

STATE OF WISCONSIN
Department of Health Services
Division of Mental Health and Substance Abuse Services

Date: October 12, 2012
DMHSAS Numbered Memo 2012-08 Action

RE: This replaces DMHSAS Memo 2011-08
Intoxicated Driver Program Supplemental / Emergency Funding Update

To: DMHSAS Listserv

For: Area Administrators / Human Services Area Coordinators
Bureau Directors
County Departments of Community Programs Directors
County Departments of Developmental Disabilities Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
County Mental Health Coordinators
Program Office Directors / Section Chiefs

From: Linda Harris, Administrator
Division of Mental Health and Substance Abuse Services

Subject: Intoxicated Driver Program Supplemental / Emergency Funding Update

Document Summary

This memo describes the procedure for counties to request Intoxicated Driver Supplemental / Emergency funding by **Monday, November 12, 2012**.

Section 20.435 (5) (hy), Wis. Stats., appropriates funds for counties to cover costs resulting from a deficit in the counties' Intoxicated Driver Program (IDP) funding. For calendar year 2011, the Department awarded \$744,300 for this purpose within available revenue. This memo serves as a request for application (RFA) and provides details of how counties can apply for these funds.

Eligibility Conditions for Funding Requests from Counties

In order to qualify for supplemental / emergency funding for 2012, eligible counties must address the criteria below in a Narrative. The Narrative could be in the form of a cover letter or attached document.

1. Justification of financial need

Agencies must document that collections of driver improvement surcharges, third party revenues and client fees are insufficient to cover the actual or projected cost of services through the completion and submission of the attached Form [F-20891](#) (Rev. 08/2009). Any county is eligible to apply for this funding if projected or actual expenditures exceed projected or actual revenues. Amounts appearing on Form [F-20891](#) must be fully described in the Narrative.

2. Demonstration of effort to collect fees and revenue

Counties must demonstrate a good faith effort to collect surcharges, third party revenues and client fees. The Narrative should explain the following:

- a) Rate of surcharge collections and efforts made by the County Treasurer's Office and Courts to ensure the maximum amount is collected.
- b) Third party revenue,
- c) Client fee collections,
- d) Factors that limit the collection of these surcharges, revenues and fees.

3. HSRS AODA Module

The county's data must be complete and free of errors. Applying agencies should use the HSRS service utilization reports located on the Internet to assist with filling out the [F-20891](#) form. The password-protected reports may be found at: <https://health.wisconsin.gov/hsrs/index.jsp> (click on AODA Service Reports).

To obtain an ID and password, contract the HSRS SOS desk at (608) 266-9198.

4. Improved IDP Client Outcomes

Counties must demonstrate improved IDP client outcomes by selecting one of the federal NOMS (National Outcomes Measurement System) outcome measures listed below and documenting in the Narrative what deliverables were provided in 2012 to achieve improvements for that outcome measure from the Intoxicated Driver Supplemental Funds.

Federal NOMS outcome measures include:

- a) Reduced Alcohol/Drug Use
- b) Improved Employment/Education
- c) Reduced Crime and Criminal Justice, including reduction in repeat offenders
- d) Reduced Homelessness
- e) Improved Social Supports for Recovery
- f) Retention in or Completion of Treatment

Action Summary:

The following process will be used for the review and approval of the supplemental / emergency funds.

1. Counties shall submit copies of request for supplemental funds to their Area Administrator **and** LeeAnn Cooper, Intoxicated Driver Program Coordinator, Bureau of Prevention, Treatment and Recovery (BPTR) **by Monday, November 12, 2012.**
2. The Area Administrator will review items(s) above and forward recommendations to approve or deny the request(s) to LeeAnn Cooper, BPTR.
3. Division of Mental Health and Substance Abuse Services (DMHSAS) will review requests and prepare approvals in concert with the Area Administrator with final approval by the DMHSAS Administrator.
4. Following the DMHSAS Administrator's approval, the contract addenda will be transmitted to the county.

For additional information and questions regarding this memo:

Regional Office Contact:

Area Administrators

Central Office Contact:

LeeAnn Cooper
Department of Health Services
Division of Mental Health and Substance Abuse Services
1 W. Wilson St., Room 850
Madison, WI 53703-7851
Telephone: (608) 266-2453
Email: leeann.cooper@wisconsin.gov

Forms:

HSRS AODA Utilization Reports login page (password protected): DHS Form [F-20942i](#) Total Expenses All Sources by Target Group and Standard Program Cluster. <https://health.wisconsin.gov/hsrs/index.jsp>

DHS Form [F-20942A](#): Total Expenses All Sources by Target Group and Standard Program Cluster Worksheet.

DHS Form [F-20891](#): Intoxicated Driver Program Supplemental Funding Request.

Memo Websites:

DLTC / DMHSAS Memo Series web page (http://www.dhs.wisconsin.gov/dsl_info/index.htm)

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