

***Jefferson County Human Services Department***

**2007  
ANNUAL REPORT**

***Serving residents of Jefferson County***

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**JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT**

**Serving the Residents of Jefferson County**

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May, 2008

Dear Ms. Schmeling, County Board Chair  
Members of the Jefferson County Board,  
Members of the Jefferson County Human Services Board,  
Mr. Petre, County Administrator  
Other Interested Parties,

I am pleased to present you with the Jefferson County Human Services Department Annual Report for 2007. As in past years, this report has a good deal of detail about the major areas of Human Services programs and functions. Readers should feel free to contact me for more information or clarifications, or let me know if you would like to visit here. I welcome the opportunity to spend time with you in acquainting you with all that we do.

The programs and services of the Human Services Department continue to focus on assisting our consumers to live successfully in their own communities. Many of the individuals and families we serve present a disability or serious set of personal problems. Some are vulnerable and require protection from the circumstances they are currently living in. Others lack the personal skills necessary to sustain employment or personal relationships. And, some must struggle with permanent conditions such as chronic mental illness or developmental disabilities. We also recognize that everyone has strengths or personal assets that can be used or developed. Our staff assists county residents in developing these as a part of our overall set of services.

During late 2006 and into 2007 the Human Services Department had a programmatic and fiscal review provided by the independent firm of EJJ Olson and Associates. Overall the results of this review were positive showing the department to be well managed fiscally and programmatically and providing an accountable level of best practice services and programs. Specific recommendations were made to re-organize and streamline the management structure combining services into six major areas. The new departmental organizational chart is provided at the end of this report.

In addition to the full agency review our Child Protection programs, policies, and Court system was reviewed as part of a mandatory State-wide examination. Known as the Quality Service Review this audit studied all agency processes, policies, and compliance with Child Protection laws and Administrative Rules. Overall this review found that the Human Services Department provides a very good level of best practice Child Protection and Family Re-unification services. Our Child Protection staff are to be congratulated on the results of this study. This report is available to the public and can be accessed by contacting us.

Most of the major planning for the Jefferson County Aging and Disability Resource Center, (ADRC), and implementation of Family Care occurred during 2007. The ADRC will open in July of 2008 followed by the start of Family Care in September. Both programs are directed to serve elderly, physically and developmentally disabled adults. The ADRC provides a wide range of information-referral, connection and program enrollment. Family Care and the companion programs of Partnership and Self Directed Supports provide funding and long term care within a managed care

525 system. The provider of Family Care for Jefferson County will be Care Wisconsin, an experienced and quality service provider. The Aging and Disability Resource Center will be operated by Jefferson County Human Services and located within the Human Services/Health complex.

Readers should note the Mental Health sections within the report, specifically the sections on Community Support Program and Comprehensive Community Services. Both areas were more thoroughly developed during 2007 resulting in significant gains in treatment for persons suffering with mental illness or chemical dependency, and very significant financial savings comparing prior methods of serving these populations.

We are proud to report that during 2007 an application for America's 100 Best Communities for Young People was submitted by the Jefferson County Delinquency Prevention Council. As partners in the work of the Prevention Council we are most proud to report that Jefferson County was selected for this prestigious award. As a result Jefferson County will gain access to additional grant opportunities, training, and connection to the other communities in America for sharing of resources and ideas. Interested readers can learn more about this recognition as well as the general work of the Council by visiting [www.helpingkidsnow.com](http://www.helpingkidsnow.com) Members of the County Board will also be receiving a copy of the Council's Annual Report.

Readers are encouraged to closely examine the following pages. Many services and programs are detailed along with several years of comparative data and outcomes in most cases. Areas of concern in terms of well being of county residents can be seen in the section Resource Assistance. Numbers of families and individuals at and near poverty continue to rise, particularly as noted in the Medical Assistance and Food Stamp programs. Other areas including Child Protection, Delinquency have remained stable or somewhat decreased, while areas such as Mental Health, Chemical Dependency, and services for Developmentally Disabled and Elderly have continued to climb Discussion is provided as to trends and results in these areas.

More information on service development, in areas including Resource Assistance, and Child and Family Services will be found in the pages that follow. As readers will note from various program descriptions and reports, we maintain a high degree of collaboration and sharing of responsibility for public services with many other community organizations and partners. Interested persons should particularly note the work of the Jefferson County Delinquency Prevention Council, Jefferson County Wraparound Project and the integrated operation of the Jefferson County Workforce Development Center. Successful operation of public services requires this kind of cooperation and mutual sharing of responsibility and we are very proud of establishing and maintaining this in Jefferson County.

As always, I want to thank the members of our Human Services Board as well as the Jefferson County Board of Supervisors for another year of guidance and support of the Department.

Finally, thanks to the Human Services staff. We are most fortunate to have such a solid group of talented and dedicated people.

Sincerely,

Thomas Schleitwiler  
Director

## MISSION STATEMENT

Enhance the quality of life  
for individuals and families living in Jefferson County  
by addressing their needs in a respectful manner,  
and enable citizens receiving services  
to function as independently as possible,  
while acknowledging their cultural differences.

## VISION STATEMENT

All citizens have the opportunity  
to access effective and comprehensive  
human services  
in an integrated and efficient manner.

# HUMAN SERVICES BOARD OF DIRECTORS

2007 – 2008

Jim Mode, Chair

Pam Rogers, Vice Chair

Rex Weston, Secretary / James Schultz

Rodney Laudenslager

Martin Powers

John McKenzie

Joe Overturf / Richard Jones

## **ADVISORY COMMITTEE MEMBERS**

### **AGING**

Charles Dahl, Chair  
Stacey Fenner  
Dean Fry  
Leah Getty  
Nancy Haberman  
Marion Moran  
Marian Speerless(Alternate)  
Mary Ann Steppke  
Sue Torum, Staff

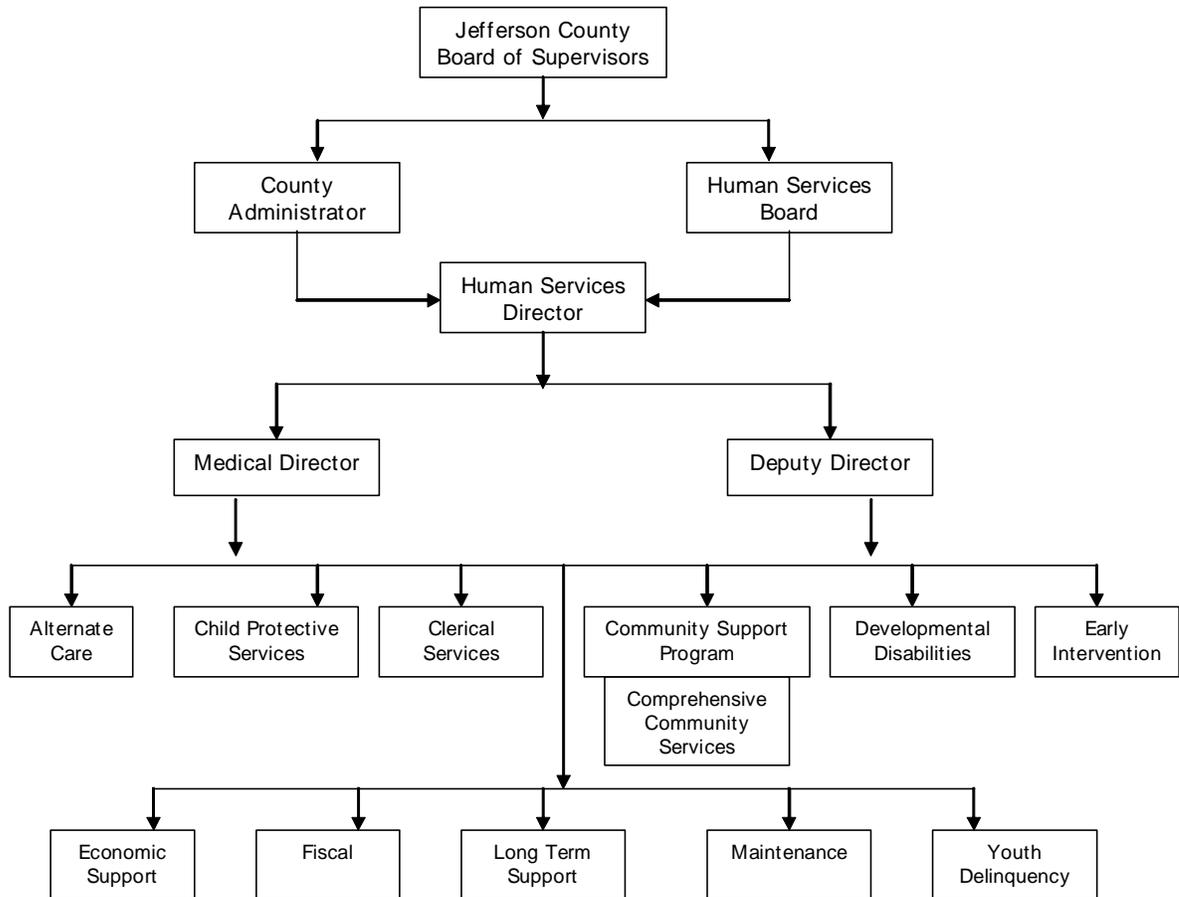
### **FINANCE**

John McKenzie, Chair  
Rex Weston, Secretary  
Jim Mode  
Martin Powers  
Dan Gebauer, Staff

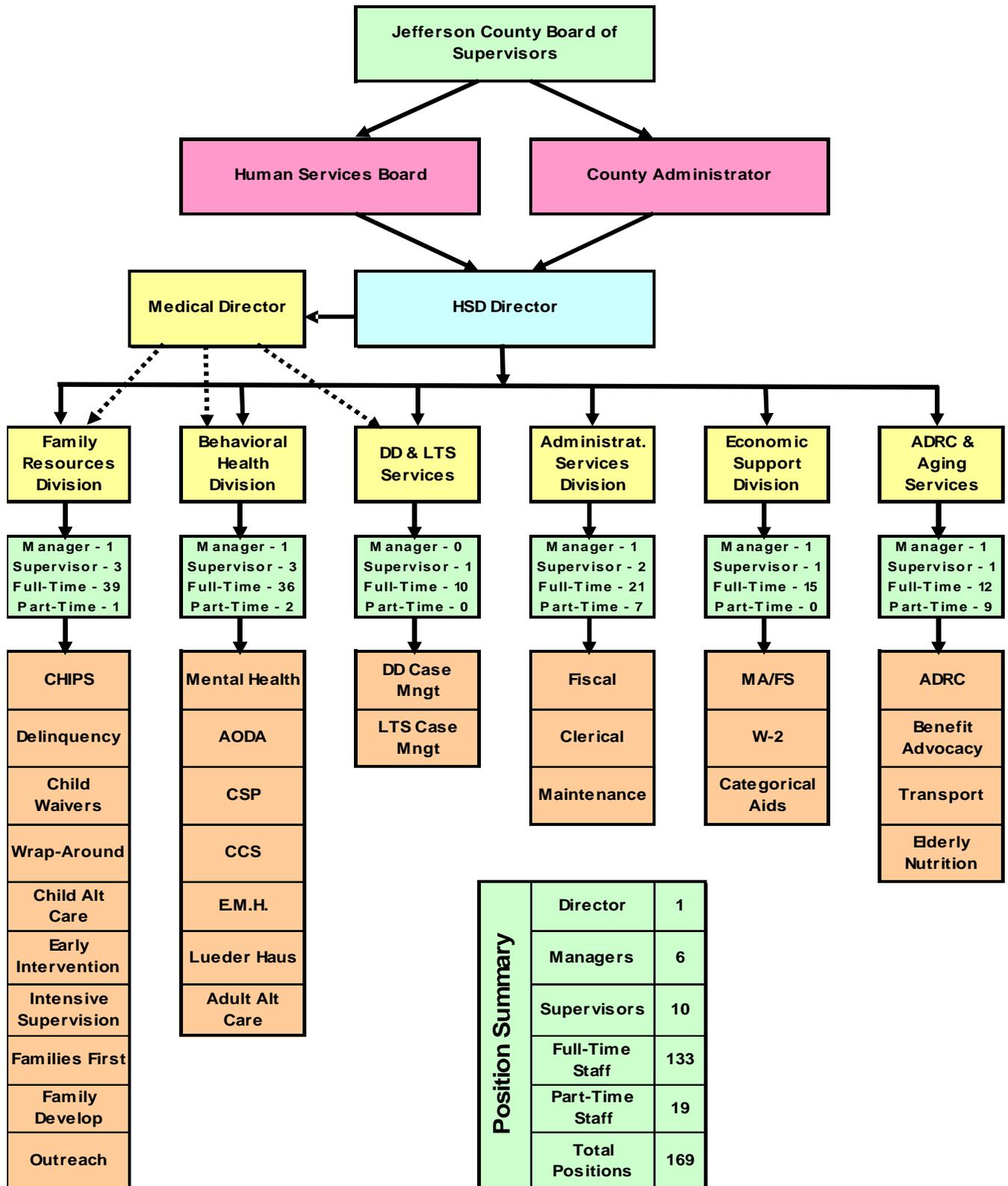
### **LONG TERM SUPPORT**

Jim Mode, Chair  
Karen Carrig  
Jim Getty  
Leah Getty  
Gina Grosskopf  
Ellen Haines  
Richard Jones  
Linda Langholff  
Jerry Mallach  
Marion Moran  
Mike Mullenax  
Lori Partoll  
Earlene Ronk  
Yvonne Stueber  
Sue Torum, Staff  
Karen Tyne, Staff

# ORGANIZATIONAL CHART



# Jefferson County Human Services Department Proposed Organizational Chart (to be finalized May 2009)



# RESOURCE ASSISTANCE

*~ Providing and Coordinating Services and Resources to Strengthen Families~*

Access and Resources are the main focus of the staff in the Resource Assistance Unit. Our goal is provide accurate, timely, effective and customer friendly services for our customers.

The majority of the Resource Assistance programs through Jefferson County are administrated through the Workforce Development Center. Customers receiving Nursing Home Medicaid or Waiver services are administered from the main Human Services building.

The location of financial assistance programs at the Workforce Development Center provides staff with the ability to readily connect the customer to other Federal, State and community programs. This One-Stop Operation of Services reduces the customer's need to travel between agencies and coordinates the services of the on-site providers: Job Services, the Department of Vocational Rehabilitation, Opportunities, Inc., WIA Adult and Youth Programs, and Jefferson County Economic Development Consortium. Community Partners also serve an important role in service coordination. Some of these partners include Community Action Coalition,

Madison Area Technical College, Local School Districts, the Faith Based Organizations and Local Employers. In 2006, the Jefferson County Workforce Development Center and the Dodge County Job Center formed a consortium to provide a stronger coordination of programs and services in our region.

If you are interested in learning more about the agencies and services available to meet your workforce needs, you can visit the Workforce Development Center's website at <http://www.comeherefirst.org> or <http://www.wisconsinjobcenter.org/>

Presently, the Resource Assistance programs are serving over 4,201 Jefferson County households. Programs customers may be receiving include Medicaid, BadgerCare Plus, FoodShare, ChildCare Subsidies, Wisconsin Works, and Kinship. Further, our customers may also receive assistance from St. Vincent de Paul or Energy Assistance.

Following is a brief description of each program and the number of customers receiving these benefits in 2007.

## Wisconsin Works W-2

The Wisconsin Works program began in 1997 and made significant changes to the financial assistance received by Wisconsin families. Jefferson County has successfully received the grant funding for the W-2 program since its inception and presently maintains the contract until 2009. The W-2 program focuses upon the specific individual employment barriers a family member may have. Providing intensive case management and service coordination the program works to determine how their barriers can be met, employment obtained, or household income stabilized to guide the family to self-sufficiency.

The Financial Employment Planners (FEP) serve as the first point of contact for all customers contacting our agency for financial and support services. The FEP is responsible to assess the customer's needs, initiate the application, process and coordinate the appropriate referrals to community resources and financial support programs.

Some customers may have more complex circumstances that require the FEP to develop an individual employability plan that isolates the employment barriers such as transportation, education or training needs,

physical or mental disabilities and care for a child under the age of 12 weeks.

The FEP addresses these issues through both the W-2 Employment Program or the FoodShare Employment and Training Program (FSET). The FEP will use a variety of tools, including work experience, employment workshops, career development and service coordination for housing, literacy and energy assistance. Through this intensive case management, the customer is able to successfully return to the workforce and the supportive programs of Medicaid Assistance and FoodShare provide the continued stabilization needed.

Those participating in the W-2 Program are required to participate in developed activities for 40 hours per week. After complete participation, the customer will receive a monthly payment of \$628.00 or \$673.00 per month depending upon their employment placement. Those customers volunteering for the FSET program work closely with the FEP to determine their participation hours.

The number of participants in the W-2 program remains low as the case management services are intense and the customer's needs may be able to be met through other financial assistance programs and service coordination.

In 2006, the 2 FEP's provided services to a total of 68 families.  
In 2007, the W-2 FEP's provided services to 47 families.

<b>Participants Receiving</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Payments</b>	76	51	47
<b>Case Management</b>	11	3	4

In 2007, the FSET FEPS provided case management services to an average of 180 FSET customers. The FSET program became voluntary March 1, 2008 so the participant numbers are expected to decline in 2008.

## Economic Support Programs

The Economic Support Programs serve to provide greater financial stability for low income households. Each program serves a specific population and has different income guidelines and requirements, The self-

sufficiency of Jefferson County households and individuals is the ultimate program goal. The number of customers requesting financial assistance from Economic Support Programs continues to grow each year.

### Caseload Growth

2004	3,676 households receiving benefits
2005	3,969 households receiving benefits
2006	4,068 households receiving benefits
2007	4,201 households receiving benefits

Requests for program assistance are made by contracting the Workforce Development Center at 920-674-7500 and asking to speak for an

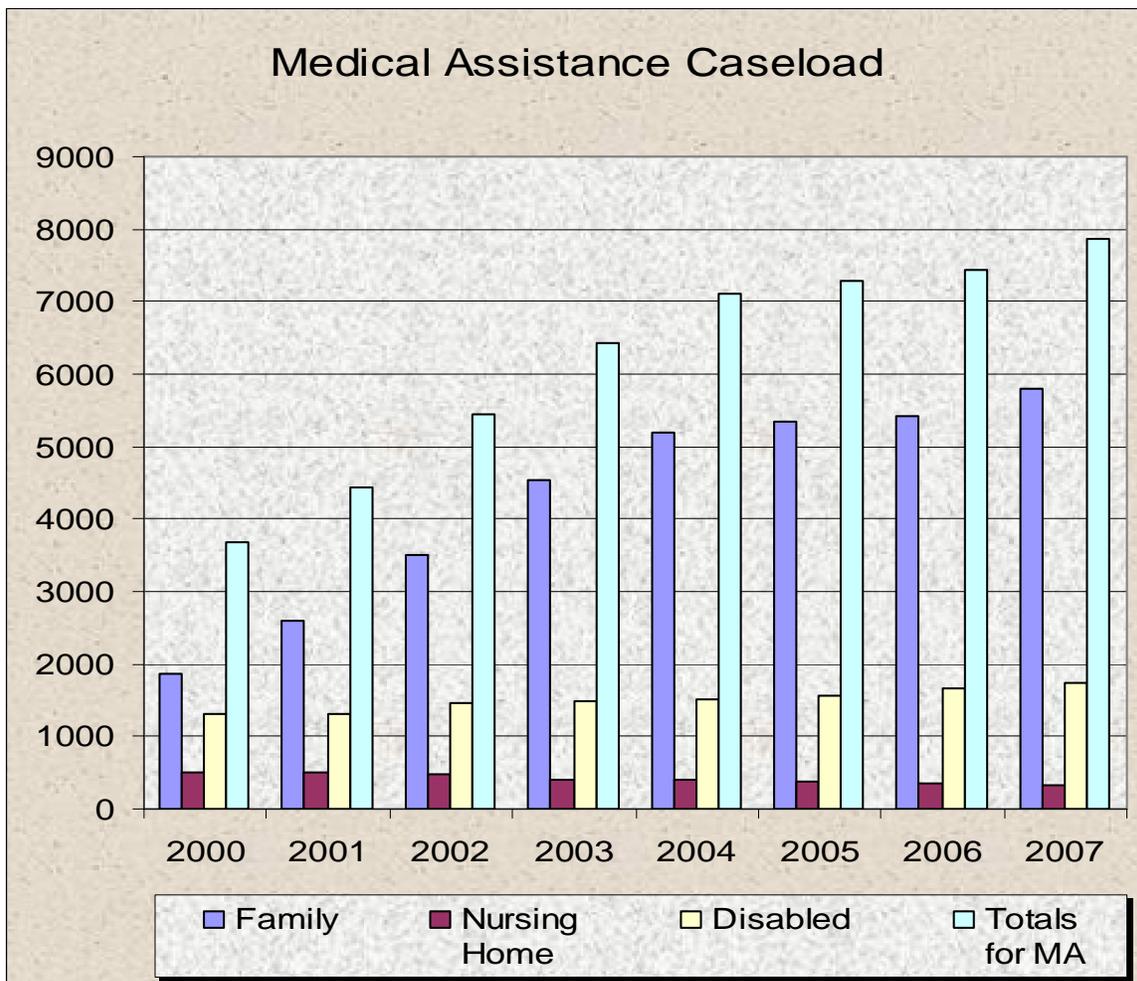
intake worker. Requests for Nursing Home or Waiver Medial Assistance are made to 920-674-3105.

**Medical Assistance** is a State and Federal program that provides the low income customer comprehensive, affordable healthcare. Medical Assistance is also known as MA, Medicaid and Title 19. Numerous individual programs are included in Medical Assistance, they are, Badgercare Plus, Medicaid Purchase Plan, Family Planning Waiver and Medicare Beneficiary. Medical Assistance encompasses eligibility for children up to age 19, disabled individuals, pregnant individuals, families with children under 19 in their home and the elderly over age 65. The eligible customer receives a Forward card which is taken the Health Care provider to verify coverage. Most Medical Assistance customers must participate in an HMO. In 2008 the Family Care Program will begin providing case management services and Badgercare Plus began. The Medicaid website is <http://dhfs.wisconsin.gov/Medicaid/index.htm?ref=hp>

The following shows a continuous increase in the number of customers receiving Medical Assistance in Jefferson County. In 2006, we provided Medical Assistance benefits to 7,436 customers and benefits to 7,880 customers in 2007. It is expected these participation numbers will continue to increase as health care expenses rise and with the implementation of Badgercare Plus.

### Medical Assistance Participation

Caseload on December 30	Families	Nursing Home	Disabled	Totals
2005	5345	384	1551	7295
2006	5418	357	1661	7436
2007	5802	321	1745	7880



***FoodShare*** is a Federal Program that provides a monthly Foodshare allotment to low income customers. Eligibility is based upon income, household composition and shelter expenses. The eligible customer receives a QUEST card that is used to purchase food at grocery stores. Customers may volunteer to participate in the FSET program and work in coordination with a FEP to develop their employability plan. Like the Medical Assistance Program. Foodshare participation continues to increase. The Foodshare caseload in 2007 was 1,423 households with a total average benefit issuance of \$244,440 per month to be used in our community. The chart shows the number of Foodshare customers from 2004 to 2007 in Jefferson County.

***FOODSHARE***

Year	All Recipients	Adults	Children	Groups
2004	4,004	1,951	2,503	1,567
2005	4,498	2,233	2,265	1,850
2006	5,118	2,519	2,623	2,055
2007	5,672	2,765	2,907	2,320

**ChildCare** is a program that provides child care subsidies for low income families to assist in payment of their child care expenses. The subsidy payment is made to the child care provider, with the family responsible for the co-payment. In December 2007, the monthly state average amount paid by a customer was \$111.68 and the childcare program paid \$622.04. In 2007, the average monthly number of Jefferson County families receiving child care assistance was 239 households. Additionally, the Child Care case managers certify in home child care providers, participate in local children's fairs, develop and present trainings for providers. (Shaken Baby Training in 2007) and attend community provider meetings.

**Kinship** is a program that provides monthly payment for non-legally responsible relatives caring for a child. The child may be unable to live with their parents due to incarceration, medical concerns or parenting issues. The relative receives the payment to help with the additional expenses. Due to limited funding, in 2006, 21 children were served and the wait list continued. In 2007, an average of 25 children per month were served, with 15 children on the wait list.

**The Jefferson St. Vincent de Paul** continues to provide our agency access to local funds for the customer's emergency needs unmet by other programs. In 2006, St. Vincent de Paul provided \$14,982.00 for 158 customers. IN 2007, 223 customers received \$28,324.76 in emergency funding.

**Emergency Assistance** is a program designed to meet the immediate needs of an eligible family facing a current emergency of fire, flood, homelessness or impending homelessness. In 2006, 36 households received \$16,810.84 in grants, with the average grant of \$466.97. In 2007, 72 households received \$33,803.48 with an average grant of \$469.49 each. These households included 92 adults and 149 children.

**Housing:** In 2008, the Community Outreach Housing Coordinator joined the Economic Support Unit. This position's focus is to assist homeless families and individuals with locating, securing and maintaining safe, affordable and accessible housing. In, 2007, services were provided to 87 households consisting of 113 adults and 120 children. One-fifth of the children were currently in out of home placements so it was essential to locate housing for these families to diminish the out of home placement costs. This position within our unit provides an effective coordination of funding and access.

**Energy Assistance** is a program that provides a one time payment during the heating season to customers below 150% poverty who need help paying their heating costs. The energy payment is made directly to the fuel supplier. Jefferson County continues to contract with Energy Services to administer the program. In 2006, 1,268 households received a total benefit issuance of \$619,864. In 2007, 1,293 households received \$391,731 in payments. In addition, crisis assistance funds may be provided to those in emergency situations. In 2006, 368 crisis payments were issued in the amount of \$128,402. In 2007, 500 crisis payments were issued in the amount of \$146,223. Program information can be found at <http://homeenergyplus.wi.gov/>

The Economic Assistance Programs continued to change in 2007 to meet our customer's needs. The ACCESS website ([www.access.wisconsin.gov](http://www.access.wisconsin.gov)) allows the customers to complete a quick test for potential eligibility, apply for benefits on-line, report changes to their case manager and check their benefits.

The initial screening determines potential eligibility for numerous financial resources including Foodshare, Badger Plus, Medicaid, SeniorCare, Medicare Part D, WIC, Energy Assistance and Earned Income Tax Credits. In 2006, 2,284 Jefferson County customers have used the "Am I Eligible" screening and 384 customers have applied on line. In 2006, staff began to scan their entire caseload into the State Electronic Case Filing

System. By June 2008, all of the more than 4,000 case files will have been screened. With each case file having many required forms and verifications this has been an enormous accomplishment for the staff. The Electronic Case File system provides another service to our customers as the documentation provided to one agency is readily accessible to another, thereby not causing an interruption in benefits if the customer moves between counties.

In December 2007, 1,178 customers accessed services at the Workforce Development Center, 833 of these for agency appointments. Also staff processed 114 applications

completed 297 reviews and made 1,075 case changes.

The challenges that continue to face our agency are how to provide quality services to our customers, how to address the language barrier for our Hispanic customers and finally how to continue to meet the customer's financial needs. We are fortunate in Jefferson County to have strong community partners who share this responsibility with us. The collaboration of services throughout the county, in cooperation with the partner agencies at the Workforce Development Center provides effective services to the citizens of Jefferson County.

## PERSONAL ASSISTANCE PROGRAMS

*~A Departmental value is keeping families together whenever possible and assisting them to live in their own communities~*

The Personal Assistance Programs provide protection and rehabilitation services to individuals who are vulnerable, such as abused children; have high needs such as the mentally ill or developmentally disabled; poor or uninsured; and court-ordered individuals such as intoxicated drivers and delinquent youth.

Over the past several years the overall numbers of people served in these categories has continued to rise. Increases seen from

2004-2006 were approximately 100 consumers in an average month. As readers will note from the following chart, the average increase for 2007 was nearly double that or 194 more consumers served in an average month. Most of this increase is again reflected in serving more adults who are developmentally disabled, 53 more in an average month, adults who are mentally ill, chemically dependant, elderly, abused children, and new children in the Infant Development Program.

### **Examples of such services include:**

- Counseling, advocacy, and care management
  - Community based living arrangements
- Assistance in Obtaining Pubic and Private Benefits
  - Psychiatric care
  - Elderly Services/Long Term Care
- Court Services for Child Protection and Youth Delinquency
  - Adult Protective Services
  - Infant Development Program

County residents are eligible for such services based primarily on criteria set by the Wisconsin Legislature and the Department of Health and Family Services. Federal, State, County and insurance funding determines the level of services provided to Jefferson County's citizens. The Department also provides some services that are not specifically mandated but provide prevention and support for individuals and families. When funding is inadequate, waiting lists for certain services are used if it is permissible. This is currently the case for funding for elderly, physically and developmentally disabled and brain injured persons. Persons with their own funds or private insurance are referred to private service providers when at all practical.

Generally speaking, families and individuals continue to present significant and very difficult problems. As social family stressors have increased, such as loss of insurance or financial benefits, family breakup, alcohol/drug influences, domestic violence, school failure, families, increased numbers of persons with physical or developmental disabilities, and an aging population, those without adequate support and resources have suffered the most. Unemployment has risen and remains a concern, as well as high numbers of working poor as evidenced by large increases in use of Income Maintenance programs such as Food Stamps and Badger Care. Many families and individuals that are seen in our Department continue to have multiple problems often involving the care and control of children, court involvement and serious school performance problems. It is necessary to spend a good deal of time with families when these problems are present. The number of younger aged children, with serious mental health problems, coming to our attention via police and school referrals, continues to be a concern as is the disproportionately large number of develop-

mentally disabled persons in Jefferson County. Finally, an increasing number of Latino families are entering the service system in all areas. Addressing the needs for these families requires a level of cultural understanding as well as practical needs such as translation and interpretation that the Department is working to achieve.

The Department's Medical Director/Psychiatrist provides medical/psychiatric services, while other professional staff provide individual or group counseling, education or other community services such as coordinating with schools, hospitals, police, nursing homes and the Courts. Intake staff respond to all service requests including emergency issues and child protection calls. Other valued services are provided to individuals or families in the home or within the community setting by *Community Outreach Workers* and *Family Development Workers*. The Department's goal is to keep families together whenever possible and to have them stay in their own communities.

Providing excellent service requires a number of fundamental tasks. Social workers must become very familiar with the consumers they serve and trust must be established in order to determine and define the problems that will be worked on. The social work staff needs to be expert problem assessors. They need to be able to discuss all kinds of problems with their consumers and assist them to develop the means to change behaviors and habits which are harmful. In some cases, such as mental illness, developmental disabilities and frail elderly, people need assistance in dealing with permanent life situations before moving on to improve or recover as much as possible. Services such as psychiatric intervention and supportive alternate care placements often can improve their lives dramatically.

## Our Personal Assistance Service Areas Include:

- Intake/Contact Records & Child Abuse/Neglect Reports
  - Alternate Care
  - Community Support Program
  - Developmental Disabilities
  - Early Intervention Program
- Elderly Services/ Long Term Support
  - Child and Family Services
- Mental Health and Substance Abuse Programs

## CONTACT RECORDS & CHILD ABUSE/NEGLECT REPORTS

*~The Department continues to provide a comprehensive child/family treatment program for child abuse/neglect as well as other related family problems.~*

Requests for services or assistance begin in the Intake area of our Department and are recorded as Contact Records or Child Abuse/Neglect Reports.

The chart and graph on the following pages detail the contact records or requests for service, action or information that the Department received during 2006 and 2007. During 2007, the Department received a significantly larger number of service Intakes, (4164) than in 2006, (3468), and 2005, (3452). The largest areas of increases are requests for mental health services and services for chemical dependency or addiction. It is significant to note that most of these requests come to us from consumers who have no insurance or ability to pay for services. Readers should also note that this data correlates to the increasingly large number of consumers in Jefferson County receiving Medical Assistance. As readers will note in the section on Economic Support Programs the numbers of persons on Medical Assistance has risen to 7880 during 2007, and increase of over 400 persons when comparing 2006, and the highest on record.

Since child abuse is a major concern and precursor to many other life problems, special attention is given to this area. Child abuse reports are received from members of the public including neighbors, relatives and friends of families where abuse or neglect is a concern or potential concern. A large number of reports are also received from schools, police departments, physicians and other service providers or professionals. Each report is handled according to our legal requirements for child abuse investigation and child protection. The procedures involved with child protection investigations have become more comprehensive and time consuming over the past several years.

Child abuse records in Wisconsin are registered and tracked in a computer based system known as WISACWIS, (Wisconsin Automated Child Welfare Information System). This system provides a very detailed computerized system for documenting and reporting child welfare referrals and providing on-going services, including out of home placements. The child welfare reports, which generate local reports, are automatically sent to a central statewide data base. The overall hope in establishing this system in Wisconsin

is to improve child protection and family service programs and to provide a consistent level of family-centered services statewide known as the "Wisconsin Model." In addition to this a recently completed Federal Audit of Wisconsin's Child Welfare System has prompted another set of training, practice and recording requirements for Wisconsin Counties. Consequently, more time is required on a per case basis to perform the necessary work and to produce documentation of the results both at both Intake and Ongoing Work stages. This difficult and time consuming work requires our workers to constantly make judgments that deeply affect the lives of children and their families. These decisions can include removing children from their homes in cases of severe danger, and requesting intervention of the Court. Other cases can involve no action on our part at all. Both types of decisions carry potential benefits

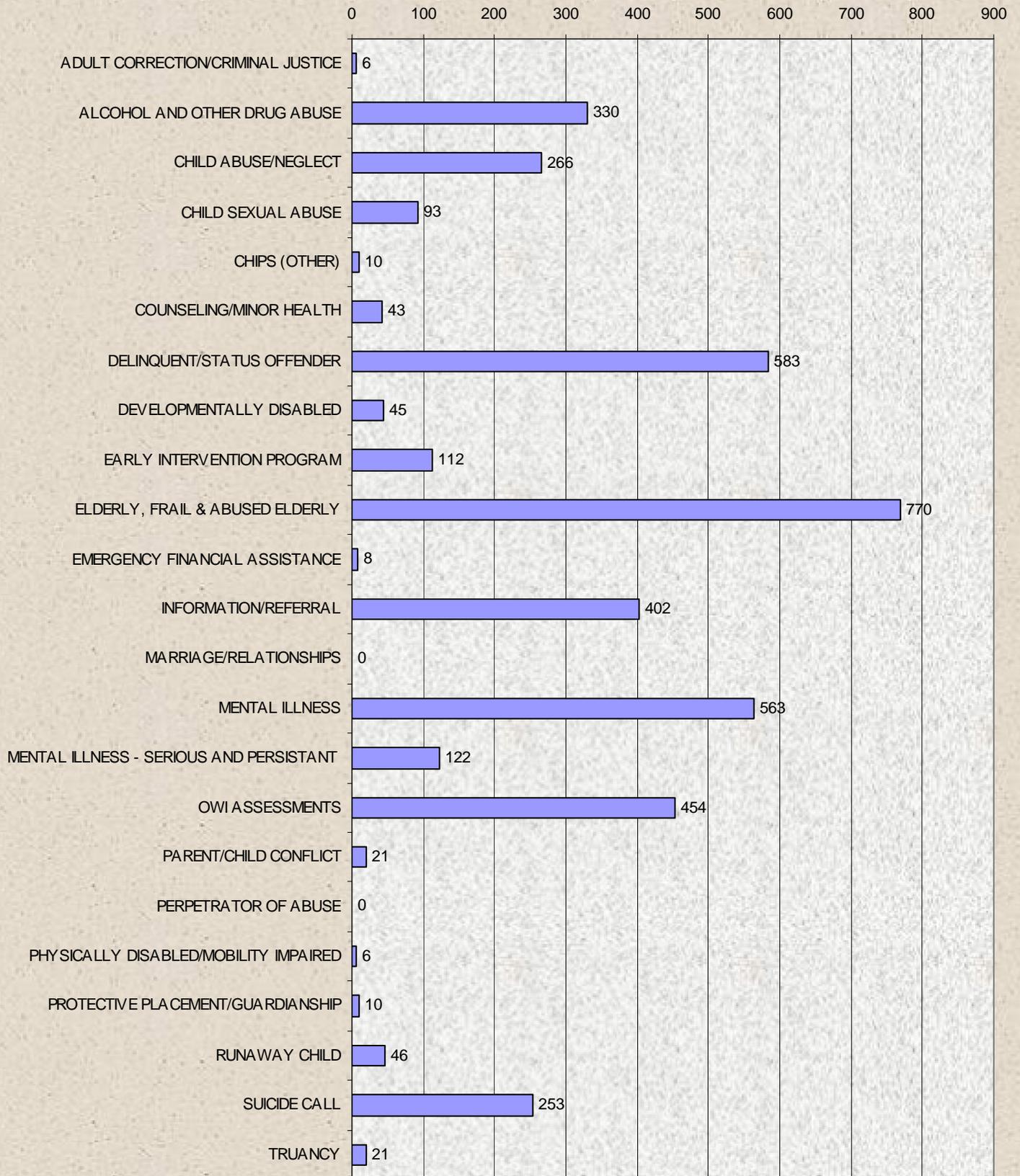
and consequences for families and for the Department.

The Department continues to provide a comprehensive child/family treatment program for child abuse/neglect as well as other related family problems. A program manager and team of social workers are specifically trained to assist families to improve their lives while protecting children. Additionally, many county-wide collaborative efforts are aimed at improving overall services for families by implementing best practice models. These include the work of; the Jefferson County Delinquency Prevention Council, the Jefferson County Wraparound Project, Dialog for Student Success of Watertown, and the Jefferson County Family Impact Seminars.

**PERSONAL ASSISTANCE  
CONTACT RECORDS**

DESCRIPTION	2007 INCIDENTS	2006 INCIDENTS	2006 INCREASE/ (DECREASE)
ADULT CORRECTION/CRIMINAL JUSTICE	6	2	4
ALCOHOL AND OTHER DRUG ABUSE	330	172	158
CHILD ABUSE/NEGLECT	266	200	66
CHILD SEXUAL ABUSE	93	116	(23)
CHIPS (OTHER)	10	11	(1)
COUNSELING/MINOR HEALTH	43	112	(69)
DELINQUENT/STATUS OFFENDER	583	539	44
DEVELOPMENTALLY DISABLED	45	30	15
EARLY INTERVENTION PROGRAM	112	138	(26)
ELDERLY, FRAIL & ABUSED ELDERLY	770	688	82
EMERGENCY FINANCIAL ASSISTANCE	8	3	5
INFORMATION/REFERRAL	402	324	78
MARRIAGE/RELATIONSHIPS	0	0	0
MENTAL ILLNESS	563	232	331
MENTAL ILLNESS - SERIOUS AND PERSISTANT	122	14	108
OWI ASSESSMENTS	454	473	(19)
PARENT/CHILD CONFLICT	21	26	(5)
PERPETRATOR OF ABUSE	0	3	(3)
PHYSICALLY DISABLED/MOBILITY IMPAIRED	6	9	(3)
PROTECTIVE PLACEMENT/GUARDIANSHIP	10	2	8
RUNAWAY CHILD	46	38	8
SUICIDE CALL	253	282	(29)
TRUANCY	21	24	(3)
<b>TOTALS</b>	<b>4164</b>	<b>3,438</b>	<b>726</b>

## Contact Records



During 2007, approximately 250 Child Abuse/Neglect investigations were done involving 263 children. This is a decrease when comparing 2006. During 2006, 250 investigations were done involving 279 children. In terms of “founded” or proven child abuse or neglect, there were 97 cases as compared to 109 in 2006.

### CHILD ABUSE/NEGLECT REPORTS - 2007

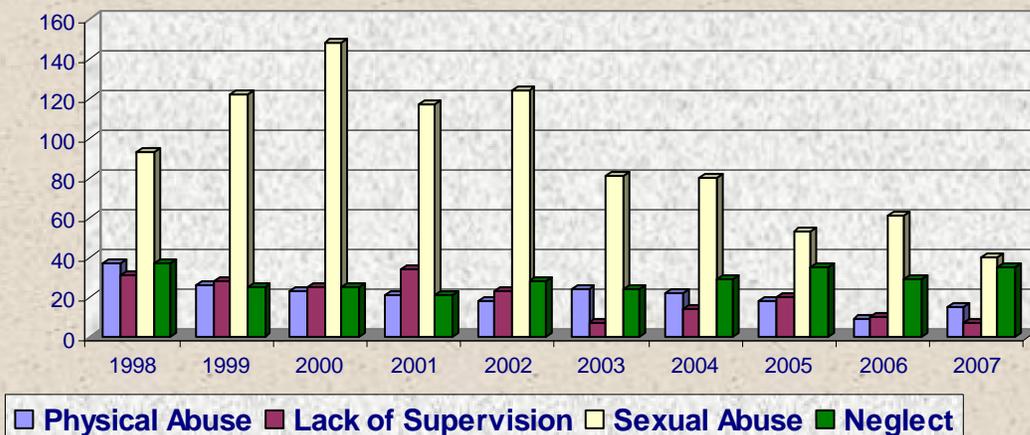
Types of Maltreatment	Founded	Unfounded	Not Able To Substantiate	Total Children Interviewed
Physical Abuse	15	51	1	67
Sexual Abuse	40	32	8	80
Neglect	35	54	0	89
Lack of Supervision	7	20	0	27
<b>Totals</b>	<b>97</b>	<b>157</b>	<b>9</b>	<b>263</b>

There were an additional referrals regarding 74 children that were screened out after the initial interviews.

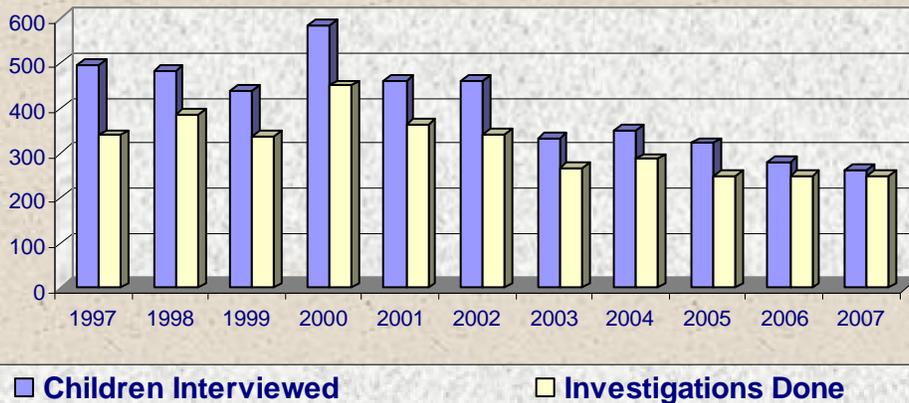
Readers will note from the following graph, which tracks a ten year record that the overall numbers of reports and founded cases has continued to decline. Particularly significant is the reduction in founded sexual abuse cases which have declined from over 140 in 2000 to 40 in 2007. This is certainly a hopeful

indicator that would indicate that prevention and community awareness of this serious concern is having a positive impact. Over the same time period other forms of abuse including neglect and physical abuse have remained at fairly similar numbers over the years.

### Founded Child Abuse Investigations



### Child Abuse Investigations and children Interviewed



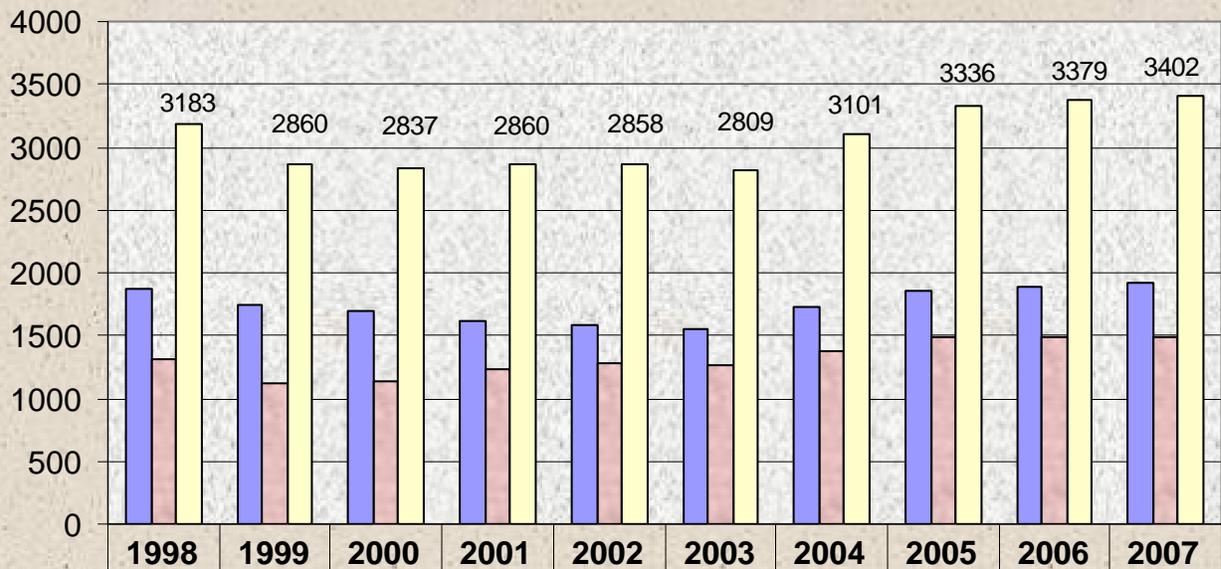
The number of investigations for 2007 is an approximate total

As noted earlier, the prevention and treatment for child abuse or neglect requires a community-wide approach. We are fortunate that Jefferson County is highly collaborative and county-wide partners have worked together for years in implementing best practice programs and services. Of particular note has been our work in providing annual Family Impact Seminars, which provide community education and promote best practice methods for supporting the family and our Jefferson County Delinquency Prevention Council, which has not only promoted best practices for dealing with delinquency, but has promoted programs which protect children and strengthen families. Examples include bringing Big Brothers/Big Sisters to Jefferson County, establishing an anti-bullying program for area schools, and supporting county-wide dissemination of child development and parenting information. And finally, the On-Going Child Protection and Services Team, (CHIPS Team), at Human Services provides a wide range of family treatment programs and services designed to improve parenting skills, family relationships and connections to community organizations and people who can

provide additional assistance. The Jefferson County Wraparound Project which is discussed later, is also an important resource for our CHIPS Team and the families they serve. Some major changes were made in the management in our Child/Family area during 2006 in that initial intake, investigations in both the Delinquency and CHIPS areas were transferred from a separate Intake Team to the Teams of staff that provide on-going treatment and supervision in both of the respective areas. This has resulted in greater efficiencies in these and a centralization of responsibilities in both of these areas.

The following tables and graph represent the breakdown of our Personal Assistance customers according to caseload, gender and age for the past three years. A total of 3402 different people received some services during the year. This is an increase of 23 people when comparing year 2006, and an increase of 66 over 2005. As represented in the graph below, 1480 individuals received some sort of service in an average month. Most of this increase is due to serving more consumers who are developmentally disabled or mentally ill.

# Personal Assistance Consumers



■ Male	1873	1739	1700	1621	1581	1547	1726	1855	1891	1921
■ Female	1310	1121	1137	1239	1277	1262	1375	1481	1488	1481
■ Total	3183	2860	2837	2860	2858	2809	3101	3336	3379	3402

## Personal Assistance Services by Age

Age	Totals						Percentage
	2002	2003	2004	2005	2006	2007	2007
<b>Under 6</b>	198	184	243	286	310	309	9%
<b>6-13</b>	198	186	170	182	192	193	6%
<b>14-17</b>	320	285	274	302	276	275	8%
<b>18-24</b>	362	369	379	395	394	406	12%
<b>25-35</b>	426	422	477	508	526	537	16%
<b>36-59</b>	903	909	993	1101	1110	1077	32%
<b>60+</b>	451	454	565	562	571	605	18%
<b>Totals</b>	<b>2858</b>	<b>2809</b>	<b>3101</b>	<b>3336</b>	<b>3379</b>	<b>3402</b>	<b>100%</b>

## CASELOAD DATA

### AVERAGE CONSUMERS SERVED PER MONTH 2005-2007

CHARACTERISTIC GROUPS	2005	2006	2007	Ratio 2007	Average Change 2005-2007
MENTALLY ILL	271	281	297	20.1%	21
ALCOHOL & DRUG	44	46	66	4.5%	21
INTOXICATED DRIVER	71	90	93	6.3%	12
DEVELOPMENTALLY DISABLED	338	345	395	26.7%	53
PHYSICALLY DISABLED	53	52	61	4.1%	8
ELDERLY	107	112	125	8.5%	16
PERPETRATOR OF ABUSE/NEGLECT	35	40	49	3.3%	12
ABUSED/NEGLECTED CHILDREN	51	62	82	5.6%	26
SEXUALLY ABUSED CHILD	13	12	13	0.9%	0
FAMILY MEMBER OF ABUSED/NEGLECTED CHILDREN	25	37	30	2.0%	(1)
PARENT CHILD CONFLICT	34	32	37	2.5%	4
DELINQUENT STATUS OFFENDER	123	121	131	8.8%	9
FAMILY MEMBER OF DELINQUENT STATUS OFFENDER	10	8	7	0.5%	0
INFANT DEVELOPMENT PROGRAM	77	81	94	6.3%	15
<b>TOTALS</b>	<b>1,254</b>	<b>1,318</b>	<b>1,480</b>	<b>100.0%</b>	<b>194</b>

As has been the case for the past few years the most significant area of increase continues to be in our programming for developmentally disabled consumers. This is primarily due to referrals from St. Coletta of Wisconsin and Bethesda Lutheran Homes and Services as these organizations continue to downsize from institutional to community based living arrangements. More detailed discussion of this is found in the section on Developmental Disabilities that follows.

As noted above, the other areas of significant increases in consumers are seen in the areas

of mental illness, chemical dependency, abused children and disabled infants seen in our Infant Development Program. The significant increase in abused children is mostly due to one specific situation, which involved ten children from one family. Readers should also review the following section on mental health programs, Comprehensive Community Services, and Community Support Programs. Both have provided significantly improved services to a growing population, with major cost efficiencies.

# YOUTH DELINQUENCY

*~It is important in our response to delinquency to understand the differences between one time offenders, multiple offenders, and youth who have committed crimes, and behavior that is dangerous to others in the community.~*

Youth Delinquency in Wisconsin is defined as behavior by a person under 17 years of age who violates State or Federal criminal law. As the reader will note by the information contained in this section, a good deal of the delinquent behavior that is seen in Jefferson County is a one time occurrence. A relatively small number of youth however are repeat offenders, who sometimes commit very serious crimes, or are engaged in multiple crimes over longer periods of time.

It is important in our response to delinquency to understand the differences between one time offenders, multiple offenders, and youth who have committed crimes, and behavior that is dangerous to others in the community. It is also important to understand the life circumstances and history of the youth and families that we work with. It is well known that child abuse, parental issues such as drug/alcohol addiction, parental absence, learning disabilities, and mental health problems on the part of the youth, all can contribute to delinquent behavior.

One of Jefferson County's responses to this important social issue has been to form a *Delinquency Prevention Council*. Established in late 1996, the Council is comprised of a wide

variety of community members including law enforcement, the court system, schools, service agencies, clergy, businesses, community-at-large members and representation from local government including the County Board. The broad purpose of the Council has been to create an awareness and understanding of delinquency, its causes and effects and then to move to build best practice methods to deal with it in Jefferson County. To date, a number of significant system improvements have been planned and implemented by the Council including prevention programs, intervention methods to deal with the varying degrees of delinquency, and community education and strategic planning. A significant number of delinquent youth are involved in programs operated by our Council known as *Restorative Justice Programs*.

These programs are presented on the following pages along with some information on outcomes and numbers of youth involved. As will be noted, the lead agency for the Council is Opportunities Incorporated, which provides administrative oversight and programming in a number of these programs.

# JUVENILE RESTORATIVE JUSTICE PROGRAMS

QUOTE: *Children are 1/3 of the population and all of our future.* ~Promotion of Child Health, 1981

## **Teen Court**

The Jefferson County Teen Court program began in 1998, holding a mere 13 trials its first year. Each year, this number has grown and to date, Teen Court has held 520 youth trials. During 2007, thirty-nine youth were sentenced through teen court, 35 of them completed their sentencing successfully, yielding a 89.7% success rate. To date, only one participant has reoffended since their successful sentence completion. The Jefferson County Teen Court has a longitudinal recidivism rate of only 5.4% overall and 2.6% within a year of previous program completion.

## **Community Service**

The Restorative Justice Program of Jefferson County has been providing service supervision to youth since 1997. Since that time, 1580 youth have been referred to this program and 22,945 hours of community service have been performed in Jefferson County. 1,100 youth have completed their orders successfully, resulting in a 70% successful completion rate since 1997. In 2007, the 127 youth of Jefferson County who were referred completed 1514.75 hours of community service.

## **Restitution**

The restitution monitoring component of this program has been in place since 1996. Since that time, 828 youth have been referred and over \$208,400 dollars has been collected in restitution. 533 of the 828 youth referred successfully completed their court obligations, presenting a success rate of 64%. This year, \$13,022.76 was collected and repaid to those victims of crimes, in an effort to repair the damage that was caused by youth offenders. .

## **Victim Offender Conferencing**

In 2007, the Restorative Justice Program received 13 referrals and found 3 of those cases to be eligible for conferencing, based upon specific criteria. Of the 10 non-conferences, 5 of the referrals were closed due to extenuating circumstances (example: family relocation) and the other 5 referrals had an uninterested victim. Of the 3 youth who were involved in those mediations, to date, none of them have reoffended, presenting a recidivism rate of 0.0%.

## **Educational Programs**

### **First Offender Program**

In 2007, there were 18 youth referred to the First Offender Program. Of the youth referred, 12 of them successfully completed the class, with a success rate of 66.6%. Of the 12 successful youth, to date, none have reoffended. This curriculum was recently revised in preparation for 2008.

### **Alcohol, Tobacco and Other Drug Abuse (ATODA) Awareness Program**

In 2007, 16 youth were referred to this educational program. 15 of the youth referred completed this program successfully. This is a 93.8 % completion rate. One youth referred entered the program with a prior offense, however none of the youth who have completed the program successfully have reoffended (to date), indicating a 0% recidivism rate for the ATODA Awareness program.

### **Anger Management**

Since it's inception in September of 2007, 3 youth were referred to the Anger Management Program. Using the *Skills for Managing Anger* curriculum, the program offers direction on self-control, decision making, boundaries, restorative justice principles and asset building. All three youth referred completed the class successfully with a success rate of 100% and to date, none of them have reoffended.

### **Fort Atkinson Probation Program**

Since, 2005, the Fort Atkinson School District has collaborated with the Restorative Justice Program to provide services to youth who commit alcohol and drug related offense on school grounds. Since that time, the Restorative Justice Program has had 30 youth referred to this program for community service completion and 22 youth referred for ATODA Awareness class completion, for a total of 33 youth served (not all youth receive both sanctions). In 2007, there were 7 youth referred to the Fort Atkinson Probation Program. 5 of the 7 youth referred completed the program successfully, providing a success rate of 71.4% in 2007. The two youth who did not complete this program successfully were removed from the program by the school, due to extenuating circumstances.

## **Youth Development Activities**

### **Mentoring Program**

The juvenile mentoring program (JUMP) continues to make an active commitment to match at-risk youth with positive role models throughout Jefferson County. Throughout 2007, 7 youth participated in the mentoring program, actively meeting with their mentors and making the positive choice to spend time with and learn from the experience.

### **Drug Free Communities Support Program**

The Delinquency Prevention Council received third-year funding for the Drug-Free Communities Support Program grant. This \$95,000 grant provided DPC the opportunity to continue the juvenile substance abuse prevention programs currently in place and allowed the coalition to provide new opportunities to youth and the community, in an effort to promote safe and drug free lifestyles. There were a number of seminars and presentations for community members during 2007. These events included: A Latino Culture Seminar, Evidence Based Practices Training, Drug Court Training and A Tobacco Awareness. Other 2007 DFC sponsored projects included: County-wide parent focus groups, Red Ribbon Week Activities and a Social Norms campaign.

### **Childhood Obesity Prevention**

This year, DPC received a generous grant in the amount of \$45,040 from the University of Wisconsin School of Medicine and Public Health to fund a project focusing on Childhood Obesity in Jefferson County. In collaboration, Jefferson County Head Start and the DPC selected a curriculum that would best meet the needs of the children and parents, focusing on physical activity and proper nutrition habits. This project will continue on into 2008. Baseline BMI's were collected in August of 2007 and in March of 2008, secondary measures will be taken to track the progress of this initiative. In June of 2008, a best practice manual will be created as a tool for promoting health and wellness objectives in other early childhood education centers.

### **Children's Care and Share Fair**

The Children's Share and Care Fair started in 2001 and each year has had a resounding response! The Fair is an opportunity for parents and families to discover the early childhood and community resources available to them throughout the county. In 2007, the Fair was held at Fort Atkinson High School with a wonderful attendance of over 250 children who received a gift bag and, based on a survey, approximately 117 parents who attended with their children.

### **www.whoocares.com**

Thanks to funding from AT&T, The Delinquency Prevention Council of Jefferson County successfully completed the creation and publication of the Whoocares website, a resource for at-risk teens and their parents. The website, [www.whoocares.com](http://www.whoocares.com), was created to connect local youth and their parents to credible, useful resources that are found both on the internet and locally in Jefferson County. In 2008, the School Age and Intervention committee will continue to advertise this internet tool via press releases, printed book marks for distribution and linking on local school district websites.

## NEW FOR 2008

### **Drug Free Communities Support Program**

The Delinquency Prevention Council will apply for a fourth year of Drug Free Communities Support in 2008. This funding will continue to support great programs such as the social norms campaign, shifting the focus from teens to parents. With the data collected at the Town Hall Meeting in March, it should be possible to create a social norms campaign using parental perspectives. Additionally, the Search Survey will be administered this fall, with data available in the spring of 2009. The Drug Free Communities Support Program will continue to support Red Ribbon Week, enhance current programming, provide community presentations and promote a safe and drug free community for Jefferson County.

### **Community Service Sites**

Starting in February of 2008, a new community service site will be available for Watertown youth. Bread and Roses will be added to the supervised community service site offerings, where youth will set tables and assist staff in preparation for the weekly free meal provided by the Immanuel Lutheran Church on 10<sup>th</sup> Street. Youth will have a chance to provide some support to those community members less fortunate than they are, while fulfilling their debt to society. This new site will be provided in addition to the 12 other supervised community service sites offered on a weekly basis and staffed by the Restorative Justice Program.

### **Watertown Teen Court**

This January, Watertown will have a monthly Teen Court date hosted at City Hall. This innovation is the result of collaboration between the Restorative Justice Program, Watertown Police Department and Riverside Middle School in Watertown. By providing a court site in Watertown, as well as expanding the community service sites offered in Watertown, it is our hope that the Watertown community will find Teen Court to be a useful and beneficial tool in helping to curb repeat offenses of juveniles. By providing youth with a supportive learning environment, free from punitive actions, it is our hope that they will come out of their Teen Court experience with a new outlook on criminal behavior, a better understanding of the effects of crime on the community and a higher self worth that will compel them to move forward with their lives in a positive manor, free from further criminal behavior.

### **Town Hall Meeting on Underage Drinking**

Compliments of a SAMHSA stipend, the Delinquency Prevention Council will be hosting a Jefferson County Town Hall Meeting entitled, *Underage Drinking: A Community Concern*. This community forum will take place at Johnson Creek Elementary School in the commons room from 6-8:30 on April 1, 2008. There will be a short presentation on Underage Drinking, provided by Carol Garuz, the associate director of the Addiction Resource Council in Waukesha, followed by a facilitated community discussion about the concerns and issues surrounding underage drinking, the needs of the community and the action steps to be taken to address those needs.

### **Gang Summit: A Jefferson County Perspective**

In the fall of 2006, a Gang Seminar was held in Jefferson County. This seminar was very successful and due to popular demand, a second seminar is being held on March 11, 2008. This conference will target the ever changing gang warning signs, markings and tags, in addition to addressing the direct gangs that are infiltrating Jefferson County. This all day summit will include speakers who specialize in gang activity and a panel of legal and municipal professionals. The speakers include gang specialists, a mental health professional, and a social worker at Watertown High School. There will be a panel including police chiefs, sheriff department representatives, a Judge, an Assistant District Attorney and a representative from the Department of Human Services Delinquency Team. Artifacts will be available for viewing and resources will be provided.

## Law Enforcement Youth Delinquency Referrals

The following charts and tables provide summary information on referred youth.

### 2003-2007 JUVENILE INTAKE BY AGE

(Number of Clients per Year)

	<11	11-12	13-14	15	16	17+	Total Clients
2007	10	26	90	47	64	3	240
2006	23	30	71	73	73	1	271
2005	9	40	98	65	81	10	303
2004	18	34	96	68	69	5	290
2003	17	39	97	80	77	4	314

### 2007 MULTIPLE REFERRALS BY AGE

		Ages <11	Ages 11-12	Ages 13-14	Age 15	Age 16	Age 17+	Total Clients	% of Total
R E F E R R A L S	1	2	16	39	17	27	2	103	43%
	2-3	3	5	23	20	21	1	73	30%
	4-5	4	3	16	6	6	0	35	15%
	6-8	0	2	5	2	8	0	17	7%
	9+	1	0	7	2	2	0	12	5%
		10	26	90	47	64	3	240	100%

## POLICE REFERRALS for JUVENILE OFFENSES

### 1 and 5 Year Comparisons

OFFENSES	2007	2006	1 Year (2006-2007) Increase/Decrease	2007	2003	5 Years (2003-2007) Increase/Decrease
Alcohol/Tobacco	12	4	8	12	1	11
Arson	5	2	3	5	4	1
Battery	37	32	5	37	28	9
Burglary/Robbery	32	30	2	32	22	10
Burning Materials/Fireworks/Explosives	7	2	5	7	8	(1)
Contempt of Court/Violation of Court Orders	8	4	4	8	11	(3)
Crimes Against Children/Other	7	9	(2)	7	20	(13)
Criminal Damage to Property	45	78	(33)	45	96	(51)
Criminal Trespass	37	18	19	37	28	9
Disorderly Conduct	135	143	(8)	135	126	9
Drug Related	90	79	11	90	96	(6)
Fleeing/Escape	8	5	3	8	17	(9)
Forgery	4	3	1	4	2	2
Intimidation/Harrassment	6	2	4	6	5	1
Obstructing/Resisting Arrest	33	35	(2)	33	17	16
OWVWOC/Other Vehicle	18	29	(11)	18	42	(24)
Receiving Stolen Property	2	6	(4)	2	7	(5)
Reckless Endangerment	3	6	(3)	3	6	(3)
Sex Offense	34	46	(12)	34	50	(16)
Theft	90	90	0	90	119	(29)
Truancy	21	23	(2)	21	36	(15)
Weapon Related	12	16	(4)	12	19	(7)
<b>TOTALS</b>	<b>646</b>	<b>662</b>	<b>(16)</b>	<b>646</b>	<b>760</b>	<b>114</b>

The following summary statements highlight the charts above.

- 240 different individuals were referred for a total of 646 offenses. When comparing 2007 and 2006, the figures show a decrease of 31 individuals and a decrease of 17 offenses. Overall, when comparing youth referred and offenses, 2007 is the lowest year on record.
- 52% of the total referred youth are 14 or younger.
- 27% of youth were referred four or more times and 12% were referred six or more times.
- Twenty nine youth were referred at least 6 times and twelve youth were referred 9 or more times. This represents 12% of the total. This also generally indicates the proportion of youth who are considered as serious or chronic delinquents who require our most intensive services in terms of time and costs. This population of youth has remained relatively constant. This indicates that continued efforts at earlier intervention to reduce youth becoming chronically delinquent need to continue.
- Following National and State trends delinquency referrals in Jefferson County have continued to decline over the past decade. As noted in prior reports, we believe our contribution to this is

- the work of the Jefferson County Delinquency Prevention Council which has promoted and emphasized best practice models. This community collaborative work has included prevention, community based work to strengthen and support families, the work of Project JOIN noted above, and the work of the Delinquency Team at Human Services, which continues to provide treatment, supervision, and community based work for our most involved youth and their families.

As noted on the chart below, offenses which are considered, “Juvenile Crimes of the Greatest Concern”, represent 39% of the total number of offenses referred. Truancy referrals are removed in this statistic. This is a slightly larger percentage than was seen in 2006, (33%), but is consistent with the long term trend. Readers will note that by far the most commonly seen offenses continue to be drug offenses. This issue continues to be addressed by the work of the Prevention Council in terms of promoting and providing community and school based education and treatment. Violent juvenile crime in Jefferson County is a very low overall percentage, which has been a long term positive trend.

<b>JUVENILE CRIMES OF GREATEST CONCERN FOR THE YEARS 2003-2007</b>						
<b>OFFENSES</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>Percent 2007</b>
Arson	4	7	2	2	5	2%
Battery	28	41	33	32	37	14%
Burglery	22	30	37	30	32	13%
Crimes Against Children/Other	20	18	13	9	7	3%
Drug Related	96	117	100	79	90	35%
OMWOC/Other Vehicle	42	11	30	29	18	7%
Sex Offense	50	59	21	46	34	13%
Truancy	36	30	42	23	21	8%
Weapon Related	19	14	12	16	12	5%
<b>TOTALS</b>	<b>317</b>	<b>327</b>	<b>290</b>	<b>266</b>	<b>256</b>	<b>100%</b>

# ALTERNATE CARE

*~A major goal of Alternate Care is returning people to their natural home and community setting by providing a wide variety of mental health and social services.~*

The Alternate Care Unit provides access to a wide range of out-of-home placements for children and adults. Alternate care remains a very important priority service and great care is taken in making these placements. Placements are made with the intention of assisting the individual to return to the home

setting. When this is not possible, long-term placement arrangements, such as group homes for developmentally disabled and elderly are provided. Individuals who need out-of-home placement require a great deal of social work time, effort and funding in order to successfully return to community living.

## ***Alternate Care Philosophy***

- Avoiding placements, particularly of children, whenever possible, by providing protection, support and services.
- Keeping placements short in duration and making them within the community whenever possible.
- Minimizing the use of institutional placements by creating packages of community services, including operating our own group homes.
- Returning people to their natural home and community setting by providing a wide variety of mental health and social services.
- 

## **Child Alternate Care**

Child alternate care costs remain a major concern to us, and a priority for new, increased and changed programming. The graph shown on the next page tracks the costs in this area for the past 10 years.

As noted on the following graph, our 2007 costs decreased slightly from 2005 and 2006 remained similar to 2005 and 2006, although placements overall increased somewhat. At the end of 2007 a large number of children in foster placement from a neighboring county were transferred to Jefferson County. From time to time changes such as this, which are not in our control, occur. We continue to focus on

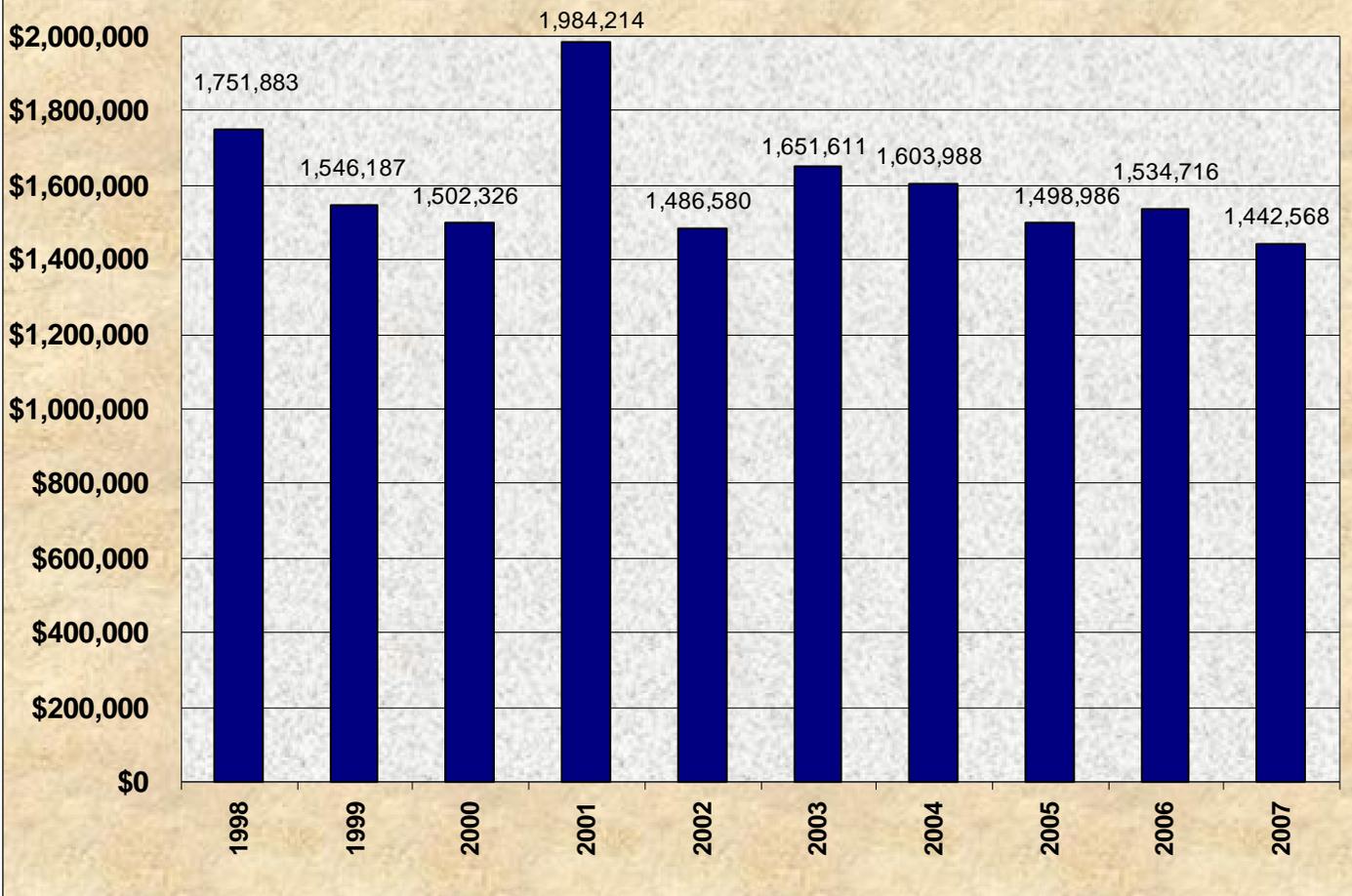
maintaining children within their own communities whenever possible, and paying particular attention to decreasing use of institutional facilities whenever possible. As has been discussed in prior reports, children who require out-of-home placement come to us with many emotional, behavioral, mental health, and chemical dependency problems. In many cases the parents of these children have significant needs as well.

The following chart shows 100 youth from Jefferson County were placed in some form of out-of-home care during 2007, which is an increase of 18 youth from 2006. Some required more restrictive placements in institutional settings; however we continue to take strong measures to avoid these. Because the needs of persons who require alternate care are high, programming efforts to meet these needs are often used in conjunction.

We continue to use *Lutheran Social Services* Family Partnership Initiative program, which

provides a wide range of services and placements at a capitated payment rate. The overall results of this program have been quite positive in terms of improving behaviors, school attendance, strengthening family relationships and decreasing anti-social or delinquent behaviors. We are also using our programs, Wraparound and Comprehensive Community Services, for families with children in alternate care. The use of these programs has also had positive results in terms of returning children to their homes and assisting families to make needed changes.

## Child Alternate Care Costs



ALTERNATE CARE PLACEMENTS - CHILDREN						
PROGRAM	2004	2005	2006	2007		2007 Total
				Male	Female	
Foster Care (In-County)	24	30	28	25	21	46
Treatment Foster Care (In-County)	6	12	7	5	2	7
Residential Care Center (Child Care Institution)	17	7	5	7	1	8
Child Correctional	4	3	1	1	0	1
Child Mental Health Institute	4	4	3	3	1	4
Out-of-County Treatment Foster Home	11	12	21	12	10	22
Out-of-County Group Homes	17	23	17	7	5	12
<b>TOTALS</b>	<b>83</b>	<b>91</b>	<b>82</b>	<b>60</b>	<b>40</b>	<b>100</b>

Another initiative which was begun in 2002 is the **Jefferson County Wraparound Project**. This project continues to serve children and families from all of the communities in our county. Approximately 30 of our highest need children and families are enrolled in this project at any given time. We refer to this as a “project” because it is a shared endeavor with the whole community. The Project is governed by a representative group of community members from schools, police departments, community mental health providers, ministers, parents, and interested others. Guidelines have been established for referral process and how all members of the project will cooperate to share responsibility for helping families. Each family in the project has a “team” of community members and appropriate helping organizations who work with the family to develop and carry out a plan of care to meet the family’s needs and address the concerns in question.

A number of other Departmental programs also provide substantial care and support for

families and children. These include our **Families Come First Program**, which is a wraparound model for families where serious on-going delinquency is an issue; **Community Outreach**, which provides high levels of in-home community based support, guidance, education, and supervision; **Intensive Supervision**, which provides daily contact for youth on strict court ordered supervision; **Life Skill Program**, which teaches young adults basic living and coping skills; and **Housing**, which specializes in working with clients that are experiencing a housing emergency or need. All of these programs concentrate on structuring successful community living, positive school or work attendance, family and youth treatment, mentoring and education, and community service and restitution for those youth where this is required or appropriate. More detailed information, including outcome measures and yearly planning efforts are available by contacting the Human Services Department.

### **Independent Living Program**

The Independent Living Program is a partially Federally sponsored program for young adults in placement to help them enhance personal daily living skills that will help them become independent, responsible and productive members of society.

## Detention Placements

A final related statistic in the Child Alternate Care area is our use of secure detention (locked juvenile jails) for youth. During 2007, 78 youth were placed in these facilities at a cost of \$62,671. This is a substantial increase from 2006 when 58 youth were placed at a cost of \$30,885. These placements are either made by the Juvenile Court or in some cases by Human Services Intake staff in order to provide community protection or to consequence youth for violation of a court order.

## Adult Alternate Care

Human Service's Adult Alternate Care program provides care for individuals who present life struggles such as mental illness, alcohol or drug dependency, developmental and physical disabilities or infirmities of aging. As noted in

the philosophy statements of alternate care, our goal is to assist individuals to live with support and dignity in the community whenever possible.

### Lueder Haus

The Lueder Haus is a group home facility caring for individuals with a serious mental illness. It was opened in 1995 and named after our former Board Chair, Richard Lueder. This facility provides a high level of mental health care including psychiatric care, therapy, daily living skills, recreation, socialization, aftercare and supervision to individuals who may otherwise be hospitalized. We also use Lueder Haus to assist individuals to

return to their homes after a hospitalization. During 2007, there were 217 admissions of 94 different individuals to Lueder Haus. This is an increase of 39 people when comparing to 2006. As noted in past reports, Lueder Haus is a highly successful program which allows many County residents the freedom and dignity to manage their illness while remaining in the community.

The following chart provides summary numbers for adult alternate care placements.

<b>ADULT PLACEMENTS</b>				
<b>PROGRAM - (In County)</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>Lueder Haus</b>	158	163	178	217
<b>READMISSIONS</b>	80	79	94	123
<b>Developmentally Disabled</b>	227	230	228	303
<b>Elderly</b>	38	35	31	55
<b>Physically Disabled</b>	17	19	15	24
<b>AODA</b>	3	2	0	0
<b>Mentally Ill</b>	32	46	36	33
<b>PROGRAM - (Out of County)</b>				
<b>Developmentally Disabled (Group Homes)</b>	14	15	11	13
<b>Elderly (Group Homes)</b>	32	29	32	41
<b>Physically Disabled</b>	8	10	5	6
<b>AODA (Group Homes)</b>	12	14	6	7
<b>Mentally Ill (Group Homes)</b>	14	9	5	6
<b>HOSPITALS</b>				
<b>AODA Detoxification</b>	94	81	84	46
<b>Mental Health Institutions</b>	108	115	80	70
<b>Private Psychiatric</b>	10	8	3	5

The following graph isolates psychiatric inpatient costs at Mendota Mental Health Institution for the past 10 years, from 1998 to the present. As the graph indicates this is an important and volatile area. Costs are difficult to predict due to the nature and circumstances of persons who are mentally ill and require treatment and protection. Consequently, significant efforts are made to provide community based treatment as an alternative to hospitalizations. These include our Lueder Haus program as described above and our Community Support Program, which follows. Overall 2007 was a very successful year in terms of improved treatment programming and reducing hospital costs. As readers will note 2007 hospital costs were the lowest of the past seven years. This was accomplished by the continuing use and development of our Community Support Program and Comprehensive Community Services Program. Detailed program results for both of these follow.



## Community Support Program

*~The Community Support Program has been successful in helping people remain in the community while enhancing the quality of their lives~*

The Jefferson County Support Program was developed in December of 1996 and began receiving clients in January 1997. This Community Support Program was certified on June 1, 1997 and is certified under HSS 63 as a Community Support Program.

In its tenth year of operation the Jefferson County Community Support Program provided services to 97 consumers ranging in age from 22 to 80. These consumers had mental health diagnoses such as schizophrenia, schizoaffective disorder, bipolar, major depression and various anxiety disorders. In 2007, nine consumers were admitted and eleven were discharged.

Jefferson County Human Services CSP has grown significantly. In 1998 it served less than thirty consumers, and employed five and a half staff. In 2007 the CSP staff consisted of a CSP Director/Clinical Coordinator; psychiatrist/medical director; program assistant; secretary; four mental health technicians one of whom was also a peer support specialist; one vocational specialist; one part time nurse; and seven case managers/CSP professionals. One case manager position remained unfilled throughout the last quarter of the year.

Community Support Programs in the state of Wisconsin have an extensive and well researched history. The original CSP started out of Mendota Mental Health Institute in the 1980's and is now known as ACT. The ACT model has received numerous awards from the American Psychological Association for its research. It is now used on a nationwide and international basis to advance the mental health services for people with a severe and persistent mental illness. It has proven effective for reducing symptoms, hospital costs, and improving overall quality of life. The research has shown that for outcome measures to be similar for consumers in other CSP's it is important to have as much fidelity to

the ACT model as possible. Jefferson County CSP continues to have very high fidelity to the ACT model and the team functions as an ACT team. It is believed that this led to better outcomes for our consumers.

The Jefferson County CSP has the capacity to function as a mobile in-patient unit. The program provides psychiatric services, symptom management, vocational placement and job coaching, supportive counseling, opportunities for social interactions, individual and group psychotherapy, medication management and distribution, education and money management and budgeting, coaching in activities of daily living, including how to maintain a household and homemaking skills, crisis intervention, case management and supportive services to people with severe and persistent mental illness. All consumers in the CSP, at some time, have had acute episodes that have resulted in the need for frequent psychiatric hospitalizations and emergency detentions to institutes for mental disease. Consequently, in the past, their lives were disrupted and they were removed from their community of choice. Presently, CSP services can be titrated up and down quickly as the need for more intensive treatment arises.

Jefferson County's CSP also provides consumers the evidence based practices (please see sections below for detail) of Illness Management and Recovery, Integrated Dual Diagnosis groups for those with substance abuse issues, Supportive Employment, and Family Psychoeducation. Consumers also are encouraged to complete Wellness Recovery Action Plans; these plans specify what is helpful for the person in a crisis situation and function similar to a psychiatric directive.

It is believed that due to these combined efforts the Jefferson County CSP was successful in helping consumers meet their goals and enhance the quality of their lives in the most cost effective manner.

## Some of the specific accomplishments for the year 2007 include:

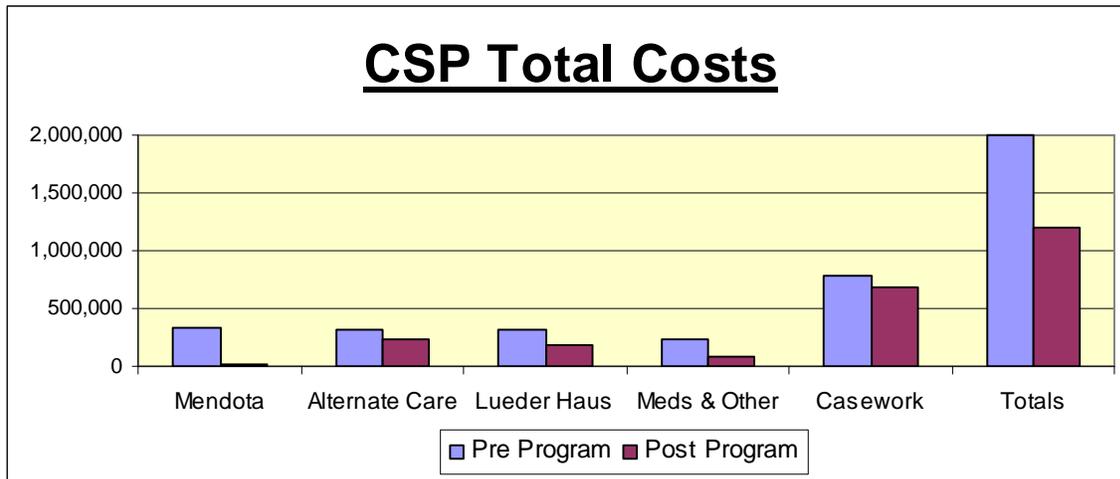
1. Eleven consumers moved from alternate care placements, i.e. supported apartments, or adult family homes, to their own apartments.
2. Five consumers, who were on Chapter 51 orders, successfully completed their court requirements.
3. Five consumers resumed managing their own money as their skills were enhanced and the protective payeeships were dismissed.
4. Only four consumers were admitted to an Institute for Mental Disease, i.e. Mendota Mental Health Institute. All four were new emergency detentions.
5. Thirty eight percent of consumers worked in a job of their choosing.
6. One guardianship was terminated due to the person's recovery.
7. We implemented person centered planning.
8. All goals were met from last years report. These will be reviewed below in detail.

## Review of Goals from 2007

There were five program goals established for 2007.

Goal number five for 2007 was: continue to analyze costs and services and improve the system to do so. A variety of data has been compiled over the ten years of our CSP's existence. This includes the number of days a consumer was at the Lueder Haus, Mental Health Institute or hospitals and the cost of these services. It includes a comparison of the costs of these services for the year prior to being in CSP with the last year, 2007, of being in CSP. Other data included were: personal care worker costs, medication costs, alternate care placement costs, and staff costs. Costs compiled for the year prior to CSP admission are annualized to reflect what would be a more fair comparison with current costs.

When comparing costs in these areas for the full year prior to CSP services with the costs for these same services in 2007 for each consumer results in the \$799,268 net savings from county dollars. The net county cost of services per individual in CSP decreased by 40.1%. This is based on the following cost reductions for CSP participants: institutional costs decreased by 90.5%; alternate care costs decreased by 27.8%; Lueder Haus costs decreased by 41.3%; other service costs, such as medication vouchering, and personal care workers, decreased by 66.8%; and casework service costs decreased by 12.7%. The following bar graph summarizes this cost analysis. This data will be used for quality improvement projects over the next year.



Goal number **four** for 2007 was: Develop and implement with our CSP Consumer Council an enhanced consumer satisfaction survey. We collectively decided to implement the Recovery Oriented System Inventory (ROSI). The ROSI is the result of a research project that included consumers and non-consumer researchers and state mental health authorities who worked to operationalize a set of mental health system performance indicators for mental health recovery. The ROSI was developed over several phases with a focus group of consumers who were able to develop a 42 item self report adult consumer survey. A factor analysis resulted in the domains of staff approach, employment, empowerment, basic needs, person centered, and barriers being able to be measured. The ROSI was found to be valid and reliable over the three phases of implementation.

Consumers of the CSP were asked by a peer to anonymously complete the ROSI. Thirty three consumers did so as part of the annual consumer satisfaction survey. The following charts further explain the ROSI and summarize the results. The questions associated with scales 2 and 5 are worded negatively, so a lower mean is seen as more positive.

### Means and Percentages for ROSI Consumer Survey Scales

	ROSI Overall Mean	Scale 1 - Person Centered	Scale 2 - Barriers	Scale 3 - Empower	Scale 4 - Employ	Scale 5 - Staff Approach	Scale 6 - Basic Needs
<b>Average for All Consumers</b>	3.3	3.5	1.8	3.4	2.9	1.5	3.1
<b>% w/ Mostly Recovery-Oriented Experience</b>	75.0%	80.6%	53.1%	87.5%	55.2%	75.0%	72.4%
<b>% w/ Mixed Experience</b>	25.0%	19.4%	43.8%	12.5%	37.9%	21.9%	17.2%
<b>% w/ Less Recovery-Oriented Experience</b>	0.0%	0.0%	3.1%	0.0%	6.9%	3.1%	10.3%

**Note:** Means can range from a low of 1.0 to a high of 4.0. However, item wording for the shaded scales are negatively phrased, so a low mean represents a more recovery-oriented experience (meaning the consumer disagreed with the negative statements.) The percentages in Rows 3-5 have been adjusted for Scales 2 and 5 so they have the same meaning as the other scales.

A summary of the means for each question can be found in attachment one. These results indicate that consumers feel empowered by CSP staff and person centered planning occurs. Further, consumers report liking the approach of staff and find that the barriers to seeking services they need are minimized. The employment scales reflects that more people are interested in working.

Goal number three for the CSP program in 2007 was: Develop and implement with our CSP Consumer Council a poster presentation about the Council's accomplishments and present it at a conference. The Consumer Council did develop a poster which was displayed at the NAMI Wisconsin conference in April of 2007. The Consumer Council continued to develop throughout last year. They held several fundraisers during the year, invited guest speakers, and served as a communication bridge between consumers and CSP workers. The council elected new officers in January of this year and have an ambitious calendar for the year.

Goal number two for the CSP was: Develop and deliver Warm Line training in conjunction with our CSP Consumer Council and NAMI. A training and focus group regarding a warm line did take place. NAMI Jefferson decided not to be involved in starting a warm line. Subsequently, the Consumer Council elected not to pursue a warm line.

The last goal for 2007 encompassed our meeting the quality assurance project objectives. For this project, in which we partnered with our Comprehensive Community Services program, we received a three year grant from the Bureau of Mental Health and Substance Abuse. The grant provides \$59,000 per year through 2009. The following objectives were specified for the grant.

- ✓ Develop a sustainable quality team. Agency staff will have a clear understanding of the importance of the data driven typology needed for QI projects and the different phases of a QI project.

A QI team was formed that included CSP and CCS, secretarial, and supervisory staff along with consumers from both programs. All staff and many consumers received training in the BCAP typology.

- ✓ Quality coordinator and quality team will identify all available data to use to inform the teams selection and monitoring of QI projects. The MIS department will formulate a data collection and analysis system through our main frame.

Data was identified and gathered throughout 2007. Our MIS department developed a system that allowed us to load that data.

- ✓ Agency will review all documents and processes used for intake, assessment and recovery planning. Agency will change the documents and processes as needed to assure a consumer-focused process is used for all consumers seeking services and supports. Staff will use the revised process and documents for CSP intake and assessments.

A team was formed with consumers and staff to review all documents and processes. The team met weekly for two months and then monthly. New documents were generated that were more consumer focused and friendly. The documents were further reviewed with Consumer Council and then implemented.

We then participated in a training on person centered planning conducted by national experts which included six months of follow up assistance. This led to more revised forms and processes. We continue to implement these changes in assessment and treatment planning.

- ✓ Use QI practices to improve the efficiency of agency operations and quality of services for consumers.

We were able to complete two QI interventions in 2007.

In one we identified from our data that one of the high cost areas continues to be alternate care placements. Our aim was to identify where consumers who are in alternate care placements wanted to live and what the barriers were. In outreach efforts to these consumers, all reported that they felt they needed supports on the weekend to be able to live "on their own". Our intervention became, adding mental health technician hours on the weekends. This resulted in seven consumers being able to move to their own apartments and out of alternate care placements. Our plan, do, study, and act cycle was completed and at this time these consumers continue to live in apartments of their choosing.

In the second QI intervention, we identified, based on BMHSA listening sessions with CSP consumers, which workers were very "stressed out" and consumers were actually concerned about them and felt this led to rushed and hurried sessions. In outreach efforts to our staff, all stated that they felt personally very stressed and stressed by their jobs. We collectively agreed our intervention would be to learn and use Heartmath techniques to reduce and manage stress. We used the PQA from Heartmath as a pre-measure of peoples' stress levels. At this time we are completing our act cycle. We will then re-measure peoples' responses with PQA.

- ✓ Agency will complete any needed training of clinical staff in preparation for implementation of a selected evidence based practice. Agency will prepare for monitoring the fidelity of implementing the evidence based practice.

All staff completed a minimum of eight hours of training in motivational interviewing. All team members collectively studied the evidence based practices. The following summarizes our evidence based practice implementation

## Comprehensive Community Services Program

*"The intent of services and supports is to reduce the effects of the individual's mental health and/or substance use disorders, assist the person in living the best possible life, and help them in their journey of recovery"*

CCS is a voluntary, recovery-based program that serves children (0-18), adults (18-62) and senior citizens (63-100) with mental health and/or substance abuse disorder. As stated on the DHFS website, the intent of CCS services and supports is reducing the effects of an individual's mental health and/or substance use disorders, assisting people live the best possible life and helping participants on their journey towards recovery.

An array of psychosocial rehabilitative services tailored to individual consumer needs are

provided. These services include: assessment; recovery planning; service facilitation; communication and interpersonal skill training; community skills development and enhancement; diagnostic evaluations and specialized assessments; employment related skills training; physical health and monitoring; psychoeducation; psychosocial rehabilitative residential supports; psychotherapy; recovery education and illness management; and additional individualized psychosocial rehabilitative services deemed necessary.

The Jefferson County Comprehensive Community Services Program (CCS) completed its first full year. Being first certified

in February 2006, Jefferson County's CCS program was granted a two-year license in March 2007.

### Consumer Satisfaction

The CCS program conducted a Recovery Oriented System Indicators (ROSI) consumer survey to measure the consumer satisfaction of our program and how recovery oriented we are. We had 13 adult respondents this year compared to only 7 last year. Below is the means and percentages table which breaks down the survey into the following categories; overall mean, person centered, barriers, empowerment, employment, staff approach, and basic needs. The barriers and staff approach categories are negatively phrased and a lower number in these areas shows the program and staff is doing well in these areas. The mean for both of these was 2.0 or below which is what you would want to see. The highest scoring area was in empowerment where our staff and program were rated at 100%. This means that 100% of the consumers who took the survey felt that they had a mostly recovery oriented experience.

This is an important area, as we want to empower people so that they are less dependent on services and more independent and self directed. The two areas to focus on for improvement would be employment and basic needs. In the employment section we have started to work on job development and to really focus on this with adults who are admitted to the CCS program. Presently there are 14 individuals who are currently employed and 8 who either want better jobs or are seeking employment at this time. The second area, basic needs, is difficult for our program to improve upon as there are two questions in this category which address; 1. Do they have enough money to live on? 2. Do they have affordable housing? We connect people with services that are available to assist with cost of housing and we also help people to apply for benefits that they are eligible for.

### **Means and Percentages for ROSI Consumer Survey Scales**

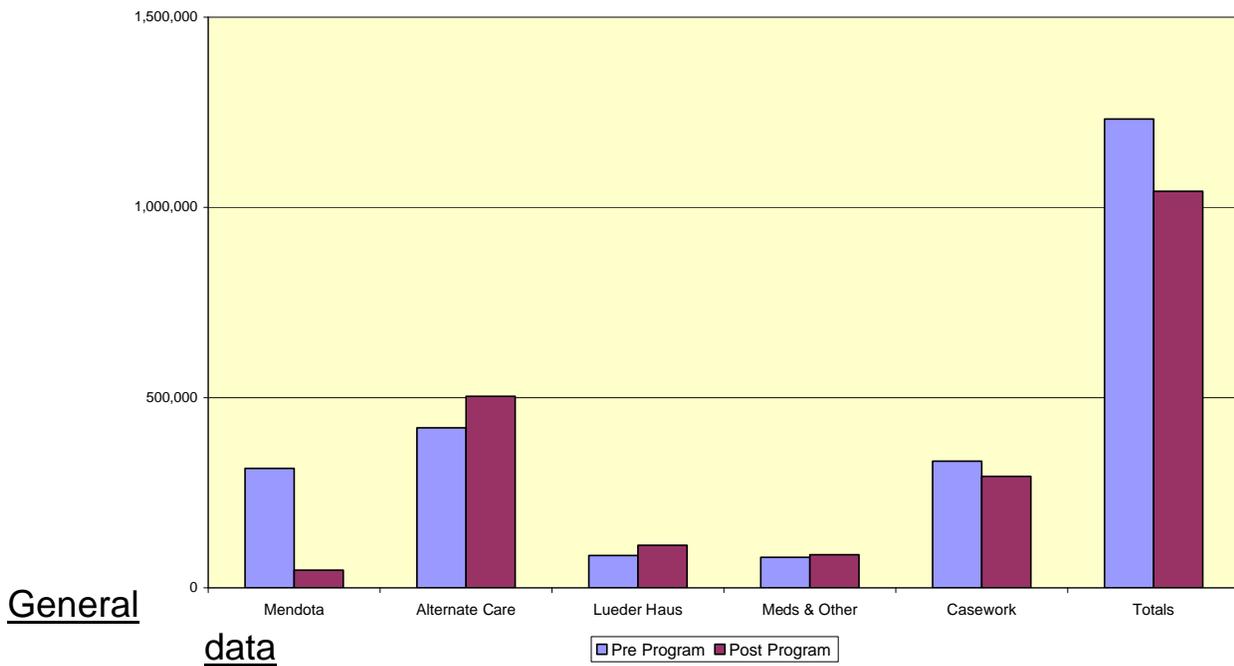
	<b>ROSI overall mean</b>	<b>Scale 1 person centered</b>	<b>Scale 2 Barriers</b>	<b>Scale 3 Empowerment</b>	<b>Scale 4 Employment</b>	<b>Scale 5 staff approach</b>	<b>Scale 6 Basic needs</b>
Average for all consumers	3.1	3.4	2.0	3.5	2.8	1.6	2.4
% with mostly recovery oriented experience	58.3%	83.3%	25.0%	100.0%	45.5%	66.7%	50.0%
% with mixed experience	41.7%	16.7%	75.0%	0.0%	36.4%	25.0%	25.0%
% with less recovery oriented experience	0.0%	0.0%	0.0%	0.0%	18.2%	8.3%	25.0%

### Monetary benefits

In 2007, Jefferson County's CCS program continued billing Medicaid for an array of psychosocial rehabilitative services and the program was reimbursed \$328,209.21. This is compared to 2006 when CCS program recouped a total of \$131,927.47 from Medicaid reimbursement for psychosocial rehabilitative services. The difference being that the program was in its first full year and we were able to increase to three full time service facilitators by the end of 2007. We project that in 2008 the reimbursement amount will be greater due to a full year of having the three fulltime service facilitators and the admittance of more consumers in the program.

A pre/post program study was done on the costs of services for the individuals in the CCS program. This study showed a savings of 189,827.00 of total costs after coming into the CCS program.

### CCS Total Costs



During the program's first full year of operation, 38 consumers ranging in age from nine to 79 were treated. Throughout 2007, 17 new consumers were admitted and six consumers discharged. Of the consumers admitted to the program 9 were children and 8 were adults. Of the consumers discharged 4 were children and 2 were adults. Consumer diagnoses included schizophrenia, schizoaffective disorder, bipolar, major depression, borderline personality disorder, post-traumatic stress

disorder, various anxiety disorders and substance use disorders. The CCS staff consists of a CCS Administrator, Psychiatrist/Medical Director and a CCS Service Director. Of the three CCS Service Facilitators, one began in 2006, one began in May 2007 and one began in October 2007. One of our goals is to maintain staff within the program so we can create a stable program offering consistent services to people.

## DEVELOPMENTAL DISABILITIES

*~Funding sources are used to purchase many services including vocational services, respite care, home modifications, equipment and supplies, day programming and alternate care.~*

Jefferson County's Program for the Developmentally Disabled provides a full range of programs and services for adults and children. Services include assessments, care management, guardianship services, protective payee, community based living arrangements, vocational and specialized day programming.

Nine full time care managers provide care management services including education, counseling, advocacy and other services as

needed. Psychiatric services are also provided as needed by our Medical Director/psychiatrist.

The major sources of funding used to serve the DD population are the CIP Waiver programs. These programs are funded by Federal Medical Assistance dollars and County match. In some cases the State provides the match. These funding sources are used to purchase many services including vocational services, respite care, home modifications, equipment and supplies, day programming and alternate care.

### Specific Medical Assistance Waiver (MA-W) funding streams include:

- "Community Integration Program" (CIP) – 1A, Community services for developmentally disabled adults who have been relocated from State Centers. During 2006, 13 adults were served.
- "Community Integration Program" (CIP) – 1B, Community services for developmentally disabled adults and children who are diverted from institutional placement. During 2006, 51 children and 357 adults were served.
- "Brain Injured Waiver" (BIW), Community services for developmentally disabled adults who have suffered a debilitating brain injury. During 2006, 12 brain injured adults received services.

Jefferson County's Program for the Developmentally Disabled continued to grow during 2007 with new consumers and new challenges. During 2007 the team assessed and completed Community Integration Program (CIP) waiver packets on 39 residents of St. Coletta who did not have the funding to stay in their placement. Special funding was provided by the State for this project so there was no cost to the county. Some of these people chose to stay in St. Coletta homes while others chose to move with other alternate care providers. In addition to the St. Coletta consumers the agency relocated 10 more residents out of the Bethesda and Alverno ICF-MR. Again no County money went into these relocations. In total at the end of 2007 the Developmentally Disabled team was serving

35 children and 377 adults through the Medical Assistance Waiver programs.

In addition to those people receiving services there are 75 potential consumers waiting for services and 100 current consumers waiting for additional services. The wait lists are due to lack of county dollars to "match" federal dollars available through the waiver program. During 2007 only emergency situations received county funding; these consumers had documented health and safety issues which required our protective action.

As noted in other areas of this report Jefferson County has been working in partnership with twelve other counties from south eastern Wisconsin and Care Wisconsin which is the private organization that has been contracted through the State to develop Family Care in

our region. Family Care is a process of providing care and services to the elderly, developmentally disabled and the physically disabled in the most cost efficient manner. The services include those historically provided through the MA waiver program plus nursing services designed to maintain and monitor consumer's physical health and wellness. The working theory is money can be saved by providing more preventive services in the community, thus keep people out of hospitals, nursing homes and other types of long term placements. As noted above our Jefferson County managed care provider will be Care Wisconsin. In our county Care Wisconsin will operate the Family Care program using county case managers who presently provide services through the Developmentally Disabled and the Long Term Support Teams. There will be a contract between Care Wisconsin and the county for case management and other services. By September 1<sup>st</sup> of 2008, the opening day of Family Care in Jefferson County all of the case managers working with

the elderly the developmentally disabled and the physically impaired will be housed off site at a facility operated by Care Wisconsin. Supervision of the case managers will still be through JCHS. Additional case managers will be added to meet the demands of current and new consumers, including those removed from our wait list.

In addition to the county moving into Family Care during 2008 we will also be relocating thirty-three more residents out of Bethesda and Alverno. To accomplish this The State of Wisconsin has provided Jefferson County with special funding for additional staff to process these relocations and funding to place these 33 people into community settings.

There are presently two case managers who work primarily with the Children's Long Term Support waivers to meet the needs of children who are physically, emotionally, or developmentally disabled. During 2008 this program will be transferred to our new Division of Family Resources.

## EARLY INTERVENTION

*"We work in partnership with the family to enhance their child's development"*

The Jefferson County Early Intervention Program, established in 1979, has a strong commitment to working with families and staff as a team to provide the best-individualized program for each child.

The Mission of the Program states that they are committed to children under the age of three with developmental delays and disabilities and their families. They value the family's primary relationship with their child.

They work in partnership with the family to enhance their child's development and support

the family's knowledge, skills and abilities as they interact with and raise their child.

The Program staff consists of speech and language pathologists, physical therapists, occupational therapists, service coordinators, educational specialists, and a director. Consultations are done with many other specialists to meet the needs of our families.

A child qualifies for services one of three ways. The first and most common way is by a 25% delay in one area based on a normative test. The second way is a diagnosis from a

physician. The third way is atypical | development as determined by a professional.

## GUIDING PRINCIPLES

The following guiding principles direct our planning and program decisions. As the early intervention system grows and develops, its success should be measured by the success with which we are able to realize these principles. The following is a summary of those principles.

- Ø Children’s optimal development depends on their being viewed first as children, and second as children with a delay or disability.
- Ø Children’s greatest resource is their family. Children are best served within the context of the family. Young children’s needs are closely tied to the needs of their family.
- Ø Parents are partners in any activity that serves their children. Parents or primary caregivers have an unique understanding of their children’s needs.
- Ø Just as children are best supported within the context of family, the family is best supported within the context of the community.
- Ø Professionals are most effective when they work as a team member with parents and others.
- Ø Collaboration is the best way to provide comprehensive services. No single agency is able to provide all services to all children and families.
- Ø Early intervention enhances the development of children. Early intervention is appropriate for children and families.

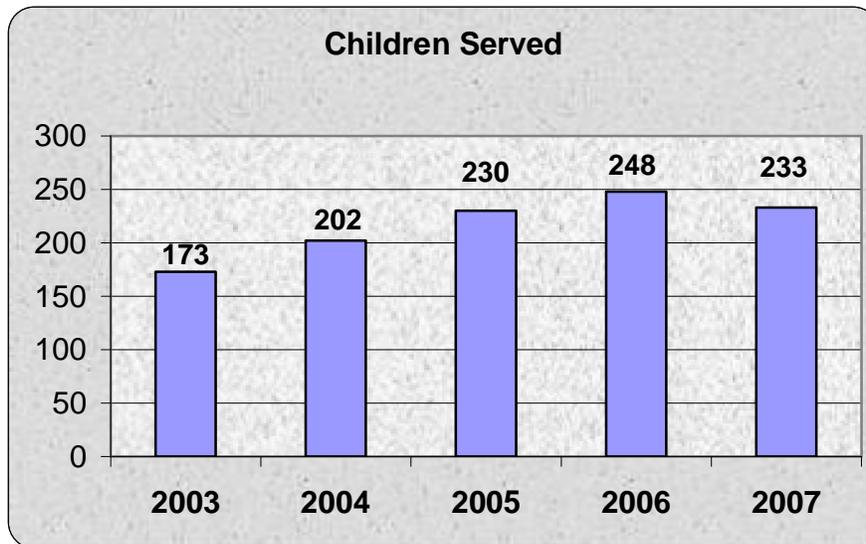
After the age of three, a child’s education does not end. It is our role to work with the family to find the best “next step” for the child. At 27 months of age, the discussion of transition begins. A service coordinator will discuss the options. A transition meeting will be held with preschools, HeadStart, Early Childhood, and/or a private agency to discuss the needs of the child and family. Transition can be both an exciting time and a very nervous time. We encourage families to visit any of the potential programs. A final planning meeting will be held before the child turns three to determine the family’s final decision.

The Early Intervention Program is funded through county, state, federal funds, insurance benefits and the Parental Cost Share. In addition, the United Way of Jefferson County and N. Walworth Counties, Watertown United Way, St. Vincent DePaul, community organizations, and private individuals provide generous support to our program.

The chart and graphs below show the enrollment dating back to 2003. It is very important to remember that Early Intervention services are mandated services; therefore, *a program may not have a waiting list*. Every child that qualifies must be served.

*Number of Children Served*

<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
173	202	230	248	233



*Number of Referrals During Each Year*

<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
142	156	169	176	144

*Number of Hispanic Families Served*

<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
24	25	40	41	39

*Number of Black Families Served*

<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
0	0	0	5	3

## Number of Asian Families Served

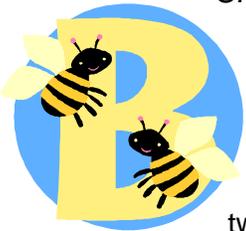
2003	2004	2005	2006	2007
0	0	3	4	2

### Summary Of Data

As shown by the above data, the Early Intervention Program has stabilized over the past few years. The Department of Health and Family Services has not changed the qualification criteria; therefore, we hope to remain in this stable position. It is very important to remember that Early Intervention services are mandated services; therefore, *a program may not have a waiting list*. Every child that qualifies must be served.

## Busy Bees Preschool

*“Children will increase their self-esteem and confidence through understanding and succeeding at our preschool.”*



The Busy Bees Preschool is a parent-involved preschool for two and three year old children that opened in September of 2005. It offers two morning sessions; Session One is Mondays and Wednesdays and Session Two is Tuesdays and Thursdays. Both sessions run from 8:30 am to 11:00 am. The preschool runs from September to June for up to 15 children. The population is a combination of community members and children with special needs. Parents are responsible for volunteering six times a year within the classroom, helping with

unit preparation, planning of field trips, and creating and maintaining program policies.

The Preschool provides developmentally appropriate activities in a seasonal thematic manner. The content of the day is presented through a consistent routine. The activities emphasize language and concept development through free play, music, finger plays, books, gross and fine motor activities, art experiences, and daily living skills, which will include a snack time and a bathroom routine. These activities address all developmental domains and incorporate quiet and active time. The snack is provided by the

preschool and includes at least two food groups based USDA guidelines.

Units are planned in advance so that families receive a unit letter to promote follow through in the home setting. This preparation also ensures smooth transitions and minimal amounts of time that children are waiting. Children are encouraged to express themselves during activities and guided to the next developmental level. Materials will cover diverse themes and cultures. Families are encouraged to share their experiences and cultures in order to educate children about the diversity of our population.

Busy Bees Preschool provides a positive learning experience through a fun-filled morning with a structured routine and consistent behavioral limit. Children will increase their self-esteem and confidence through understanding and succeeding at our preschool. In cases of unwanted behaviors, the

staff will redirect and use positive reinforcement to encourage positive interactions. If unwanted behaviors persist, the family and staff will develop a behavioral plan. Negative modification techniques like physical punishment, withholding food or verbal abuse will never be used. The Busy Bees Preschool believes that these activities are unethical and will lessen a child's self-esteem and self-image.

The Preschool has become incredibly popular and has increased its services to offer a summer session for five weeks during July and August. Our first session was in 2007 and families have begun asking to reserve a spot in the 2008 session. During the summer session, we have the luxury of borrowing small school buses and its drivers from the Jefferson County Head Start Program to take field trips. This is a great way for families to network and for the children to have new experiences.

## AGING & LONG-TERM SUPPORT

*~The goal of this unit is to help people remain independent and safe within their own homes and communities by providing them with individualized services to meet their needs.~*

The Aging/Long Term Support Unit serves the elderly and adults with physical disabilities through a variety of programs as discussed below.

### **Jefferson County Senior Dining Program**

#### **Fellowship, Food Fun**

In 2007, Jefferson County's Senior Dining Program provided 36,914 hot, noon meals to people 60+. The congregate sites served 18,739 meals, and 18,175 home deliveries were made. For the fifth year in a row, the program saw an overall decrease (16%) in the

number of meals served when compared to the previous year. Most notably was the decrease in numbers of meals served at the congregate programs (21%), which was the opposite of what happened in 2006, when a 15% decline in home deliveries was noted.

When looking back, the five year trend has been a steady decrease in program participation and the numbers are alarming. In 2002 the program served 55,909 and since that time there has been a 44% reduction in participation. Some of this can be explained to tighter program rules, a change in policy that

eliminated free noon meals to site managers and a new state reporting system that tracks the number of meals served to each individual who is participating in the program. Regardless of the reasons, some sites are no longer cost-effective and may need to close if participation does not increase.

At the present time, Nutrition Program personnel have undertaken a considerable outreach effort in order to accomplish three goals:

1. Educate the general public about the importance of good nutrition & the Senior Dining Program;
2. Publicize information about the program to reach as many people as possible;
3. Inform people that if they don't use the service, it may end.

If the outreach efforts are unsuccessful, in 2008 the Jefferson County Human Services Board will be challenged to make some very difficult decisions that will impact how nutrition services will be delivered to the county's elderly.

### Transportation Services

The s85.21 Specialized Transportation Program is administered through the Aging/Long Term Support Unit. This program provides counties with financial assistance so that they can provide transportation services to the elderly and persons with disabilities on a trip *priority* basis. Priority trips in Jefferson County are for medical and nutritional services; the following projects are partially funded under this grant:

1. Elderly Services Van: Provides transportation on a fixed route basis to elderly and disabled individuals for grocery and other shopping trips. In 2007, 3,143 one-way trips were provided.
2. Taxi Program Subsidy: Provides a user-side subsidy for taxi services provided to elderly who use the taxi in order to attend a Senior Dining Program in Fort Atkinson, Jefferson and Lake Mills. In 2007, 1,352 one-way trips were subsidized at .75 per trip.
3. Driver-Escort Program (volunteer drivers)\*: Provides door-to-door transportation to elderly and disabled individuals for medical appointments when they have no other means of getting there. In 2007, volunteer drivers provided 3,390 one-way rides.

Volunteer drivers also provide rides to Human Services Department clients, including children and non-disabled adults, so that they can receive department provided services.

The number of rides being provided to this group has drastically been reduced to less than 3% of the total number of rides provided.

The Jefferson County Human Services Department underwent an organizational study in 2007 and study participants repeatedly expressed concerns about the lack of transportation options available to people living in the county. The consulting firm, EJJ Olson & Associates, concluded that "an opportunity exists in the county to improve efficiency of transportation through collaboration/integration." The report also recommended that:

- The County Board should establish a transportation sub-committee to address the transportation needs of clients served by the Department of Human Services, the Health

Department, Workforce Development and other client-focused services provided by county government.

- The sub-committee should evaluate county service transportation options for county services with a special emphasis on the frail and those in need. Review statewide best practices models.

During the 2008 budget process, the county administrator requested a new position for a Volunteer Services Coordinator. The request was approved by the County Board. The coordinator will be hired in 2008 and his or her job will be to coordinate recruitment, use and retention of volunteers on a county-wide basis. Emphasis will be placed on recruiting volunteer drivers in order to provide transportation services to the clients of various county departments who are in need of assistance.

### Benefit Specialist

The Benefit Specialist Program served 1434 cases in 2007. The monetary value of these services totaled \$1,034,138 in recouped federal/state/other dollars for elderly clients in Jefferson County. Of those cases, 664 (46% of caseload) were Medicare, Medicaid, or other insurance related issues. The most dramatic increase in cases were those related to Medicare Advantage (Medicare Part C) plans. The Benefit Specialist program closed 27 Med Advantage cases in 2007, up 69% from the previous year. These increased numbers reflect the increased number of insurance companies marketing these new products to Jefferson County Seniors. It is expected that this trend will continue to bring new challenges and opportunities for advocacy and community education in 2008.

### Information & Assistance

The Aging/Long Term Support Unit routinely offers Information and Assistance (I & A) Services to the elderly, persons with physical disabilities and their caregivers. I & A services help older adults and their families determine their needs, and connect them with specific services or benefits that they are eligible for. In 2007, the Aging Unit received approximately 698 calls from the general public asking for some sort of information and/or assistance.

In 2008 I & A Services will be provided through the Aging & Disability Resource Center (ADRC) of Jefferson County. The ADRC is a new entity that will allow the Human Services Department to provide more front-end services to the elderly and adults with disabilities who reside in the county.

### Family Caregiver Support Programs

The department currently coordinates caregiver services and benefits under the following three programs: 1) Family Caregiver Support Program; 2) Alzheimer's Family Caregiver Support Program and 3) Memory Care Connections. These programs are intended to provide caregivers with information about available services; assistance in gaining access to services; individual counseling, support groups and training; respite care to give them a break from providing care and supplemental services to help provide care. While not specifically tracked in 2007, it is estimated that at least 1/3<sup>rd</sup> of the individuals calling the department for I & A services are caregivers.

### Elder Abuse & Neglect

72 reports of Elder Abuse & Neglect were received in 2007 as opposed to 49 in 2006. A new state mandate was implemented in the fall of 2006, which made the department responsible for receiving and investigating allegations of abuse/neglect on behalf of individuals 18+ with disabilities. These services will be coordinated under one unit as there is a logical fit between them.

### Young & Old Stick Together YOST

The YOST program is an intergenerational program that builds “understanding, communication, appreciation and relationships” between high school students and senior citizens. Approximately 50 high school seniors participate in this program on an annual basis and when classes were held in September 2007, the number of high school seniors signed up for the program outnumbered the number of senior citizens! This program links the students and seniors together throughout the school year, but rarely does the relationship end after graduations. This program is truly one-of-a-kind in Wisconsin.

## LONG – TERM SUPPORT

These programs include the Community Options (COP) and Medical Assistance Waiver/Community Integration Programs (COP-W and CIP). As implied in their names, the intent of these programs is to provide people, who qualify for nursing home or other institutional care, a choice about where they live and what services they will receive. Funding for COP and CIP services comes primarily from federal and state funding sources. County tax dollars and personal funds are also used purchase services. Some participants who are above the predetermined income standard are subject to a cost-sharing obligation.

The Department maintains two separate waiting lists: one for current participants requesting an increase in services; the other for new persons requesting services. At the end of 2006, 130 new people were waiting for services. This is a 66% increase over the

number of individuals waiting in 2005. The impact that these programs have on individuals cannot be overstated in terms of how beneficial the services provided are to individuals who wish to remain at home despite chronic and/or disabling health problems.

Jefferson County Human Services Department continues to actively participate in planning for long term care reform with 12 other counties, private providers, and three care management organizations with experience in Long Term Care system change. Our goal is to eliminate waiting lists and ensure that all eligible consumers in the region have access to high quality services. Our planning efforts to redesign our local long-term care system are rooted in the values of choice, quality, access, cost-efficiency and integration. We’re moving toward a fully-integrated approach to care planning and management, where we

coordinate long-term care with primary and acute health care.

Jefferson County is also planning to develop a single county Aging & Disability Resource Center (ADRC). Aging and Disability Resource Centers (ADRCs). ADRCs are service centers that provide a place for the public to get accurate, unbiased information on all aspects of life related to aging, living with a disability or accessing mental health and substance use disorder services.

ADRC's are also required and must be operational before people can move into managed care. Another of the roles of an ADRC is to complete eligibility determinations on individuals who are requesting publicly funded long term care services. These individuals are expected to comprise approximately 15% of the ADRC's clientele.

Jefferson County is planning to open its ADRC by July 1, 2008 and begin transitioning long term care recipients into managed care beginning September, 2008.

The following chart provides summary data on the number of individuals served in the Medicaid Waiver programs for 2006 and 2007.

**Medical Assistance Waivers**

Program	2007 Count	2006 Count	% Change
Community Integration 1A	13	13	0%
Community Integration 1B	441	390	13%
Community Integration II	107	109	-2%
Community Options Program Waiver	63	63	0%
Community Relocation Initiative	21	7	200%
Community Options Program	9	8	13%
Brain Injury Waiver	11	12	-8%
Children's Long Term Support	7	1	100%

## FINANCIAL REPORTS

The Financial Reports that follow summarize Department resources and expenditures by source and type, by target group, and by service type. Data are presented in numeric and pie chart formats. Total resources for 2007, including County tax levy, were \$36,230,472; total expenditures were \$35,874,816.

## 2007 RESOURCES & EXPENDITURES (unaudited)

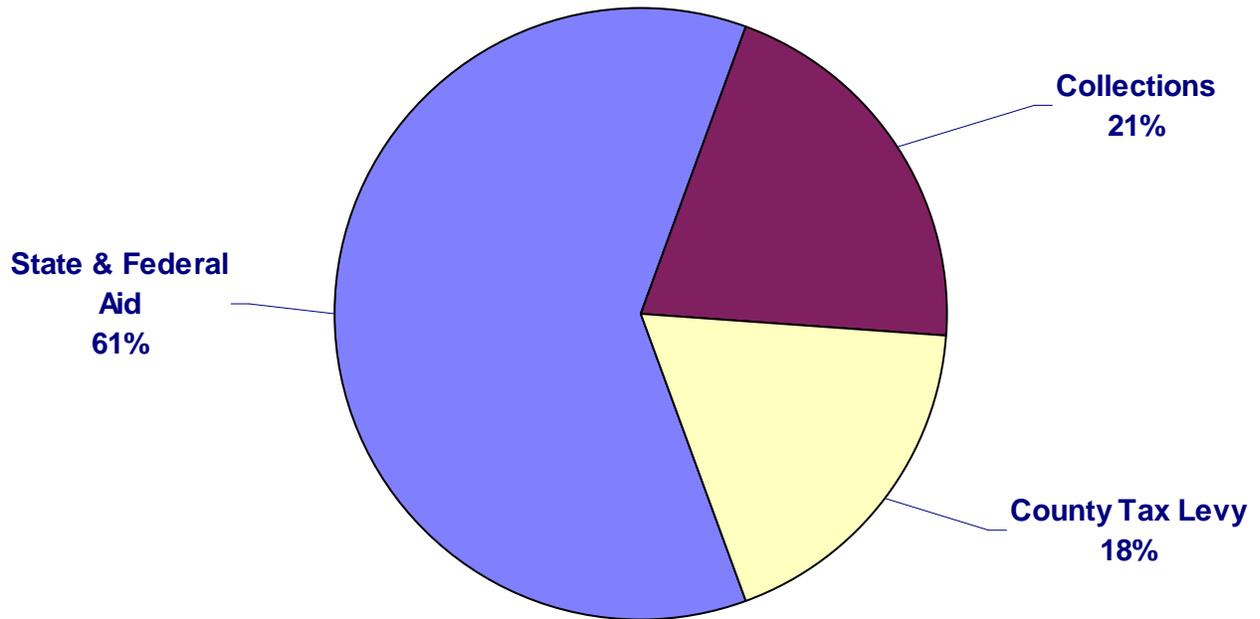
RESOURCES	ACTUAL	BUDGET	VARIANCE
State & Federal Aid	\$ 22,092,581	\$ 19,852,544	\$ 2,240,037
Collections	7,435,854	6,954,487	481,367
County Tax Levy	6,666,127	6,508,161	157,966
Fund Balance Carryover	35,910	35,910	0
<b>Total Resources</b>	<b>\$ 36,230,472</b>	<b>\$ 33,351,102</b>	<b>\$ 2,879,370</b>

EXPENDITURES	ACTUAL	BUDGET	VARIANCE
Personnel & Operating	\$ 11,648,176	\$ 11,566,466	\$ (81,710)
Client Assistance	333,756	251,600	(82,156)
Medical Assist. Waivers	19,620,799	16,970,500	(2,650,299)
Community Care	746,062	737,375	(8,687)
Child Alternate Care	1,442,568	1,485,000	42,432
Hospitalizations	479,466	650,000	170,534
Other Contracted	1,603,989	1,690,161	86,172
<b>Total Expenditures</b>	<b>\$ 35,874,816</b>	<b>\$ 33,351,102</b>	<b>\$ (2,523,714)</b>

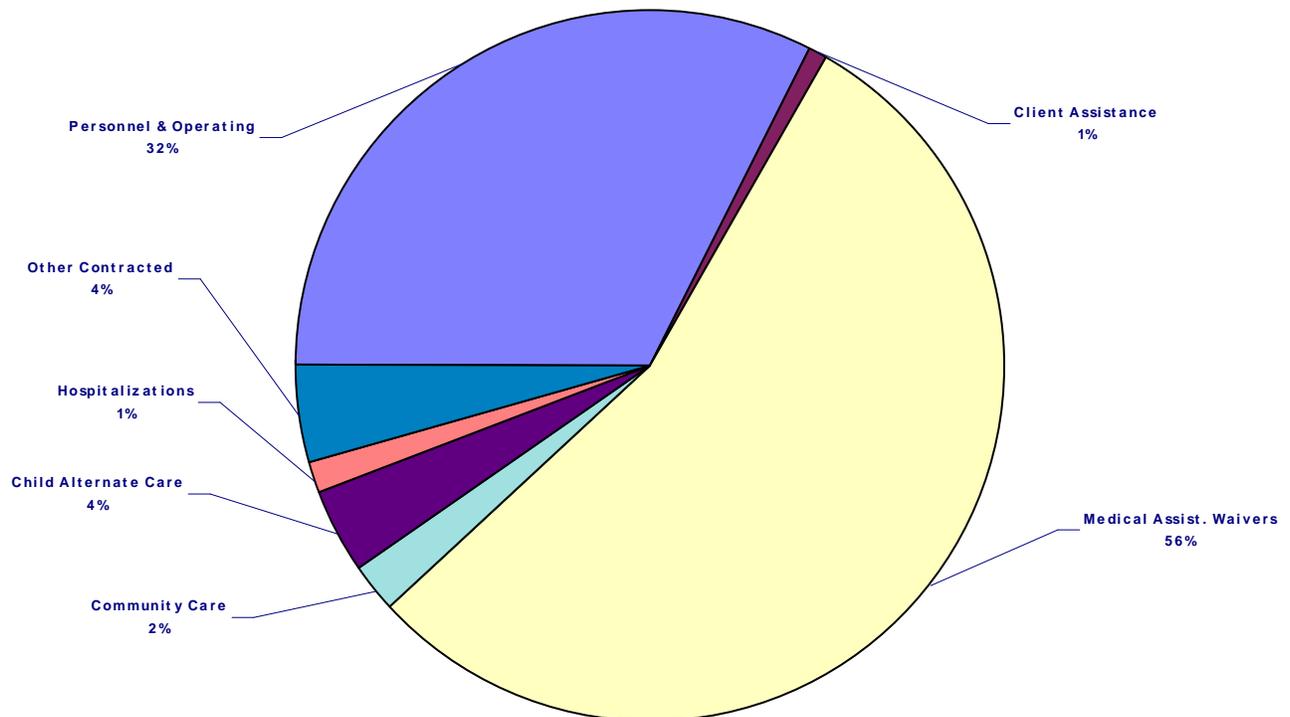
SUMMARY	VARIANCE	PERCENT
Resources	2,879,370	8.6%
Expenditures	(2,523,714)	-7.6%
<b>Net Suplus</b>	<b>\$ 355,656</b>	<b>1.1%</b>

*2007 operations resulted in a net surplus of \$355,656 (1.1% of total budget); \$40,000 is carried forward to 2008 to fund an unfinished MIS project, with the remaining \$315,656 set aside in the General Fund earmarked to offset first year Family Care costs.*

# 2007 Resources



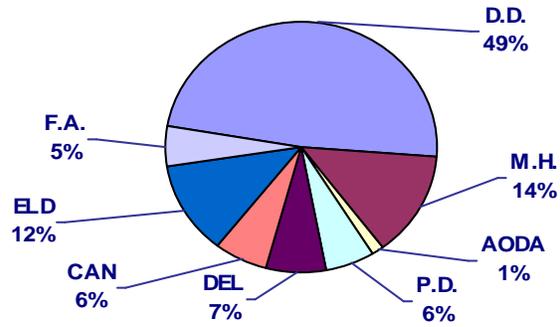
# 2007 Expenditures



# 2007 Costs by Target Group

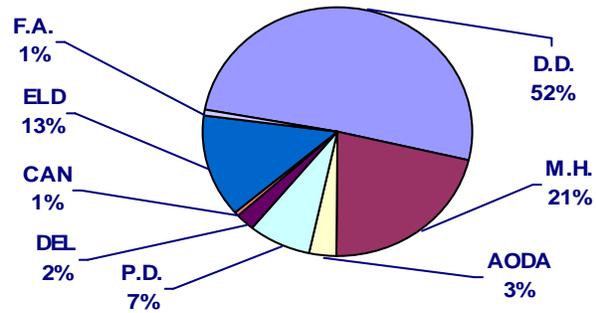
## Total Expenditures

Develop. Disabilities	<i>D.D.</i>	17,336,604
Mental Health	<i>M.H.</i>	4,923,063
Alcohol & Drug	<i>AODA</i>	435,098
Physical Disabilities	<i>P.D.</i>	2,157,071
Delinquency	<i>DEL</i>	2,599,710
Child Abuse/Neglect	<i>CAN</i>	2,272,506
Elderly	<i>ELD</i>	4,224,589
Financial Assistance	<i>F.A.</i>	1,926,175
<b>TOTAL</b>		<b>35,874,816</b>



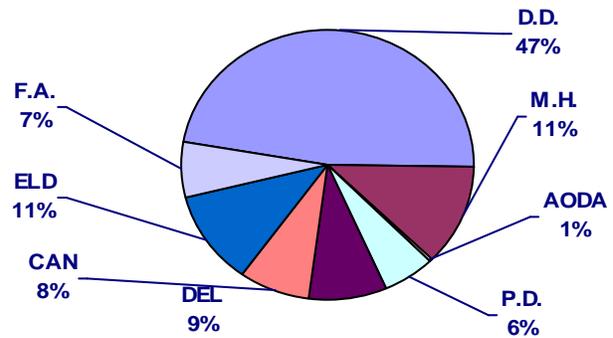
## Collections & Donations

Develop. Disabilities	<i>D.D.</i>	3,805,462
Mental Health	<i>M.H.</i>	1,563,344
Alcohol & Drug	<i>AODA</i>	248,130
Physical Disabilities	<i>P.D.</i>	552,912
Delinquency	<i>DEL</i>	165,045
Child Abuse/Neglect	<i>CAN</i>	44,039
Elderly	<i>ELD</i>	999,046
Financial Assistance	<i>F.A.</i>	57,876
<b>TOTAL</b>		<b>7,435,854</b>



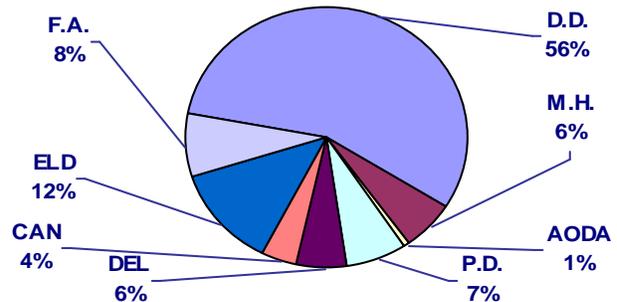
## Net Costs

Develop. Disabilities	<i>D.D.</i>	13,531,142
Mental Health	<i>M.H.</i>	3,359,719
Alcohol & Drug	<i>AODA</i>	186,968
Physical Disabilities	<i>P.D.</i>	1,604,159
Delinquency	<i>DEL</i>	2,434,665
Child Abuse/Neglect	<i>CAN</i>	2,228,467
Elderly	<i>ELD</i>	3,225,543
Financial Assistance	<i>F.A.</i>	1,868,299
<b>TOTAL</b>		<b>28,438,962</b>



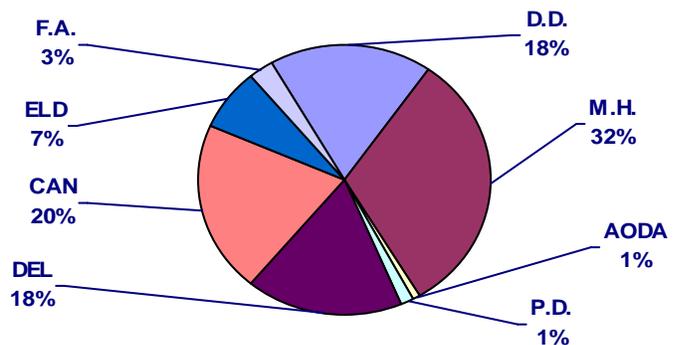
## State & Federal Funding

Develop. Disabilities	<i>D.D.</i>	12,391,490
Mental Health	<i>M.H.</i>	1,347,227
Alcohol & Drug	<i>AODA</i>	134,727
Physical Disabilities	<i>P.D.</i>	1,520,010
Delinquency	<i>DEL</i>	1,317,002
Child Abuse/Neglect	<i>CAN</i>	929,868
Elderly	<i>ELD</i>	2,758,438
Financial Assistance	<i>F.A.</i>	1,693,819
<b>TOTAL</b>		<b>22,092,581</b>



## Net County Cost

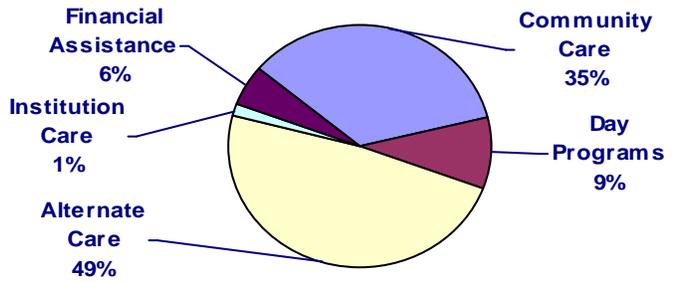
Develop. Disabilities	<i>D.D.</i>	1,139,652
Mental Health	<i>M.H.</i>	2,012,492
Alcohol & Drug	<i>AODA</i>	52,241
Physical Disabilities	<i>P.D.</i>	84,149
Delinquency	<i>DEL</i>	1,117,663
Child Abuse/Neglect	<i>CAN</i>	1,298,599
Elderly	<i>ELD</i>	467,105
Financial Assistance	<i>F.A.</i>	174,480
<b>TOTAL</b>		<b>6,346,381</b>



# 2007 Costs by Service Type

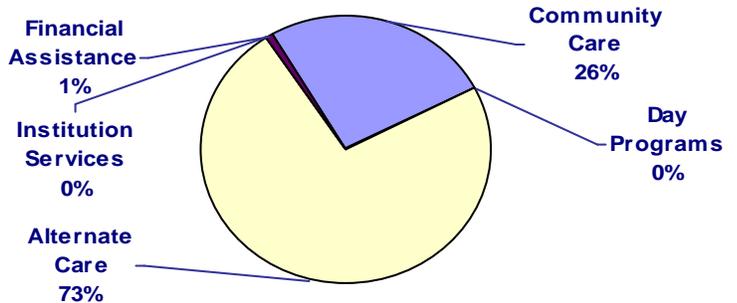
## Total Expenditures

Community Care	12,559,317
Day Programs	3,347,056
Alternate Care	17,503,909
Institution Services	479,466
Financial Assistance	1,985,068
<b>TOTAL</b>	<b>35,874,816</b>



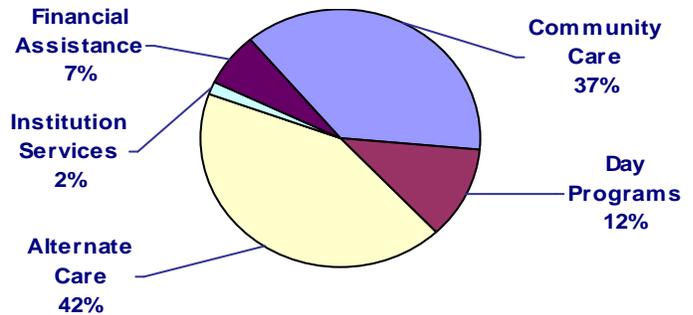
## Collections & Donations

Community Care	1,926,197
Day Programs	0
Alternate Care	5,451,781
Institution Services	0
Financial Assistance	57,876
<b>TOTAL</b>	<b>7,435,854</b>



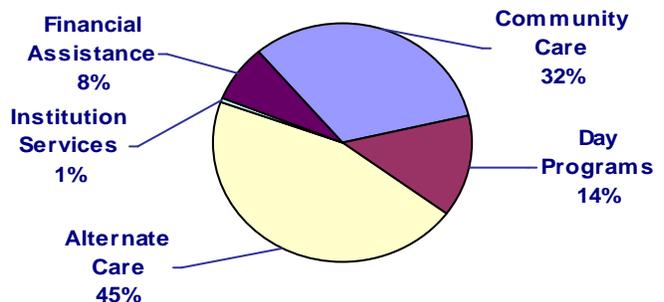
## Net Costs

Community Care	10,633,120
Day Programs	3,347,056
Alternate Care	12,052,128
Institution Services	479,466
Financial Assistance	1,927,192
<b>TOTAL</b>	<b>28,438,962</b>



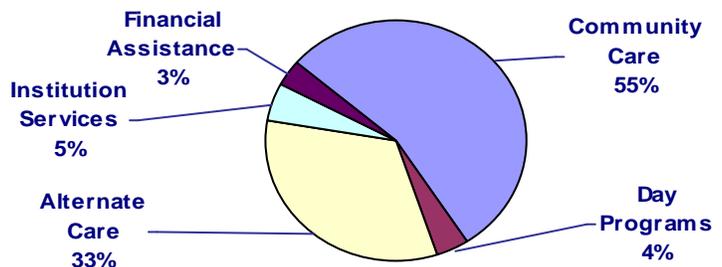
## State & Federal Funding

Community Care	7,155,200
Day Programs	3,105,674
Alternate Care	9,963,992
Institution Services	155,132
Financial Assistance	1,712,583
<b>TOTAL</b>	<b>22,092,581</b>



## Net County Cost

Community Care	3,477,920
Day Programs	241,382
Alternate Care	2,088,136
Institution Services	324,334
Financial Assistance	214,609
<b>TOTAL</b>	<b>6,346,381</b>



# Health Insurance Portability and Accountability Act (HIPAA)

*~The proper use and disclosure of protected healthcare information, while maintaining confidentiality, integrity and availability in the hybrid county workplace, is the goal of county-wide HIPAA implementation~*

## **Review of Activities for 2007 to Maintain the Standards of the Health Insurance Portability and Accountability Act (HIPAA) of 1996**

HIPAA is the complex set of **federal standards** with a direct impact on the treatment, payment, and healthcare operations (TPO) of the Jefferson County Health, Human Services, Human Resources (employee health plan) and Management Information Systems (MIS) Departments, Countryside Home and Jail. Human Services employee Charlotte Silvers was designated by County Board

Resolution No. 2004-108 to the combined role of HIPAA Privacy and Security Officer in 2005 with the assistance of Deputies in each of the covered entity departments as designated in County Board Resolution No. 2003-05. See also the previously distributed 2005 and 2006 Human Services Annual Reports - HIPAA.

### A Review Of HIPAA Officer Activities For 2007 Includes:

1. Investigated HIPAA alleged patient complaints and staff/business associate breaches; evaluated potential high-risk situations to prevent complaint/breach; and served as a resource to staff in both HIPAA and non-HIPAA county departments with HIPAA advice and handling of confidential information.
2. Began re-tooling of the HIPAA Manual as the shift is made from “compliance” with mandatory implementation dates to “enforcement”. The Centers for Medicare and Medicaid Services (CMS), the enforcement agency for the HIPAA Security Rule, conducted the first HIPAA Security Rule audit of a covered entity, leading many in the HIPAA field to change focus. This increased emphasis on enforcement may be due to a number of well-publicized breaches, the perception that breaches are recurring with nothing being done, and the low rate of federal investigations/convictions. Of note are the hiring by CMS at the end of 2007 of seven, and the 2009 budgeting for three, new enforcement staff positions. As anticipated in last year’s HIPAA report, CMS issued the seventh (**final**) guidance entitled “Security Standards: Implementation for the Small Provider”, another signal that the focus has changed to enforcement as publication of advisory materials is now “complete”.
3. Continued **training** of work force staff, volunteers and students, with preparation of “annotated” handouts; participated in Countryside Home in-service program to update staff “Confidentiality Awareness Statements” and introduce “False Claims Act and Whistleblower Protection Education Policy” (part of HIPAA law).
4. Participated with Human Resources staff in training on the “Final HIPAA Nondiscrimination & Wellness Program Rules -- Changes Employers Must Make”. Attended a compliance seminar, “HIPAA Privacy and Security for Employer Sponsored Group Health Plans”.

5. Developed the “Jefferson County Emergency Management HIPAA CHECKLIST”, with web site link to the Office of Civil Rights Emergency Preparedness Planning and Response decision-making tool, in the event of a disaster in which protected health care information may be compromised.
6. Held meetings with MIS staff re: development of basic “trigger” program to target potential breach areas requiring monitoring; reviewed the county’s “Computer Use, Internet Access and Telephone Use Policy” to update it for new technology developed since it was first issued; and continued discussion of policies and procedures to implement mandates of the HIPAA Security Rule.
7. Reviewed recommendations published in the HIPAA scenario project report (sponsored by the National Governors Association) to harmonize state and federal confidentiality laws. These recommendations have lead to legislation being proposed to revise the Wisconsin state laws for sharing of mental health and substance abuse information among a patient’s health care providers; and to continued support by the NGA for implementation of the Nationwide Health Information Network.
8. Monitored implementation progress of the National Provider Identifier (NPI), part of HIPAA Transactions and Code Sets requirements. The May 23, 2007 deadline for most providers to apply has passed.
9. Observed drop-off procedures for out-dated medication and secure recycling of used computer equipment at one of the four 2007 Jefferson County Clean Sweep Programs. Staff is to be commended for privacy concern shown.

The challenge for 2008 will be to stay current with the following: CMS HIPAA Security Rule enforcement plans, with anticipated publication of a “checklist” of items to have ready for a CMS audit; monitoring changes in state law with continued HIPAA harmonization; monitoring proposed HIPAA amendments at the federal level (such as HIPSA – Health Information Privacy and Security Act) that may extend HIPAA protections to all health care information, not just in defined covered entities; the increasing popularity of “Personal Health Records (PHR), including how PHR’s kept by the patient will interface with county health care electronic record systems; and the continued progress towards nationwide implementation of electronic health care records (by the year 2014).

The List of 2008 HIPAA Goals and Objectives will form the outline for the next annual report.

# Human Services Staff

DIRECTOR ~ *Thomas Schleitwiler*

DEPUTY DIRECTOR ~ *Daniel Gebauer*

MEDICAL DIRECTOR ~ *Mel Haggart, M.D.*

## TEAMS & SUPERVISORS

- ~ Alternate Care, Families Come First, *Kris Doan*
- ~ Community Support Program, *Kathi Cauley*
- ~ Comprehensive Community Services, *Kim Propp*
- ~ Early Intervention Program, Busy Bees Preschool, *Wendi Hembrook*
- ~ Elderly Services / Long Term Support, *Sue Torum*
- ~ Fiscal, *Dan Gebauer*
- ~ Lueder Haus, *Terri Jurczyk*
- ~ Maintenance, *Terry Gard*
- ~ Personal Assistance – CHIPS, *Brent Ruehlow*  
*Autumn Pohlman*
- ~ Personal Assistance – Developmentally Disabled, *Patti O'Brien*
- ~ Personal Assistance – Mental Illness/AODA, *Vacant at time of report*
- ~ Personal Assistance – Youth Delinquency, *Beverly Marten*
- ~ Office Manager & Support Staff, *Donna Hollinger*
- ~ W-2 Economic Support Programs, *Jill Johnson*
- ~ Non W-2 Economic Support Programs, *Sandy Torgerson*

# TEAMS

## **Alternate Care/FCF**

Kris Doan, *Supervisor*  
Merrie Bear  
Julie Butz  
Jerome Calvi  
Nichole Doornek  
Brian Dopke  
Sharon Gerke  
Gino Racanelli  
Randy Reed  
Bill Reichart  
Amy Schouten  
Liz Stillman  
Kenny Strege  
Linda Terry  
Brian Weber  
Diane Wendorf

## **CSP**

Kathi Cauley, *Program Manager*  
Nancy Blodgett, R.N.  
Tiffany Congdon  
Donna Endl  
Lynn Flannery  
Danielle Graham - Heine  
Heather Graham-Riess  
Carol Herold  
Kathy Herro  
Peggy Sue LaHue-Alexander  
Kelly North  
Kellianne O'Brien  
Karin Pratt  
Heather Richmond  
Marjorie Thorman  
Mindy Walton  
Susan Welter

## **CCS & Lueder Haus**

Kim Propp, *CCS Supervisor*  
Terri Jurczyk, *Lueder Haus Mgr.*  
Nick Cera  
Bethany Dehnert  
Heather Dempsey  
Sherry Finley  
Candyse Hake  
Susan Hoehn  
Jessica Knurek  
Ken Neipert  
Holly Pagel  
Oken Sundal

## **Early Intervention**

Wendi Hembrook, *Supervisor*  
Karen Brunk  
Tonya Buskager  
Dora Esquivel  
Lynette Holman  
Jillian VanSickle

## **Elderly Services/Long-Term Support**

Sue Torum, *Supervisor*  
Becky Brokmeier  
Doug Carson  
Jackie Cloute  
Diane Curry  
Beth Eilenfeldt  
Sharon Endl  
Sandra Free  
Susan Gerstner  
Denise Grossman  
Sharon Olson  
Nancy Toshner  
Karen Tyne  
Lynn Walton  
Part-Time Nutrition Mgrs

## **Fiscal**

Dan Gebauer, *Supervisor*  
Lynelle Austin  
Susan Brown  
Mike Hotter  
Mary Jurczyk  
Barb Mottl  
Dawn Renz  
Charlotte Silvers  
Kay Weibel  
Mary Welter  
Sydney Wesemann  
Chris Willegal  
Darlene Schaefer, Volunteer

## **Maintenance**

Terry Gard, *Supervisor*  
Karl Hein  
Don Ott  
Paul Vogel  
Part-Time Staff

**Economic Support Services**

Sandy Torgerson, *Supervisor*  
Rebecca David  
Kristine DeBlare  
Julie Ihlenfeld  
Mary Springer  
Cheryl Streich  
Deanna Tessman

**Personal Assistance – Child Welfare**

Brent Ruehlow, *Supervisor*  
Dominic Wondolkowski, *Lead Intake Worker*

Rebecca Arndt  
Katie Bowers  
Dawn Demet  
Kathy Drechsler  
Barb Gang  
Amy Junker  
Cemil Nuriler  
Autumn Pohlman  
Jennifer Rhodes  
Andrea Szweg  
Laura Wagner  
Jenny Witt

**Personal Assistance & Youth Delinquency**

Beverly Marten, *Supervisor*  
Jude Christensen  
Kelly Conger  
Jill Davy  
Frank Destefano  
Jessica Godek  
Donna Miller  
Melinda Moe  
Sara Williams

**Personal Assistance – D/D**

Patti O'Brien, *Supervisor*  
Diane Bazylewicz  
Mary Behm-Spiegler  
Nicole Burdick

Kristine Dejanovich  
Julie Haberkorn  
Mark Nevins  
Shari Schoenherr  
Wendy Voigt  
Sara Zweg

**Personal Assistance – Mental Illness & AODA**

*Supervisor – Vacant at time of report*

Chet Borowski  
Krista Doerr  
Sandra Gaber  
Rebecca Gregg  
Art Leavens  
Karen Marino  
Kevin Reilly  
Suzanne Rodee  
Dennis Ryan  
Dennis Sterwald  
Jennifer Wendt

**Support Staff**

Donna Hollinger, *Supervisor*  
Holly Broedlow  
Bonnie Hake  
Karen Hicks  
Susan Langholff  
Judy Maas  
Karen Maurer  
Joy Stuckey  
Lori Zick

**W-2**

Jill Johnson, *Supervisor*  
Susan Brugger  
Maria Dabel  
Rose DeHart  
Susan Hoenecke  
Cary Maas  
Mary Ostrander  
Jan Timm  
Mary Wendt  
Judy (Polly) Wollin

# INFORMATION & ACKNOWLEDGEMENTS

If you have any questions regarding anything in this report  
or you know someone who is in need of our services,  
please contact us at the following address:

**Jefferson County Human Services Department  
1541 Annex Rd  
Jefferson, WI 53549**

Phone Number: 920-674-3105  
Fax Number: 920-674-6113  
TDD Number: 920-674-5011  
Website: [www.co.jefferson.wi.us](http://www.co.jefferson.wi.us)

**For Economic Assistance, Contact:**

**Workforce Development Center  
874 Collins Rd  
Jefferson, WI 53549**

Phone Number: 920-674-7500

**Report Prepared by:**

Tom Schleitwiler  
Donna Hollinger

**Statistics and Program Reports by:**

Kathi Cauley  
Dan Gebauer  
Wendi Hembrook  
Jill Johnson  
Mary Jurczyk  
Barb Mottl  
Patti O'Brien  
Tom Schleitwiler  
Charlotte Silvers  
Cheryl Streich  
Jan Timm  
Sandy Torgerson  
Sue Torum  
Monica Wagner  
Sydney Wesemann  
Chris Willegal  
Polly Wollin