144	23,651	122,123
5054	W-2 Administration	11,576	0	(11,576)				11,576
5055	W-2 PROGRAM	77,868	34,348	(43,520)	138,857	151,482	12,625	56,145
5057	ENERGY PROGRAM	126,030	126,030	0	133,000	133,000	0	0
5071	CHILDREN FIRST	2,250	0	(2,250)	2,800	2,800	0	2,250
5073	FSET	0	0	0	45,820	37,396	(8,424)	(8,424)
5074	W-2 DAYCARE	1,000	0	(1,000)	0	0	0	1,000
5100	CLIENT ASSISTANCE	9,187	0	(9,187)	0	0	0	9,187
5105	KINSHIP ASSESSMENTS	6,030	2,501	(3,529)	6,030	7,563	1,533	5,062
5110	Non-W2 Emergency Assistance	41,336	41,336	0	19,601	38,421	18,820	18,820
Total	Economic Support Division	1,268,873	1,622,845	353,972	1,420,940	1,871,422	450,482	96,510

Aging Division & ADRC

5012	ALZHEIMERS FAM SUPP	18,988	18,988	0	12,906	12,906	0	0
5048	AGING/DISABIL RESOURCE	821,198	803,354	(17,844)	755,167	729,136	(26,031)	(8,187)
5075	GUARDIANSHIP PROGRAM	125,845	171,302	45,457	83,708	132,836	49,128	3,671
5076	STATE BENEFIT SERVICES	63,679	49,606	(14,073)	48,955	57,960	9,005	23,078
5077	ADULT PROTECTIVE SERVICES	56,827	78,880	22,053	56,827	84,575	27,748	5,695
5078	NSIP	21,292	0	(21,292)	21,028	21,028	0	21,292
5151	TRANSPORTATION	206,435	230,531	24,096	188,776	239,890	51,114	27,018
5152	IN-HOME SERVICE III-D	3,819	5,265	1,446	3,819	5,430	1,611	165
5154	SITE MEALS	158,278	176,107	17,829	163,319	198,766	35,447	17,618
5155	DELIVERED MEALS	109,612	159,106	49,494	103,241	171,618	68,377	18,883
5157	SCSP	7,986	6,095	(1,891)	7,986	9,909	1,923	3,814
5158	ELDER ABUSE	25,025	111,110	86,085	25,025	83,975	58,950	(27,135)
5159	ADVOCACY PROGRAM	65,048	62,484	(2,564)	61,896	68,034	6,138	8,702
5163	TITLE III-E	28,579	33,543	4,964	27,463	38,515	11,052	6,088

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Revenue & Expenditures Preliminary December 30, 2012

Summary Sheet

() Unfavorable

	Program	Annual Projection			Budget			Variance
		Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	
Total	Aging & ADRC Center	1,712,611	1,906,371	193,760	1,560,116	1,854,578	294,462	100,702
Administrative Services Division								
	5187 UNFUNDED SERVICES	488	71,132	70,644	0	0	0	(70,644)
	5190 Management		843,609	843,609		852,334	852,334	8,725
	5190 Management Cleared		(843,609)	(843,609)		(852,334)	(852,334)	(8,725)
	5195 Vehicle Escrow Account	21	(5,000)	(5,021)	40	8,252	8,212	13,233
	5200 Overhead & Tax Levy	7,740,896	1,231,602	(6,509,294)	7,735,293	1,217,198	(6,518,095)	(8,801)
	5200 Overhead Cleared		(1,189,288)	(1,189,288)		(1,031,868)	(1,031,868)	157,420
	5210 CAPITAL OUTLAY		103,816	103,816		90,484	90,484	(13,332)
Total	Administrative Services Division	7,741,405	212,262	(7,529,143)	7,735,333	284,066	(7,451,267)	77,876
GRAND Total								
		18,289,119	18,289,877	758	18,220,075	18,468,352	248,277	247,519
				0				
	Carry Over 2011 Balance Sheet Reserve	\$237,194	0	(237,194)	237,194	0	(237,194)	0
	Balance	18,526,313	18,289,877	(236,436)	18,457,269	18,468,352	11,083	(225,353)

**Commitments/Inpatient
Jefferson County - HSD
January - Oct/November**

Hospital	Clients	Comments	Billed	Status	Outstanding
Fond du Lac Co. Health Care Center	12	Insurance will not pay because clients are not within the age group for payment. See note below.	\$66,224.63	Billed for 12 clients	
Mendota Health Institute	22	Insurance will not pay because clients are not within the age group for payment. See note below.	\$200,791.78	Billed for 22 clients through Oct. Medicare recouped funds backed from 2010 charged \$15135.02.	
Rogers Memorial Hospital	2		\$73,380.35	Billed for 2 clients	
Stoughton Hospital Geriatric Psych Program	2	No Insurance	\$1,562.74	Not Billed	
St. Agnes, Fond du Lac	21	21 clients billed 3 client no insurance not billed for yet.	\$125,617.00	St. Agnes billed for 21 clients.	
Trempealeau Co. Health Care Ctr	2	2 Clients	\$128,283.16	Billed thru October clients currently at Trempleau	
UW Hospital, Madison	3	1 Client has Medicaid; other client Vol has insurance	\$29,130.76		
Wheaton Franciscan Health Care All Saints, Racine	2		\$12,159.80	2 clients, 1 has insurance	
Winnebago Mental Health Institute	38		\$236,896.08	38 Clients billed through December	
	<u>104</u>		<u>\$874,046.30</u>		

Note: Winnebago and Mendota bills Jefferson County HSD Monthly and if they collect from insurance reimburses us after the fact.

Winnebago, Mendota, and Fund du Lac Co. are IMD facility so between ages 22-64 Insurance won't pay.

Presumptive MA is looked at if client has no insurance to see if the client qualifies.

RESOLUTION NO. 2012-_____**Resolution proclaiming the month of April 2013 as
Child Abuse and Neglect Prevention Month**

WHEREAS, child abuse and neglect is a complex and ongoing problem in our society, affecting many children in Jefferson County, and

WHEREAS, every child is entitled to be loved, cared for, nurtured, feel secure and be free from verbal, sexual, emotional and physical abuse, and neglect, and

WHEREAS, it is the responsibility of every adult who comes in contact with a child to protect that child's inalienable right to a safe and nurturing childhood, and

WHEREAS, Jefferson County has many dedicated individuals and organizations who work daily to counter the problem of child maltreatment and to help parents obtain the assistance they need, and

WHEREAS, our communities are stronger when all citizens become aware of child maltreatment prevention and become involved in supporting parents to raise their children in a safe and nurturing environment, and

WHEREAS, effective child abuse prevention programs succeed because of partnerships among families, social service agencies, schools, religious and civic organizations, law enforcement agencies, and the business community, and

WHEREAS, the Human Services Board, at its February 12, 2013, meeting, unanimously approved a motion recommending the County Board of Supervisors adopt this resolution,

NOW, THEREFORE, BE IT RESOLVED that the Jefferson County Board of Supervisors hereby proclaims the month of April 2013 to be Child Abuse and Neglect Prevention Month.

Fiscal Note: Adoption of this resolution will not have any fiscal impact to the County, other than the expenditure of staff time. Promotion materials will be funded by outside private donations.

AYES _____

NOES _____

ABSTAIN _____

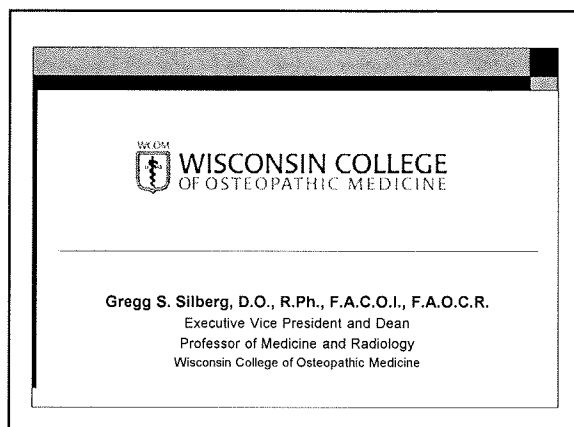
ABSENT _____

Resolution requested by
Human Services Board

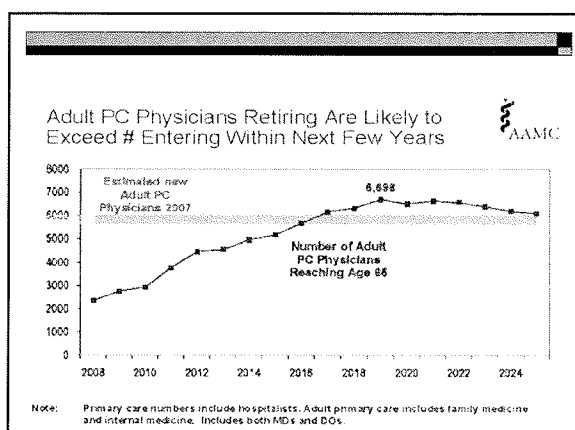
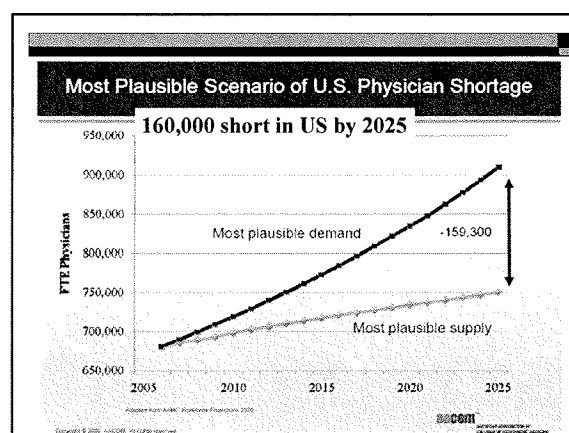
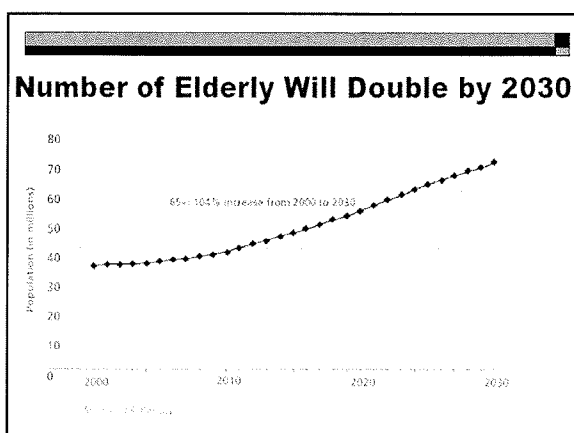
03-12-13

Supervisor Jim Mode: 02-8-13

#16



Why is the creation of a new College of Osteopathic Medicine so important to Wisconsin?



Why Wisconsin? (Cont.)

- ☐ Wisconsin currently needs approximately 850-900 new physicians per year
- ☐ Wisconsin currently imports approximately 720 new physicians per year
- ☐ With the increasing national shortage, it will become progressively more difficult for Wisconsin to import physicians from outside of the state
- ☐ In November 2011 the Wisconsin Hospital Association (WHA) projected that Wisconsin will need 100 additional new physicians per year for the next 20 years
 - Primary care physicians will account for about 80% of the projected shortfall
- ☐ If the Wisconsin College of Osteopathic Medicine takes its first class in 2014, it will not have an effect on the physician shortage on until 2021...**NEED TO START PIPELINE NOW!**

Osteopathic Medicine

What is a D.O.?

- The D.O. part stands for Doctor of Osteopathic Medicine. We are known as Osteopathic Physicians
- A D.O. is a fully licensed physician who can practice all aspects of medicine, perform all types of surgery and prescribe medication
- D.O.'s get extra medical training so they can use their hands to help diagnose and treat you. We also focus on really getting to know your home and family life...so they can treat you as a whole person.

Important Facts About Osteopathic Medicine

- Higher percentage of primary care
 - 41% Family Medicine
 - 10% General Internal Medicine
 - 5% General Pediatrics
 - 4% Obstetrics/Gynecology
- Higher percentage of practice in rural and underserved areas
- Higher percentage of practicing physicians

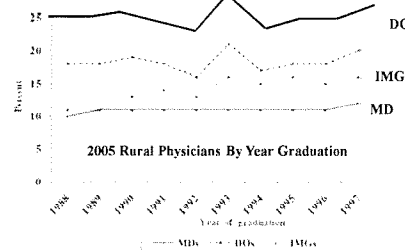


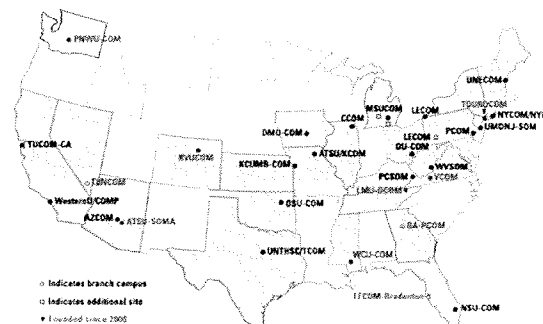
Figure 1 Percentage of MD and DO physicians practicing in a rural area in 2005, by year of graduation. The percentage of International medical graduate (IMG) physicians practicing in rural areas is also shown.

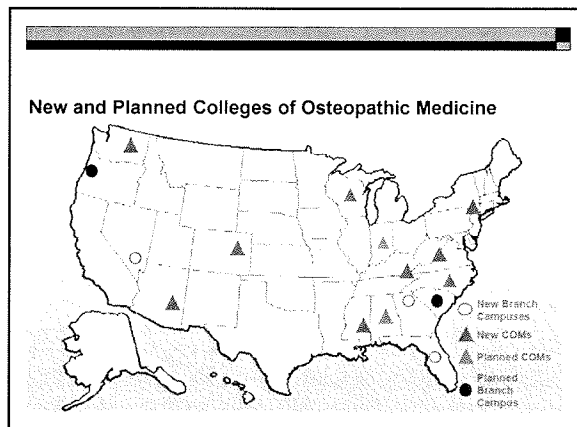
Osteopathic Colleges Produce Highest Percentage Rural Physicians - All Doctors

	MD	DO	IMG
Family Medicine	7.3	10.4	7.9
General Internal Medicine	2.6	5.3	3.7
General Pediatrics	1.1	2.5	1.7
Obstetrics/Gynecology	11.0	18.2	13.3

TABLE 1
Percentage of MD, DO, and International Medical Graduate (IMG) Physicians Who Graduated from Medical School From 1988 to 1997 and Were Practicing in Rural Areas in 2005

Source: American Osteopathic Association, American Medical Association, and American Association of Colleges of Osteopathic Medicine. Data derived from the National Medical Board of Physicians, American Medical Association, and American Osteopathic Association. Data for DOs derived from the American Osteopathic Association's National Osteopathic Medical Board of Physicians. Data for MDs derived from the American Medical Association's National Medical Board of Physicians. Data for IMGs derived from the American Association of Colleges of Osteopathic Medicine's National Medical Board of Physicians. Data for all doctors derived from the American Association of Colleges of Osteopathic Medicine's National Medical Board of Physicians. Data for all doctors derived from the American Association of Colleges of Osteopathic Medicine's National Medical Board of Physicians. Data for all doctors derived from the American Association of Colleges of Osteopathic Medicine's National Medical Board of Physicians.





Facts About Another College of Osteopathic Medicine Development

Marian University College of Osteopathic Medicine (MUCOM)

- Marian University is a small private non-profit liberal arts system in Indianapolis, Indiana
 - 2400+ students
- In January 2010, Marian University announced the creation of a new college of osteopathic medicine
 - Class size: 150 per year

MUCOM (Cont.)

- Affects of MUCOM on Marian University, Indianapolis and Indiana
 - Deliverables to Marian University
 - Number of students enrolling in math and science majors has doubled and SAT scores went up 80 points since announcement of MUCOM development
 - Job Creation at Marian University
 - Hiring faculty, staff (about 60 full and part time)
 - Economic development building project in Indianapolis
 - \$150 million plus in total impact
 - \$53.5 million construction
 - 318 direct jobs
 - 185 indirect jobs
 - If 50% of DO graduates stay in Indiana, then 75 new physicians per year starting in 2017

Wisconsin College of Osteopathic Medicine (WCOM)

Organization

- Wisconsin College of Osteopathic Medicine is incorporated as a 501(c) (3) with an 8 person Board of Directors
 - Chairman, CEO and President: Ibrahim Ahmed
 - Vice Chair: Jerry Yee, D.O.
 - Secretary, Executive Vice President and Dean: Gregg S. Silberg, D.O., R.Ph., F.A.C.O.I., F.A.O.C.R.

Mission

- To educate excellent osteopathic physicians who are dedicated to serve, first and foremost, the state of Wisconsin and the health care needs of its residents, emphasizing primary care in rural and underserved areas.

First Class

- Estimated start date of first class is August 2015

Class Size

- 100 students per year

Model

- Accept at least **85%** of students from Wisconsin
 - Focus on students from rural and underserved areas
- Mentoring program
 - Mentoring begins in junior high and continues throughout high school and college
 - Examples
 - Alabama Medical Education Consortium (AMEC)
 - A.T. Still University School of Osteopathic Medicine in Arizona (ATSU-SOMA)

Model (Cont.)

- Medical scholars program
 - 7 year undergraduate/medical education program
 - 3 year pre-med degree with guaranteed acceptance to WCOM
- Primary care scholars program
 - 3 year medical education program
 - Designed to attract more students into primary care and family medicine
 - 6 years total if combined with the medical scholars program

Model (Cont.)

- Develop and manage clinical and residencies training for all students
- If student is a state resident and does residency training in Wisconsin especially in the area they are from → **Almost 90%** will remain to practice for their career

Curriculum

- Application and competency based
 - Clinical presentation curriculum
 - University of Calgary
- Longitudinal integration
- Team based teaching

	PCC	CPC
Organizing Focus	Case Studies in patient care	Clinical Presentations
Learning Activities (in order of time spent in activity)	Small Groups <ul style="list-style-type: none"> • Three two-hour sessions per week Problem Sets <ul style="list-style-type: none"> • Variable, 2-4 hours per week Laboratories <ul style="list-style-type: none"> • OMM: 2 hours per week • Clinical: 2-3 hours per week • Science: 2-8 hours per week Clinical and Community Experience <ul style="list-style-type: none"> • 4 hours weekly 	Lectures/Problem Sets/Panel Discussions <ul style="list-style-type: none"> • Variable – approximately 8 - 14 hours per week Laboratories <ul style="list-style-type: none"> • OMM: 2 hours per week • Clinical: 2 hours per week • Science: 2 – 4 hours per week Small Groups <ul style="list-style-type: none"> • Two two-hour sessions per week Clinical and Community Experience <ul style="list-style-type: none"> • 12 hours per quarter
Learning Objectives	Identified by students	Developed by faculty
Assessment	<ul style="list-style-type: none"> • Quarterly content exams based on student-identified objectives (essay exams in Year 1, multiple choice in Year 2) • Clinical and Science Lab practical exams • Evaluation by Small Group facilitators 	<ul style="list-style-type: none"> • Multiple-choice content exams every 2-5 weeks based on learning activities and faculty-readings • Weekly self-assessment quizzes • Clinical and Science Lab practical exams
Learning Preferences of Students	<ul style="list-style-type: none"> • Learn best by interacting, discussing topics, applying knowledge • Prefer to establish own objectives and pace 	<ul style="list-style-type: none"> • Learn effectively via structured learning activities • Appreciate value of small group learning component • Prefer faculty-determined learning topics

Tuition

- \$40,000/first year with 4.4% per year inflation thereafter

Main Campus

- Location: Sanctuary Ridge in Jefferson, Wisconsin
- Size: ~10 – 25 acres

Building

- New construction versus lease of a renovated existing building
- Size: ~90,000 square feet

Employees

- Total: ~100
 - ~9-10 Administrators
 - ~36-38 Faculty
 - ~52-54 Staff

Salaries

- The salary range is from \$28,000 to \$400,000 with a breakdown as below.
 - \$400,000 - \$499,000: 1%
 - \$300,000 - \$399,000: 1%
 - \$200,000 - \$299,000: 4%
 - \$150,000 - \$199,000: 20%
 - \$100,000 - \$149,000: 7%
 - \$50,000 - \$99,000: 32%
 - \$28,000 - \$49,000: 35%

Educational Degree

- ~23 positions will be physicians
- ~18 of the positions will require a Ph.D.
- ~24 of the positions will require a bachelor degree or above
- ~32 of the remaining ~100 jobs requiring at least a technical degree or above.

Economic Impact

Economic Impact

- Local community: **~\$65,000,000** per year
- Surrounding communities with clinical and graduate training sites: At least **~\$5,000,000** per year depending on size of training site

Economic Impact Of A Primary Care Physician

- Physician Net Contribution (Years of Practice)

	New/Remote Location	Established Location
Year 1	\$525K	\$1.05M
Year 2	\$638K	\$1.3M
Year 3	\$750K	\$1.5M

Just As Important Than Economic Impact and Job Creation

- Increased access to high quality health care at lower costs!!!

Sustainability

Sustainability

- 28 out of 34 Osteopathic schools sites are private and all of them have demonstrated sustainability
- Escrow funds released back to the COM or its parent institution upon graduation of first class
- Tuition
- Endowments
- Grants
- Research

Accreditation

Accreditation

- Accrediting Body: Commission on Osteopathic College Accreditation (COCA)
- Accreditation Timeline
 - Letter of intent: Completed in December 2011
 - Pre-accreditation: Late Summer to Early Fall of 2013
 - Provisional accreditation: Late Summer to Early Fall of 2014
 - Full Accreditation: Late May to Early June 2019 at time of graduation of the first class

Pre-Accreditation

- Pre-Accreditation status is the second step in seeking accreditation by an applicant school
- Feasibility Study
 - Required to apply for Pre-Accreditation status.

Procedures of Feasibility Study

- It is expected that a Dean, as the Chief Academic Officer (CAO) of the COM, will be hired at least 6 months prior to the submission of the feasibility study in the development of the COM.
- A feasibility study must be prepared and submitted by the Chief Executive Officer and the Dean/CAO of the applicant COM in order for a COM to be evaluated for the Pre-Accreditation status.

Procedures of Feasibility Study (Cont.)

- It is also expected that the Dean/CAO will hire qualified individuals at the Associate / Assistant Dean level to assist him/her in the development of the COM through the Pre-Accreditation status and into the Provisional Accreditation status and ultimately progress to accreditation.

Important Points of the Feasibility Study

- An assessment of the degree of support that the applicant has in the community, county, and state, and the respective osteopathic professional associations.
- Adequate staff support, including but not limited to the appointment of a Chief Executive Officer and a Dean/CAO to provide leadership during the development of the COM.

Important Points of the Feasibility Study (Cont.)

- Adequate financial support that includes sufficient operating, reserve, and necessary construction funds
 - The applicant will demonstrate that the level of funds described immediately above will be available for not less than four (4) years of instruction, i.e., until graduation of the first class of students.

Important Points of the Feasibility Study (Cont.)

- An applicant must demonstrate the existence of a minimum segregated, unencumbered reserve fund escrowed until graduation of the first class of students and equal to the *greater cash value* of 1) \$12,000,000; or 2) *tuition multiplied by the number of the students of the inaugural class multiplied by four years.*
 - The escrowed reserve fund must not be borrowed funds and must be 100% wholly owned assets of the COM.

Important Points of the Feasibility Study (Cont.)

- An applicant must also demonstrate the existence of a minimum operating reserve fund equal to one-quarter (1/4) of the amount of the minimum segregated, unencumbered reserve fund. The minimum operating reserve fund must not be borrowed funds and must be 100% wholly owned assets of the COM.
 - Except upon written approval of the COCA, the operating reserve fund must maintain its minimum value throughout the entire fiscal year of the COM.

Feasibility Study

Perform The Feasibility Study

- Develop Feasibility study with Concordia University and Lac du Flambeau Band Of Lake Superior Chippewa as primary partners
- Follow COCA procedures for the feasibility study
- Address important points in the COCA standards for the feasibility study
- Timeline operating costs for starting the feasibility study and submitting it for pre-accreditation...

Estimated Operating Costs At The Start Of The Feasibility Study

- ~\$840,000/year (~\$70,000/month)

Breakdown Of The Estimated Operating Costs At The Start Of The Feasibility Study

- EVP/Dean(CAO) (Gregg Silberg, D.O., R.Ph.): ~\$30,000/month (Salary.com: Median salary for Dean of Medicine in Wisconsin is \$363,648)
- Executive Administrative Assistant: ~\$5,000/month
- Benefits (25%): ~\$9,000/month
- Operating Expenses (Office, Utilities, Supplies, Marketing, Legal, Travel, Relocation etc.): ~\$20,000/month
- Application Fee: \$32,000
- Certified Public Accounting Firm (BKD LLP CPAs & Advisors - Experience with doing COM feasibility studies): ~\$15,000 - \$30,000
- Certified Economic Impact Study (Important for Fundraising and Marketing): ~\$5,000 - \$10,000

Estimated Operating Costs At The Time Of Submission Of The Feasibility Study For Pre-Accreditation

- ~\$2,750,000/year (~\$229,667/month)

Breakdown Of Estimated Operating Costs At The Time Of Submission Of The Feasibility Study For Pre-Accreditation

- President and CEO: ~\$40,000/month
- Executive Vice President and Dean (CAO) (Gregg Silberg, D.O., R.Ph.): ~\$30,000/month
- Vice President and Chief Financial Officer: ~\$15,000/month
- Associate Dean of Clinical Affairs: ~\$18,000/month
- Associate Dean of Pre-Clinical Education: ~\$13,000/Month

Breakdown Of Estimated Operating Costs At The Time Of Submission Of The Feasibility Study For Pre-Accreditation (Cont.)

- Director of Fundraising and Grant Writing: ~\$10,000/month
- Two Executive Administrative Assistant: ~\$8,000/month
- Three Administrative Assistants: ~\$9,000/month
- Benefits (30%): ~\$43,000/month
- Operating Expenses (Office, Utilities, Supplies, Marketing, Legal, Travel etc.): ~\$30,000/month

Breakdown Of Estimated Operating Costs At The Time Of Submission Of The Feasibility Study For Pre-Accreditation (Cont.)

- Certified Public Accounting Firm (BKD LLP CPAs & Advisors - Experience with doing COM feasibility studies): ~\$50,000
- COCA Applicant Fee: \$32,000
- Certified Economic Impact Study: ~\$10,000

Total Development Costs

Estimated Total Costs To Complete Development Of The College Of Osteopathic Medicine

- ~\$84,500,000

Breakdown Of Estimated Total Costs To Complete Development Of The College Of Osteopathic Medicine

- Escrow Fund (\$40,000 Tuition x 100 students x 4 years which must not be borrowed or pledged funds and must be 100% wholly owned assets of the COM or its parent organization): \$16,000,000
- Reserve Operating Fund (25% of escrow fund which must not be borrowed or pledged funds and must be 100% wholly owned assets of the COM or its parent organization): \$4,000,000

Breakdown Of Estimated Total Costs To Complete Development Of The College Of Osteopathic Medicine (Cont.)

- Land (~10 acres x ~\$200,000 per acre): \$2,000,000
- Building (~90,000 square feet x ~\$250 per square foot): \$22,500,000
- Equipment: ~\$10,000,000
- Operating Costs: ~\$30,000,000

Reduce Development Costs With Partner/s

- Estimated Total Costs: Could be decreased significantly from ~\$84,500,000
 - Escrow Fund: Unchanged at \$16,000,000
 - Reserve Operating Fund: Unchanged at \$4,000,000
 - Land: Could be decreased significantly ~\$2,000,000 based on what partner/s have for land, is donated or as part of a lease
 - Building: Could be decreased significantly from ~\$22,500,000 based is donations or leases, partner/s has for facilities i.e. Cafeteria, Library, Fitness Center, Etc.
 - Equipment: Could be decreased significantly from ~\$10,000,000 based on what partner/s has for equipment i.e. Labs
 - Operating Loss Expenses: Could be decreased significantly from ~\$30,000,000 due to what partner/s already has for administration, faculty and staff i.e. President and CFO

Total Average Start Up Cost Of An MD Medical School

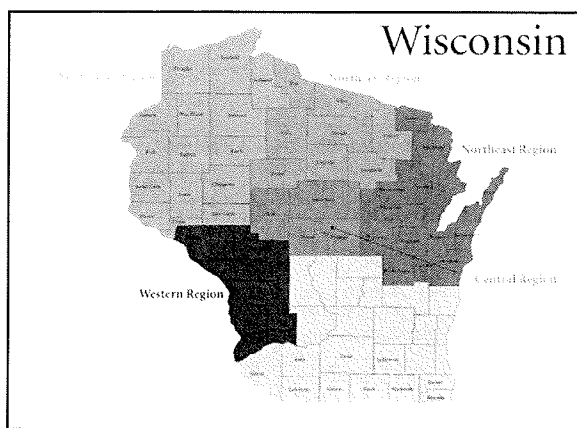
- Total Average Cost Of An MD Medical School: ~\$150,000,000

Funding

Funding

- Private donors
 - Foundations
 - Endowments
- Bonds
- City
- County
- State
- Federal
- Universities
- Health Systems
- American Indian/Alaska Native

Clinical and Graduate Training



Statewide Regional Clinical and Residency (OPTI) Training Campus System

- Proposed regions:
 - Northwest: Superior, Ashland, Hudson, New Richmond, River Falls, Rice Lake, Chippewa Falls and Eau Claire
 - Northeast: Oshkosh, Neenah, Appleton, Green Bay and Sturgeon Bay
 - Central: Wausau, Stevens Point, Weston, Merrill and Antigo
 - Northern: Rhinelander, Woodruff, Eagle River, and Ironwood
 - Western: Tomah, La Crosse
 - Southern: Janesville, Beloit, Racine and Kenosha

Osteopathic Museum

Osteopathic Museum

- History of Osteopathic medicine
- Osteopathic medicine in Wisconsin
 - Wisconsin Association of Osteopathic Physicians and Surgeons (WAOPS)
- Tourism
- Partnerships
 - Fairgrounds
 - Library
- Location: Sanctuary Ridge...

References

- AACOM Website (aacom.org)
- AAMC Website (aamc.org)
- US Census report 2000
- CMS Proposal 2012
- AAMC Center for Workforce Studies
- Wisconsin Hospital Association (WHA) White Paper November, 2011
- Academic Medicine 85:4, April 2010
- National Ambulatory Medical Care Survey 2001-2007
- Physicians Practice Magazine January 2012
- Commission on Osteopathic College Accreditation (COCA) Revised Standards July, 2012
- Salaries.com

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