

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT

Serving the Residents of Jefferson County

2010 ANNUAL REPORT

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JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT

Serving the Residents of Jefferson County

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May, 2011

Dear Mr. Molinaro, County Board Chair,
Members of the Jefferson County,
Members of the Jefferson County Human Services Board,
Mr. Petre, County Administrator,
Jefferson County citizens,
And other interested parties,

I am pleased to present the 2011 Jefferson County Human Services Department annual report. On behalf of the department, I would like to express our gratitude for the support you provided over the last year.

In 2010 the Department had five divisions. I will briefly review the major trend in each division for that time period.

- The Income Maintenance Division provides resources for low income households and those experiencing financial loss. The number of households needing these services continued to rise. In the coming year, this division will be focused on reorganizing to meet the new standards set in the State budget.
- The Behavioral Health Division provides a full array of mental health and substance abuse services to a variety of consumers. The number of Emergency Mental Health calls in this area increased by 42%.
- The Family Resource Division provides a number of programs for children and their families. This division experienced more placements of children out of their homes and more need for Early Intervention and Children's Waiver services.
- The Aging and Disability Resource Center Division provides services for people who are elderly or disabled. The need for benefit specialists' services is greater than ever. We were able to claim the costs for these services under the ADRC state contract, resulting in no county funds being used for these services.
- Our Administrative Services Division provides all the maintenance, support, and fiscal duties required to operate the department. This division implemented electronic billing and ledger updating which will save both staff time and money.

Last year, as we moved to a more performance management approach, each Division established goals for the year. I am pleased to report that 91.25% of those goals were accomplished. Part of those goals included achieving the outcomes for three major grants we had.

Lastly, I would like to recognize two groups of people: a big thank you to the members of our Human Services Board for their guidance to the Department and to our dedicated staff who continue to serve our residents in the best possible manner.

Please review our entire annual report. We believe in being responsive to community needs and to each of our stakeholders. We are committed to delivering outstanding programs that are cost efficient for our community. We need your input to do that. Please contact us anytime at 674-3105. We look forward to hearing from you.

Thank you,

Kathi Cauley
Director
Jefferson County Human Services

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 2010 – 2011

Jim Mode, *Chair*

Pam Rogers, *Vice Chair*

Richard Jones, *Secretary*

Augie Tietz

John McKenzie

Martin Powers

James Schultz

ADVISORY COMMITTEE MEMBERS

AGING AND DISABILITY RESOURCE CENTER ADVISORY COMMITTEE

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Leah Getty

Richard Jones

Virgene Lawson

Jim Mode

Marion Moran

Mike Mullenax

Mary Ann Steppke

Sharon Van Acker

Sue Torum, Staff

Sharon Olson, Staff

NUTRITION PROJECT COUNCIL

Marcia Bare

Dorothy Christianson

Rita Kannenberg

Carolyn McCleery

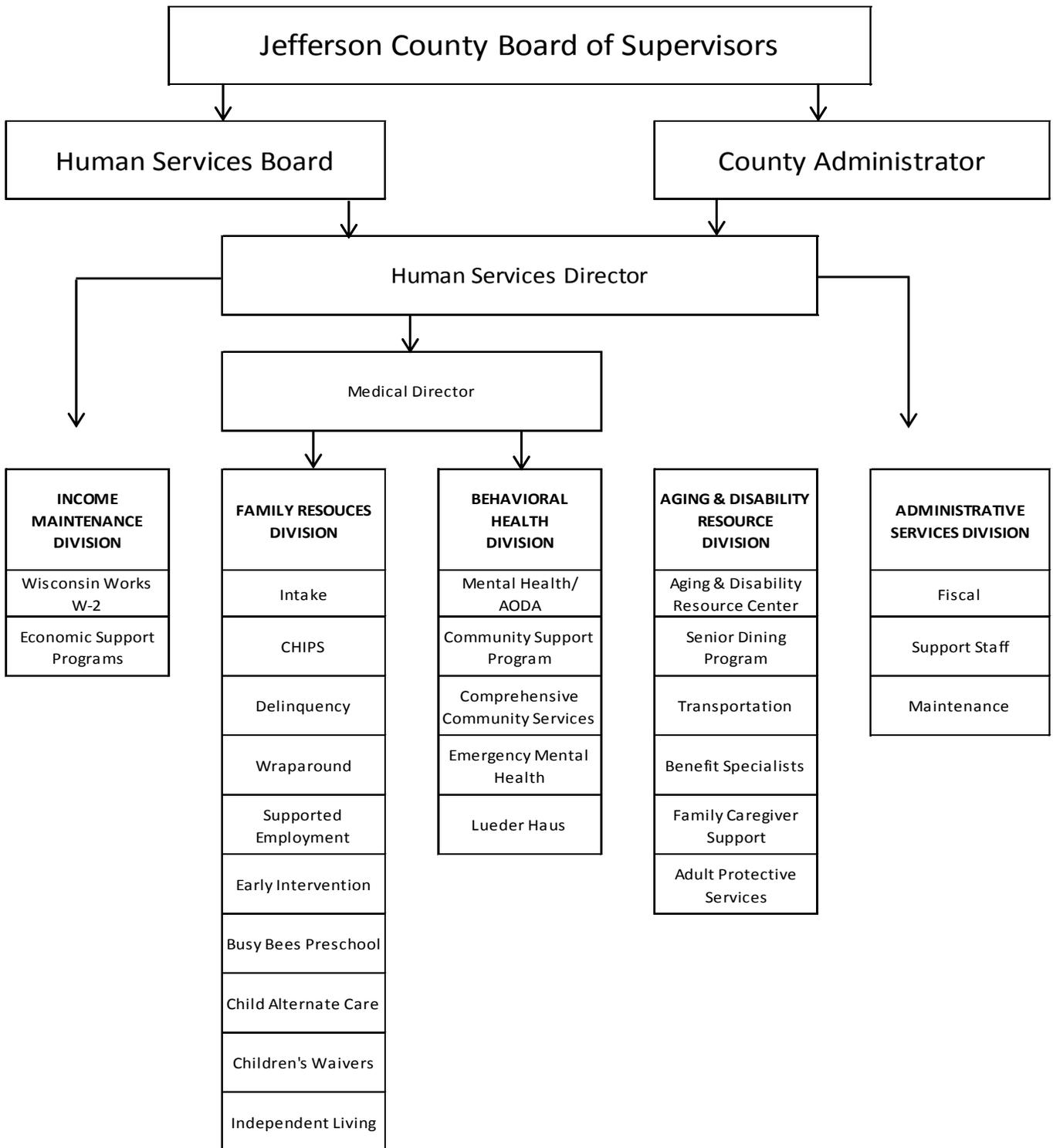
Judy Pinnow

Audrey Rimmel

Joan Simdon

Barbara Natrop

ORGANIZATIONAL CHART



INCOME MAINTENANCE DIVISION

~ Providing and Coordinating Resources to Strengthen Families~

Access to resources and quality customer service are the main focus of the Income Maintenance Unit. Our goal is to provide accurate, timely, and effective financial and case management support services for all our customers.

The Income Maintenance Programs of Jefferson County are administrated at the Workforce Development Center. The location of Income Maintenance programs at the Workforce Development Center provides staff with the ability to coordinate services with on-site providers which include: Job Services, Department of Vocational Rehabilitation, Opportunities, Inc., WIA (WorkSmart) Programs, Jefferson County Economic Development Consortium and UW-Extension. Community partners also serve an important role in service coordination. Some of these partners include Community Action Coalition, Madison College, local school districts, PADA, food pantries, faith based organizations, St. Vincent de Paul and local employers. Employment services are provided regionally to facilitate coordination for customers who live in one county and are employed in another.

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

Presently, our Income Maintenance programs are serving over 5,676 Jefferson County households per month (as of Dec 10). Customers may be receiving assistance from Medicaid, BadgerCare Plus, FoodShare, Wisconsin Shares, Wisconsin Works, and/or Kinship. Further, our customers may also receive financial assistance from St. Vincent de Paul or Energy Assistance.

Following is a brief description of each program and the number of customers who received these benefits in 2010.

WISCONSIN WORKS (W-2)

~The W-2 program focuses upon alleviating the specific employment barriers a family member may have~

Jefferson County has continually been awarded the W-2 grant since its inception in 1997. The W-2 program focuses upon alleviating the specific employment barriers a family member may have by providing intensive case management and service coordination. The W-2 program determines how a customer's strengths can be enhanced, employment obtained and maintained with an emphasis on stabilizing the household income and guiding the family to self-sufficiency.

W-2 customers have complex circumstances and the Financial Employment Planner (FEP) will develop an individual employability plan to address the household's employment barriers. These barriers could be transportation, education, training, physical or mental disabilities, or the care of a child under the age of 12 weeks. The FEP uses a variety of tools, including work experience, employment workshops, career development, one to one counseling and also coordinates services for housing, literacy and energy assistance. Through strong case management, the goal is for the customer to successfully return to the workforce with the supportive programs of Badgercare Plus and FoodShare providing the continued stabilization needed.

Customers enrolled in the W-2 Program are required to participate in specific developed activities each week. After complete participation, the customer will receive a monthly payment of \$628.00 or \$673.00 per month depending upon their employment placement.

The number of yearly participants in the W-2 program continues to increase slowly since the participation requirements are intense and the customer’s needs may be able to be met through financial assistance programs other than W-2. The website for the Department of Children and Families is <http://www.dcf.wisconsin.gov>.

Unduplicated W-2 Participants

	2008	2009	2010
Participants	54	56	58

ECONOMIC SUPPORT PROGRAMS

~ The Economic Support Programs serve to provide greater financial stability for low income households and those experiencing a financial loss~

The Economic Support Programs serve to provide greater financial stability for low income households and those experiencing a financial loss. Often our services are necessary to meet an emergency need such as homelessness or medical needs. 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. Requests for the programs continue to increase due to the current economic conditions and the loss of health insurance.

Caseload Growth

2007	4,201 households receiving assistance
2008	4,710 households receiving assistance
2009	5,237 households receiving assistance
2010	5,676 households receiving assistance

Requests for program assistance are made by contacting the Workforce Development Center at 920-674-7500 and speaking to an intake worker or by coming into the agency. The FEPs serve as the first point of contact for all customers and they are responsible to assess the customer’s needs, initiate the application process and coordinate the appropriate referrals to community resources. You may also use the ACCESS website at www.access.wisconsin.gov to learn about programs, apply or update your status on line.

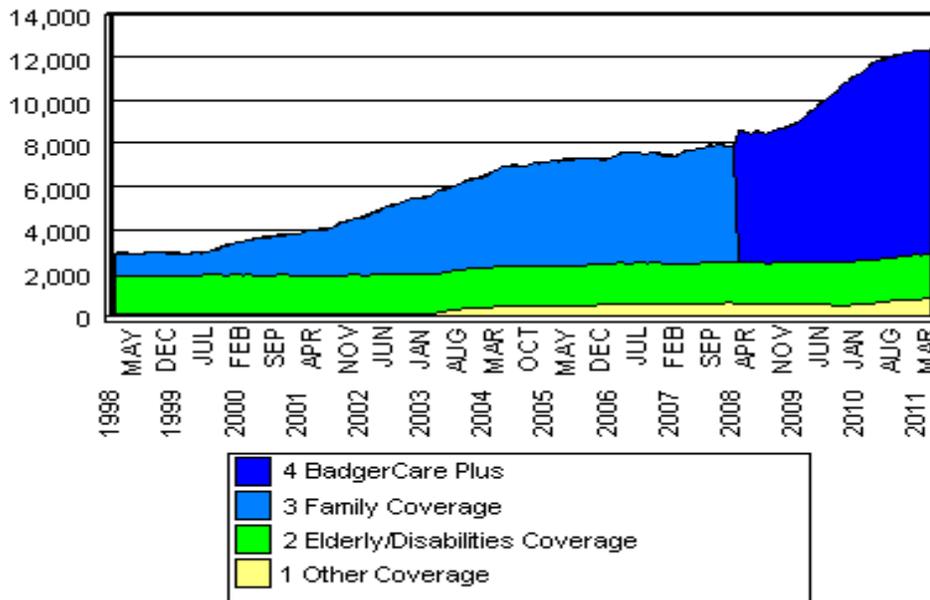
MEDICAL ASSISTANCE- is a State and Federally funded program that provides the low income customer comprehensive, affordable healthcare. Numerous individual programs are included under the umbrella of Medical Assistance and some are; Badgercare Plus, Badgercare Core Plan, Medicaid Purchase Plan, Family Planning Waiver, Medicare Beneficiary and Family Care. Each program has its own specific non financial criteria for eligibility. The eligible customer receives a white Forward card which is taken to the provider to verify coverage. Most Medical Assistance customers must participate in an HMO. The Medicaid website is <http://dhs.wisconsin.gov> from which you can access information on individual program benefits and requirements.

The following chart shows a continuous increase in the number of customers receiving Medical Assistance in Jefferson County. In 2009, we provided Medical Assistance coverage to 11,110 customers. In 2010, the number of customers eligible for benefits increased to 12,257. The number of families continues to increase as health care expenses rise, and the economy remains unstable.

Number of Medical Assistance Recipients

Caseload on December 30	Families	Nursing Home	Disabled	Totals
2007	5802	321	1745	7880
2008	6753	315	1,797	8,865
2009	8,354	271	1,906	11,110
2010	10,018	263	1,976	12,257

JEFFERSON COUNTY RECIPIENTS SINCE 1998



FOODSHARE-Food Stamps - 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 local grocery stores. Customers in search of employment may volunteer to participate in the Food Share & Employment Training program (FSET) and work in coordination with a FEP to develop their employability resources. Like the Medical Assistance Programs, Foodshare participation continued to increase over the last three years. The Foodshare caseload in 2009 was 3,457 households with a total average benefit issuance of \$563,912 per month to be used in our communities. In December 2010, the caseload was 4,137 households with a benefit issuance of \$753,849. The chart below shows the increase in the number of Foodshare customers from 2007 to 2010 in Jefferson County. The Foodshare website is <http://dhs.wisconsin.gov/foodshare>.

FOODSHARE

Year	All Recipients	Adults	Children	Groups
2007	5,672	2,765	2,907	2,320
2008	6,376	3,209	3,204	2,610
2009	8,594	4,369	4,282	3,457
2010	10,511	5,334	5,246	4,137

WISCONSIN SHARES-CHILD CARE - is a program that provides child care subsidies for low income working families to assist in their payment of child care expenses. The subsidy payment is made to the child care provider, with the family responsible for the co-payments. In 2009, the monthly average of families receiving child care assistance was 246 households. In 2010, the monthly average of families receiving assistance was 254 households. Additionally, the Child Care case managers certify in home child care providers, participate in local children’s fairs, and present trainings for providers. The child care website is <http://dcf.wisconsin.gov/childcare/wishares>.

KINSHIP - is a program that provides monthly payments 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 a payment to help with the additional expenses. In 2009, 38 children per month received payments with 15 children on the waiting list. In 2010, 43 children received payments with 14 children remaining on the waitlist. The waitlist is necessary due to limited funding.

JEFFERSON ST. VINCENT DE PAUL SOCIETY - provides our Division access to local funds for the School District of Jefferson’s customer’s emergency needs such as rent and utilities, unmet by other programs. They may only receive a specific payment amount once in a 2 year time period. In 2009, St. Vincent de Paul provided \$16,181.44 for 142 customers. In 2010, 170 customers received \$21,362.18 in emergency funding. Their generosity continues to be greatly appreciated.

EMERGENCY ASSISTANCE - is a limited program designed to meet the immediate needs of an eligible family facing a current emergency due to fire, flood, homelessness or impending homelessness. In 2009, 69 households received \$33,705.92, with an average grant of \$488.49 per household. In 2010, 68 households received \$33,618.07, with an average grant of \$494.38. The need for this program remains consistent as families struggle to meet housing costs.

HOUSING - The housing coordinator's focus is to assist impending homeless and homeless families and individuals with locating and maintaining safe, affordable and accessible housing. In 2009, 151 families and 417 individuals received these services. In 2010, 149 families and 367 individuals were provided housing services. We continue to partner with Community Action Coalition and other local housing providers.

ENERGY ASSISTANCE - is a program that provides a one time payment during the heating season to low income customers 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 2009, 1,725 households received \$728,237 in energy payments with additional crisis funding going to 374 households in the amount of \$165,151. In 2010, 2,472 households received \$1,247,288 in energy payments with crisis funding to 340 households in the amount of \$131,508. Program information can be found at <http://heat.doa.state.wi.us>.

The Income Maintenance Programs continue to be modified and enhanced to meet our customers' changing needs and reduce overall program costs. Customers are encouraged to use the ACCESS website (www.access.wisconsin.gov) to complete a quick test for potential eligibility, apply for benefits on-line, report changes, complete renewals and check their benefits. This initial screening determines potential eligibility for numerous financial resources including Foodshare, BadgerCare Plus, Medicaid, WIC, Energy Assistance and Earned Income Tax Credits. The customer is able to submit their application electronically, provide the verifications and complete the interview at a later date.

In 2011, the uncertainty of a stable economy continues to provide ongoing challenges for Income Maintenance. Customers continue to come into the Workforce Development Center to access financial assistance programs and our strong re-employment services. Many of these new customers are unfamiliar with the specific requirements that must be met for eligibility and more time is needed to explain and provide the appropriate referrals. Based upon the consistent trend of an increasing number of customers needing benefits, current caseload data and wanting to connect the customer quickly to local services the Income Maintenance Unit continues to focus on our strategic priorities to meet those needs. All priorities are intertwined and vital.

REVIEW OF 2010

QUALITY CUSTOMER SERVICE - This priority continues to be a challenge due to the increasing number of customers seeking assistance. In November of 2010, staff processed 138 applications, 377 reviews and made 1,240 case changes in addition to ongoing appointments and phone contacts. The on-line application process has reduced the time to complete an initial application or review, but the customer must still submit the verifications. Staff have developed strong organizational systems to be able to meet the processing needs and also to provide one to one contact with the customer that is so important. Explaining the programs and benefits in detail helps the customer have a greater understanding and also allows the worker to receive fewer phone calls. There is a cost savings from the quick response times as we are able to reduce future medical expenses, homelessness, prevent utility disconnects and provide emergency food.

Our success in meeting our 2010 goal for quality customer service has been accomplished as is shown by the customer satisfaction performance standard for FSET and W-2. A private company interviews these customers to determine their level of satisfaction. On a scale of 1.00 to 10.00 we achieved an average of 9.8 for W-2 customers and 9.0 for FSET customers. We also continue to send an internal agency survey and the responses are overwhelmingly positive. Simple statements such as "Thanks for helping me when I needed it the most" and "Keep up the great work to help families in Jefferson County. Together we can live a great life!" express our positive contribution.

1. **TIMELY AND ACCURATE PROCESSING OF BENEFITS** - This priority focuses upon a well trained staff. We have weekly staff meetings, discuss policy changes and processes and participate in all state sponsored trainings. Staff also share caseload responsibilities providing the ability to adjust workloads easily and compensate during staff absences. Our cases are continually monitored for accuracy through a State quality control system as well as a monthly internal process. According to the most recent data from October 2009 to September 2010, Jefferson County continues to have a Foodshare error rate of 0%. Our accurate benefit processing remains an integral cost savings.
2. **ACCESS TO RESOURCES FOR EMPLOYMENT AND OTHER FINANCIAL SUPPORTS** - This priority provides the customer with the strong knowledge of the entire staff located at the Workforce Development Center. Income Maintenance staff continue to work together with all WDC partners to provide easy access and coordinated services to the customer. Those applying for financial supports are given information on the workshops, and other programs available to enhance their employment search. These may include weekly available job listings, monthly calendars with activities, and direct contact with partner staff. This coordination is another example of cost effectiveness as the customer is able to return to employment more quickly and accordingly the dollar amount of benefits received is reduced.

The challenges in 2011 continue with potential program and benefit changes due to limited funding at both the State and National level. Yet these challenges can be met. We are prepared to restructure our processes to be assured that each individual receives quality customer service, the correct amount of benefits, and the coordination of services desired. Coordination of services, both internal and external, is the foundation upon which our customers depend.

GOALS FOR 2011

1. Restructure per the State 2011-2013 budget mandate.
2. Restructure processes to be assured that each individual receives quality customer service, the correct amount of benefits, and coordination of services.

FAMILY RESOURCES DIVISION

~ We value keeping families together and assisting them to live in their own communities ~

The Family Resources Division provides assistance to families in Jefferson County through a variety of programs and teams. These teams work across disciplines to create a seamless array of services that support families to move towards self-sufficiency and independence while maintaining safety for the children in the least restrictive settings. The teams that make up this division include; Intake and Assessment, Early Intervention, Pre-school, Alternate Care, Youth Delinquency, Children in Need of Protective Services, Wrap-around, Children's Waivers and Independent Living.

The Family Resources Division staff continue to focus on permanency and safety for children. Children have the right to live in a safe environment that is expected to last until they reach adulthood. This may include their birth family, relatives, foster care, guardianship or adoptive homes. The division continues to provide best practices across all teams to address the needs of children and families.

The staff of the Family Resources Division is dedicated to the community, their colleagues, the agency and most of all to the children of Jefferson County.

THE FAMILY RESOURCE DIVISION INCLUDES:

- Intake
- Children in Need of Protective Services
- Youth Delinquency, which includes the Delinquency Prevention Council, Restorative Justice, and the Agency Delinquency Team
 - Wraparound
 - Early Intervention and Preschool
 - Children's Alternate Care
 - Children's Waivers
 - Independent Living

INTAKE

~Information must be gathered during the investigation process, including the strengths, needs, and limitations of all household members~

The Intake Unit at Jefferson County Human Services Department performs many different tasks, including receiving and screening access reports regarding child welfare and juvenile justice, conducting child welfare assessments, conducting child abuse and neglect investigations, referring families to services, and processing juvenile justice referrals. The Intake Unit is comprised of one supervisor, five social workers, and three after hour social workers who are co-supervised by the Crisis/EMH supervisor.

Since 2001, the Wisconsin Department of Children and Families continues to implement policies and standards in child welfare practice. There are CPS Investigation and Safety Standards that dictate the investigation process regarding child abuse and neglect. While these standards and protocol are essential, they are also unavoidably time consuming and cause a great deal of paperwork demands. The protocol includes interviews with all household members and a home visit on all investigations regarding allegations of child maltreatment by a primary caretaker. The standards outline that certain information must be gathered during the investigation process, including the strengths, needs, and limitations of all household members. All information and investigation findings are then required to be documented in eWiSACWIS in such forms as the CPS Report, the Initial Assessment, and the Safety Assessment and Plan. Should a child be placed under protective custody, the standards, protocol, and paperwork requirements increase significantly. While the Intake Unit at Jefferson County Human Services Department has always strived to be diligent in our CPS investigations, the mandated standards and protocol that have been implemented since 2001 undeniably add to the casework demands.

The statistics regarding “founded” Child Abuse for the last decade are somewhat deceiving, specifically regarding sexual abuse cases. The statistics show a substantial decrease in founded sexual abuse from 148 cases in 2000 to 14 cases in 2010. In 2005, Wisconsin implemented the Non-caregiver Abuse Bill, which allows for Child Protective Services to use discretion on whether allegations of child maltreatment by anyone identified as a non-caregiver are investigated by CPS, or if the allegations are only forwarded onto law enforcement. Prior to this Bill, counties were required to investigate allegations of mutual sexual activity between peers. This subsequently led to a large number of founded sexual abuse cases prior to 2005. Our present terminology of “screened in” rather than “founded” reflects further changes.

In addition, since 2001, the Wisconsin Department of Children and Families has allowed for Human Services Departments to conduct Child Welfare Assessments on referrals in which there are identified concerns regarding a child, but the allegations do not meet the threshold to warrant an investigation. The goal of Child Welfare Assessments is to provide preemptive interventions and services to families with the hope that the identified concerns can be effectively addressed at this level and not escalate to a need for CPS intervention. While Child Welfare Assessments can be just as meaningful and challenging as CPS investigations, the outcomes of these Assessments are not included in the statistical findings. In 2010 alone, there were 113 Child Welfare Assessments conducted by our Intake Unit. This was in addition to the 220 CPS investigations conducted in 2010.

Child Abuse and Neglect Reports for 2009

Types of Maltreatment	Screened In	Number of Alleged Victims
Physical Abuse	76	81
Neglect	96	190
Sexual Abuse	65	74
Emotional	0	0
Totals	237	345

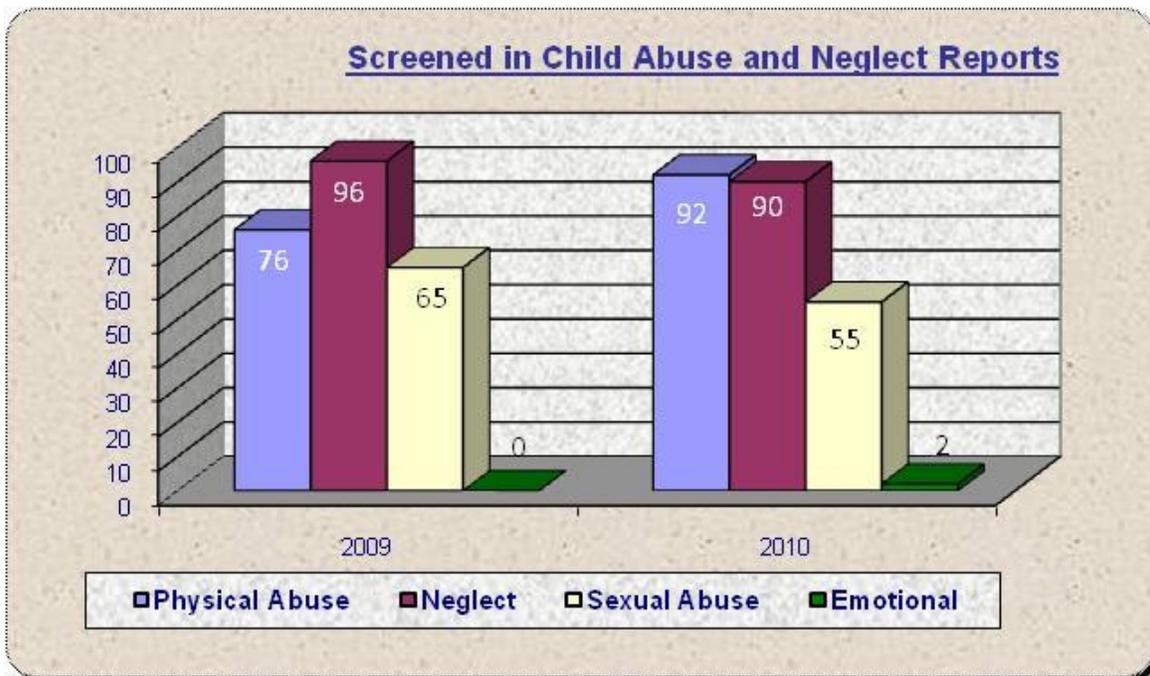
In 2009, there were 237 incidents screened in and 264 screened out for a total of 501 incidents reported.

Child Abuse and Neglect Reports for 2010

Types of Maltreatment	Screened In	Number of Alleged Victims
Physical Abuse	92	100
Neglect	90	178
Sexual Abuse	55	70
Emotional	2	4
Totals	239	352

In 2010, there were 239 incidents screened in and 281 screened out for a total of 520 incidents reported.

Screened in Child Abuse and Neglect Reports	2009	2010
Physical Abuse	76	92
Neglect	96	90
Sexual Abuse	65	55
Emotional	0	2



CHILDREN IN NEED OF PROTECTION AND SERVICES (CHIPS)

~ A team of social workers are specifically trained to help families improve their lives while protecting children ~

Child Abuse is a major concern and precursor to many other life problems. 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 the state legal requirements for child abuse investigation and child protection. Once a report is made, our Intake staff handle the investigations through the court disposition.

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. In addition to this, due to Federal Audits of Wisconsin's Child Welfare System, there is

additional training, practice and recording requirements for Wisconsin Counties. More time is now required on a per case basis to perform the necessary work and to produce the required documentation. Our workers are required 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. While 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. Once a disposition finding is made, the Children in Need of Protection Services (CHIPS) team is involved.

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

The Children in Need of Protection and Services (CHIPS) is comprised of a supervisor, seven social workers, two Family Development workers, and one Foster Care Coordinator. These workers are responsible for monitoring the ongoing CHIPS orders, and forming collaborative plans with families to meet both the elements of the court order and the family's goals.

Part of this work, unfortunately, involves removing children from their home when serious abuse and/or neglect has occurred. In 2010, one hundred children resided in placements out of their home. This would include some of the 85 children from 2009 residing outside of their home. In 2010, 19.52% of these children were not reunited within their family within 12 months. While this is below the state average of 24.37%, it is still an increase from 15.79% in 2009. To assist in providing more timely permanence for children, the Department entered into a new state contract, allowing us to retain legal counsel to represent the Department in Termination of Parental Rights (TPR) proceedings. At this time, a number of children are unable to be reunited with their families for a variety of reasons. The Department will consider every possibility, including guardianship, before requesting a Termination of Parental Rights. This CHIPS team continues to focus on meeting family's where they are at and working towards permanence and safety for all children.

REVIEW OF 2010 GOALS

Mission Statement: *Empowering the families of Jefferson County to remain together and keep children safe while drawing on the support of all possible community resources.*

1. Increase the use of evidence based practice that incorporates behavior changes and interventions rather than incident focused/compliance based interventions.

- All case managers utilize the Protective Capacities Family Assessment (PCFA) model to approach both practice and documentation which is a behavior rather than service driven model of practice.
- All case managers utilize the Family Teaming model in combination with the PCFA model in a majority of their cases.
- CHIPS team will promote these concepts by discussing them during team meetings, supervision and staffing of cases.
- All new CHIPS case managers will be trained on these concepts/models. They will observe other case managers' documentation, family team meetings and home visits.
- CHIPS team will use Protective Capacities Family Assessment language when staffing families and documenting case assessment and progress.
- Learn the Incredible Years material.
- Utilize Incredible Years methods in CHIPS parenting group and family development practices.
- Continue improving knowledge of Emergency Mental Health Services (EMH).

The CHIPS Team continues to use the PCFA Model in implementing their case plans. One Case Manager completed the Incredible Years Parenting education course and this worker currently teaches ongoing sessions. Other members of the case management team including both Family Development Workers regularly participate in the facilitation of the program by assisting with transportation, meals, and child care. All Case Managers are up to date with their continuing education as it relates to EMH services. Two Case Managers completed the Team Based Practice Training.

2. Focus on improving safety for the Children of Jefferson County.

- Participate in the one day Safety Booster training through the WI Southern Child Welfare Training Partnership.
- Use CHIPS team meeting time to have “mini” training sessions to ensure transfer of learning. Discussions will be about safety, analyzing and assessing for safety.
- CHIPS team members will use safety language when discussing safety with other professionals, community members, court officials and in documentation.

Two Case Managers completed the one day Safety Booster training and two Case Managers completed the full Safety Foundation training. The entire Case Management Team regularly utilizes the Child Safety: A guide for Judges and Attorneys reference book in preparing for court hearings and in their case planning. The Case Management Team talks and thinks in terms of child and worker safety during every case staffing held during the team meeting.

3. Increase permanency for children and reduce the amount of time children spend in out of home care.

- Schedule regular “superstaffings” for cases that incorporates all county service providers to ensure accuracy of services, reduce overlap of services and monitor both permanency and concurrent planning. Discussion will be held to topics of safety, permanency, services provided and responsibilities.
- Increase the use of EMH services and methods for children and families with mental health needs.
- Train one staff person to have the ability to both case manage CHIPS cases and facilitate Comprehensive Community Services cases.

Each week the CHIPS and Delinquency teams hold three to five Superstaffings with the same agenda regarding safety and permanency. The CHIPS Team collaborates on an increasingly frequent basis with members of the Mental Health, CCS, and CSP Teams to meet the needs of children, parents, and other care providers on cases as these needs arise.

4. Increase collaboration with community partners to help families achieve their goals and keep children safe in Jefferson County by educating the community and asking them to be a part of the solution.

- Increase the amount of Child Abuse Prevention Month (April) activities each year to continue to promote community awareness and involvement.
- The CHIPS team will accept any invitation to participate in community meetings, initiatives, etc.
- Learn the Incredible Years material.
- Promote Incredible Years model in Jefferson County communities.

The CHIPS Team has placed increased emphasis on fundraising regarding CAPS month awareness and the program is now completely self funded. The CHIPS Team partnered with The Rainbird Foundation in 2010 to participate in an organized walk around the State Capital to raise awareness regarding the prevention of child abuse. The CHIPS Team is represented regularly at the FAMH organized Circle of Success program.

GOALS FOR 2011

Mission Statement: *Empowering the families of Jefferson County to remain together and keep children safe while drawing on the support of all possible family and community resources.*

1. Continue to implement evidence based practice which incorporates behavioral changes and interventions rather than incident focused or compliance based interventions.

- All Case Managers utilize the Protective Capacities Family Assessment (PCFA) model to approach both practice and documentation which is a behavioral rather than service driven model of practice.
- All Case Managers have been trained and will implement the Child and Adolescent Strength and Needs Assessment (CANS) tool. This comprehensive assessment tool allows agency staff to match child(ren) needs with the abilities of placement providers. This model will be used continuously to monitor the strengths and needs of a child(ren) as these strengths and needs change and emerge throughout the life of a child in placement.
- All Case Managers and agency staff continue to move towards a Family Teaming model in combination with the PCFA model as the need emerges within applicable cases.
- All CHIPS staff members use the EWISACWIS Child Welfare Informational System, which interconnects with all seventy-two Wisconsin Counties, to document case activities and case plans. As EWISACWIS continues to evolve and implement new functions, CHIPS staff members will be continually trained and updated on policy and procedural driven program changes.
- Case Managers and Family Development Workers continue to implement Incredible Years material. The Incredible Years series is an evidence-based parent education program, which is designed to advance the social and emotional behavior of children of all ethnic groups through a series of interlocking teaching programs. Case Managers and Family Development Workers deliver teaching programs, groups, and materials which foster the development of positive parent child relationships.
- CHIPS team will promote these concepts by discussing them during team meetings, supervision and staffing of cases. They will observe other case managers' documentation, family team meetings and home visits in order for further growth.

2. Focus on improving safety for the children of Jefferson County.

- All CHIPS staff members will attend upcoming trainings related to anticipated changes in Child Protective Services safety standards and definitions.
- Use CHIPS team meeting time to have regularly scheduled informational sessions to facilitate a transfer of learning.
- CHIPS staff members will attend regularly scheduled District Attorney roundtable discussions, portions of which will centered around child safety.
- CHIPS staff members will attend regularly scheduled roundtable discussions with the presiding Juvenile Court Judge. During these discussions, stakeholders including Judges, attorneys, and CHIPS staff members will incorporate the Child's Safety Guide for Judges and Attorneys as authored by the American Bar Association. This guide encourages critical thinking and analysis by all stakeholders to enhance child safety, with the goal of strengthening child safety outcomes.
- CHIPS team members will use safety language when discussing safety with other professionals, community members, court officials and in documentation.

- The CHIPS team utilizes a Placement Response Team Staffing (PRTS), including the participation of the agency director, agency medical director, supervisory staff, and members of the CHIPS team in order to streamline meaningful services and remove barriers to ensure safety of abused and neglected children in Jefferson County.

3. Expedite permanency for children placed in out-of-home care through Jefferson County.

- Schedule regular team model staffings for cases that incorporate all county service providers to ensure accuracy of services, reduce overlap of services, and monitor both permanency and concurrent planning. Discussions will include but not be limited to topics of safety, permanency, services provided, and responsibilities of the staff involved on the case.
- Engage all CHIPS team members in the implementation, licensure, and monitoring the Levels of Care (LOC), formally known as kinship care. Additionally, one staff person will be trained to oversee the LOC program in its entirety.
- The CHIPS team utilizes a Placement Response Team Staffing (PRTS), including the participation of the agency director, agency medical director, supervisory staff, and members of the CHIPS team in order to address issues related to permanence. These staffings may address barriers to permanency including problems with housing, transportation, communication, and other basic needs.

4. Increase collaboration with community partners to help families achieve their goals and keep children safe in Jefferson County by educating the community and asking them to be a part of the solution.

- Increase the amount of Child Abuse Prevention Month (April) activities each year to continue to promote community awareness and involvement. This will include two agency sponsored training per year to educate the community on child abuse related issues.
- The CHIPS team will accept any invitation to participate in community meetings, initiatives, etc.
- Promote the Incredible Years model by recruiting community partners to co-facilitate the curriculum.
- The CHIPS Team will partner with Fort Atkinson Memorial Hospital staff to identify vulnerable children and families in providing them with education and services necessary to prevent child abuse and neglect as part of the Circle of Success program.

5. Increase the knowledge base and training needs of the CHIPS team members as they become increasingly involved in Emergency Mental Health Services.

- Through core training, all Case Managers become certified to perform Emergency Mental Health Services (EMH) under HFS 34. This ongoing training model gives Case Managers the knowledge and skill to respond to emergency mental health crisis both in the community and within their caseloads. The goal of the response plan is to make necessary referrals, reduce or eliminate a person's distress, deescalate the present crisis, and help the person return to a safe and more stable level of functioning.
- Increase the use of EMH services and methods for children and families with mental health needs. This includes training staff on the use of Jefferson County's internal program, AS400, and other related EMH documents in order to ensure well informed and timely response to any EMH crisis.
- Train one staff person to have the ability to both case manage CHIPS cases and facilitate Comprehensive Community Services cases.

YOUTH DELINQUENCY

Restorative Justice Programs

Operated in Partnership with Opportunities Inc. and the Delinquency Prevention Council

Teen Court

The Jefferson County Teen Court program began in 1998, holding 13 trials in its first year. Since that time, Teen Court has continued to grow each year, and in total has held 626 youth trials. In 2010, there were 39 referrals received for Teen Court. Three of those 39 referrals were closed before being set for trial for reasons such as student disinterest or family relocation, leaving 36 cases set for trial. Sixteen of those 36 cases were closed successfully, and two cases were closed unsuccessfully. Eighteen of the 36 cases are still open in 2011. While it is important to acknowledge that a 2005 cost-benefit analysis concluded that the Teen Court Program resulted in a net present value to Jefferson County of at least \$75,400 annually, it is also important to note the qualitative value. When obtaining feedback from the youth on the impact Teen Court had on their lives, one youth stated *“teen court turned out to be a positive experience for me and taught me a lot. Through completing my service to community hours, I learned how to go out of my way for someone else.”* Through research, feedback, and guidance of the Restorative Justice Team, the teen court model was enhanced and changed to a genuine “peer court” model. Prior to this change, an adult served in the role of judge. This change has been well received and continues to see success since beginning in January 2010. Youth feel a sense of accomplishment when it truly is their court and their decision about what happens.

Service-to-Community

The Restorative Justice Program of Jefferson County has been providing service-to-community supervision to youth since 1997. Since that time, 1,203 youth have completed their orders successfully, resulting in a 64% successful completion rate since the inception of the program. In 2010, 85 youth of Jefferson County were referred and of all program participants, 1,885.5 hours of service to community were completed. Currently youth can choose from 14 different regularly scheduled supervised service-to-community sites for youth to attend across the county, with 12 sites available per week on average.

An evaluation was provided to all service-to-community locations to assess their satisfaction with the work completed by the youth and the impact this program had on the lives of others in the community. On a scale of 1-5, one being least satisfied and five being most satisfied, the evaluation average level of satisfaction was 4.68. Some comments made by the site representatives included:

- “Saves staff time and resources. Youth are very helpful.”
- “I am very happy with the service provided.”
- “It was great to have the youth help out and the staff was excellent in their leadership.”

In 2011, more service learning opportunities will be integrated into programming for the youth. By allowing youth opportunities to be involved in projects that reach outside of themselves, they develop a sense of community and appreciation for others.

Restitution

The restitution monitoring component of this program has been in place since 1996. Since that time, 913 youth have been referred and over \$245,139.91 has been collected in restitution. Over the past thirteen years, 605 of the 913 youth referred have successfully completed their court ordered commitments, resulting in a success rate of 66%. Staff assist youth in completing their court ordered requirements by providing them with local resources, support and guidance through the process to successfully complete what was required of them. Continued collaboration between the Restorative Justice Program, Jefferson County Department of Human Services, and the Jefferson County District Attorney’s Office contributed to the successful collection in 2010 of \$9,522.79 in restitution.

A survey was completed by victims who were paid back in full during 2010. Of the victim's surveyed, all of them reported feeling satisfied with the process.

In 2011, we are enhancing our restitution program options to include the development of productive skill sets for youth. By increasing awareness of responsibility through work site relationships, this program enhancement can provide eligible youth with employability skills development, community resource connections, and accountability reinforcement.

Educational Program – First Offender Program

The First Offender Program (FOP) is an 8-10 hour educational program for first time and minor repeat offenders, instilling an understanding of the impact of criminal behavior and juvenile laws and rights. This program combines three core educational components to best fit the needs of its participants. The first component stresses the importance of personal beliefs and values, decision making, and communication and conflict. The second component focuses on stress, stereotyping, and self-control. The third component centers on restorative justice principles. The youth also participate in a jail tour and presentation by one of the Jefferson County Sheriff's Department deputies. In 2010, 27 youth were referred to the First Offender Program. Of the 27 youth referred, 19 successfully completed the class, resulting in a success rate of 70%.

In the fall of 2010, the Restorative Justice Program was trained in the Aggression Replacement Training (ART) curriculum. This evidenced based curriculum teaches three main components that include skill streaming, anger management, and moral reasoning. Skills include but are not limited to: beginning social skills, advanced social skills, skills for dealing with feelings, skill alternatives to aggression, skills for dealing with stress, and planning skills. Students also participate in moral reasoning discussion scenarios where students learn appropriate/mature ways of handling tough situations. Each class session is chosen specifically for the current participants, resulting in the class targeting certain learning skills that each participant can benefit from. The majority of the class time is devoted to role-playing, helping to keep the youth fully engaged. In 2010, four youth were referred to this curriculum. Of the four youth referred, three successfully completed the class. In 2011, the ART curriculum will be the sole curriculum used in the First Offender Program.

Educational Program – Alcohol, Tobacco and Other Drug Awareness Program

The Alcohol, Tobacco and Other Drug Abuse Awareness curriculum was first offered by the Restorative Justice Program in 2007 and utilizes the PRIME For Life curriculum. PRIME For Life is an alcohol and drug program for people of all ages. It is designed to gently but powerfully challenge common beliefs and attitudes that directly contribute to high-risk alcohol and drug use. The program goals are to reduce the risk for health problems and impairment problems by increasing abstinence, delaying initial use and decreasing high-risk choices. The youth also participate in a jail tour and presentation by one of the Jefferson County Sheriff's Department deputies. In 2010, 12 youth were referred to this educational program. Of these 12 possible participants, two were withdrawn from the class before beginning for a variety of circumstances, leaving 10 possible participants. Of these 10 participants, two cases are still open in 2011, leaving 8 youth enrolled in the ATODA class in 2010. All eight of the youth enrolled completed this program successfully, resulting in a 100% completion rate.

Pre-Expulsion 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 offenses on school grounds. By providing this alternative to expulsion, youth are given a chance to make amends for their actions and learn about the dangers of drug and alcohol use. The youth referred are required to complete up to 30 service to community hours and participate in the ATODA Awareness class. The sanctions are given, in addition to other stipulations delegated by the school district, in an effort to promote substance abuse cessation and encourage youth to get help for any substance abuse issues.

In 2010, there were seven youth referred to the Fort Atkinson Probation Program. Two students were removed from the program by the school district due to other circumstances, one student is on the wait list to enroll in the ATODA class and the remaining four youth successfully completed the program.

In 2011, the Restorative Justice Program hopes to engage administrators from other school districts in Jefferson County in discussions about the benefits of this type of pre-expulsion program and offer services to those interested districts.

Juvenile Drug Treatment Court

Partners from throughout Jefferson County began researching the process and effectiveness of a Drug Court specific to juveniles in 2005. The team researched innumerable programs and was adamant that the program had to treat the juvenile within a family unit (not in isolation), that treatment and accountability for their actions had to be age-appropriate, and that it had to incorporate pro-social activities that would ultimately serve to replace the drug related behaviors.

Over the next few years, the team wrote a policy and procedure manual that has ultimately served to direct how the Juvenile Drug Treatment Court operates. This court provides structure for connecting youth with supervision and treatment with ongoing judicial supervision and team management. Three juveniles were involved in the pilot program in 2010, all of whom received pro-bono substance abuse treatment services. The team gathered valuable information and experience with the goal of making this program a success. The juvenile and their parents are required to participate in weekly sessions with the treatment team to discuss weekly goals, successes and struggles, as well as participate in an educational activity.

In September 2010, one year after the first appearance in front of the Drug Court team, the first graduation ceremony was held. The ceremony was presided over by Jefferson County Circuit Court Judge William Hue and was attended by the Drug Court team members and other program supporters. State Supreme Court Justice Shirley Abrahamson looked in on the ceremony via webcast. The graduate participated in a four phase program that consisted of progressive treatment, counseling, absolute sobriety, random UA's, weekly case reviews with the Judge and treatment team, two weekly face-to-face meetings with the case manager, support meetings, weekly support from a mentor, implementation of increased pro-social activities, and completion of a Life Plan and the Prime for Life group sessions. All of these expectations were in addition to maintaining no probation violations and mandatory school/work requirements.

School-Based Teen Court

In 2008, a new partnership was initiated between the Watertown Unified School District and Opportunities, Inc. with the start of "Panther Court" at Riverside Middle School. Panther Court is a school based teen court model, used as an alternative discipline option that links students, teachers and parents. During Panther Court, Riverside Middle School students fulfilled the roles of prosecutor, defense attorney, bailiff and jurors. This program has been labeled by the school as an early intervention program that provides an opportunity for selected juvenile offenders to be questioned, judged and sentenced by a jury of their peers.

During the 2009-2010 school year there were six trials held in total. Of the six cases heard, five were for vandalism/graffiti and one was for disorderly conduct.

The sentencing options were also guided by staff at Riverside Middle school, as well as completion timelines. Each defendant was mandatorily sentenced to one jury term, where they would be a jury member for the next case and determine a fair and appropriate sentence for that defendant. It was recommended to the jury that in addition to the jury term the defendants receive service to community hours. Other sentencing options include essays, apology letters, or projects.

Of the six cases tried through Panther Court, five of the defendants successfully completed their sentences, and one was closed out of the program due to moving out of the school district. Overall the Panther Court program effectively completed the goal of being an early intervention program within Riverside Middle School. The program has returned for the 2010-2011 school year.

Youth Development Activities

Youth Leadership Conference

In June, the Delinquency Prevention Council held their second annual Youth Leadership Conference for high-school youth from throughout the county. This half-day conference focused on helping the youth gain leadership tools to put in their “toolbox”. We were honored to host Carl “Energizer” Olson, a nationally known and respected speaker, trainer and author. Carl founded “Energizer Olson” in 1993, by drawing from his successful background and experience as an educator, coach, administrator and leadership trainer. The mission of the organization was designed to empower youth for success, using motivation, attitude and sound current theory and practice. And empowering youth is exactly what was achieved that day! The youth were engaged in various activities and group work that challenged their comfort zones and thinking patterns to explore their leadership skills.

Conference participants were also invited to join the Delinquency Prevention Council’s youth committee to continue practicing their leadership skills. The members of the youth committee are passionate about sponsoring drug and alcohol free events for other youth throughout the county. The committee hosted a countywide dodgeball league that invited high school youth from throughout the county to get involved in an event that didn’t involve destructive behavior. This group also planned and executed a billboard campaign contest for area youth. Committee members chose a statistic from the most recent Search Survey data that conveyed a positive message that not everyone was drinking underage and asked that the statistic be used as a part of the design. The members voted on the top three entries and helped to plan a ceremony to honor the winners.

Here is what a few Youth Leadership Conference participants had to say about the conference:

- “I loved this! It was fun and very beneficial. I know for a fact that I will use what I learned today!”
- “I enjoyed the conference and I think Carl was very helpful in giving me “tools” for my “toolbox”! I hope to come back next year!”
- “I loved the energy that Carl brought into the room. He was the best speaker that I have had.”

Victor DeNoble Presentation

The Delinquency Prevention Council had the pleasure of presenting Dr. Victor DeNoble to Jefferson County 5th and 6th graders on May 24th and 25th, 2010. Dr. DeNoble was a driving force in the Wisconsin Tobacco Settlement in 1994. The youth heard the turbulent tales of Dr. DeNoble’s work with tobacco giant Phillip Morris, who was recruited in the 1980’s to develop a heart safe cigarette that would have the same addicting effects of nicotine. Dr. DeNoble spoke of his top-secret laboratory on the third floor of the Phillip Morris building where he did brain experiments on rats, a capuchin monkey and a 63-year-old former smoker. Here is where he discovered that nicotine changes brain chemistry. Dr. DeNoble speaks to thousands of middle school, high school and college students every year, sharing his message about the dangers of cigarettes and how his research changed the tobacco industry forever.

Children’s Care and Share Fair

The Children’s Share and Care Fair started in 2001 and each year has been more successful than the previous year. This community event is an opportunity for parents and families to discover the early childhood and community resources available to them throughout the county. Children and parents alike have enjoyable experiences learning about those resources while experiencing face painting, a petting zoo, arts and crafts, hand washing experiments, and more! This annual event is funded through donations from local business and is organized by the Birth-to-5 subcommittee of the Delinquency Prevention Council. In 2010, the Fair was held at Fort Atkinson High School on March 18th from 9am-12pm. At least 600 parents and children attended the event and received a gift bag filled with coloring books for the children and many resources for parents. Based on a participant survey, 100% of them indicated they would attend again next year.

Community Development

In Our Own Backyard – Gangs of Jefferson County

On March 16, 2010, the Delinquency Prevention Council's Gang subcommittee hosted a day long Gang Summit for community youth service providers and professionals. The subject matter addressed the ever changing gang warning signs, markings, tags and behaviors, in addition to identifying gangs that are infiltrating Jefferson County. We were honored to host a national speaker representing the Washington D.C. Federal Bureau of Investigation (FBI), National Gang Intelligence Center, Intelligence Analyst, Anissa Longoria as the keynote speaker. Additionally, regional and local gang specialists Officer Lester Moore, of the Madison Police Department, Jefferson County Deputy Ole Olson and Watertown Police Officer Kathy Selck, addressed the summit with expert information. Participants were given the opportunity to address a panel of Jefferson County professionals including Sheriff Paul Milbrath, Honorable Judge Randy Koschnick, Watertown Chief of Police Tim Roets, Assistant District Attorney Brook Teuber and Delinquency Prevention Council Chair, Melinda Moe (of Jefferson County Human Services) with questions about gang involvement. The discussion then opened a dialog about how to address the next steps as a community. Several artifacts were available for viewing to help participants identify gang weapons, signs and symbols. This summit was well received by approximately 75 people who attended.

Alcohol Compliance and Beverage Server Training

In 2010, the Delinquency Prevention Council continued its partnership with the Watertown Police Department to continue alcohol compliance checks. In addition to the alcohol compliance checks, five Bartender Awareness Classes were held with a total of 55 participants. The alcohol compliance checks involve a person under the age of 21 attempting to purchase alcohol while under the supervision of the Watertown Police Department. The goal is to ensure proper legal practices among liquor license holders and beverage servers. During 2010, 70 retail locations including gas stations, convenient stores and taverns were checked. Of the 70 stores checked, 61 remained compliant resulting in an 87% success rate. In 2011 and beyond, the Watertown Police Department will continue to maintain this program in the City Of Watertown.

DELINQUENCY

~ The Delinquency Team works closely with the Delinquency Prevention Council and provides both juvenile intake and referral to the court system as well as ongoing supervision and case management~

Our Delinquency Team continues to focus on ways to provide the most meaningful interventions and services for youth and their families while also ensuring the safety of our community. We have done so through utilizing interventions and services that are research based and supported by empirical evidence. The Delinquency Team continues to explore and utilize both formal and informal resources and programs that lend themselves to delinquency prevention and fewer juvenile placements. We continually strive to enhance our collaboration with community partners in order to pool resources, advance knowledge and practices, and empower everyone to be part of the solution to delinquency prevention. The Delinquency team is comprised of one Supervisor, 6 Social Workers, 2 Intensive Supervision workers, and 2 Intake Workers.

REVIEW OF 2010

The Delinquency Team accomplished many of its 2010 goals and we continue to build on these objectives. We continue to utilize various in-home programs, such as Functional Family Therapy (FFT), Wraparound Program services, the Intensive Supervisor Program (ISP), and in-home therapy through private counseling agencies. We continue to maximize our efforts in providing families with the services and resources they need, specifically through teaming and “super staffing” cases across multi-disciplinary systems.

In 2010, our team provided youth with various pro-social and strength based activities, including Spa Day, Paint-a-Pot, and a camping trip, all of which were very successful and valuable experiences for everyone involved.

All documentation for the Delinquency Team is now recorded in the statewide eWiSACWIS computer system. This has streamlined our paperwork and has made our case documentation more cohesive. This has not only aided in timely documentation but also provides for better oversight of quality assurance.

Our Delinquency manual was updated in 2010 and serves as a valuable tool and resource, not only to the team, but also to other agency staff.

The Delinquency Intake Workers continue to implement the Delinquency Risk Assessment Tool that was created; however, tracking the statistics regarding the risk to reoffend is still in development.

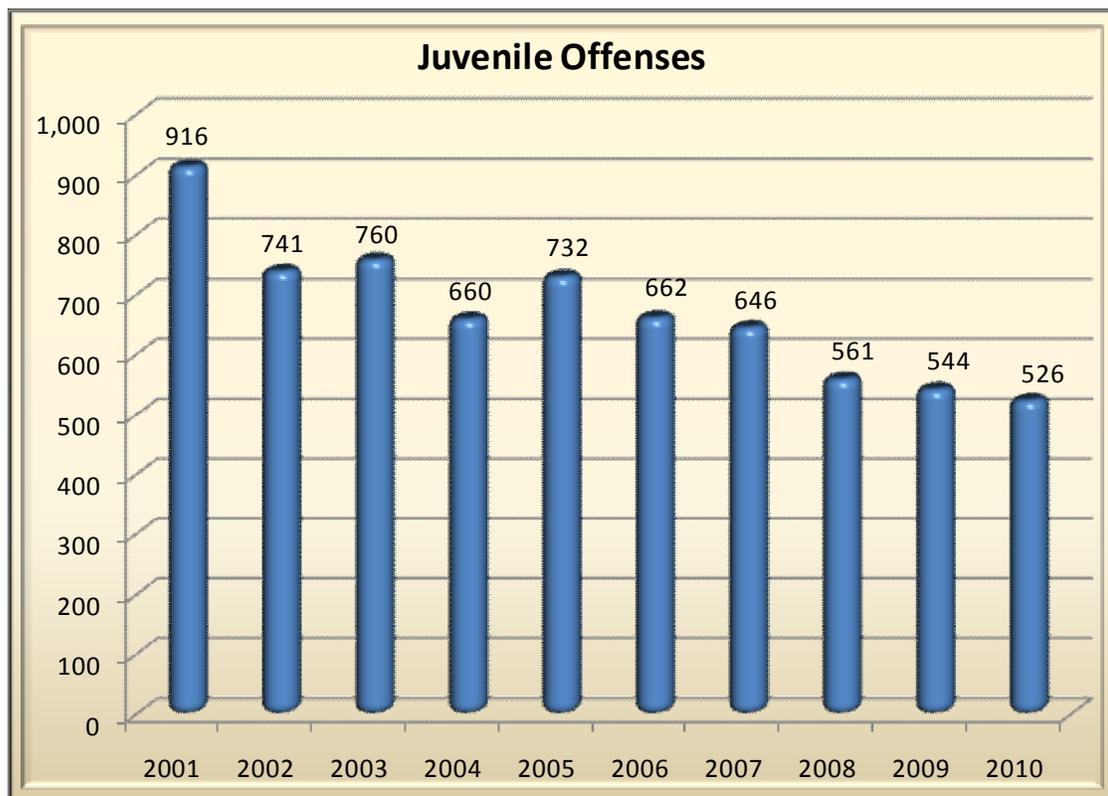
The Intensive Supervision Program continues to strategize and find ways to build on youth’s strengths, help them make better choices, and prevent respites/detentions when possible. The ISP workers began sending out questionnaires to youth and their parents regarding the strength and effectiveness of the program; however, gauging the feedback continues to be under development. One reason for this is having questionnaires completed and returned has shown to be inconsistent. An approach to overcome this will be having the families complete these questionnaires during closure meetings.

GOALS FOR 2011

This year, the Delinquency Team will continue our work on our prior goals while also embarking on new goals.

- The Delinquency Team will be offering approximately five different youth activity days this year. Some of the more popular activity days in 2010 were “Spa Day” and “Paint a Pot”, so the Team plans to offer these activities again this year. Some other activities being considered are a zoo trip, a canoe trip, a tour of a museum and/or landmark, and seeing a professional sporting event.
- The Team will continue to look at different fundraising opportunities that will help support youth activities, delinquency prevention, as well as community awareness and involvement. One such anticipated fundraiser will be an art show in which youth will create individual works of art that will go on display and be part of a drawing. Other potential fundraisers include a bake sale and chili dump.
- The Team intends on facilitating two or more groups for youth this year that incorporate cognitive behavioral strategies. Two such groups will be a Respite Diversion Group and an Anger Management Group.

- The Delinquency Team is also in the process of partnering with Waukesha, Milwaukee, and Washington Counties in facilitating a Juvenile Cognitive Intervention Program that would focus on cognitive restructuring, cognitive skills training, and relapse prevention approaches.
- The Team continues to be involved with the Delinquency Prevention Council and we are currently in the process of reassessing its true objectives in order to ensure that all of the community's needs are being addressed.
- The Delinquency Team works closely with the Restorative Justice Program and will continue to do so. Our collaborative efforts continue to focus on having all youth successfully complete community service hours and restitution in a timely manner. One notion is to provide youth with appealing and constructive incentives that will motivate them to do so.
- A revamp of the Intensive Supervision Program (ISP) is currently underway. The Team is in the process of updating the ISP forms used and is focusing on making contacts with the youth and families involved in the program more meaningful and goal focused. The Program is also looking towards upgrading our electronic monitoring system to the GPS units. The ultimate goal is to support families and prevent juvenile placements and recidivism.
- Implement a tool that's evidence based and measures risk and recidivism.
- One of our most important areas of focus continues to be permanence for our youth. We remain focused on reducing and preventing placements of our youth (i.e. secure custody and respites) while also ensuring the safety of our community. We continue to do so by collaborating with multi-disciplinary teams that can provide any necessary treatment and services, such as mental health treatment and/or individual and family therapy.



Law Enforcement Youth Delinquency Referrals

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

		2010 Multiple Juvenile Referrals by Age							
		Age <11	Age 11-12	Age 13-14	Age 15	Age 16	Age 17	Total Juveniles per # of Arrests	% of Total
R e f e r r a l s	1	9	25	29	24	22	2	111	49%
	2-3	4	14	21	15	23	0	77	34%
	4-5	0	2	6	3	8	0	19	8%
	6-8	0	0	3	7	2	0	12	5%
	9+	0	1	2	1	2	0	6	3%

2006-2010 Juvenile Intake by Age							
	Age <11	Age 11-12	Age 13-14	Age 15	Age 16	Age 17	Total Youth
2010	13	42	61	50	57	2	225
2009	17	23	56	59	67	4	226
2008	18	29	91	57	48	1	244
2007	10	26	90	47	64	3	240
2006	23	30	71	73	73	1	271

Juvenile Offenses									
2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
916	741	760	660	732	662	646	561	544	526

As reflected in the charts on the following page:

- 225 different youths were referred for a total of 526 offenses in 2010. This reflects a decrease from 2009 of 1 individual and 18 offenses. The statistics for 2010 show a five year pattern of decreasing juvenile delinquent activity.
- 51% of the total referred youth were 14 or younger.
- 16% of youth were referred four or more times and 8% were referred six or more times.
- 18 youth were referred at least six times and 6 youth were referred nine or more times. This represents a decrease in the number of youth who would be considered habitual offenders. This also generally indicates the proportion of youth who require our most intensive services in terms of time and costs.
- The total number of juvenile delinquency referrals in Jefferson County continues to decline each year over the past decade. We consider this to be a testament to our collaborative efforts within our agency and with our community partners in utilizing best practice models that support our youth and families, provide treatment and supervision, and reduce recidivism.
- The total number of offenses and referrals for younger youth are decreasing, but the numbers for serious crimes are steadily increasing. Gang activity and the impact of alcohol and drug use continue to be a main concern as they can have a monumental impact on youth, families, and the community as a whole. The Department continues to explore interventions and services that will effectively address these and other serious offenses with the goal of maintaining the youth safely in the community. The Department is increasingly utilizing our Juvenile Drug Treatment Court, as well as other AODA treatment facilities. The Intensive Supervision Program is also being utilized more frequently with the more serious juvenile offenders and we are trying to connect these youth with mentors and peer support specialists.

POLICE REFERRALS for JUVENILE OFFENSES

1 and 5 Year Comparisons

OFFENSES	2010	2009	1 Year (2009-2010) Increase/Decrease	2010	2006	5 Years (2006-2010) Increase/Decrease
Alcohol/Tobacco	1	3	(2)	1	4	(3)
Arson	0	7	(7)	0	2	(2)
Battery	33	28	5	33	32	1
Burglary/Robbery	35	50	(15)	35	30	5
Burning Materials/Fireworks/Explosives	3	0	3	3	2	1
Contempt of Court/Violation of Court Orders	6	1	5	6	4	2
Crimes Against Children/Other	24	15	9	24	9	15
Criminal Damage to Property	42	84	(42)	42	78	(36)
Criminal Trespass	8	11	(3)	8	18	(10)
Disorderly Conduct	133	141	(8)	133	143	(10)
Drug Related	55	51	4	55	79	(24)
Fleeing/Escape	9	5	4	9	5	4
Forgery	0	1	(1)	0	3	(3)
Intimidation/Harrasment	0	2	(2)	0	2	(2)
Obstructing/Resisting Arrest	25	15	10	25	35	(10)
OWVWOC/Other Vehicle	15	5	10	15	29	(14)
Receiving Stolen Property	3	2	1	3	6	(3)
Reckless Endangerment	0	1	(1)	0	6	(6)
Sex Offense	44	20	24	44	46	(2)
Theft	49	53	(4)	49	90	(41)
Truancy	37	30	7	37	23	14
Weapon Related	4	19	(15)	4	16	(12)
TOTALS	526	544	(18)	526	662	(136)

JUVENILE CRIMES OF GREATEST CONCERN 2006-2010

OFFENSES	2006	2007	2008	2009	2010
Arson	2	2	5	3	7
Battery	33	32	37	42	28
Burglary	37	30	32	18	50
Crimes Against Children/Other	13	9	7	16	15
Drug Related	100	79	90	71	51
OMVWOC/Other Vehicle	30	29	18	22	5
Sex Offense	21	46	34	57	20
Truancy	42	23	21	34	30
Weapon Related	12	16	12	13	19
TOTALS	290	266	256	276	225

WRAPAROUND (CST)

~To keep children with social, emotional, mental health and cognitive needs in their homes and community~

Mission Statement: The Jefferson County Wraparound Project exists to keep children with social, emotional, mental health and cognitive needs in their homes and community through the creation and maintenance of a comprehensive, coordinated, and community-based system of care centered on strengthening the child and family.

Program Description: The children and families who receive wraparound are typically involved with two or more child and family-serving systems, such as behavioral health, special education, child welfare, and juvenile justice. Both research and experience has shown that successfully implementing the wraparound process at the team level requires extensive support and collaboration among these various agencies and organizations.

Wraparound Values

Jefferson County Wraparound strives to implement practice change and system transformation by implementing the following core values:

Ensuring Safety: When child welfare and juvenile justice services are involved, the team maintains a focus on the safety of the child and the community by maintaining the child in the least restrictive environment.

Education and Work Focus: Advocate and promote for dedication to positive and consistent education, employment and or employment related activities which results in resiliency and self sufficiency, improved quality of life for the family and the community.

Belief in Growth, Learning and Recovery: Family improvement begins by integrating formal and informal supports that instill hope, compassion, dignity and respect. We strive to stream line services through teaming to reduce the amount of county paid employees in order to serve our community as evidenced by the number of natural supports assisting families with resources and services.

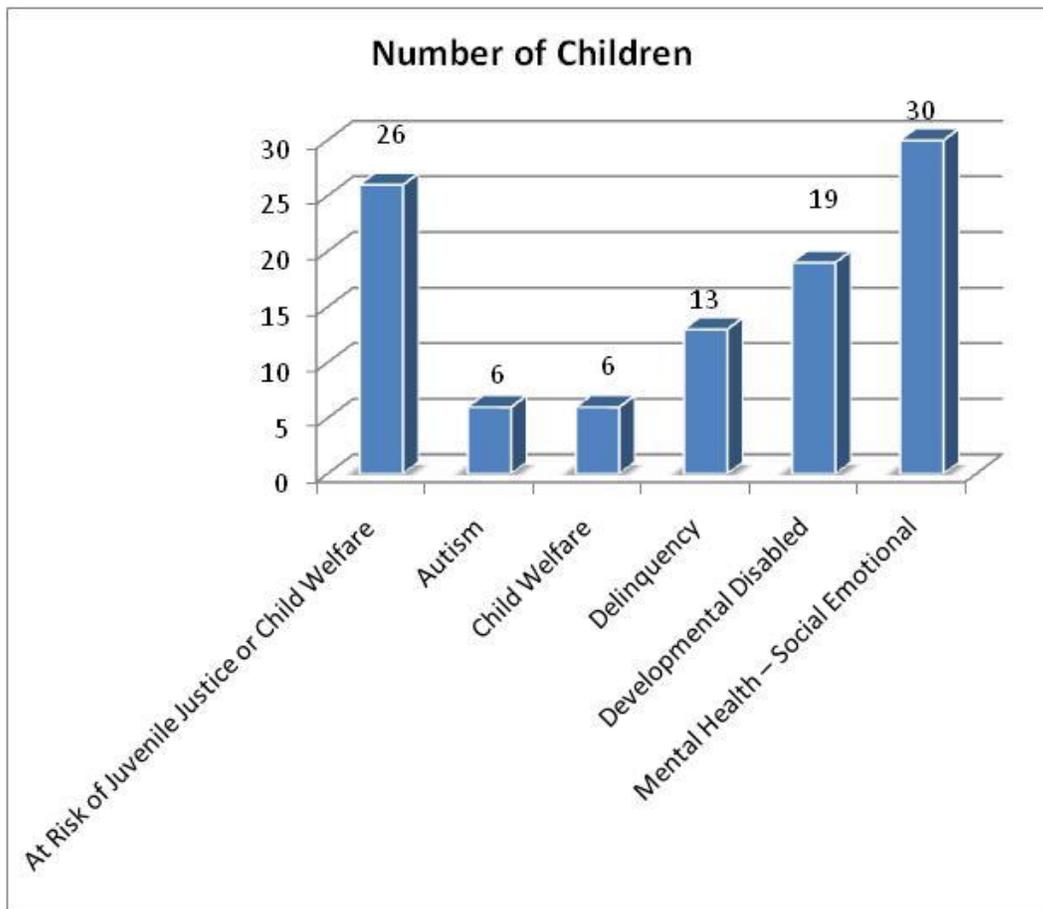
Outcome Oriented: From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal are discussed, agreed-upon, shared and maintained.

REVIEW OF 2010

Wraparound team successfully completed 75% of their goals in 2010

Wraparound provided services to:

In 2010 Wraparound provided services to forty families. Seventy three adults and eighty three children received preventative services.



Children with multiple needs cross categorize in some of these areas.

Wraparound Service Categories Included:

Prevention – Eighty three children received intervention services promoting positive behaviors through family intervention and community outreach.

At Risk – Five children of families who were vulnerable, at risk of child abuse or neglect or likely to engage in behaviors with negative consequences received services

Abused/Neglected – Six formally Court ordered children and other members of families in which child abuse or neglect had occurred received services.

Out of Home/ Family Reunification – Seven children received services that prepare children in out-of-home care and parents for the safe return of children to their homes. Out-of-home can be hospitalizations and the foster care system. Nine children were hospitalized receiving crisis intervention services.

Other Youth – Twelve children received activities that promote positive behavior and discourage negative behavior. These activities help children develop positive self images, deal with peer pressure, make good decisions and become productive adult members of society. Improvements have been seen in school behavior, school attendance, and academic achievement through community outreach.

Relatives or Adoptive Families - Four children remain with adoptive families or relatives through formal or informal arrangements. These families receive respite care, parenting skills, follow-up home visits and crisis intervention services.

COORDINATED SERVICE TEAM OUTCOME INDICATORS FOR 2010

The Jefferson County Coordinated Service Team (CST) reported outcome data to the State Division of Mental Health and Substance Abuse Services (DMHSAS) for 48 children in calendar year 2010.

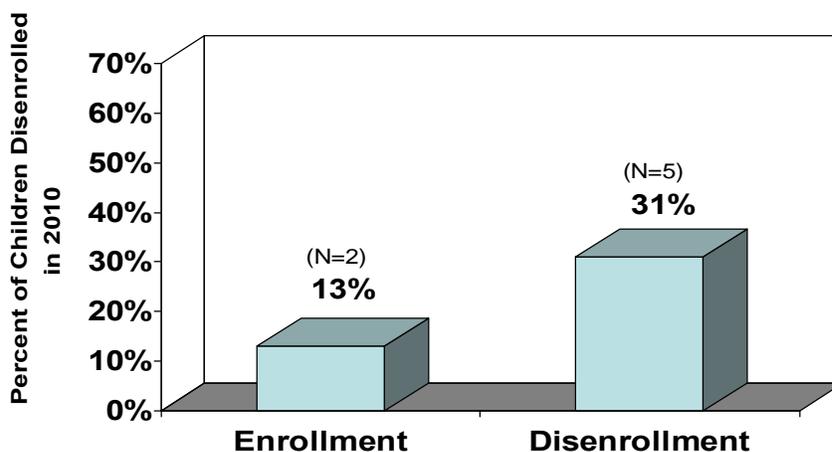
Of the children for whom data was reported to the State DMHSAS in 2010, 33 children continued their CST participation from 2009 and 23 were disenrolled in 2010. The average length of stay for these 23 children was just over 2 years (25 months). Fifteen children were newly enrolled in 2010 and 12 of these children continued their participation into 2011.

The results below represent children's final status as they were disenrolled compared to their status at the time of enrollment on indicators describing living situations, juvenile offenses, and educational performance. The results describe outcomes using all available data submitted to the State DMHSAS for the 23 children who were disenrolled in 2010.

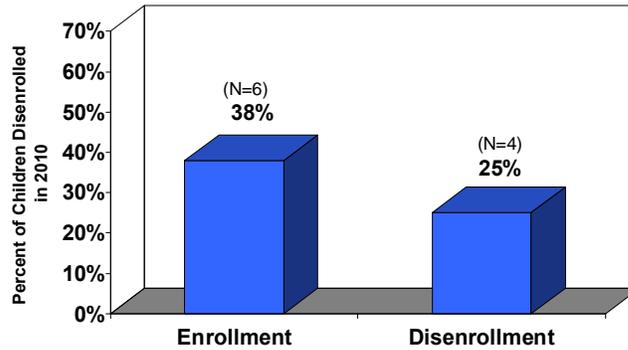
EDUCATIONAL INDICATORS in 2010 for DISENROLLED CHILDREN

To measure childrens' educational progress during their participation in the CST initiative, academic performance and special education needs were monitored. The indicators were measured during the school semesters when children were enrolled and disenrolled in the CST initiative. Of the 23 children who were disenrolled in 2010, sixteen had complete educational data at enrollment and disenrollment. At the time of enrollment, 13% of children had grade averages lower than a "C" average for the semester. At the time of disenrollment in 2010, 31% had grade averages lower than a "C" average. The use of alternative school settings or spending at least 50 percent of the school day in a special education classroom was used as an indicator of progress also. While 38% of children needed these special education arrangements when they enrolled, 25% needed these arrangements at the time of their disenrollment.

Children with Grade Averages Lower Than **C+**
(N=16)



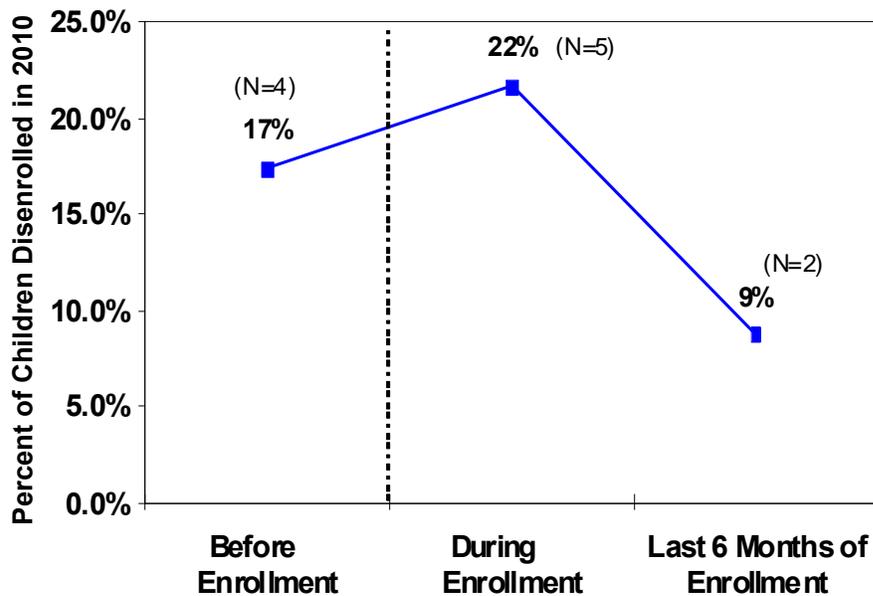
Children in Alternative School Setting or Spending at Least 50% of Time in Special Education Setting (N=16)



JUVENILE OFFENSES in 2010 for DISENROLLED CHILDREN

Of the 23 children who were disenrolled in 2010, 17% committed offenses just prior to their enrollment into the CST initiative. The average length of stay for these 23 children was just over 2 years (25 months). During approximately the first 19 months of their CST participation, 22% committed offenses. During the last 6 months of their participation as they were approaching their disenrollment date, just 9% of children committed offenses.

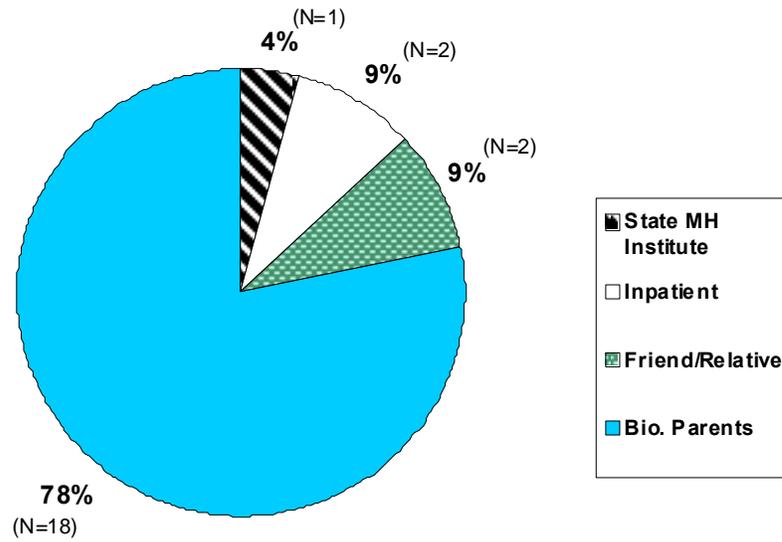
Change in Juvenile Offenses During CST Enrollment (N=23)



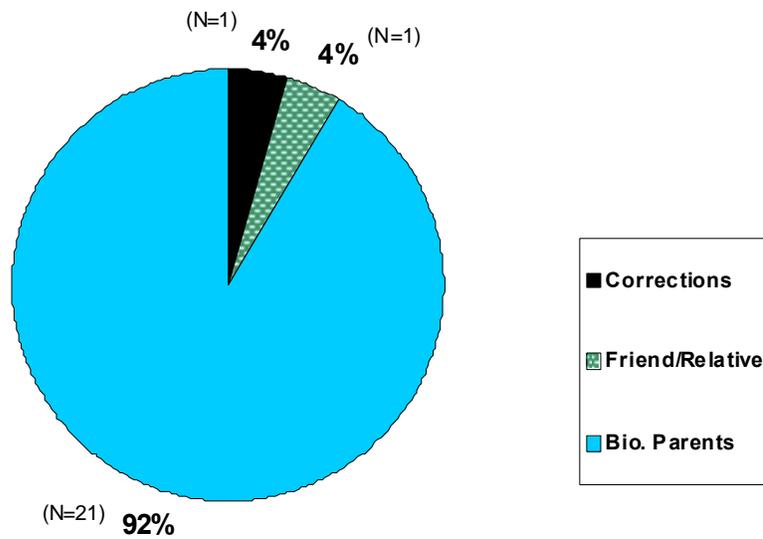
LIVING SITUATIONS in 2010 for DISENROLLED CHILDREN

Of the 23 children who were disenrolled in 2010, 78% were living with their biological parents when they were enrolled into the CST initiative. When they were disenrolled, 92% were living with their biological parents.

Living Situation at Enrollment (N=23)



Living Situation at Discharge (N=23)



SUPPORTED EMPLOYMENT

~ Supported Employment program offers services for vocational training, providing the opportunity and experience to prepare youth for employment in the community at a competitive wage ~

Mission Statement

Supported Employment offers services that help youth with a disability find and keep meaningful jobs in the community.

Jefferson County Supported Employment program offers services for vocational training, providing the opportunity and experience to prepare youth for employment in the community at a competitive wage. Employment Specialists provide a continuum of services that allows an individual to learn or progress at their own pace and comfort level. A consideration is given to physical or learning needs through accommodations to reach optimal independence and potential. Youth develop person centered, individualized transition plans. In 2010, we received a Medicaid Infrastructure Grant to implement these services.

In 2010 Supported Employment provided services to 21 youth ages 14 through 18. Six of these youth have been employed, three youth volunteer in their community developing skills and employment opportunities within the facility, one youth attended the Citizen's Academy, one youth continues working on post secondary education opportunities, two youth moved out of the County, and eight youth continue working on their employability skills through Job Club. Seventy three cold calls were made to employers for recruitment of jobs and to provide training on the integrated employment model.

Job Club Objectives

- Expand youths' knowledge of employment options through job exploration
- Educate and teach employability skills
- Provide a comfortable environment for youth to participate in shared training, open communication, development of skills, support and education for competitive employment

GOALS FOR 2011

Through Job Club we will continue to develop a system of education and training focused on self determination and inspiration for youth with disabilities. We will improve the number of exceptionally prepared youth so they can be successful, qualified employees in their community as evidenced by the number of youth that are employed.

EARLY INTERVENTION

~ Early intervention works 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 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 the 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.

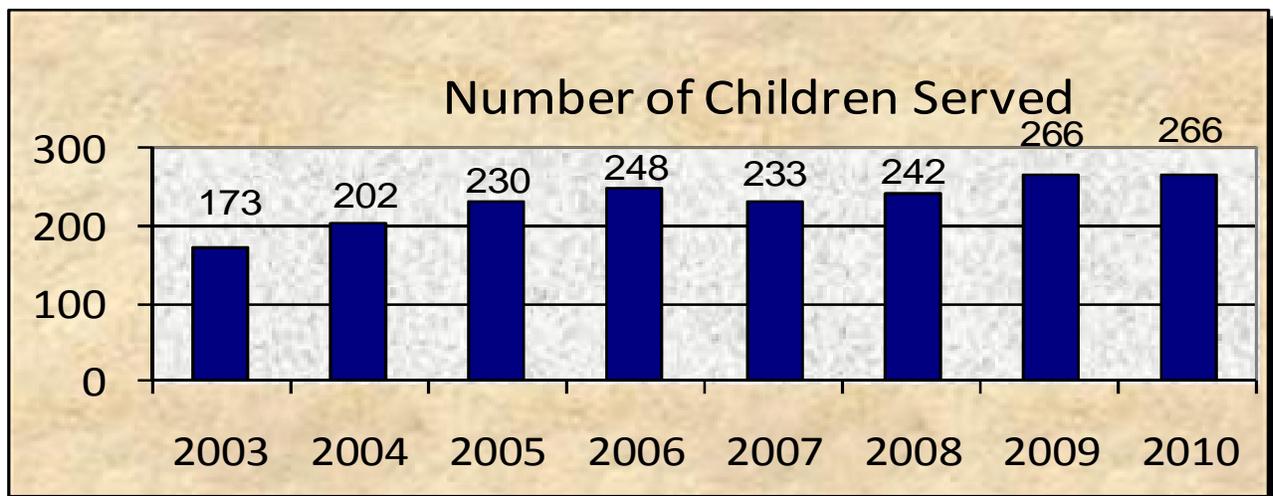
- **High Quality:** A commitment to high quality means that our program will develop policies and practices that are found to build professional skills, including ethics embraced by the fields of child development, family development, and help the community understand the importance of the unique nature of infant and toddler development. Program practices must include awareness of both the opportunities for intervention and the fact that young children are particularly vulnerable to the negative caregiving environment.
- **Children's optimal development** depends on their being viewed first as children, and second as children with a delay or disability.
- **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.
- **Parents are partners** in any activity that serves their children. Parents or primary caregivers have a unique understanding of their children's needs.
- Just as children are best supported within the context of **family**, the family is best supported within the context of the community.
- **Professionals** are most effective when they work as a team member with parents and other team members.

- **Collaboration** is the best way to provide comprehensive services. No single agency is able to provide all services to all children and families. Collaboration with local community agencies and service providers will maximize the resources available to families of young children in a cost-efficient comprehensive manner. No one program can meet all of a child and families' needs and will build strong alliances within the communities they operate.
- **Prevention and Promotion:** The proactive promotion of healthy child development and family functioning begins and continues prenatally, upon birth, and through the early years. It is crucial to emphasize the importance of healthy development and detection of developmental at the earliest possible time. 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. By age two or before, 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 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.



	2003	2004	2005	2006	2007	2008	2009	2010
Total Number of Children Served	173	202	230	248	233	242	266	266
Hispanic Families Served	24	25	40	41	39	18	23	52
Black Families Served	0	0	0	5	3	2	6	8
Asian Families Served	0	0	3	4	2	2	3	5
Pacific Islander Families Served	0	0	0	0	0	1	0	0

In addition to the 266 families that were served in 2010, 71 more families were offered services/provided screenings and evaluations. Some families chose not to receive Birth to Three services and 16 children were found not eligible after evaluations were completed. We continue to get referrals for bilingual families. We had over a 50% increase in this area.

SUMMARY OF DATA

As shown by the above data, the Early Intervention Program has continued to provide service to many families. The program has more service coordination with families due to the complex issues that face families such as poverty, homelessness, mental health, AODA, job loss and stress. The Department of Health and Family Services has not changed the qualification criteria; therefore, we hope the program will continue to receive many new referrals.

REVIEW OF 2010

All goals established were accomplished including:

- Increasing enrollment in the Busy Bees Preschool
- Participating in Child Find activities
- Providing service coordination to families
- Implementing the Incredible Years (a wonderful evidenced based parenting program).

GOALS FOR 2011

A. Continue “**Child Find**” activities under DHS 90. Our goal is to participate in two more awareness activities in the community during the year. This could include: Resource Fairs, School Early Childhood Screenings, Child Care Provider meetings, and other meetings with agencies and teams within the Department of Human Services. This will be funded in part from the ARRA Grant. We had a banner made and other informational/promotional items to give out to the public.

B. Continue to provide service coordination to our families to ensure that families have access to all resources. The program will have 80% billable time. This will be monitored by the EDALS and QA reviews.

C. To have team members: Diane Bazylewicz, Tonya Buskager, Karen Brunk and Jill VanSickle be an active part of the **Incredible Years Parenting Program Team** and implement it within the program and with our families.

D. Birth to Three Supervisor, along with a treatment team to include an Early Childhood teacher, Speech Therapist, Physical Therapist and Occupational Therapist will learn and implement evidenced based practices in Early Childhood intervention.

1. The team will have completed 2-day intensive institute with Dathan Rush and M’Lisa Shelden.
2. The coaching team will continue to develop and use Primary Service Provide coaching as an approach to work with families to use natural learning environment practices and style to build capacity of adult learners (parent/caregiver) in the child’s life.
3. Continue to work/have trainings with the other ARRA consortium counties (Racine, Kenosha, and Walworth).
4. Birth to Three Supervisor and coaching team will train/mentor the rest of the Birth to Three staff on this approach by monthly meetings and staffings.

E. Increase community awareness and enrollment of Busy Bees Preschool to continue to have enrollment to 80% capacity. We will continue to promote the preschool within Jefferson County by distributing brochures to appropriate settings such as a library, church, public school and local clinics. We will also host an annual **Open House**.

F. To continue to have Birth to Three staff work in a collaborative team with other agency teams such as Wraparound, Child Welfare, and Children’s Long-Term Support programs. Staff will attend staffings as needed to facilitate services.



BUSY BEES PRESCHOOL

~Busy Bees Preschool provides positive early learning experiences throughout a fun-filled morning with a structured routine and age appropriate activities~

Busy Bees Preschool is a preschool for two and three year old children that opened in September 2005. The preschool is open four mornings a week from 8:30 a.m. to 11:00 a.m. The students are enrolled in either a Monday/Wednesday or Tuesday/Thursday morning program. The preschool runs from September through June and a summer session is also offered in July and August. Enrollment is twelve children per day. The students who enroll in Busy Bees Preschool are a combination of community peer models and children enrolled in the Birth to Three Program.

Busy Bees Preschool provides developmentally appropriate activities in a seasonal thematic manner. The preschool day is presented with a consistent routine for the young children who attend. 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, including a snack time and bathroom routine. The lesson plans incorporate all developmental domains and follow the Wisconsin Model Early Learning Standards.

The preschool is staffed by three full time educators with over twenty-five years of combined experience working with young children. All of the teachers obtained Bachelor’s Degrees in Education and hold current Wisconsin Teaching Licenses in the area of Early Childhood. The teachers are also part of the Wisconsin Registry for Educators. In addition, licensed speech therapists, an occupational therapist, and a bilingual service coordinator provide support to students who require intervention in order to provide a positive and productive early educational experience at Busy Bees Preschool.

Busy Bees Preschool continues to provide a positive learning experience by providing a fun-filled, enriching morning with structured routine and consistent behavioral limits. Children increase their social skills, self-esteem, and overall confidence through understanding and succeeding at our preschool. It is a place for children to develop independence and learn to BEE themselves!

CHILD 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~

Our Alternate Care services provide 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 child to return to his or her home setting. When this is not possible, long-term placement arrangements, such as group homes, may be 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

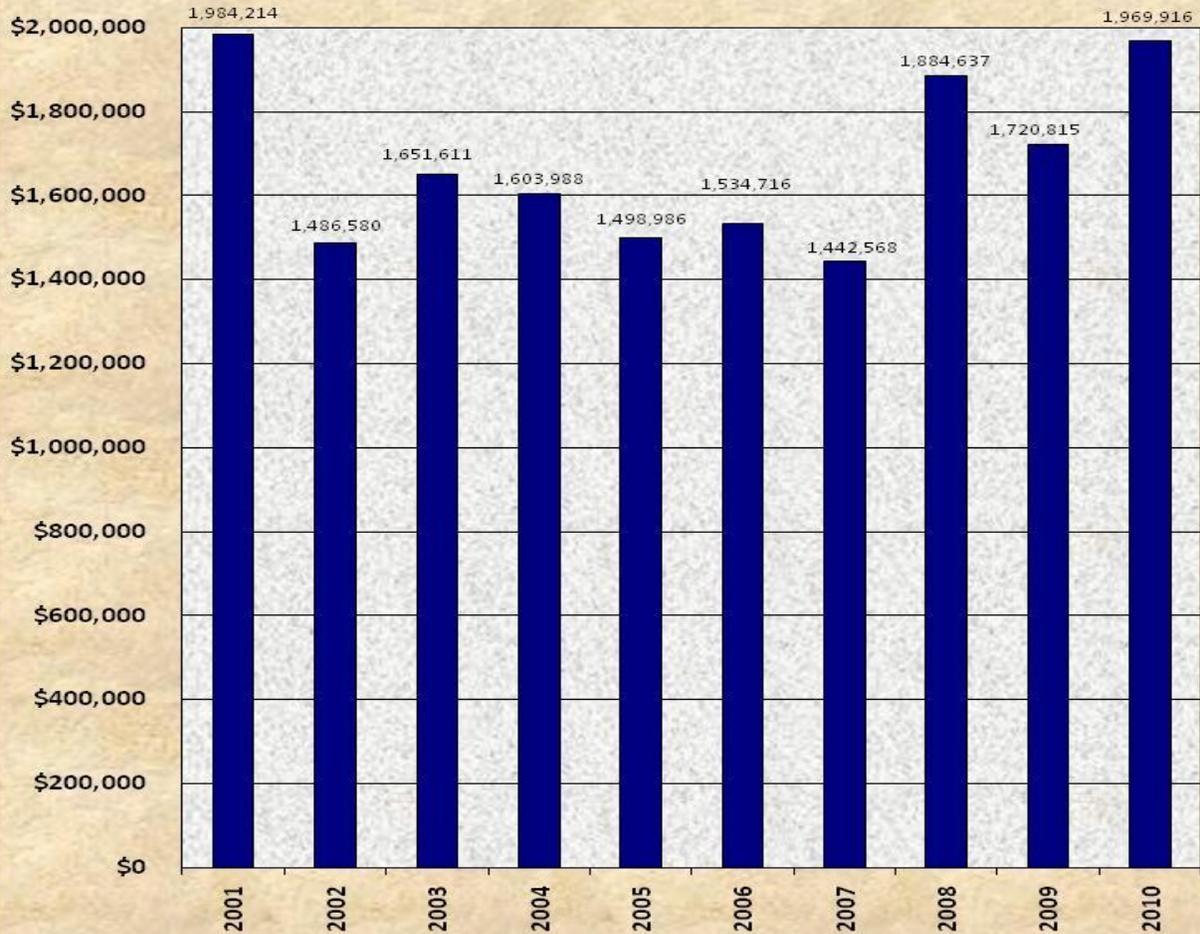
- Avoiding placements, particularly of children, whenever possible, by providing protection, support and services in our communities.
- Keeping placements short in duration and making them within the community whenever possible.
- Minimizing the use of institutional placements by creating packages of community services, including operating our own group homes.

In 2010, the number of placements of youth increased from 121 to 185, while the number of youth placed rose from 85 to 100. While some youth had more than one placement, we were also required by state mandate to license kinship homes. (children residing with a relative) as level one foster homes.

The licensing of kinship homes has required additional staff time and resources. In 2011, we are required to further implement the level of care licensing for all childrens' alternate care providers. The level of care needed will be determined by the child abuse and neglect assessment tool. Rates for all providers are set by the state.

In 2010, the Department spent an additional \$289,101 on alternate care for children. This is, of course, a huge priority and concern for the Department. Children and adolescents need permanence and safety, while long term out of home placements and multiple placements are associated with poor lifetime outcomes for children. The Department is addressing this in several ways. We have entered into an additional contract with the state to retain legal counsel for situations that require termination of parental rights. We are using the new Community Recovery Service benefit for youth who have mental health needs, which allows for more in home supports. We are increasing the number of children on long term support waivers and we are implementing using parenting coaches. We are confident these services will provide better outcomes for our youth.

Child Alternate Care Costs



DETENTION PLACEMENTS

A final related statistic in the Child Alternate Care area is our use of secure detention (locked juvenile jails) for youth. During 2010, 69 youth were placed in these facilities at a cost of \$78,790. This is an increase from 2009 when 68 youth were placed at a cost of \$42,015. This increase was due almost entirely because the severity of one youth's crimes led to a 2 month stay at a secure facility. These placements are either made by the Juvenile Court or by Human Services staff in order to provide community protection or to sanction youth for violation of a court order.

DETENTION CENTER PLACEMENTS

COUNTY	NUMBER OF PLACEMENTS	TOTAL COST
Marathon	1	\$ 450.00
Portage	1	\$ 450.00
Rock	63	\$ 73,920.00
Washington	1	\$ 345.00
Waukesha	3	\$ 3,625.00
TOTALS	69	\$ 78,790.00

The following chart shows 185 placements of youth from Jefferson County in some form of out-of-home care during 2010, which is a substantial increase of 121 placements from 2009. 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, particularly mental health services, are used in conjunction with placements.

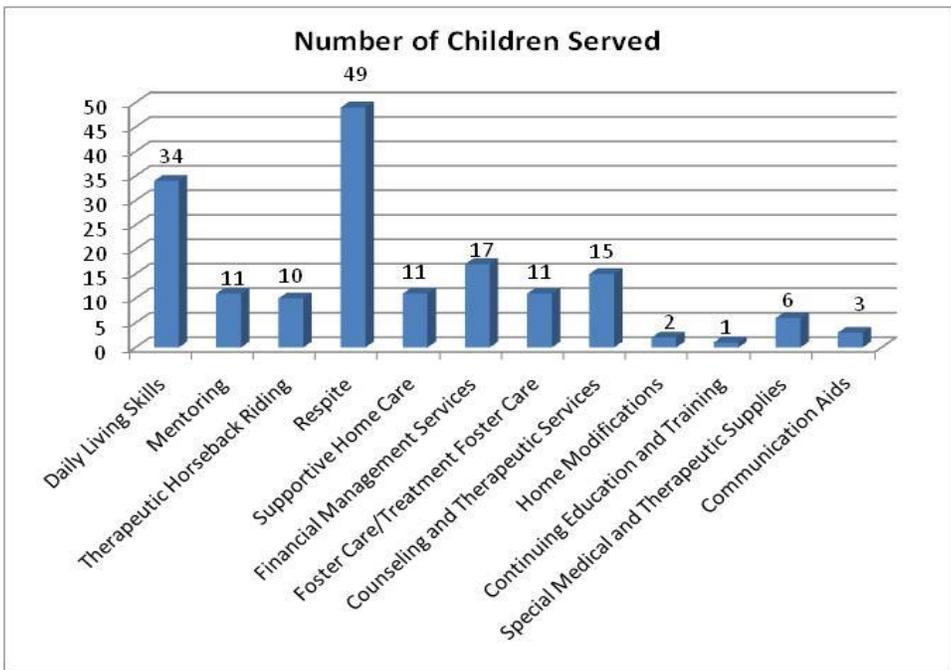
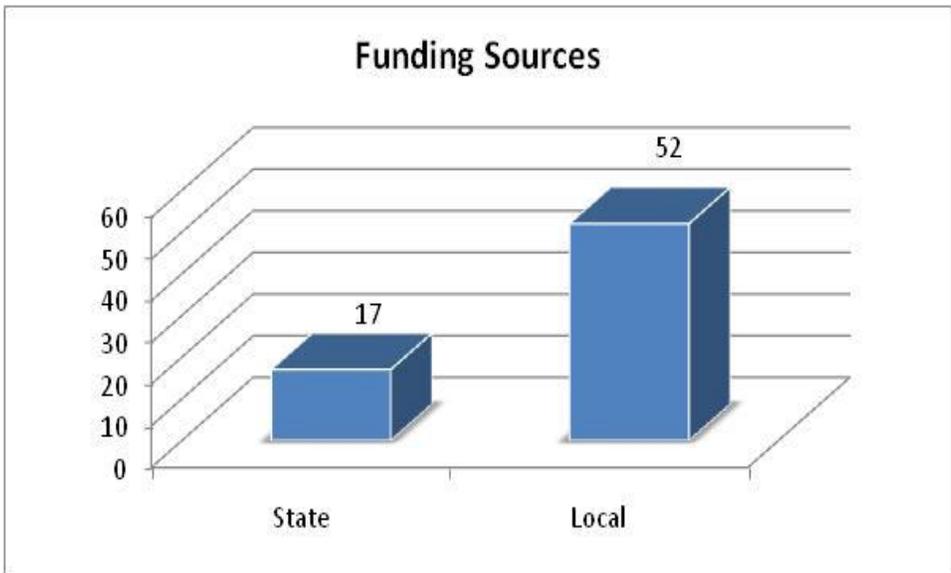
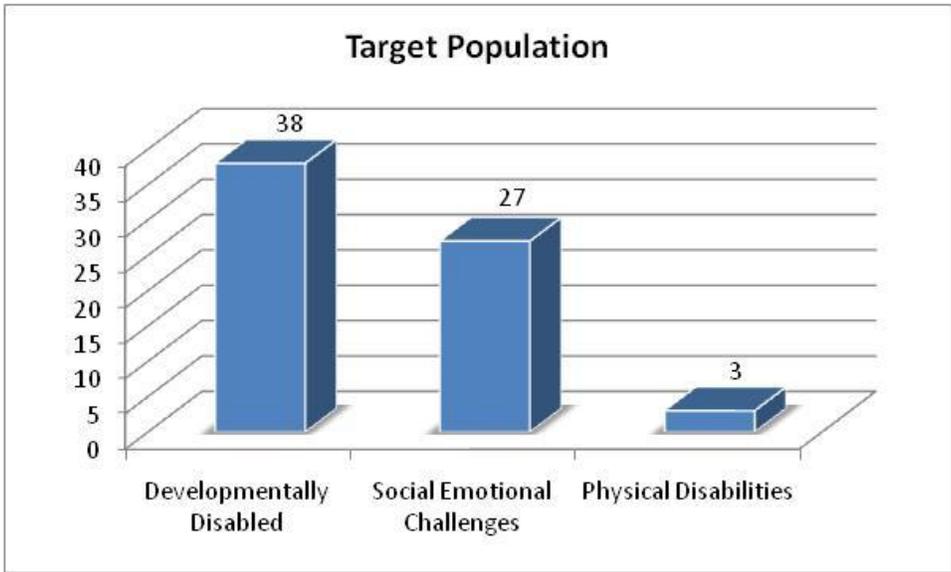
ALTERNATE CARE PLACEMENTS - CHILDREN									
PROGRAM	2004	2005	2006	2007	2008	2009	2010		2010 Totals
							Male	Female	
Foster Care (In-County)	24	30	28	46	25	34	20	33	53
Foster Care (Out-of-County)					14	13	8	8	16
Treatment Foster Care (In-County)	6	12	7	7	2	9	6	5	11
Residential Care Center (Child Care Institution)	17	7	5	8	8	13	8	10	18
Child Correctional	4	3	1	1	1	1	3	1	4
Child Mental Health Institute	4	4	3	4	2	2	0	2	2
Out-of-County Treatment Foster Home	11	12	21	22	27	33	32	20	52
Out-of-County Group Homes	17	23	17	12	14	16	12	17	29
TOTALS	83	91	82	100	93	121	89	96	185
Breakdown									
Black				10	9	8	5	5	10
White				87	73	103	83	82	165
Hispanic				0	8	5			0
American Indian					1	1			0
Asian						1		2	2
Native Hawaiian/Other						1		1	1
Unable to determine				3	2	2	1	6	7
TOTALS	83	91	82	100	93	121	89	96	185

CHILDREN'S LONG TERM SUPPORT WAIVER PROGRAM

~ Programs that allow for assessment of the children and family needs and supporting plan for the provision of services~

Mission Statement: Assist children with disabilities and their families to remain together and safe in their own homes and communities by providing them with individualized services to meet their need.

The children's long term support team provides services to children who are eligible for Medical Assistance and have met the criteria as developmentally disabled, physically disabled or are severely emotionally challenging. These children can be served through the children's long term support waiver or the family support program. These are programs that allow for assessment of the children and family needs and supporting plan for the provision of services. In 2010 sixty nine children were served by long term care waivers compared to fifty nine in 2009.



INDEPENDENT LIVING PROGRAM

~To help young adults become independent, responsible and productive members of society when they reach adulthood~

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, self sufficient and productive members of society when they reach adulthood. This is a mandated service for any child 15 or older placed out of the home.

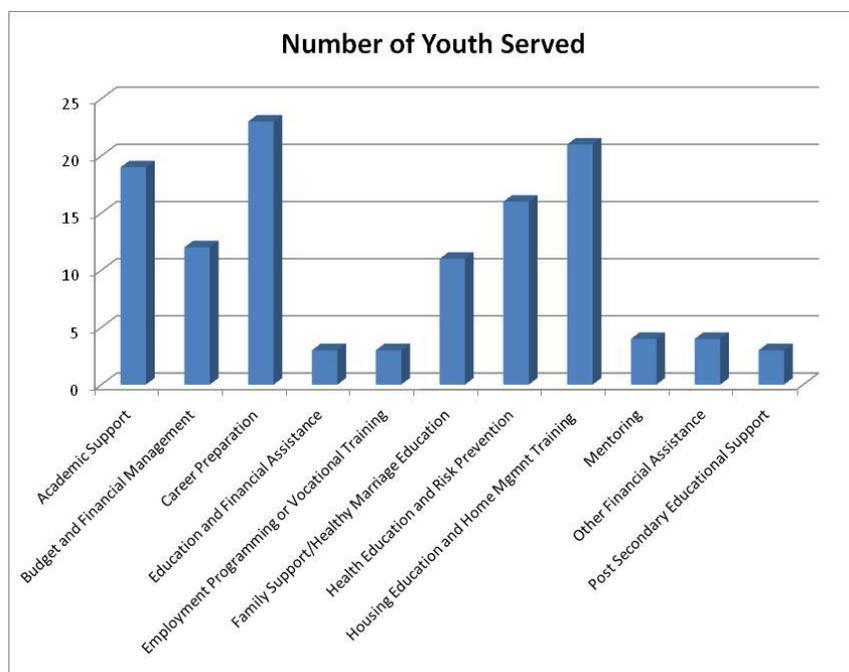
Youth in out-of-home placement, ages 15-18, complete a life skills assessment and develop an individual transition plan with the assistance of the Life Skills worker. Youth develop goals and identify individuals who can assist them in reaching their goals while supporting their transition. Services are provided on an individual basis or in a group setting when appropriate. Transition goals are developed by the youth with the assistance of the Independent Living worker, on-going case worker, foster parents or group home provider and the youth's natural supports. Progress is monitored by team members monthly.

Youth ages 18-21, who are no longer in out-of-home care, complete a life skills assessment to determine the areas of on-going need, identify personal goals and develop a transition plan. The transition plan incorporates the youth's on-going needs with their personal goals. The Life Skills worker assists the youth with their Transition Plan and offers assistance with educational planning, career development, employment, housing, transportation, child care issues, family planning, accessing community resources, managing AODA issues, building healthy relationships and risk prevention.

For 2010 there were 59 children eligible for independent living services, 15 of those children were placed out of county receiving independent living services through the county they were residing in. Thirty children had an independent living assessment completed. Twenty seven children received independent living services; six children were identified with special needs.

GOALS FOR 2011

- Independent Living worker will initiate contact with each youth at the age of 17 to train and inform them of access to the Foster Club website to review the "talking points" website and complete the National Youth in Transition Database baseline survey. Results will be reviewed every six months.
- Independent Living worker will develop a tracking system for 18-21 year old youth that have aged out of the system to evaluate their transition plan. Results will be collected and reviewed on a monthly basis.



BEHAVIORAL HEALTH DIVISION

~ Participants of the program are assessed for strengths and needs; the principles of hope and empowerment are integrated into the clinic service~

The Behavioral Health Division is organized into four areas:

- **Mental Health & Alcohol and Other Drug Abuse Clinics and Intoxicated Driver Program**
 - **Community Support Program**
 - **Comprehensive Community Services**
 - **Emergency Mental Health**

MENTAL HEALTH/ALCOHOL AND DRUG OUTPATIENT CLINIC AND INTOXICATED DRIVER PROGRAM

~Serving adult Jefferson County residents with mental health and substance abuse concerns~

THE PROGRAMS

The Mental Health, DHS 35/Alcohol and Other Drug (AODA), DHS 75 Outpatient Clinic serves adult Jefferson County residents with mental health and substance abuse concerns. In 2010 files for 215 new mental health consumers were opened to the Mental Health clinic. The files of 163 AODA consumers were opened. The clinic provided mental health services to 553 individuals and substance abuse services to 337 individuals. These numbers reflect a dramatic increase of persons served by the clinic in 2010. A 69% increase for mental health consumers and 67% increase for substance abuse consumers.

Participants of the program are assessed for strengths and needs; the principles of hope and empowerment are integrated into the clinic service. A treatment plan is created using the consumer's own strengths and resources to increase their potential for leading the life they want. Services are provided in the least restrictive setting; decreasing the disruption of the individual's life while still providing for recovery.

The clinics employ: six full-time staff with master's degrees in Social Work, Counseling or Psychology, one of whom works part-time in the jail, a community outreach worker and two full-time intake workers. Three of the clinicians obtained their substance abuse specialty certification to address the increasing substance abuse consumers.

The clinic is also responsible for overseeing civil commitments and in many cases, providing treatment for the individual. Under WI § 51, persons who are assessed to be dangerous to themselves or others and have a mental health disorder may be detained involuntarily. If the court determines that these persons need to be treated, they are placed under an order for treatment, usually for 6 months. The person can seek treatment from the clinic, or if the person has other resources by another area provider. The clinic (the 51.42 board representative) is responsible for supervising the commitment period and insuring that the individual is following through with the treatment recommendations regardless of where treatment occurs.

The intoxicated Driver Program (IDP) is mandated under HFS 62. Each county is responsible for establishing and providing substance use assessments of drivers who have received an operating while intoxicated (OWI) ticket. The assessment can be ordered by the court or the Department of Transportation. The IDP assessor completes an assessment using the Wisconsin Assessment tool. A driver safety plan is developed based on

the results of the assessment. A person can be sent for either education if a substance disorder is not found or treatment, if a substance disorder is found. The individual is responsible for completing the Driver Safety Plan within a year's time. Failure to complete the driver's safety plan will result in the driver's license remaining revoked. In addition to doing the assessments, the Assessor is responsible for monitoring the individual's compliance with the Safety Plan. The clinic had two IDP assessors but due to reorganization now has one full time assessor.

In 2010, the IDP unit completed 394 assessments and driver's safety plans. Of those, 218 were first time offenders, 94 were second time offenders, 46 had 3 lifetime OWI's and 36 had four or more lifetime OWI's. Group dynamics is a 24 hour education program for first time offenders. Multiple Offenders is a 36 hour education program for individuals with more than one OWI ticket. One hundred and eight five person were referred to Group Dynamics and 44 were referred to the Multiple Offender Program. A total of 165 individuals were referred to outpatient substance abuse treatment. Of those, 85 were referred to the Human Service Outpatient Clinic due to lack of insurance. These numbers were compiled by Dennis Sterwald, CSAC, IDP-AT, the lead IDP assessor.

Consumer Satisfaction

In 2010 the Outpatient Clinic conducted a consumer satisfaction survey. The ROSI (Recovery Oriented System Indicators) measures the satisfaction of the participant and the degree to which its services are recovery oriented. The survey asks 42 questions regarding the participant's experiences in the past six months. The choice of responses range from strongly disagree to strongly agree and includes an option of does not apply to me. The questions rate 6 areas of service: Person Centered Services, Barriers to success, Empowerment, Employment, Staff Approach and Basic needs.

Survey Discussion

	LEVEL OF RECOVERY ORIENTATION					
	High		Mixed		Low	
	2009	2010	2009	2010	2009	2010
Person Centered	93.3%	89.3%	3.3%	10.7%	3.3%	--
Empower	81.3%	82.8%	15.6%	17.2%	3.1%	--
Employ	20 %	55%	60%	35%	20%	10%
Basic Needs	60 %	53.8%	24%	23.1%	16%	23.1%

	Low		Mixed		High	
	2009	2010	2009	2010	2009	2010
Barriers	6.7%	3.7%	43.3%	48.1%	50%	48.1%
Staff Approach	-	11.1%	6.9%	11.1%	93.1%	77.8%

The survey's responses indicate some mixed oriented experience from 2009 and 2010. Of concern is the slight decline and continued low percentage of consumer's basic needs. These numbers pertain to income and affordable housing. The clinic staff can refer the consumers to resources such as the Workforce Development Center for assistance in housing, employment and nutritional needs.

Of greater concern is the decrease in satisfaction in staff approach. These reflect areas that will need to be focused on and improved on in 2011. An area of note is that 46.4% of respondents endorsed the statement "Mental Health services led me to be more

dependent, not independent." But 88.5% of respondents stated that staff, often or almost always, "support my self-care or wellness." 96% of respondents indicated "staff sees me as an equal partner in my treatment program."

REVIEW OF 2010

The outpatient clinic will continue to address the increased demand for services.

The clinic staff did meet the increased request for services in 2009. While no new positions were added, the staff was able to address a 42% increase in emergency mental health calls.

GOALS FOR 2011

- **The outpatient clinic will continue to address the increased demand for services.**
As discussed above the clinic has seen a 67% increase in the demand for their services. This trend is expected to continue. Staff and administration will review the services and procedures to determine how to meet the continuing need.
- **The outpatient clinic will address consumer satisfaction** by participating in person centered planning training in 2011.
- **The outpatient clinic will address efficiency** by changing and improving the opening process in 2011.
- **The outpatient clinic will address staff training needs** by participating in AODA trainings in 2011.

COMMUNITY SUPPORT PROGRAM

~CSP has been successful in helping consumers meet their goals and enhance the quality of their lives in the most cost effective manner~

The Jefferson County Support Program (CSP) 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. The program was audited by the state in May 2010 and was recertified for two years at that time. It will again be audited in spring of 2012.

In its thirteenth year of operation the Jefferson County Community Support Program provided services to 135 consumers ranging in age from 10 to 75. These consumers had mental health diagnoses such as schizophrenia, schizoaffective disorder, bipolar, major depression and various anxiety disorders. In 2010, 18 consumers were admitted and 7 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 2010, the CSP staff consisted of a CSP Director/Clinical Coordinator; psychiatrist/medical director; program assistant; part time secretary; two full time and one part time mental health technicians one of whom was also a peer support specialist; one vocational specialist; one part time nurse; and eleven case managers/CSP professionals.

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.

In accordance with the ACT model, 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, Family Psychoeducation, Seeking Safety, and DBT. 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.

REVIEW OF 2010

1. One consumer, who was on a Chapter 51 order, successfully completed his court requirements.
2. One consumer resumed managing his own money as his skills were enhanced and the protective payeeship was dismissed.
3. Twenty six percent of consumers worked in a job of their choosing. Two of these consumers worked full time and did not receive social security benefits.
4. Twenty one consumers served the community through volunteer work at such places as Fort Atkinson Memorial Hospital, St. Vincent's, nursing homes, the library, the food pantry, CSP consumer council, and Horizons Drop In Center.
5. Five consumers pursued educational goals. Two of the consumers Attended the UW Whitewater, one went to MATC, one went to Waukesha County Technical school, and the final consumer was pursuing a Graduate degree in business from Whitewater.
6. One consumer moved out from placement into the community.
7. All goals were met from last year's report. These will be reviewed below in detail.

There were seven program goals established for 2010:

- ✓ **Goal number one was:** Further train all staff in Trauma Informed Care and implement this along with the Trauma Based Cognitive Therapy in the CSP.

All staff were trained in a full day training on September 20, 2010 on Trauma Informed Care by Elizabeth Hudson, LCSW. More focus was placed in doing assessments on learning about and understanding consumer's trauma histories. Attention was paid in team meetings to the significance of the trauma history in current treatment.

- ✓ **Goal number two was:** Increase our implementation of evidenced based practices and continue to monitor our fidelity to them throughout the year. Offer a Dual Diagnosis Group, Illness Management and Recovery, and begin implementing Family Psychoeducation individually with consumers and their families.

This goal encompassed advancing our implementation of the evidence based practices and monitoring our fidelity to them. We completed fidelity scales for each of the evidence practices for 2010. A fidelity scale indicates how accurately you adhere to the true model. We did not complete consumer interviews in doing these fidelity scales. We did review charts, discussed with the person providing services, and the program supervisor.

2010 Evidence Based Practices Summary

1. ACT Fidelity score: 114

Our CSP team continues to function as an ACT team. Fidelity is rated on a five point scale, with five meaning full fidelity. We rated 2 in four areas. Three of these areas are related to staffing patterns. Full fidelity involves having two nurses per one hundred consumers. We only have eight hours with well over one hundred consumers at this time. Full fidelity also requires a full time psychiatrist and two vocational specialists for an ACT team this size. We share a psychiatrist and one vocational specialist with the rest of the agency. There are no plans to address this currently. The second area involves the number of consumers we have attending monthly treatment groups for dual diagnosis. We are offering a Dual Diagnosis group for the CSP consumers beginning in April of 2011. While we see an increase in substance abuse issues for the consumers we are currently serving, many of these individuals remain in the engagement phase of treatment where they are pre-contemplating change. They are not yet ready to engage in a treatment group. The team continues to use Motivational Interviewing to enhance engagement and motivation when working with people with dual diagnosis. In other areas, the team scored in a four to five range. This indicates very good fidelity to the model.

2. Illness Management and Recovery. Fidelity score: 54

We offered this as a group for the past four years. The group was facilitated by a two clinicians. Ten members participated in the group. The group had good retention and eight individuals completed the group. Pre and post measures indicated that group members felt at the end of the group that their understanding of their mental health issues was enhanced and were able to identify more coping techniques. The team has also over the past year worked on completing the Illness Management and Recovery curriculum in whole or in part with a number of individual consumers. New admissions to the CSP are encouraged to complete the curriculum. Two issues were rated threes. The first involves using the complete curriculum with each person involved. At times if the person is doing it individually and has had symptom management courses in the past only selected sections are utilized. The second issue involves using cognitive behavioral techniques in most sessions.

A DBT group was offered in 2010 in conjunction with the CCS program. This teaches consumers skills in Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance. No significant data was identified from reviewing the functional screens. The group retention rate was good and the group is ongoing into 2011. Current group membership is six people.

3. Family Psycho-education

In 2010, we began to implement Family Psycho-education with individual consumers and their families. We have now admitted four children into our program and this is an important component of their treatment. We also work with the families of several adult consumers in the program. We have not rated the fidelity for this since we are in the beginning stages of implementation and are not running a group.

4. Integrated Dual Diagnosis Fidelity score: 51

We continued to use motivational interviewing and approached treatment in stage-wise interventions. We work as a multidisciplinary approach with time-unlimited services. We offer pharmacological treatments and promote health and wellness. We continue to be low in the percentage of people with co-occurring disorders

who participate in both treatment and self-help groups. We are seeing an increase in individuals being served who are dually diagnosed.

5. Supported Employment Fidelity score: 87

Our CSP and CCS team has one employment specialist, who is fully integrated into the mental health treatment of consumers. The employment specialist does have a small caseload size, and is a generalist, completing all phases of vocational services. Employment searches occur in an individualized manner with a permanent, competitive job being the goal. A rapid job search is conducted. In 2010, the job search began even before DVR services were established with some consumers. There is a significant wait time for DVR services at the present time. Supports follow the person and occur in the community. The vocational specialist now spends the majority of his time providing vocational supports. This person does not have a case management caseload.

In 2010, there continues to be an individual dedicated to providing vocational services to CSP and CCS consumers. This program followed the evidenced-based model for supported employment developed by Dartmouth College. In spring, 2010, a trainer from Dartmouth College came to do a site and fidelity review of our supported employment program. The fidelity score was utilized to focus on areas to improve the program including focusing on a rapid job search, not looking for sheltered employment or volunteer activities and following the consumer for a longer time after the person begins work. The supported employment program also served as a vendor for individuals that were in the CSP, and were referred by the Department of Vocational Rehabilitation (DVR). As a vendor of DVR services, the vocational specialist provided services related to vocational assessments, job placement, job coaching, benefit analysis, and job shadows, and assistance in arranging transportation. We continued to have grant funding throughout 2010 but will be looking for ways to increase revenues throughout 2011 when the grant is ending.

Consumers receiving vocational support learned job skills to obtain and keep employment. They learned these skills through individual sessions and through experience with employers. Supports were offered to the employer as well to maintain the job once the consumer began working.

Many of the consumers served by the vocational program gained or maintained employment. With the consumers already working, thirty five consumers had employment at some time throughout the year. This led to 25.9 percent of CSP consumers working. Some of the places of employment were at group homes, supported apartments for people with disabilities, restaurants, cleaning at a wayside, peer support specialists through human services, convenience stores, a tire supplier and a spa. The positions that were filled in the community were: grounds maintenance, CNA, nail technician, custodian, group home worker, drivers for people with disabilities, a person who changes oil, van driver, delivery driver, self employment, child care assistant, math tutor, and baker. Other consumers remained employed through Opportunities, Inc. until they could find community employment.

Furthering education continues to be a focus of the CSP vocational program. A total of five consumers from the CSP attended post high school programs in 2010. One consumer attended UW-Whitewater pursuing a graduate degree in business. Another attended for Psychology. A third consumer is at UW-Whitewater pursuing a degree in education. One attended MATC to work toward becoming an English teacher. The final consumer attended Waukesha County Technical College to pursue general studies until deciding on a major. Depending on what the person wanted and needed, CSP staff helped people register for classes, coordinate services with the student disability services, obtain financial aid, manage their symptoms while in classes and provide transportation to school.

In summary, CSP consumers have achieved their employment goals by following the evidence-based model of supportive employment for people who have a severe mental illness. The percentage of CSP consumers working in the community at their goal jobs exceeds the nationally reported average.

- ✓ **Goal number three was:** Increase staff support to reinvigorate our consumer council and assist them in recruiting more individuals to take an active role on the council.

The consumer council has continued to meet on a regular basis each month of the year in 2010 except for December. The consumers took more active roles in the planning and provision of events. Some events included a trip to the Madison zoo, Festa Italiana, a cookout at a local park, a trip to the Dells, Valentine's Day, St. Patrick's Day, Halloween parties, and a holiday party in December with over eighty people in attendance.

It appears throughout the year that the consumers are feeling more capable of planning and participating in the provision of activities. In the past, they have relied on or sought out a lot of staff support to lead the activities. Other accomplishments include setting up a consumer council account for the funds that are raised or donated. It is a dual signature account with the president and treasurer's signatures included. There is currently about seven hundred dollars in the account that includes grant money and funds raised in consumer fundraisers. We also were able to have several new people begin to attend the meetings and participate in the running of events. There continues to be a staff advisor, although we continue to look for ways to develop leadership among the consumers on the council. They are relying less heavily on staff for support and guidance.

A goal had been to engage in planning and running an independent activity and that was met with the Halloween party this year. Staff did provide some support with transportation since this continues to be a barrier. We received donations for the holiday party from several local businesses and community members and were able to raise about \$1500 dollars. The CSP coordinator has taken a more active role in meeting participation as well to continue to emphasize the importance of the council and its decisions. Case managers have looked to recruit consumers with needed skills that can take on some leadership roles as well. CSP staff also took turns taking on advisor roles for each planned event.

- ✓ **Goal number four was:** Train and develop three new case managers at CSP by utilizing the training site and sessions with CSP director to hone clinical skills required at CSP.

Three Master's level case managers were hired at the end of December 2009, March and July of 2010. All three were trained by shadowing current workers as they met with consumers, watching material from the Human services training web site, reading the policy manual, and direct supervision from the CSP director and other staff. All three have since obtained the mental health experience they needed during the year to bill at the Master's level and have become integrated in the CSP team.

- ✓ **Goal number five was:** Develop a more efficient system to ensure that the mental health data base is updated with all required fields. Run it quarterly and review in team meeting to identify areas that need to be addressed.

The team began tracking data in daily meetings where services were reviewed. We collected data on emergency room visits, hospital stays, and Lueder Haus admissions. Treatment plan goals were recorded when the CSP director was reviewing the service plan reviews each six months. This led to an improvement in our data during the year as the program assistant was able to update the database regularly and charts did not need to be reviewed at a later time for the information. Data could then be utilized by case managers in preparing their service plan reviews and in noticing treatment trends and needs.

- ✓ **Goal number six was:** Continue a Quality Improvement initiative by evaluating data, developing projects, and implementing plans.

We again 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 sent a ROSI survey to complete anonymously. Fifty three consumers completed this survey the same from last year. The following chart further explains the ROSI and summarizes 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
Average for All Consumers	3.4	3.6	1.8	3.5	3.6	1.7	3.3
% w/ Mostly Recovery-Oriented Experience	78.4%	81.3%	51.0%	94.2%	75.0%	72.5%	77.8%
% w/ Mixed Experience	21.6%	18.8%	37.3%	3.8%	22.9%	15.7%	17.8%
% w/ Less Recovery-Oriented Experience	0.0%	0.0%	11.8%	1.9%	2.1%	11.8%	4.4%

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.

The means from 2010 were virtually identical from those of 2009. These results continue to 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. The employment scale increased this year rising from 2.8 to 3.6. It may be that as we increase our vocational supports more people are satisfied in this area.

We focused this year on improving our billable hour rate for all CSP workers which represents the time we are actually working for the consumer. We were able to do this over the course of the year and this will be better addressed in the next goal area.

- ✓ **Goal number seven was:** Utilize the new EDAL system to monitor and track staff productivity weekly.

The edal system was implemented and reports on productivity were monitored weekly. A goal was set for each staff to achieve 80% of billable time, meaning that time was spent on services that could be billed to Medicaid as CSP services. Reports were sent biweekly to the Human Services Director. When staff did not achieve the goal, issues were problem-solved and plans were developed in supervision to increase their hours.

GOALS FOR 2011

1. Implement the NIATx change model to reduce hospital admissions at the CSP.
2. Monitor the edal records weekly and strive to achieve all staff billing at 80%.
3. Begin accessing CRS and DVR funding resources for people involved in the Supported Employment Program at the completion of the grant.
4. Continue to work toward training staff in and implementing Trauma Informed Care.
5. Continue to implement and monitor the fidelity to the Evidence Based Practices.
6. Support the consumer council in meeting monthly and fundraising to support their activities.
7. Offer and increase our fidelity in the Evidence Based Practices.
8. Continue to train staff in clinical areas and improve our service provision.
9. Track consumers' outcomes utilizing the CSP database and ROSI information.

COMPREHENSIVE COMMUNITY SERVICES PROGRAM (CCS)

~ CCS services reduce the effects of an individual's mental health and/or substance use disorders; assist people in living the best possible life, and help participants on their journey towards recovery ~

The Jefferson County Comprehensive Community Services Program (CCS) completed its fourth full year. First certified in February 2006, Jefferson County's CCS program was granted a two-year license in March 2007. This license was renewed on February 20, 2009 and again on February 2011 for two years.

Program Description

CCS is a voluntary, recovery-based program that serves children (0-18), adults (18-62) and senior citizens (63-100) with serious mental health and/or substance abuse disorders. As stated on the State's Bureau of Mental Health Prevention, Treatment and Recovery website, CCS services reduce the effects of an individual's mental health and/or substance use disorders; assist people in living the best possible life, and help participants on their journey towards recovery.

CCS offers an array of psychosocial rehabilitative services which are tailored for each consumer. 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; psycho education; psychosocial rehabilitative residential supports; psychotherapy; recovery education and illness management; and additional individualized psychosocial rehabilitative services deemed necessary.

General data

During 2010, 71 consumers ranging in age from 5 to 63 received services. This is comparable to 2009 when we served 73 consumers. Throughout 2009, 20 new consumers were admitted and 21 consumers were discharged. Of the consumers admitted to the program, 8 were children and 12 were adults. Of the consumers discharged, 8 were children and 13 were adults. Consumers had diagnoses of: 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 Psychiatrist/Medical Director, a CCS Service Director, four CCS Service Facilitators, and an Employment Specialist. Of the four service facilitators, two of them split their time between CCS service facilitation and Functional Family Therapy.

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. Below is the means and percentages table which breaks the survey down 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. These two areas remain below a mean score of 2. The highest scoring areas were person centered and empowerment which consumers rated that 100% feel that they had a mostly recovery oriented experience. This is an increase in both categories from last year's rating of 90.9%. Another area worth noting is the overall mean, which measures the overall recovery oriented experience, of the ROSI. In 2010 it was rated at 91.7% in 2009 90.9%, in 2008 82.4%, and 58.3% for 2007. As noted each year our percentages increase due to staff retention and training in recovery concepts.

The two areas we continue to target are employment and basic needs. These continue to be our lowest percentage areas on the ROSI survey. In the employment section we really started to focus on supported employment in September 2008. We started with a part time job developer and in 2009 we increased this to a full-time position. This has been helpful in developing positions in the community and working with consumers in CCS. Consumers respond well and enjoy working with this person. In 2010 an online training and technical support have been provided by Dartmouth University and their IPS person, Sarah Swanson. In 2010 both of these scores dropped in percentage of being mostly recovery oriented in experience. In regards to supported employment, this could be for a number of different reasons, such as the economy and unemployment rates. It will be important to look at this closely in 2011 and do more quality assurance checks to make sure we are following the fidelity of the evidenced based practice closely.

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 continue to do our best to connect people to services which can be of some assistance to them.

Means and Percentages for ROSI Consumer Survey Scales

	ROSI overall mean	Scale 1 person centered	Scale 2 Barriers	Scale 3 Empowerment	Scale 4 Employment	Scale 5 staff approach	Scale 6 Basic needs
Average for all consumers	3.4	3.8	1.9	3.7	2.8	1.7	2.8
% with mostly recovery oriented experience	92.3%	100%	53.8%	100%	44.4%	61.5%	54.5%
% with mixed experience	7.7%	0.0%	30.8%	0.0%	55.6%	15.4%	36.4%
% with less recovery oriented exp	0.0%	0.0%	15.4%	0.0%	0.0%	23.1%	9.1%

To track how well our program is serving youth and families, we used the Youth Services Survey. A survey is sent to the youth participating in the program and another is sent to a family member and/or support person. This survey asks about satisfaction of services, involvement in choosing services, availability of needed services, how staff treated the youth and their family, and finally whether they feel life has improved as a result of services.

Below are quotes from the five youth that responded to the question, "What has been the most helpful thing about the services you received over the last six months?"

- "My team was very helpful to me, and always there when I needed them."
- "Holly Page!"
- "Going to Goshen for a break."
- "I guess having people there to advocate about what I need is helpful and the flexible schedules of my workers."

In regards to being satisfied overall with the services they received, four out of five youth agreed they satisfied and one youth strongly agreed. Four out of five youth also agreed or strongly agreed that the people helping them stuck with them no matter what.

Monetary benefits

In 2010 the CCS program was reimbursed \$334,425.70 from Medicaid for services provided to consumers.

Children

In 2010, the CCS program served 29 children, ages 5 to 17; of these children, 16 were males and 13 were females. Twenty-one of the children resided at home all year, three moved from out of home back home or to a relative's home, two children lived in a group home, one lived in a treatment foster home, and one moved from treatment foster home to residential to group home to residential and currently resides in a foster home, one child moved from home to residential and recently in April 2011 has moved back home. We have just begun using the Community Recovery Services (CRS) /1915i benefit to aide families by implementing needed services which are billable to Medicaid through CRS in order to keep children in their homes and out of foster care and residential treatment centers.

During 2010 five children had a mental health commitment order, with two children being able to end their order. Three young adults were employed.

In 2010, 8 children were admitted to CCS and 8 were discharged. Of the eight discharged, two children moved out of county, three children chose to withdraw from the program, and two children met their discharge criteria, and one child was admitted for an undetermined period of time to a residential child care facility.

Of the 29 children that CCS served throughout 2010, 4 of them were admitted for psychiatric hospitalizations. One of the children had just one voluntary admission, one child had just one involuntary admission and the other two children had both voluntary and involuntary admissions. The voluntary hospitalization days totaled 62 with one child accounting for 47 of the 62 days. The involuntary admissions to an institute such as Winnebago Mental Health Institute totaled 50 days with one child accounting for 36 of those days.

Adults

In 2010, the CCS program provided services for 42 adults aged 18-62. Of these adults, 14 were males and 28 were females. Thirty people lived in their own apartment/home, two people resided in a group home, two people resided in an adult family home, and six people lived in supported apartments. One person moved from an adult family home to their own apartment and one person moved from a group home to their own apartment. Five adults had a guardianship with one being dropped during the year. Of the five adults under a guardianship, three also had mental health commitment orders. Five individuals had mental health commitment orders.

In 2010, twelve adults were admitted to CCS and thirteen were discharged. Of the people discharged, one individual was transferred to the outpatient clinic for services, one person transferred to the Community Support Program (CSP) due to increased symptomology and the need for additional services. Four individuals were successfully discharged out of county services and received their supports and services in the community from providers and/or natural supports. Four individuals chose not to be in CCS or didn't meet criteria any longer. Three individuals moved out of county.

Between 12 adults: 76 hospital, 38 Mendota/Winnebago/IMD and 176 Lueder Haus/crisis stabilization bed days were used. Four adults accounted for the IMD days, six for voluntary hospitalizations, and five for crisis stabilization days. One consumer accounted for 99 of the 176 days for crisis stabilization. The number of days in all three categories is significantly lower than last year, in 2009 between 15 adults: 193 hospital days, 162 Mendota/Winnebago/IMD and 317 Lueder Haus/crisis stabilization bed days were used.

Elderly

In 2010, the CCS program did not serve anyone who was considered elderly.

Recovery Plans

Consumer recovery plans are reviewed every six months. Thirty-six consumers participated in the CCS program long enough to have two plans in 2010. Overall, 65% of their objectives were met. Seven consumers were able to meet 100% of their goals in 2009. The children met 66% of their goals. The adults met 63% of their goals. We continued to use person centered planning when doing recovery plans. This approach to conducting the meeting and writing the plans has had a positive response from consumers, family members, contracted providers, and natural supports. Consumers have reported feeling in charge of their services and being able to direct the team in their needs. Family members and providers feel that they can easily read and understand the plan. Family members and other natural supports feel more connected as they are written into the plan providing services to the person. The plans also inform the consumer of the services they are to receive. This increases accountability since everyone on the team knows his or her responsibility in assisting the consumer in building recovery.

Additional service providers

In 2010, the CCS program contracted with eleven providers.

- Five agencies provided contracted therapy services. These agencies provided a mix of in-home and agency individual and/or family therapy.
- CCS had one contracted psycho-social rehabilitation worker. The rehabilitation worker served as extra support for children and was especially helpful to children in foster care.
- Three peer support specialists assisted the CCS program last year. These trained peers provided support and advocacy for persons in their journey of recovery.
- Two individuals were contracted to provide therapy/service facilitation services.

All therapists, psycho-social rehabilitation workers and peer support specialists employ psychosocial rehabilitation practices; their services were billable to Medical Assistance through the CCS program.

2010 Evidenced Base Practices

CCS worked in partnership with the CSP to offer the following evidenced based practice groups; Illness Management and Recovery, Supported Employment, and Integrated Dual Diagnosis. The Seeking Safety group was offered to women, and young men. The women's group was facilitated by a CCS service facilitator and a female peer support specialist.

Fidelity scales were completed for each of the evidence practices for 2010. A fidelity scale indicates how accurately you adhere to the true model. Consumer interviews were not conducted in completing these scales and that will be addressed in 2011. We did review charts, discussed with the person providing the treatment and with the program supervisor and division manager.

- A woman's Seeking Safety group was offered in September 2009 and ended in June 2010. Pre and Post measures are being utilized along with a fidelity measure to monitor adherence to the model. Currently seven women from the CCS program are involved in this group. The group is facilitated by a CCS service facilitator and a female peer support specialist. This is an integrative treatment approach for PTSD and substance abuse. This group provides tools and techniques to teach "safe coping skills".
- CCS implemented a Seeking Safety group for young men in 2010. Five young men participated in the group. The group had to end prior to completion of the material due to people moving out of county and not having a large enough retention rate.
- FFT served 17 families this past year. At the end of the year 11 families had completed FFT. Of these families 9 youth remained violation free since the start of FFT, 9 youth were in an educational or vocational program, and 6 youth remained in living in the home with the family.
- A DBT group was offered in August 2010. This teaches consumers skills in Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance. Six CCS consumers began the group and three continue to be in the group to date.
- Supported Employment Fidelity score: 87

Our CSP and CCS team has one employment specialist, who is fully integrated into the mental health treatment of consumers. The employment specialist does have a small caseload size, and is a generalist, completing all

phases of vocational services. Employment searches occur in an individualized manner with a permanent, competitive job being the goal. A rapid job search is conducted. In 2010, the job search began even before DVR services were established with some consumers. There is a significant wait time for DVR services at the present time. Supports follow the person and occur in the community. The vocational specialist now spends the majority of his time providing vocational supports. This person does not have a case management caseload.

In 2010, there continues to be an individual dedicated to providing vocational services to CSP and CCS consumers. This program followed the evidenced-based model for supported employment developed by Dartmouth College. In spring, 2010, a trainer from Dartmouth College came to do a site and fidelity review of our supported employment program. The fidelity score was utilized to focus on areas to improve the program including focusing on a rapid job search, not looking for sheltered employment or volunteer activities and following the consumer for a longer time period after the person begins work. The supported employment program also served as a vendor for individuals that were in the CCS, and were referred by the Department of Vocational Rehabilitation (DVR). As a vendor of DVR services, the vocational specialist provided services related to vocational assessments, job placement, job coaching, benefit analysis, and job shadows, and assistance in arranging transportation. We continued to have grant funding throughout 2010 but will be looking for ways to increase revenues throughout 2011 when the grant is ending. Some of the ways we plan to do this are through the CRS supported employment benefit, DVR, and also looking at becoming a ticket to work site.

Consumers receiving vocational support learned job skills to obtain and keep employment. They learned these skills through individual sessions and through experience with employers. Supports were offered to the employer as well to maintain the job once the consumer began working.

CCS currently has two individuals working, four enrolled and attending technical college, four individuals looking for employment, and one individual who is employed and attending technical college.

CCS Coordinating Committee

The CCS Coordinating Committee is currently comprised of consumers and staff. The committee meets quarterly at Horizons in Fort Atkinson for one hour. The committee is currently focusing on recruitment and retention of members.

The CCS Coordinating Committee is submitting the following recommendations for the CCS program in 2011.

- Developing a solid and committed CCS Coordinating Committee as this has been a struggle during the past year. Asking committee members for a termed commitment, exploring the possibility of combining the steering committee with the WrapAround Program, and having more specific expectations of the committee would be encouraged.
- Re-introducing a Seeking Safety group for adult males
- After receiving formal training in January 2011 from Incredible Years trainer partner with schools to implement the curriculum among teachers, providers, and parents.
- Facilitating a training called Navigating Systems for parents regarding school systems and how to access and utilize services provided.
- Continue to communicate with school districts and meet with them to educate them on children's mental health and what services the CCS program can provide.
- Offering support groups for parents of children in the CCS program or assisting them in facilitating a peer run group
- Offering support groups for adolescents and teens in the CCS program that would provide support surrounding mental health, family dynamics, peer pressure, relationship issues, etc.

The CCS Coordinating Committee would like to thank you for your consideration regarding these recommendations. We look forward to another successful, productive and recovery focused year.

Sincerely,

Heidi Jo Knoble

Peer Support Specialist and President of the CCS Coordinating Committee

REVIEW OF 2010

Improve data collection by working with state staff to make sure our CCS consumers are identified in their data collection and analysis procedures. ***This is an ongoing program goal as people are admitted and discharged from CCS. The plan for 2011 is to have all CCS staff trained in knowing how to enter this information when doing the functional screens.***

1. Continue to utilize the county website for training of staff, consumers, and contracted providers. ***CCS team does this well and a copy of our website with the link is in all CCS training manuals in which providers receive a copy.***
2. Provide trainings to foster homes, treatment foster homes, and group homes for children in regards to the CCS program and the residential support benefit. This will assist us in recouping money for children who are placed out of the home. The skills that the providers will teach the children will help them to enter back into the home sooner. ***The CCS team has started to use this and as a part of the training we are implementing the county website. We currently have a group home billing the CCS residential support benefit.***
3. Reduce the number of children hospitalized and placed out of the home. In order to do this we will implement the Incredible Years and work to improve treatment by continuing to offer:
 - Love and Logic
 - Stop think and act
 - Children's WRAP plan
 - Seeking Safety
 - Coping Cat
 - Trauma Focused CBT
 - Functional Family Therapy

We were able to reduce our involuntary hospitalizations by more than half. In 2009 there were 112 days and in 2010 there were 50 days of involuntary hospitalizations. The number of children placed out of home was comparable to last year. In 2011 we would like to focus on using CRS to implement extra supports/services in children's homes to increase the number of children remaining in their homes thus reducing out of home placement.

4. Continue to offer peer supports as part of our service array.
 - Initiate the statewide description of what a peer support specialist is and what they do.
 - Offer ongoing trainings for peer supports in documentation, boundaries, recovery, advocacy, and writing WRAP plans.
 - Facilitate the state certification.

We were able to facilitate peer specialists taking the state certification. We have 3 peer specialists who are certified that we are working with. Monthly training is offered to them in regards to documentation, boundaries, advocacy, etc. We have used the state peer specialist's description to define their roles.

5. Maintaining the fiscal responsibility
 - Increase the EMH billing within the CCS program.
 - Keeping billable hours at 82% each week.

The EMH billing has increased over the past year and the billable hours have been averaging close to 82%. One staff person actually averaged 82% for the entire year and the others were around 77%. Fiscal responsibility is very important to our program and we will continue to work on this in 2011.

We were able to meet 67% of our goals for last year. Some of the goals we were only able to meet part of the goal and thus will continue this goal in 2011.

GOALS FOR 2011

- Maintaining the fiscal responsibility
 - Increase the EMH billing within the CCS program.
 - Keeping billable hours at 82% each week.
- Increase the staff knowledge of AODA and Treatment options through training and education.
- Increase and retain membership on the Coordinating Committee.
- Implement CRS services along with CCS services to decrease the number of out of home placements for children.
- Continue to implement trauma informed care.
- Increase fidelity of the supported employment program to the evidence based model.
- Increase DVR and CRS services for consumers involved with supported employment.

Training Goals for 2011

- Trainings for foster homes and group homes in regards to the CCS program and the residential support benefit.
- CCS staff to attend substance abuse training.
- Training on compassion fatigue and personal wellness.
- Training for parents and foster parents on Navigating Systems.
- Continued training on trauma informed care.

EMERGENCY MENTAL HEALTH

~ Individuals receive crisis assessments, response planning, linkage and follow up, and crisis stabilization services~

Our Emergency Mental Health (EMH) crisis intervention services were certified under HFS 34 in October of 2007. In May of 2010, as part of the outpatient mental clinic certification, we received certification for two more years. In becoming certified, the Department did not have to add any new services or new staff. The Department organized procedures, formalized policies, developed billing systems and trained staff across the entire agency. We continue to revise and update these policies and procedures.

In 2010 we again saw an unprecedented need for our Emergency Mental Health services. The number of crisis contacts increased from 995 in 2008 to 3582 in 2009 to 5114 in 2010. This is an increase of 42.7% for last year. These people received crisis assessments, response planning, linkage and follow up, and crisis stabilization services. Of the crisis assessments completed, 184 were in response to suicide calls. Most of these callers

were able to be assisted in the community with services from our clinic staff, which include psychiatry, medication, and counseling, and with support from friends and family. The remaining crisis calls resulted in 106 emergency detentions. Over 10% of the people who were placed on emergency detention were not Jefferson county residents; rather they were placed in facilities in our county.

The number of people in crisis who are being diverted away from an acute setting state hospital continues to be impressive. This occurs because Human Service intake workers complete a Crisis Assessment and make the decision about the need for an emergency detention. It is helpful because we have mental health professionals and a psychiatrist who are able to see people with acute symptoms on the same day and then follow them closely.

In 2010, the second full year of certified Emergency Mental Health services, we billed **\$523,971.20** for our services. In 2010 we received payment of **\$235,607.31** from Medicaid. For comparison purposes: in 2009 we received \$235,281 and in 2008 we received \$60,505 in reimbursement for our EMH services from Medicaid.

Lastly, 117 people were served by the Lueder Haus, our crisis stabilization facility. In 2009, 113 people were served. This is a 3.5% increase.

REVIEW OF 2010

1. Improve our data recording efforts by training and reviewing with all EMH staff necessary definitions and procedures. One training was held. Data collection continues to need improvement.
2. Complete all requirements for the southeast region crisis grant. We continue to participate in the grant. We had Dr. Mays for two days of training on crisis assessment and intervention. We implemented The Incredible Years which is an evidence based parenting group. We had 6 foster parents attend the first group of the Incredible Years. We also had Dr. Rich Brown for training on SBIRT and substance abuse.
3. Review and enhance quality assurance methodology. We continue to refine and improve these methods.
4. Provide training for all EMH staff. See above.

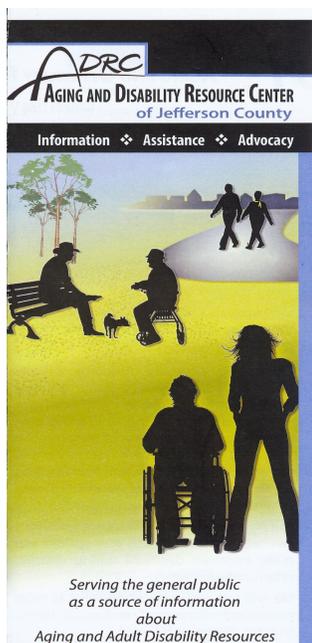
GOALS FOR 2011

1. Reorganize the supervision of crisis services under one supervisor.
2. Participate in the Children's' Crisis Network to reduce emergency detentions and hospitalizations for children.
3. Successfully participate in the state sponsored NIATx cohort group to reduce hospital admissions and the Southeastern Crisis grant.

AGING & DISABILITY RESOURCE DIVISION

AGING & DISABILITY RESOURCE CENTER

~Aging & Disability Resource Centers are service centers that provide a place for the public to get accurate, unbiased information on all aspects of life related to aging or living with a disability.~

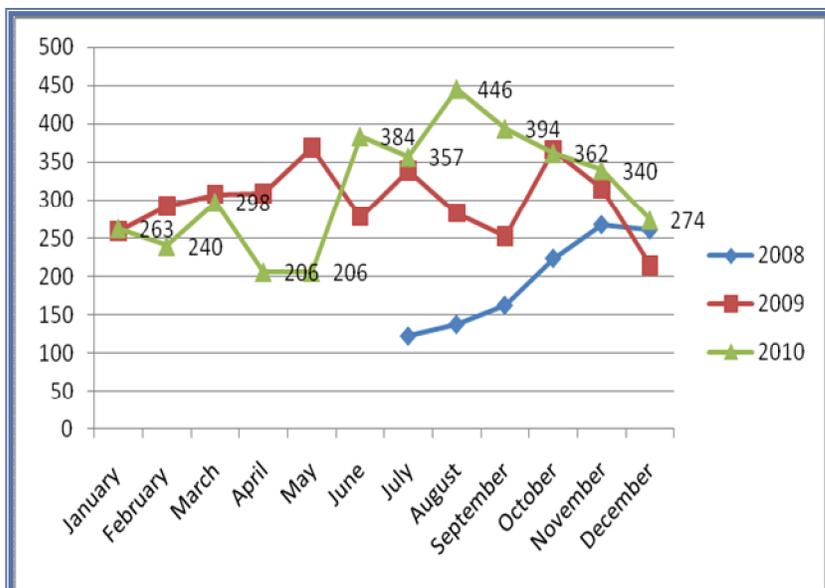


Aging and Disability Resource Centers (ADRCs) offer the general public a single entry point for information and assistance on issues affecting older people and people with disabilities, regardless of their income. Individuals, family members, friends or professionals working with issues related to aging, physical disabilities, or developmental disabilities can receive information specifically tailored to each person's situation.

ADRCs are also places where people are offered options counseling to maximize their personal resources and to access Wisconsin's publicly funded long term care programs, including Family Care and Partnership (managed care) and the Self-Directed Supports Waiver Program called IRIS, *Include, Respect – I Self Direct*.

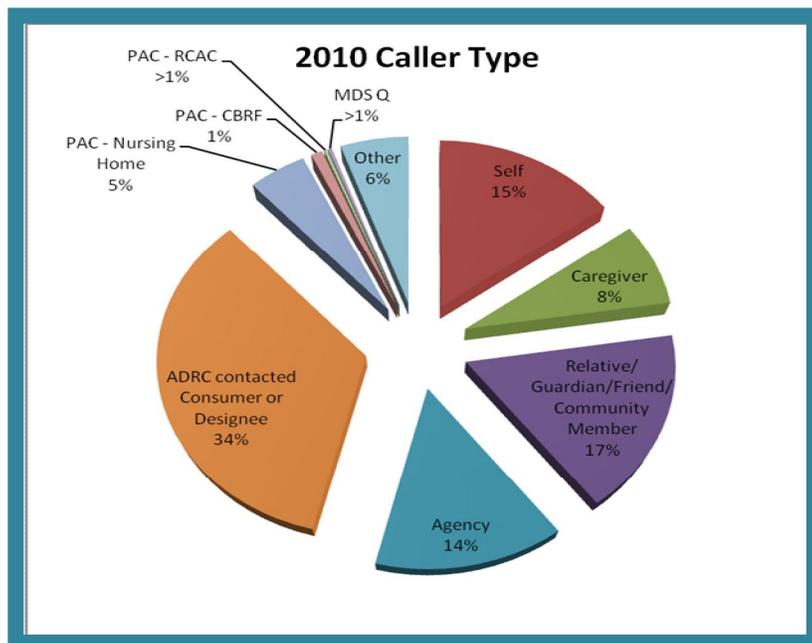
In 2010, the ADRC recorded 3,660 contacts in SAMS IR, which is the database used for collecting data on all ADRC activities. Our statistics show that 65% of known contacts were on behalf people 60+; 33% were made on behalf of people between the ages of 18-59 and 2% were regarding children under the age of 18. The primary reason that people contacted the ADRC was for information related to health/in-home services (1,733 contacts).

Contacts July 2008 through December 2010



A contact represents individual one-on-one interactions that have occurred between ADRC staff and a person who contacts the ADRC. A contact may occur in person, including home visits and walk-ins, over the telephone, via email or thru other written correspondence. An individual may contact the ADRC multiple times; each interaction is counted as a contact. Included in the number of contacts are follow-up calls made by ADRC staff members to ensure that customers have received any mailed information and to check in to see if they need any other assistance. According to the Wisconsin Department of Health Services 2010 Summary Report, follow-up contacts have a strong impact on every measure of customer satisfaction.

The ADRC continues to receive a high volume of calls from people who are interested in publicly funded long term care, and ADRC staff completed 394 long term care functional screens in 2010. Screens are offered to anyone who requests one and the results establish functional eligibility for managed care or IRIS. Many of the screens completed in 2010 were for people living in skilled nursing facilities (SNF's), intermediate care facilities for the mentally retarded (ICF-MR's) and facilities for developmentally disabled (FDD's). People living in any of these settings are exempt from the waiting list and are eligible to enroll in publicly funded long term care when they request it provided that all of the eligibility requirements are met.



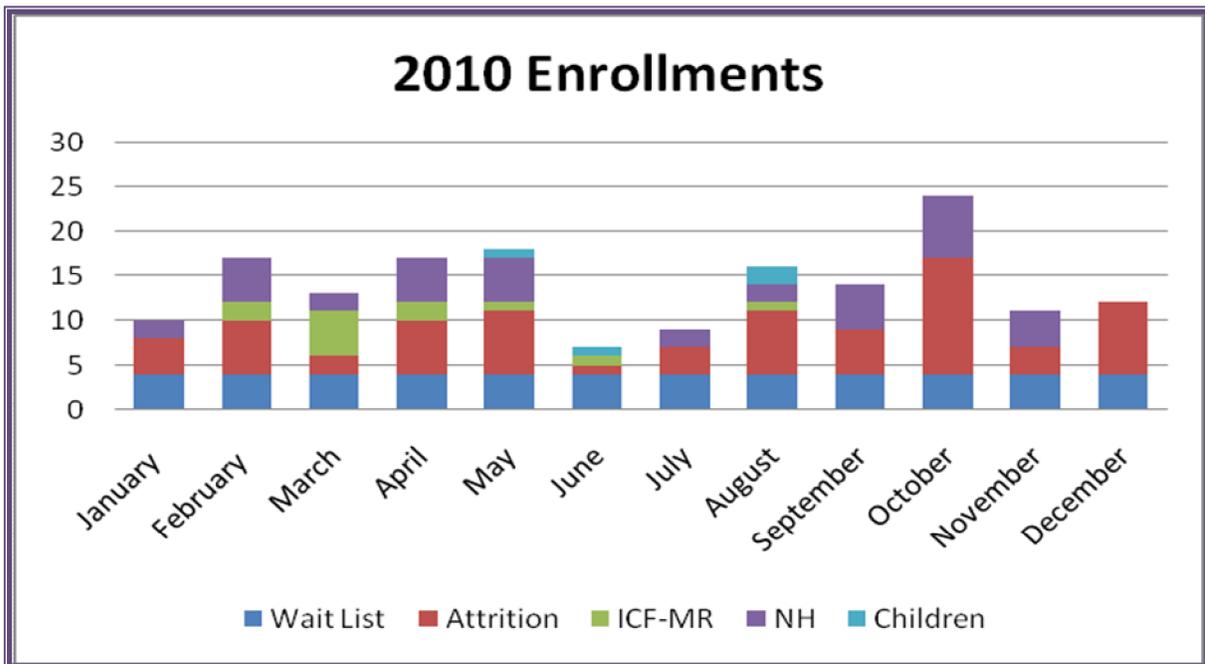
Following is a summary of the ADRC's enrollment activities:

Waiting List Enrollments: The 2010 Enrollment Chart shows the number of individuals served in 2010. This is expected to change considerably in 2011 because the proposed 2011-2012 state budget "caps" enrollments into managed care or IRIS. Family Care counties will only be able to serve people via attrition and the current waiting list will continue to grow throughout the biennium. As of 4/15/11, there are 135 individuals are on the waiting list.

ICF MR Relocations: Options counseling was provided to 14 individuals and their legal representatives in conjunction with a downsizing agreement between Bethesda Lutheran Homes and the Department of Health Services. Twelve individuals enrolled into managed long term care programs.

Community Relocations from Nursing Homes: Individuals residing in a skilled nursing home, who are also on Medicaid, are exempt from waiting list requirements. The ADRC enrolled 39 individuals who were living in nursing homes into a publicly funded long term care program so that they were able to relocate from the nursing home. In 2010, ADRC staff discussed options through preadmission consultations (PAC's) to 177 customers who were referred from nursing homes, 35 from CBRF's (Community Based Residential Facilities) and 10 from RCAC's (Residential Care Apartment Complexes).

Children's Waiver Transitions: The final group of individuals who are exempt from the waiting list are children who are on the Children's Long Term Support Waiver Program (CLTS-W) and who are turning 18 before entitlement. At age 18, this group of individuals is no longer eligible for children's long term support services because they have the option of enrolling in managed care or IRIS. A small subset of this group is eligible for the CLTS-W due to a diagnosis of Severe Emotional Disturbance and most often these children will not qualify for the adult programs. In these cases, those individuals can remain on the CLTS-W until ages 22. In 2010, 4 youth were enrolled into a publicly funded long term care program.



REVIEW OF 2010

ADRC's are expected to provide all contractually required services in a competent and professional manner. In order to ensure that quality services are provided, the ADRC has implemented the following quality indicators in 2010:

- Satisfaction surveys were distributed periodically and customers returned approximately 33 % of the surveys that were sent.
- In September of 2010, the Department of Health Services released their Customer Satisfaction Reports for ADRC's. Their project was to review all the ADRC's service strengths, opportunities for improvement and overall customer satisfaction. DHS has identified six measurable domains: Personalization, Accessibility, Culture of Hospitality, Knowledge, Guidance, and Empowerment. The ADRC of Jefferson County domain ratings were above average in every domain with the exception of empowerment, which was rated above average. The ADRC was also rated with above average favorability in every customer satisfaction outcome, with the exception of meeting expectations, which was average. Jefferson County's greatest strengths are in the areas of Guidance and Culture of Hospitality and that 98% of customers said they would recommend the Jefferson County ADRC which is higher than the statewide average of 93.1%. Areas for improvement that were identified are: Empowerment, helping customers to evaluate the choices available, and Follow-up.
- Individuals requiring follow-up calls were identified and contacted via telephone on a monthly basis. Staff provided follow-up calls to 457 customers. This does not include customers who enrolled into managed care programs.
- The ADRC used the NIATx model of process improvement to reach its quality assurance goal to respond to requests for long term care functional screens within 14 days of the initial call. This assures that customers experience a timely, streamlined process for eligibility determination.
- The SAM IR resource database was updated every six months. In addition, the Department of Health Services provided counties with **Assist Guide**, which is an integrated online screening system to help social service agencies better serve older adults and people with disabilities who are seeking information on benefits programs.

- Four of the five Aging & Disability Specialists are Certified Information & Referral Specialists (CIRS) via the national Alliance of Information & Referral Systems. New staff will be certified within a year of hire.
- Ongoing training is offered to Aging & Disability Specialists to help them remain up-to-date with program/resource changes so that information is relevant to the caller. Staff members attend quarterly and annual trainings as scheduled by Department of Health Services. They are required to participate in scheduled Inter-Rater Reliability Testing to maintain their certification in administering the Long Term Care Functional Screen.

GOALS FOR 2011

The ADRC's 2011 goals are centered on Quality Assurance and Customer Satisfaction.

- Satisfaction surveys shall be distributed on a quarterly basis to facilitate a higher return of the surveys.
- Train all staff on the NIATx model of process improvement. The NIATx model is customer-centered and outcome –focused practice that specializes in continuous improvement. NIATx promotes systems change and innovation with a focus on four ADRC aims: Reduce customer wait time, increase utility of referrals, increase new ADRC customers and increase customer's ability to be healthy at home. The NIATx projects will help the ADRC improve customer satisfaction in the areas of Empowerment and Follow-up.
- Maintain resource database and launch the Assist Guide application.
- Ongoing training will be offered to Aging & Disability Specialists to help them remain up-to-date with program/resource changes so that information is relevant to the caller.
- Marketing of ADRC by creating informational brochures for customers and providing outreach presentations.

SENIOR DINING PROGRAM

~Fellowship, food, fun~

Fellowship, Food Fun

In 2010, Jefferson County's Senior Dining Program served 907 unduplicated individuals via the Senior Dining Program for a total of 37,398 meals. This represents a 5% increase over the number of meals served in 2009. The congregate sites served 16,308 meals, and 21,090 home deliveries were made. In addition to meals, the Senior Dining Program provided participants with 114 units of nutrition counseling and 27 units of medication management.

REVIEW OF 2010

The goals for 2010 centered on increasing awareness and participation at the Palmyra Senior Dining Program. A focus group was held with seniors residing in the Palmyra Park Apartments to discuss why the majority of them don't participate in the program. Nearly every person in attendance cited personal preferences as their reason for not attending. Despite outreach efforts targeted toward the seniors who do not live at Palmyra Park Apartments, the goal to increase participation at this site by 20% was not met.

GOALS FOR 2011

During the fall of 2010, the program was put out for bids and a new caterer was selected. Hoffman House of Janesville came in with the lowest bid and was awarded a two year contract beginning in 2011. Participants will immediately notice the change because the menus are very different from those offered via the previous caterer. Hoffman House follows the **2010 Dietary Guidelines for American's** that encourage people to eat more whole grains, vegetables and fruits. Due to this, participants will see less baked goods on the menu. Program staff expect to see mixed reviews on participant satisfaction surveys and as a result program goals will focus on the "big picture" and will include:

- Promoting the health benefits of the 2010 Dietary Guidelines for American's to help people understand and accept the menu changes.
- Distributing satisfaction surveys in the spring of 2011 to gather participant feedback early in the year in order to address common concerns with the new caterer before people drop off the program.
- Monitoring monthly participation reports to watch for any new trends.

TRANSPORTATION SERVICES

~We provide Elderly Services Van, Taxi Program Subsidy and the Driver-Escort Program~

Jefferson County provides transportation services to the elderly and persons with disabilities via volunteer drivers and one paid van driver. Services are funded via the s85.21 Specialized Transportation Program, Medicaid, county tax levy, voluntary contributions and passenger co-payments. Persons seeking access to medical care are given priority services, as well as those needing help in meeting their nutritional needs.

Jefferson County provides the following services:

1. **Elderly Services Van:** Provides transportation on a fixed route basis to elderly and disabled individuals for grocery and other shopping trips. In 2010, 3009 one-way trips were provided. Passengers are asked for a \$1.00 donation per trip.
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 2010, 896 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 transportation options. In 2010, volunteer drivers provided 5,428 one-way rides. Passengers are asked for a \$1.00 co-payment per in-county trip and a \$5.00 co-payment per out-of-county trip.

REVIEW OF 2010

During 2010, the Department of Health Services released a Request for Bid for a Non-Emergency Medicaid Transportation Broker. This system drastically changes the way in which counties provide non-emergency Medicaid funded transportation to the elderly and disabled. The broker system will begin in July 2011 and partially helps the county meet its 2010 goal to improve coordination and to increase accessible transportation options to special populations (elderly, disabled, low-income).

GOALS FOR 2011

Jefferson County will encounter several issues once the new brokerage system is implemented; please note that the following list is not all inclusive:

1. Counties have been informed that the broker, Logisticare, does not contract with counties for volunteer transportation services so there will be two systems for accessing non-emergency transportation services in Jefferson County: one for elderly/disabled people on Medicaid and one for those who are not eligible.
2. Managed care organizations (MCO's) that provide Family Care and Partnership are not mandated to use the broker system; however, they are responsible for paying for non-emergency medical transportation for their members. The MCO in Jefferson County, Care WI First, Inc., has expressed an interest in contracting with the county rather than with the broker for transportation services for their members.
3. Agency clients who are on Medicaid will need to go through the broker system to arrange rides for agency appointments. While the broker system offers them many more transportation options, this change means that they will not be able to schedule an agency appointment and ride at the same time.

The county will:

- a. Negotiate rates with Managed Care Organizations that do not result in subsidization.
- b. The transportation coordinator will provide information and assistance to current passengers to help them transition to the new system.
- c. Continue to participate in local and regional discussions about coordinating transportation needs for those who are not on Medicaid.

BENEFIT SPECIALISTS

~Providing services to Jefferson County residents age 60 years or older~

The Elderly Benefit Specialist program continues to grow in providing services to Jefferson County residents age 60 years or older. Between 01/01/2010 and 12/31/2010, EBS served 855 clients and reported an additional 1,139 "Information and Advice only (I&A)" contacts. These efforts translated into a total monetary impact of \$1,851,139 in recouped federal/state/other dollars for Jefferson County's elderly residents!

The strain of meeting an increased demand for Medicare counseling (to seniors who are turning age 65) is being addressed through efforts to expand on the popular ABCs of Medicare workshop. Additionally, for the first time, the EBS program provided hands on computer training on Part D planfinder tool for 3 newly recruited volunteers. These volunteers donated more than 25 hours of assistance during the Annual Election Period of 11/15/2010 and 12/31/2010.

REVIEW OF 2010

- Utilize modern technology to provide interactive training sessions to customers:
 - The Medicare workshop will now include an online demonstration of how to utilize the CMS link available at www.medicare.gov, and

- The next ABCs of Medicare workshop will be broadcast on a local community cable access channel.

This goal was met.

- Transfer responsibilities under the WI Homestead Tax Credit Program to AARP or other tax assistance programs. Recipients of this service were provided with two written notices of the change and the transition to other volunteer organizations and it went very smoothly and without incident.
- Investigate the use of volunteers to perform State Health Insurance Assistance Program (SHIP) Activities. Training was provided to volunteers and the plan is to build upon this initiative in the future.
- Complete 100% time reports daily to capture additional state and federal funds to fully fund the program. This goal was highly successful and resulted in saving the county approximately \$66,000 in tax levy.

GOALS FOR 2011

- Continue to focus on reaching low income seniors and becoming more accessible to elderly Hispanic Jefferson County residents.
- In order to continue to serve the growing elderly population, a goal will be to successfully reclassify the current Assistant EBS to a part time Elderly Benefit Specialist.
- Increase the number of ABCs of Medicare workshops from 2 to 6 per year, including specific instructions on the online computer tool.
- Participate in a workgroup of stakeholders from GWAAR, DHS, and other EBS, with the goal of expanding the EBS volunteer base for Medicare and LEP outreach.
- Volunteers will distribute Latino outreach brochures to businesses with high numbers of non-English speaking employees.
- Continuing education in Spanish in order to effectively communicate with non English speaking seniors.
- Complete the transition to SHIPYard from SHIPTalk, in an effort to more accurately capture each and every I&A contact. Higher SHIP contacts should result in opportunities for additional dollars via grants.

Special State/Federal Consideration for 2011

- Budget Repair Bill and Biennial Budget proposals dictate many other goals and strategies for 2011. A priority for the EBS will be providing outreach to seniors, providers, and state legislators on how proposed changes the State of Wisconsin Pharmacy Assistance program will affect seniors.
- Provide effective outreach to seniors, providers, and federal legislations regarding the Reauthorization of the Older Americans Act.

DISABILITY BENEFIT SPECIALIST

~Helping people with disabilities aged 18-59 apply for Medicaid, Social Security Disability or appeal a benefit denial~

The Disability Benefit Specialist (DBS) works with people with disabilities aged 18-59 and spends much of her time working with people who are interested in applying for Medicaid, Social Security Disability or appealing a benefit denial. From 1/1/10-12/31/2010, the DBS worked on 251 new cases. The individuals served identified themselves as having a physical disability (44%); mental health issue (35%) or developmental disability (15%).

The majority of people served were between the 40-59 age groups. The monetary impact in terms of benefits for customers totaled \$1,138,016!

REVIEW OF 2010

- To increase accessibility, establish a satellite location in the City of Watertown. The DBS has set up a site at the Watertown Library once a month.
- To increase customers awareness about the Food Share Program. The DBS has a conversation with all her new referrals as she provides a benefit check up. The DBS will continue outreach and awareness to customers in 2011.

GOALS FOR 2011

- Provide training for DBS of the NIATx Model for process improvement.
- Establish a referral source for customers to complete volunteer work which enables individuals with disabilities to fulfill the requirements for the Medical Assistance Purchase Plan program.
 - This will help the community by having volunteers
 - This will help build employment skills through volunteer work
 - Customers will secure a health insurance benefit

FAMILY CAREGIVER SUPPORT PROGRAMS

Providing caregivers with information & assistance; counseling & support; supplemental services; respite care and education~

The department currently coordinates caregiver services and benefits under the following two programs:

- Family Caregiver Support Program. This program receives federal funding under the Older American's Act and provides five core services to caregivers: information & assistance; counseling & support; supplemental services; respite care and education. A very limited amount of funding is available to help caregivers pay for needed services that provide them with a break.
- Alzheimer's Family Caregiver Support Program. This program is funded via state GPR revenue and provides eligible families with all of the services mentioned above and a \$4,000 annual grant to purchase services needed to help them care for their loved ones. Jefferson County will receive \$18,112 in 2011 so very few families receive financial support.

GOALS FOR 2011

The goal to coordinate caregiver services with other organizations that support them was postponed until 2011; therefore the goals and strategies for 2010 will remain unchanged and are as follows:

- In order to better address the needs of caregivers, a Caregiver Coalition will be developed and the coalition will at a minimum, meet twice per year.
- In order to increase awareness around the unmet needs of caregivers, an annual in-service will be provided to Aging & Disability Specialists to train them to respond to the needs of caregivers who are calling the ADRC for information and assistance on behalf of the care recipient.

ADULT PROTECTIVE SERVICES

~Ensuring that the health and safety needs of individuals are met when they are in situations where substantial risk is evident~

Abuse & Neglect of Vulnerable Adults & the Elderly

Reports of Abuse & Neglect of Vulnerable Adults (18+) and the elderly (60+) is under the umbrella of the Adult Protective Services Unit (APS) and in 2010 the unit received 26 reports on behalf of the 18-59 age group and 82 reports on behalf of people 60+. The majority of referrals for the 18-59 age groups involved sexual abuse and the majority for the elderly cohort involved self-neglect, with two reports being classified as “life threatening” events.

Guardianship/Protective Placements & Annual Placement Reviews

The APS unit is responsible for ensuring that the health and safety needs of individuals with cognitive disabilities are met when they are in situations where substantial risk is evident. In Wisconsin, individuals with guardians are required to have a protective placement order when they are residing in a state center, skilled nursing facility or facility for the developmentally disabled. Protective placement orders are reviewed annually to ensure that the individual is living in the “least restrictive environment.”

The APS team completed over 200 Annual Protective Placement reviews in 2010. Each individual received an in-person assessment regardless of where they were placed. In some cases, this involves a considerable amount of time traveling to and from the placement facility. In addition, team members completed 10 successor guardianship petitions and 18 petitions on new people in need of these protective measures.

REVIEW OF 2010 GOALS

The Abuse Interdisciplinary Team met its goal to develop a financial abuse prevention program, and newsletter, which was targeted toward law enforcement.

The department’s guardianship policy was reviewed and updated to reflect the counties overall policies, procedures and costs.

Non-emergency County provided guardianship services were eliminated, and when appropriate, APS workers will continue to recommend discontinuing protective placement orders.

The fee collection process was updated and resulted in the department being able to project an approximate \$50,000 increase in fee collections.

GOALS FOR 2011

- Continue to vigilantly collect fees.
- Continue to offer Financial Abuse Seminars.
- Continue to divert requests for county sponsored guardianships to others.
- Hold a Volunteer Guardian Recruitment/Training session.

ADMINISTRATIVE SERVICES DIVISION

~Providing the support, maintenance, fiscal duties and oversight for the department to complete the necessary work~

The administrative Services Division provides the support, maintenance, fiscal duties and oversight for the department. To complete the necessary work, there are three sections overseen by a division manager.

Our Maintenance team consists of a supervisor, three full time employees and one part time employee. They ensure that the buildings and grounds are in working order.

Our Support Staff team consists of an Office Manager/Supervisor, 5 full time employees, and 2 part time employees. They ensure that appointments are scheduled, phones are answered, records are maintained and filed and all other support duties are completed.

Lastly, the Fiscal team consists of eight full time employees, one part time employee, and one volunteer. They ensure that all accounting, billing for client insurance, protective payee payments, client financial ability to pay reviews, data tasks, and all financial reports are accomplished for the department.

REVIEW OF 2010

The largest area this Division has primary responsibility for is the creation and monitoring of the Department's budget. In 2010, we re-organized our 2011 budget so that program expenditures match program revenue within each division. This will ensure managers have the information that they need to monitor their programs and that data is summarized at a division level.

With the change to Family Care, many job functions were realigned in 2009. This was a year of transition for fiscal staff as they learned new job functions. They increased their knowledge of how information flows within the department and the reporting of information back to the state. Each staff member absorbed new work that was instrumental in making the changes as listed below with the MIS department.

We worked with a clearinghouse and MIS department to automate our insurance claims. We started electronically submitting insurance claims as of January 2011 through the clearinghouse. This software allows us to edit the claims for errors prior to submitting them to the insurance companies and also provides an electronic backup of the claims. Claim charges with the clearinghouse are .28 cents versus \$1.10 per paper claim submissions to Medicaid.

We also started billing for Home and Community Based Services (CRS/1915i). We put a system in place to track when financial reviews for clients need to be completed. We implemented criteria for when 6 months or annual reviews needed to be completed. With the help of the MIS Department, we now have these reports generated timely.

We worked with the MIS Department to have the accounts payable vouchers uploaded into the JD Edwards financial ledgers versus having to re-key the data. This has been a time savings for the department.

Additionally, we worked with the MIS Department to define billing requirements so that Targeted Case Management Claims can be processed through the clearinghouse. Targeted Case Management was tracked separately and manually entered to Forward Health.

The Support Services team completed detailed job manuals and the Fiscal team has started on detailed job manuals. This has allowed staff to be cross trained, be more efficient, and be able to complete job functions when an emergency or vacancy arises.

GOALS FOR 2011

1. Work with MIS Department to automate the protective payee check clearing process and deposit of Social Security, SSI, and SSI W directly from bank information. This will save on re-keying thousands of entries a month into the protective payee system. This will allow us to be more efficient and timely in our bank reconciliations.
2. Work with MIS Department to define what is needed for a comprehensive billing system. To ensure that Prior Authorizations are tracked, to submit timely claims to insurance companies for services rendered, and to bill clients for their assigned fee per the uniformed fee system.
3. Implement and work with the Wisconsin State third party administrator (Wisconsin Physician Service WPS), and Jefferson County Human Service providers to process payments through WPS. The Federal Government has required the State of Wisconsin to switch over to a 3rd party administrator for waiver claims. This means that all providers will have to bill an insurance claim into a 3rd party payer (currently contracting with WPS) for payment. Our region is scheduled to switch this payment system sometime in the 2nd quarter of 2011. The Fiscal Department will need to be working with the state and the providers to make this transition. Systems will need to be developed to submit authorization for services to be paid by WPS for waiver providers. All reporting and payment for waiver transactions will then be processed through the 3rd party administrator reconciliations. Human Services fiscal staff will need to reconcile with WPS for expenditures paid by WPS to providers to ensure state and federal reimbursement is correct.
4. Work with staff to implement the Birth to Three waivers when approved by the State so that the Human Services Department can capture additional federal revenue for this program.
5. Fiscal Staff will complete job manuals for this division.

FINANCIAL REPORTS

The Financial Reports that follows 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 2010, including County tax levy, were \$18,895,974. Total expenditures were \$18,782,982.

2010 Resources & Expenditures

(unaudited)

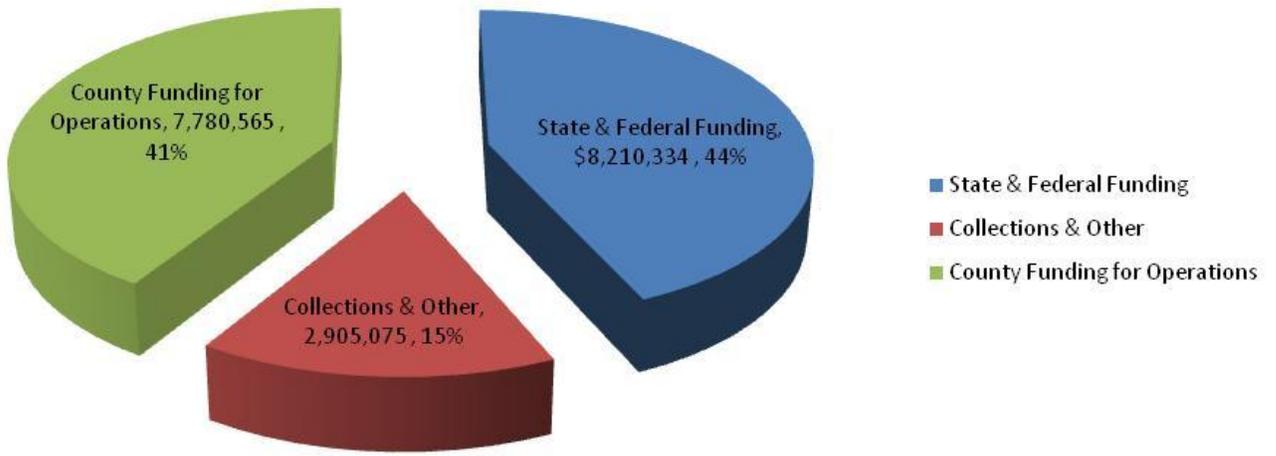
RESOURCES:	ACTUAL	Budget	Variance
State & Federal Funding	\$ 8,210,334	\$ 8,111,813	\$ 98,521
Collections & Other	2,905,075	3,096,619	(191,544)
County Funding for Operations	7,780,565	7,780,565	0
Total Resources	\$ 18,895,974	\$ 18,988,997	\$ (93,023)

EXPENDITURES:	ACTUAL	Budget	Variance
Personnel & Operating	\$ 11,820,734	\$ 12,359,517	\$ 538,783
Client Assistance	472,401	375,624	(96,777)
Medical Assist. Waivers	718,876	555,300	(163,576)
Community Care	782,576	720,774	(61,802)
Child Alternate Care	1,969,916	1,517,409	(452,507)
Hospitalizations	602,220	912,500	310,280
Other Contracted	2,416,259	2,358,649	(57,610)
Total Expenditures	\$ 18,782,982	\$ 18,799,773	\$ 16,791

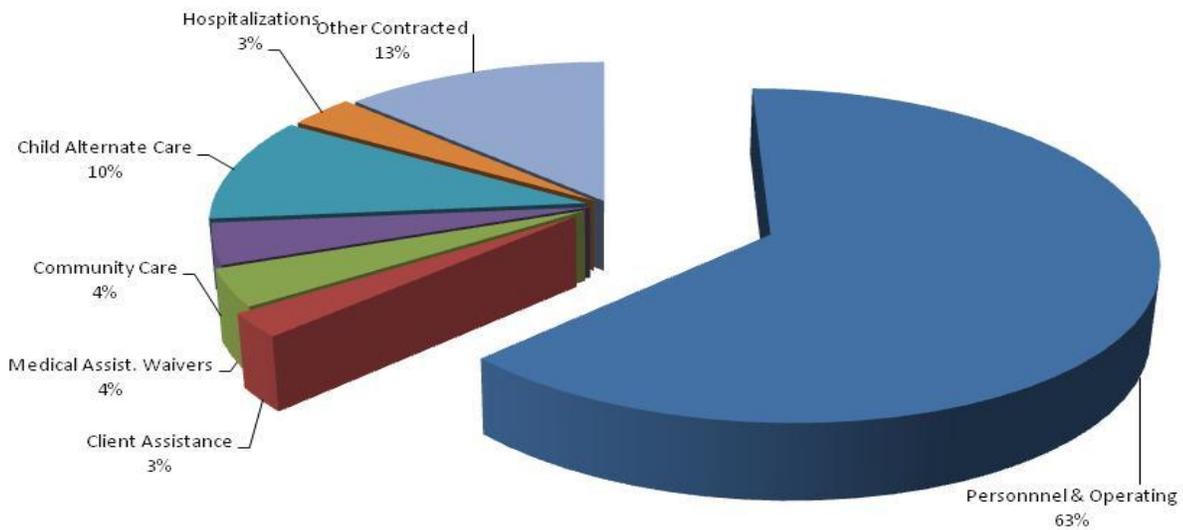
SUMMARY	Balance	PERCENT
Net Surplus	112,992	0.60%

2010 operations resulted in a net surplus of \$112,992 (.60% which is less than one percent of total budget), which \$100,378 was lapsed into the County General Fund; Non Lapsing Request for 2011 - \$94,523.52 was approved).

2010 Revenue Resources



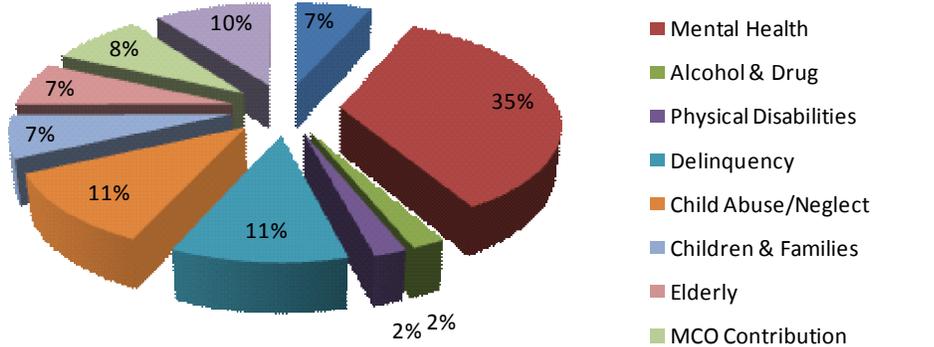
2010 Expenditures



2010 Costs by Target Group

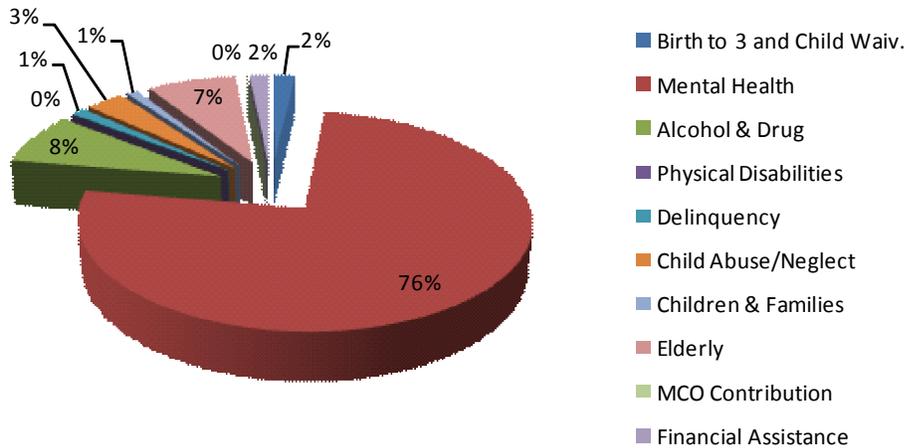
Total Expenditures

Birth to 3 and Child Waiv.	1,280,683
Mental Health	6,733,562
Alcohol & Drug	409,146
Physical Disabilities	389,587
Delinquency	2,095,278
Child Abuse/Neglect	2,214,148
Children & Families	1,269,664
Elderly	1,308,983
MCO Contribution	1,559,649
Financial Assistance	1,960,059
TOTAL	19,220,759



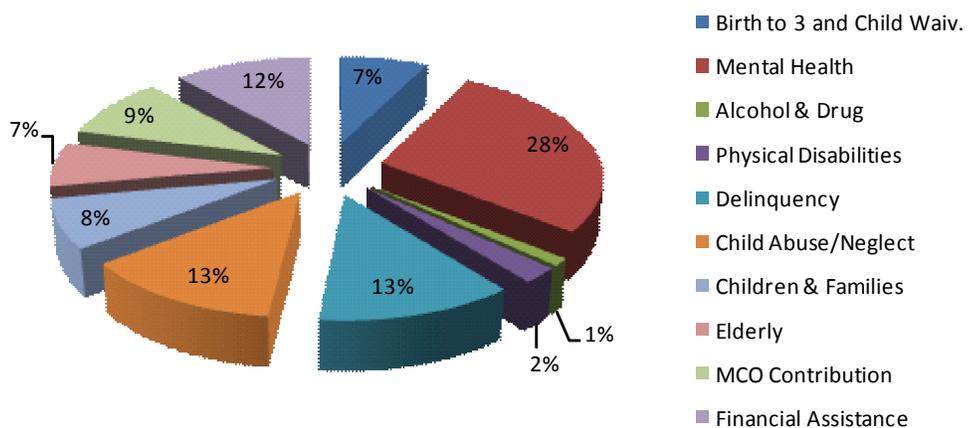
Collections & Donations

Birth to 3 and Child Waiv.	50,702
Mental Health	2,094,508
Alcohol & Drug	217,638
Physical Disabilities	0
Delinquency	33,022
Child Abuse/Neglect	90,782
Children & Families	26,081
Elderly	208,881
MCO Contribution	0
Financial Assistance	43,500
TOTAL	2,765,114



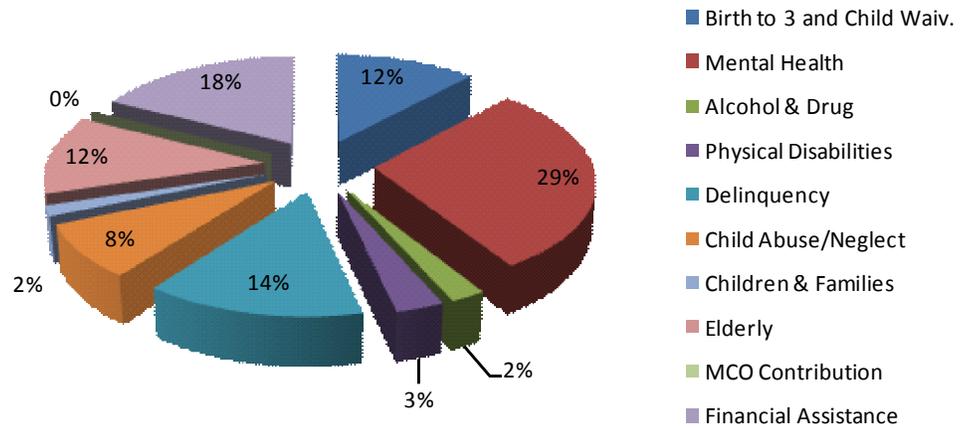
Net Costs

Birth to 3 and Child Waiv.	1,229,981
Mental Health	4,639,054
Alcohol & Drug	191,508
Physical Disabilities	389,587
Delinquency	2,062,256
Child Abuse/Neglect	2,123,366
Children & Families	1,243,583
Elderly	1,100,102
MCO Contribution	1,559,649
Financial Assistance	1,916,559
TOTAL	16,455,645



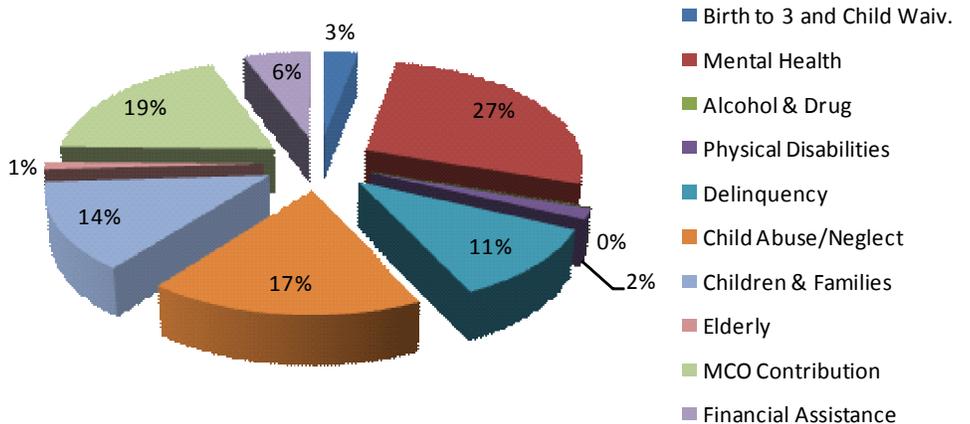
State & Federal Funding

Birth to 3 and Child Waiv.	987,732
Mental Health	2,404,708
Alcohol & Drug	187,099
Physical Disabilities	254,782
Delinquency	1,151,462
Child Abuse/Neglect	690,642
Children & Families	131,438
Elderly	1,001,458
MCO Contribution	0
Financial Assistance	1,449,665
TOTAL	8,258,986



Net County Cost

Birth to 3 and Child Waiv.	242,249
Mental Health	2,234,346
Alcohol & Drug	4,409
Physical Disabilities	134,805
Delinquency	910,794
Child Abuse/Neglect	1,432,724
Children & Families	1,112,145
Elderly	98,644
MCO Contribution	1,559,649
Financial Assistance	466,894
TOTAL	8,196,659



NOTE Calculation of Levy

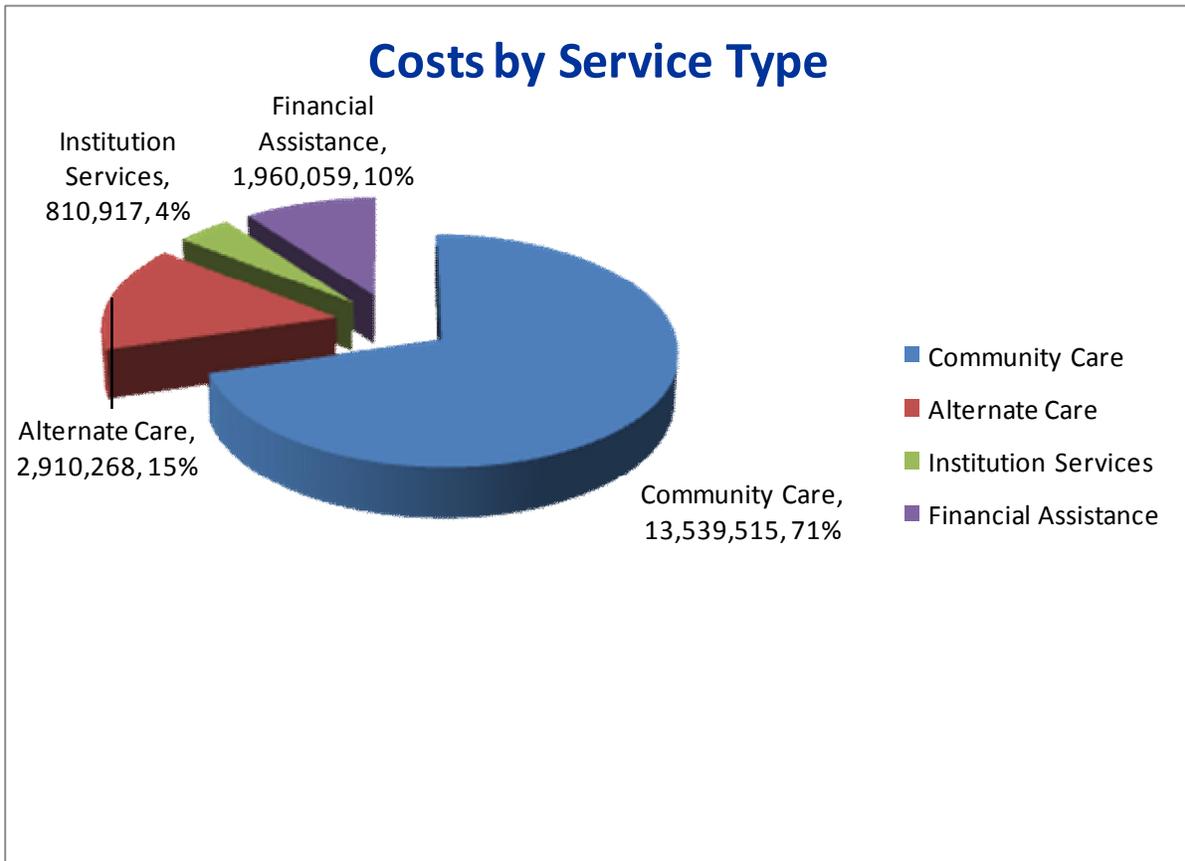
Note Budget Tax Levy	7,780,565
General Fund	-112,992
Depreciation	179,072
County Indirect Cost	350,014
Tax levy	8,196,659

Depreciation/County/ Indirect Costs reportable to state but not on Human Services Ledgers.

NOTE: ADRC Services & Transportation are allocated this year to Disability Groups Served

The graph below indicates the following:

- Community Care includes all Behavioral Health and Family Resource Services.
- Alternate Care includes all costs for Children and Adults.
- Institution Services includes all inpatient services for children and adults, and juvenile corrections.
- Financial Assistance includes all of Income Maintenance costs.



The chart below serves as a summary of expenditure changes in the Department since 2008, the year we initiated Family Care. The reader will recognize significant reductions in management and maintenance personnel, and in overhead.

Three Year Comparison						
MANAGEMENT	2008	2009	2010	2008	2009	2010
				Base Year		
Expenditure						
Wages - Regular	557,597	517,376	396,555	100%	92.79%	71.12%
Wages-Overtime	5,980	0	0	100%	0.00%	0.00%
Wages-Regular Overtim	357	0	0	100%	0.00%	0.00%
Wages-Sick Leave	28,440	65,935	24,852	100%	231.84%	87.38%
Wages-Vacation Pay	55,358	71,251	34,431	100%	128.71%	62.20%
Wages-Longevity Pay	3,122	2,866	1,253	100%	91.78%	40.13%
Wages-Holiday Pay	24,839	23,378	20,329	100%	94.12%	81.84%
Wages-Miscellaneous(Comp)	6,494	8,939	17,743	100%	137.64%	273.22%
Wages-Bereavement	764	509	599	100%	66.66%	78.40%
Wages-Death Benefit	1,839	0	0	100%	0.00%	0.00%
Social Security	52,405	54,208	38,058	100%	103.44%	72.62%
Retirement (Employer)	31,432	28,281	23,005	100%	89.98%	73.19%
Retirement (Employee)	40,958	37,015	29,664	100%	90.37%	72.43%
Health Insurance	221,462	212,410	146,728	100%	95.91%	66.25%
Life Insurance	452	400	276	100%	88.43%	61.06%
Dental Insurance	10,141	10,046	7,618	100%	99.06%	75.12%
Per Diem	7,480	7,530	6,325	100%	100.67%	84.56%
Advertising	0	303	0	100%		
Board Member Training	611	465	775	100%	76.10%	126.84%
Registration	1,607	565	874	100%	35.16%	54.39%
Mileage	4,949	3,887	3,545	100%	78.55%	71.63%
Other Insurance		3,540	2,692	100%		
MANAGEMENT	1,056,287	1,048,903	755,322	100%	99.30%	71.51%
Maintenance Personnel						
Expenditure						
Wages - Regular	227,723	180,279	187,961	100%	79.17%	82.54%
Wages-Sick Leave	9,330	1,718	3,436	100%	18.41%	36.83%
Wages-Vacation Pay	14,139	14,923	14,951	100%	105.54%	105.74%
Wages-Longevity Pay	844	751	786	100%	89.01%	93.13%
Wages-Holiday Pay	6,874	7,118	8,439	100%	103.55%	122.77%
Wages-Miscellaneous(Comp)	2,287	924	916	100%	40.41%	40.05%
Wages-Bereavement	524	0	542	100%	0.00%	103.44%
Sub total Wages	261,721	205,713	217,031	100%	78.60%	82.92%
Social Security	20,419	16,212	16,680	100%	79.39%	81.69%
Retirement (Employer)	11,240	9,557	10,140	100%	85.03%	90.21%
Retirement (Employee)	14,661	12,524	13,090	100%	85.42%	89.28%
Health Insurance	55,859	62,345	69,751	100%	111.61%	124.87%
Life Insurance	80	123	123	100%	153.25%	153.75%
Dental Insurance	2,388	2,944	3,431	100%	123.28%	143.68%
Maintenance Personnel Cost	366,368	309,418	330,246	100%	84.46%	90.14%
Overhead						
Unemployment Compensation	(62)	787	22,574	100%	-1269.03%	-36409.68%
Workers Compensation	2,356	6,213	29,354	100%	263.70%	1245.93%
Legal	2,271	3,548	3,451	100%	156.25%	151.96%
Accounting & Auditing	10,801	16,349	16,546	100%	151.37%	153.19%
Other Professional Serv	2,400	88	0	100%	3.67%	0.00%
Computer Support	825	0	5,392	100%	0.00%	653.58%
Grounds Keeping Charges	7,138	8,841	10,700	100%	123.86%	149.90%
Purchase Care & Services	0	0	83	100%	0.00%	100.00%
Computer Equipment	46,243	2,834	32,147	100%	6.13%	69.52%
Noncapital Auto	12,000	8	9,001	100%	0.07%	75.01%
Office 2007 Upgrade	33,168	0	0	100%	0.00%	0.00%
Postage & Box Rent	22,672	29,815	950	100%	131.51%	4.19%
Office Supplies	46,935	41,279	40,517	100%	87.95%	86.33%

change in costing
not spreading to
departments

Overhead	2008	2009	2010	2008	2009	2010	
Printing & Duplicating	2,413	6,552	6,955	100%	271.53%	288.23%	
Small Items Of Equip	2,802	730	139	100%	26.05%	4.96%	
Instructional Material	382	0	89	100%	0.00%	23.30%	
Membership Dues	1,593	1,461	950	100%	91.71%	59.64%	
Advertising	12,111	5,269	4,055	100%	43.51%	33.48%	
Educational Supplies	935	464	154	100%	49.63%	16.47%	
Other Operating Expenses	2,585	2,413	20	100%	93.35%	0.77%	
Gasoline, Oil, Fuel	16,257	14,150	18,255	100%	87.04%	112.29%	
Water	4,516	4,574	4,618	100%	101.28%	102.26%	
Electric	68,905	68,502	75,944	100%	99.42%	110.22%	
Sewer	4,104	4,202	4,335	100%	102.39%	105.63%	
Natural Gas	34,402	29,997	25,622	100%	87.20%	74.48%	
Telephone & Fax	49,248	44,464	46,147	100%	90.29%	93.70%	
Internet	943	1,072	1,391	100%	113.68%	147.51%	
Storm Water Utility	1,630	2,133	2,133	100%	130.86%	130.86%	
Maintain Machinery & Equipmt	43,637	34,414	26,958	100%	78.86%	61.78%	
Ground & Ground Improvement	360	211	9,226	100%	58.61%	2562.78%	Side Walks
Bldg Repair & Maint			1,440	100%		100.00%	
Refuse Collection			3,568	100%		100.00%	
Household & Janitorial Supp	17,040	14,689	14,105	100%	86.20%	82.78%	
Vehicle Parts & Repairs	7,074	5,837	11,413	100%	82.51%	161.34%	
Repair & Maintenance	25,305	22,338	18,797	100%	88.28%	74.28%	
Data Processing Inter-D	186,370	300,578	224,152	100%	161.28%	120.27%	
I.P. Telephony	23,456	74,748	24,358	100%	318.67%	103.85%	
Duplicating Allocation		8,818	6,595		100.00%	74.79%	
Other Insurance	85,900	9,071	8,631	100%	10.56%	10.05%	
Prior Year Expenditures	0	(4,390)	0	100%			
Miscellaneous Expenditures	320	2,000	1	100%	625.00%	0.31%	
MIS Direct Charges			3,491	100%		100.00%	
Expenditure Total	781,043	766,069	716,267	100%	98.08%	91.71%	

UTILITY USAGE

~Our goal is to reduce energy consumption to the lowest level possible for all buildings~

When looking at the energy graphs for each of the buildings, the Kwh and Therms used is in line with past years. The Health/Human Services building Kwh is tracking downward. This is due to energy conserving practices we have implemented. We expect this to go lower as we install new light fixtures in the older sections of the buildings.

Lueder Haus energy usage changes based on population. Lueder Haus used less KWh in 2009 but just above 2010 consumption. Last year the State set new guidelines for domestic water temperature for Community Based Residential Facilities so we had to raise the water heater temperature and install tempering valves.

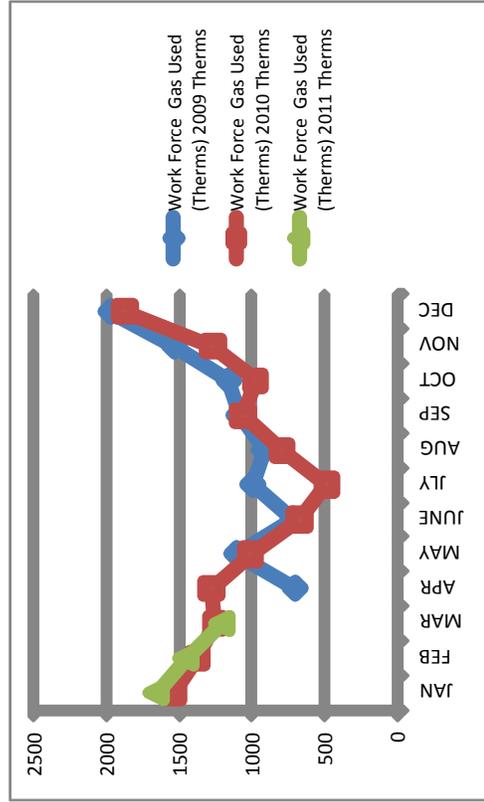
The Hillside Building, built in 1938, is not energy efficient but we conserve by turning lights off and the heat down, and setting the air conditioner higher while maintaining a comfortable work environment.

Workforce/UW Extension utilities are in line with past years, with access to the PC control of the HVAC system we believe we can lower overall utility consumption. Currently, the set points are programmed at the factory into a computer control not allowing for any field changes.

See Graphs on following pages.

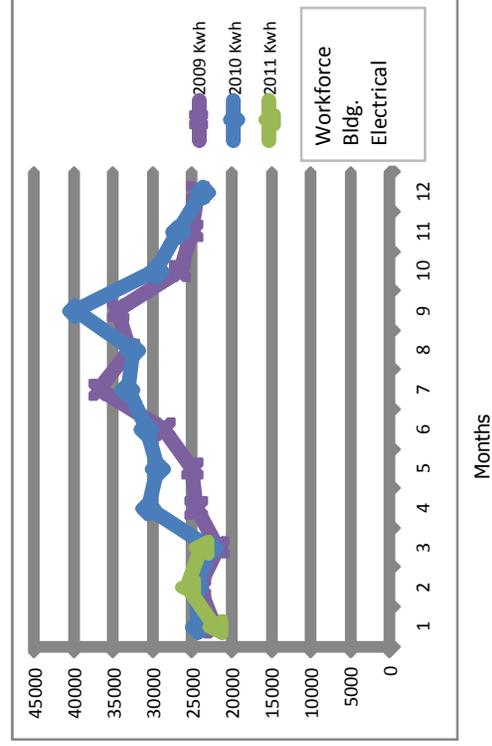
Work Force Gas Used (Therms)

Month	2009 Therms	2010 Therms	2011 Therms
JAN		1,542	1,657
FEB		1,378	1,454
MAR		1,252	1,209
APR	699	1,279	
MAY	1,104	1,008	
JUNE	713	671	
JLY	992	484	
AUG	915	794	
SEP	1,088	1,060	
OCT	1,158	973	
NOV	1,535	1,266	
DEC	1,974	1,874	



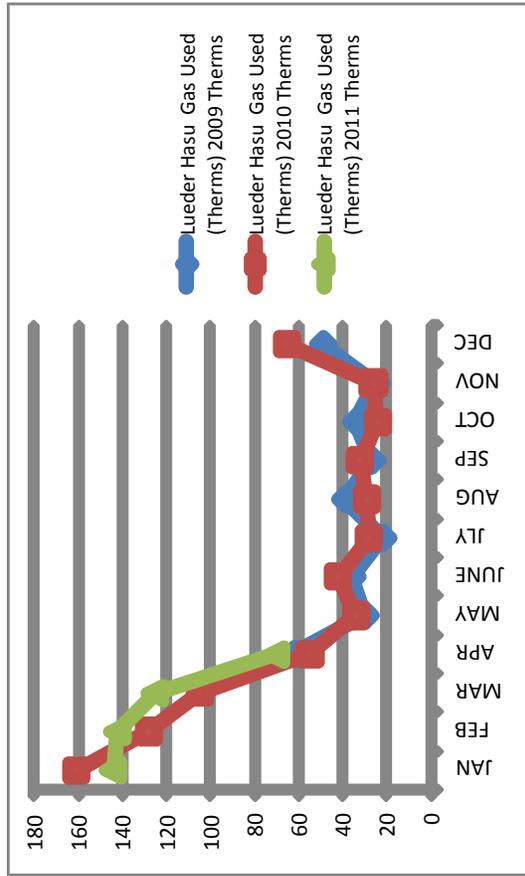
Electric Usage - Workforce Development Building

	2003 Kwh	2004 Kwh	2005 Kwh	2006 Kwh	2007 Kwh	2008 Kwh	2009 Kwh	2010 Kwh	2011 Kwh
J	14560	16640	16000	17360	21200	22880	22160	24320	22160
F	13760	16240	17680	20640	22960	24640	24080	24560	25600
M	14400	16400	16320	18400	20240	16640	21760	22720	23920
A	16960	19680	21520	24480	20960	20560	24480	30560	
M	16480	19040	20320	23680	24080	24320	25040	29360	
J	18400	25040	24240	25920	29200	30720	28640	30800	
J	23520	23120	30160	32720	28080	25520	36800	33200	
A	24880	26160	31920	31360	29840	27520	32960	32480	
S	30400	25840	29760	32480	30480	29760	34400	39760	
O	14400	22480	24320	23120	28000	27920	26560	29520	
N	17920	20560	22720	20160	27360	26560	25120	26800	
D	17040	20400	22240	23360	21840	24720	24320	23680	



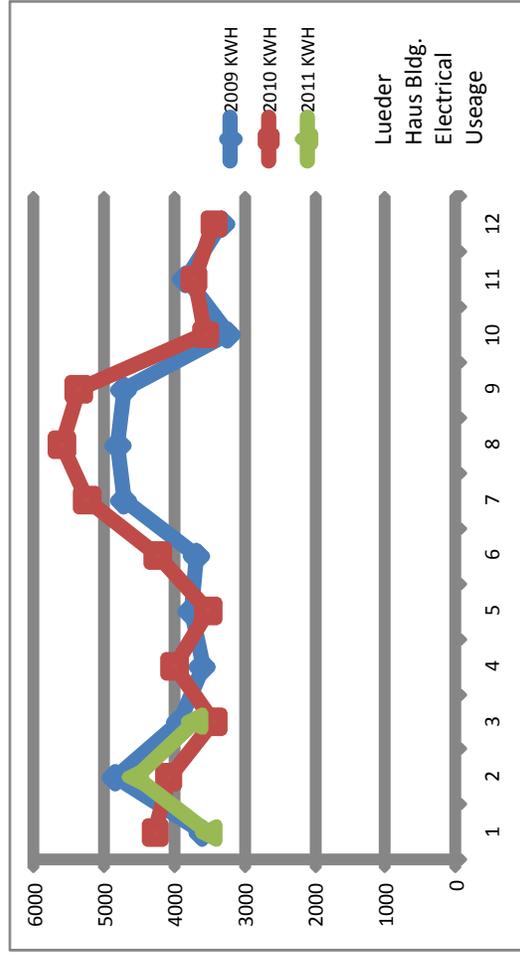
Lueder Haus Gas Used (Therms)

Montr	2009	2010	2011
JAN	161	144	144
FEB	128	142	142
MAR	105	125	125
APR	62	70	70
MAY	30		
JUNE	36		
JULY	22		
AUG	39		
SEP	27		
OCT	34		
NOV	25		
DEC	49		



Electric Uage - Lueder Haus Bldg.

	2003	2004	2005	2006	2007	2008	2009	2010	2011
J	4000	4080	3920	4080	4160	4400	4400	4280	3520
F	4640	4560	4960	3560	5520	5320	4840	4080	4560
M	4040	3560	3360	4200	4120	3360	3920	3440	3720
A	3640	4120	3840	4040	3680	3720	3600	4000	
M	3400	3280	3360	4040	3800	3440	3760	3520	
J	3480	3680	4320	4320	5120	4400	3680	4240	
J	4360	4920	5800	5040	4760	4560	4720	5240	
A	4840	4520	5960	5640	5360	4800	4800	5600	
S	4480	4760	5160	5000	5640	4880	4720	5360	
O	3720	3880	3960	3960	4520	3680	3240	3560	
N	3240	3760	3040	3160	3960	3440	3840	3720	
D	3480	4000	4280	4480	4080	4440	3320	3440	

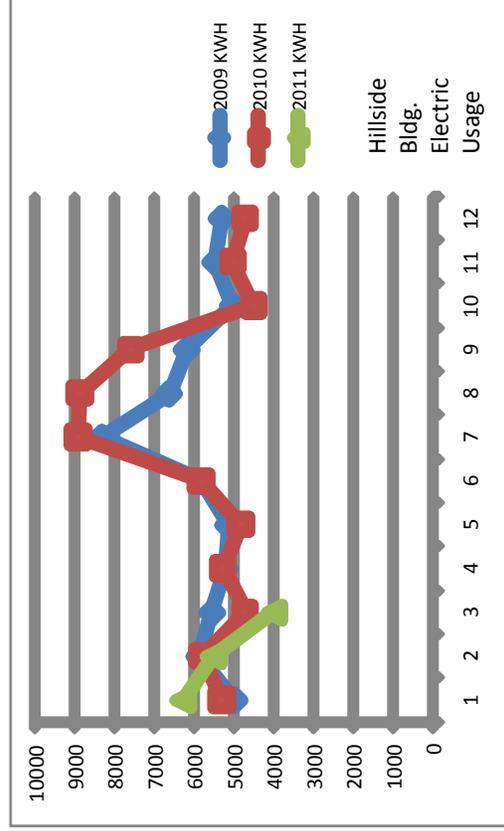
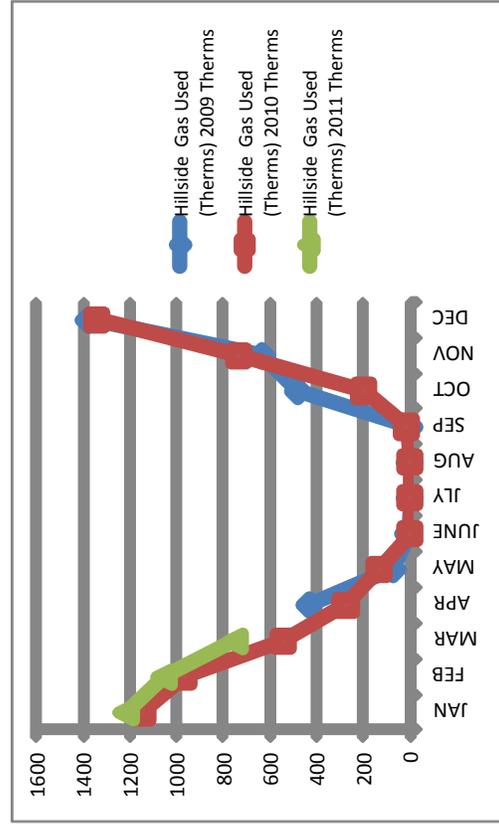


Hillside Gas Used (Therms)

Month	2009 Therms	2010 Therms	2011 Therms
JAN		1145	1217
FEB		966	1055
MAR		542	751
APR	430	275	
MAY	71	132	
JUNE	7	0	
JULY	0	0	
AUG	0	0	
SEP	0	13	
OCT	479	196	
NOV	633	735	
DEC	1377	1340	

Electric Usage - Hillside Bldg.

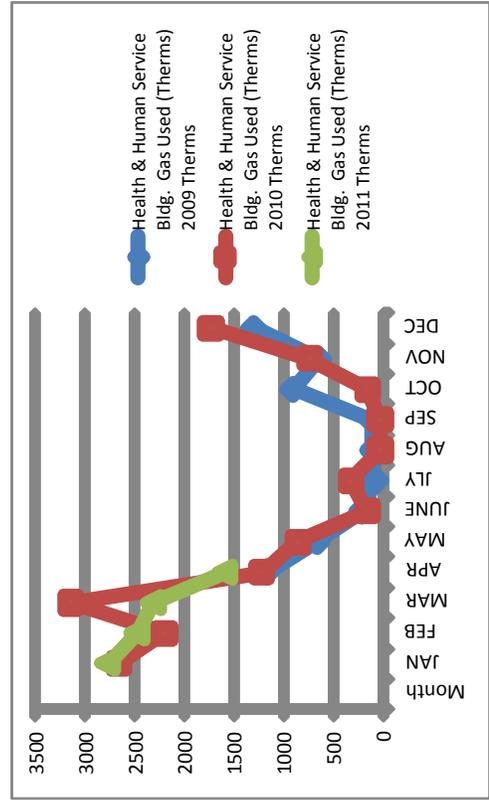
Month	2003 KWH	2004 KWH	2005 KWH	2006 KWH	2007 KWH	2008 KWH	2009 KWH	2010 KWH	2011 KWH
J	6640	6080	5440	6320	6120	6640	5000	5320	6280
F	6520	6720	7320	5480	7240	8320	5880	5800	5520
M	5880	5840	6120	6400	5760	5440	5560	4720	4000
A	5960	6680	7280	5680	5280	10480	5240	5280	
M	6040	6240	6520	4960	5800	1920	5160	4840	
J	5000	5480	7000	6000	7960	7320	5840	5840	
J	7680	6840	9680	7520	8640	7120	8320	8920	
A	8680	7040	10120	9160	9360	8000	6640	8880	
S	8720	6360	7720	7360	8760	7240	6200	7600	
O	6320	6680	5960	5800	6560	5880	5040	4520	
N	5880	6440	5640	5240	6920	6480	5480	5040	
D	5840	6520	6640	6280	6480	6360	5320	4720	



Months

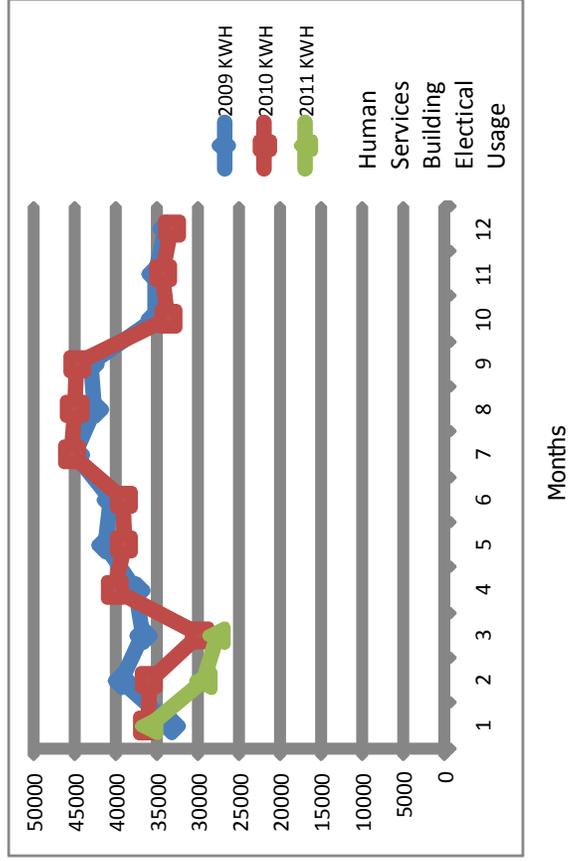
Health & Human Service Bldg. Gas Used (Therms)

Monthr	2009 Therms	2010 Therms	2011 Therms
JAN	1170	2663	2772
FEB	659	2203	2476
MAR	1218	3141	2311
APR	854	1218	1592
MAY	210	153	153
JUNE	72	319	27
JULY	102	27	27
AUG	109	27	27
SEP	903	153	153
OCT	649	742	1730
NOV	1298	1730	
DEC			



Electric Usage - Human Services Building

	2003 KWH	2004 KWH	2005 KWH	2006 KWH	2007 KWH	2008 KWH	2009 KWH	2010 KWH	2011 KWH
J	39440	41760	40560	43280	43120	41360	33280	36160	36000
F	47680	42960	46240	38720	52160	48080	39360	36000	29360
M	28560	36720	38880	46160	42640	32080	36720	29840	27760
A	39440	44560	44960	42720	40800	38480	37600	40240	
M	39680	39280	39040	45200	45040	37200	41360	39040	
J	42320	40800	45760	42400	52320	51680	40720	39120	
J	50880	52960	50080	49040	48480	41440	44960	45440	
A	51760	49600	51920	55840	51200	43440	42640	45040	
S	48560	48560	47200	49360	53760	47040	43200	44800	
O	45920	40560	41840	44080	43840	43680	35360	33680	
N	38080	40480	37680	38080	42960	47920	35280	34320	
D	38560	43600	43920	43840	40800	42960	33920	33280	



MANAGERS and SUPERVISORS

(As of May 10, 2011)

Director, *Kathi Cauley*

Medical Director, *Mel Haggart, M.D.*

Administrative Services Division Manager, *Joan Daniel*

Maintenance, *Terry Gard*

Office Manager & Support Staff, *Donna Hollinger*

Aging and Disability Resource Division Manager, *Sue Torum*

Aging & Disability Resource Center, *Sharon Olson*

Behavioral Health Division Manager, *Kathi Cauley*

Community Support Program, *Marj Thorman*

Comprehensive Community Services, *Kim Propp*

Mental Illness/AODA, *Holly Pagel*

Lueder Haus, *Terri Jurczyk*

Economic Support Division Manager, *Jill Johnson*

W-2 Programs, *Sandy Torgerson*

Family Resources Division Manager, *Vacant*

Child Welfare, *Kevin Reilly*

Early Intervention Program, Busy Bees Preschool, *Diane Bazylewicz*

Wraparound, *Barb Gang*

Youth Delinquency, *Laura Wagner*

TEAMS and STAFF

As of May 6, 2011

ADMINISTRATION

Joan Daniel, *Manager*

Fiscal

Lynelle Austin
Kristie Dorn
Mary Jurczyk
Susan Langholff
Barb Mottl
Mary Ostrander
Dawn Renz
Darlene Schaefer, *Volunteer*
Mary Welter
Tammy Worzalla

Maintenance

Terry Gard, *Supervisor*
Karl Hein
Dennis Miller
Paul Vogel
Richard Zeidler

Support Staff

Donna Hollinger, *Supervisor*
Holly Broedlow
Judy Maas
Dawn Shilts
Tonya Schmidt
Kristi Steigerwald
Kelly Witucki
Lori Zick

AGING & DISABILITY

RESOURCE CENTER

Sue Torum, *Manager*
Sharon Olson, *Supervisor*
Doug Carson
Jackie Cloute
Kris Dejanovich
Betty Droster
Beth Eilenfeldt
Sharon Endl
Sandra Free
Donna Gnabasik
Denise Grossman
Patti Hills

Mary Kraimer
Mark Nevins
Martha Parker
Nancy Toshner
Karen Tyne
Wendy Voigt
Lynn Walton
Sarah Zwieg

BEHAVIORAL HEALTH

Kathi Cauley, *Director*
Melvin Haggart, *MD*

Community Support Program

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INFORMATION & ACKNOWLEDGEMENTS

If you have any questions regarding anything in this report
or you know someone who is in need of our services,
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