



ANNUAL

REPORT

JEFFERSON COUNTY
HUMAN SERVICES DEPARTMENT

SERVING THE RESIDENTS OF JEFFERSON COUNTY



TABLE OF CONTENTS

LETTER FROM THE DIRECTOR	2
MISSION & VISION STATEMENTS.....	3
PERFORMANCE MANAGEMENT KEY OUTCOME INDICATORS	3
BOARD & COMMITTEES	5
ORGANIZATIONAL CHART	6
ADMINISTRATION STAFF.....	7
HUMAN SERVICES STAFF.....	8
ADMINISTRATIVE SERVICES DIVISION.....	9
Fiscal.....	9
Financial Reports.....	13
Maintenance Utility Usage Reports	20
Compliance.....	27
AGING & DISABILITY RESOURCE DIVISION	28
Aging & Disability Resource Center.....	30
Aging Programs.....	35
BEHAVIORAL HEALTH DIVISION.....	48
Emergency Mental Health Crisis Intervention Services	50
APS.....	55
Zero Suicide	57
Outpatient Integrated Behavioral Health Clinic	59
Intoxicated Driver Program	64
Comprehensive Community Services.....	66
Community Support Program.....	74
Community Recovery Services	77
CHILD & FAMILY DIVISION.....	78
Birth to Three	80
Busy Bees Preschool.....	91
Child Alternate Care	95
Children in Need of Protection and Services.....	100
Children’s Long-Term Support Waiver Program	107
Coordinated Services Team/Wraparound.....	116
Incredible Years Parenting Program.....	122
Intake.....	125
Parents Supporting Parents.....	131
Youth Justice Services.....	136
ECONOMIC SUPPORT DIVISION	149
INFORMATION & ACKNOWLEDGEMENTS	158

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT
Serving the Residents of Jefferson County
1541 Annex Rd, Jefferson, WI 53549-9803
Ph: 920-674-3105 Fax: 920-674-6113

April 2023

Dear County Board Chair, Members of the Jefferson County Board of Supervisors, the Jefferson County Human Services Board, Jefferson County citizens and other interested parties,

RE: Letter from the Director

It is my honor to present the Jefferson County Human Service Department's 2022 Annual Report. This past year provided many new and emerging issues, along with the continued themes that we have seen in recent years. Decreased affordable housing opportunities, continued drug use, lack of childcare and increased turnover with less applicants were ever present, to name a few. Despite these issues, each team achieved their key outcomes, programs grew, innovations were seen across programming and once again Jefferson County Human Services was highlighted as a top performing county via DCF and DHS.

The Department attended to these issues, responded to the arising trends, and met all statutory mandates.

In 2023 the Department's key focus will be:

- Our Administrative Services Division will fulfill all fiduciary duties while delivering all foundational services such as contracting, billing, maintenance, and vehicles.
- The Aging and Disability Resource Division will enhance services for the growing number of people over the age of sixty and for people with disabilities through the Aging & Disability Resource Center, Adult Protective Services, Benefit Specialist, Transportation and Senior Dining programs. The Senior Dining program will initiate an opportunity to dine at local restaurants.
- The Behavioral Health Division will continue to expand the service delivery by opening a Watertown outpatient clinic branch office, increasing capacity in the Comprehensive Community Services and Community Support programs, along with the opening of our Youth Crisis Stabilization facility.
- The Child and Family Division will further enhance the well-being of children, from birth to adolescence, while remaining family based and assuring safety and permanence. We will fully implement the Family First Initiative across the county.
- The Income Maintenance Division, in partnership with the Southern Income Maintenance Consortium, will facilitate access to public benefits and provide access to needed resources while resuming all verification requirements as the public health emergency ends in 2023.

The following report provides detail on each of the five divisions and subsequent team. We trust it will be an encompassing reference for you about all the Department's programs.

I extend great thanks to our County Board Supervisors, the members of our Human Services Board, and our County Administrator, for the ongoing support and guidance. I offer extreme gratitude to every employee for their dedication and ongoing perseverance during the difficult times, as without each of you we would not be where we are today.

Respectfully submitted,

Brent Ruehlow
Director

Mission Statement

To enhance the quality of life for individuals and families living in Jefferson County by addressing their needs in a respectful manner and enabling 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.

Program Title	Program Description	Mandates and/or References	Key Outcome Indicator
ADMINISTRATION			
Fiscal	Accurately complete all county, state, and federal reports, and billing	State and Federal budget acts Numerous Compliance laws All Medicaid and Medicare requirements	100% compliance with reporting requirements as denoted on work chart
Maintenance	Maintain buildings and grounds while planning for future	46	100% of capital projects completed on time and within budget
AGING & DISABILITY RESOURCE CENTER (ADRC)			
ADRC	A one-stop shop providing accurate, unbiased information on all aspects of life related to aging or living with a disability; and serves as the access point for publicly funded long-term care.	46.283, DHS 10	100% compliance with the State contract
Adult Protective Services and Elder Abuse	Vulnerable adults, aged 18+ are aware of and have access to Adult Protective Services 24/7	46.283, 46.90, 51, and 55	100% of referrals are responded to within the time frames contained in the statute; and case notation and legal time frames are met in 100% of cases referred.
Senior Dining Program	Serve & deliver, without interruption, well-balanced meals to seniors who request them in our service area, and to those who have the greatest economic or social need.	Older American's Act (OAA)	95% of qualifying individuals who request home delivered meals receive them
Transportation	Provides medical transportation to seniors and persons with dis-abilities and rides to department appointments.	85.21	100% of qualifying individuals who request a ride receive one.

Program Title	Program Description	Mandates and/or References	Key Outcome Indicator
BEHAVIORAL HEALTH DIVISION			
Community Support Program	Integrated services for people with severe and persistent mental illness	51 AR 63	72% of all treatment plan goals are met
Community Recovery Services	Residential services for people with mental health and substance abuse	51	100% compliance with CRS rules
Comprehensive Community Services	Recovery based community, mental health, and substance abuse services	Supports 51 services AR 36	72% of all treatment plan goals are met
Emergency Mental Health	24/7 mobile response to all crisis call	51	Giving consideration to lethality and acuity, maintain diversion rate to least restrictive setting
Outpatient Alcohol and Other Drugs Clinic	Treatment services for substance use including opioid addictions	75	Decrease Brief Alcohol Monitoring Scores
Outpatient Mental Health Clinic	Provide mental health counseling	51 AR 35	PHQ 9 score will improve by 2%
CHILD & FAMILY DIVISION			
Birth to Three	Supporting Families in promoting the growth and development of their children.	46 and 51 AR 910	The Birth to Three Program will be issued a notification of 100% compliance with our Federal Indicators by DHS based on the annual data review
Busy Bee Pre-School	Supporting Families in promoting the growth and development of their children.	46 and 51 AR 910	Busy Bees Pre-School will maintain a 4-star rating from the YoungStar Program
Children in Need of Protective Services	Monitor safety, well-being, and permanence for all children found to be in need of protection or services by the courts.	48	Case managers and CPS supervisors, when appropriate will hold a full disclosure meeting with parents on all out-of-home cases within 60 days of the internal case transfer of staffing
CST Wraparound	Multi-disciplinary approach to building community-based MA funded programing for youth.	46	90% of all children will remain in their home with the use of CST services
Children's Long Term Support	Support children and youth who live at home or in the community and have substantial limitations.	Federally authorized under 1915(c) of the Social Security Act	Will meet enrollment timeframes (DHS Activity Timeline) 90% of the time. All children are now considered in enrollable status when determined functionally eligible and when entered into PPS. Enrollment into CLTS must occur within 30 calendar days

Program Title	Program Description	Mandates and/or References	Key Outcome Indicator
Intake	Provides a single access point for all children, juvenile and family service needs.	48, 938	100% of all State and Federal timelines will be met
Youth Justice	Provide evidence-based treatment and supervision to all court ordered youth.	938	80% of the youth who are placed in out-of-home care will reside in a family setting, and of those placed in a family setting, at least 50% will be placed with their own family or like kin
ECONOMIC SUPPORT DIVISION			
Child Care-Wisconsin Shares	Provides financial assistance for childcare expenses to those who meet income guidelines.	46 and 49	Meet mandated performance standards including 100% timely processing and accuracy
Energy Assistance	Provides financial assistance to those who have a heating expense and meet income guidelines.	46 and 49	Meet mandated performance standards including 100% timely processing and accuracy
FoodShare-Food Stamps	Provides financial assistance to purchase food for those who meet income guidelines.	46 and 49	Meet mandated performance standards including 100% timely processing and accuracy
Medical Assistance and MarketPlace exchanges	Provides Health Insurance benefits for those who meet income guidelines.	46, 49 and PPACA	Meet mandated performance standards including 100% timely processing and accuracy

**HUMAN SERVICES
BOARD OF DIRECTORS**

Richard Jones, Chair
 Russell Kutz, Vice Chair
 Gino Racanelli
 Michael Wineke
 Sira Nsibirwa
 Kirk Lund
 Alice Mirk

NUTRITION PROJECT COUNCIL

Carol O'Neil, *Chair*
 Barbara Schmitt, *Vice Chair*
 Carol Battenberg, *Secretary*
 Frankie Fuller
 Patricia Rabay

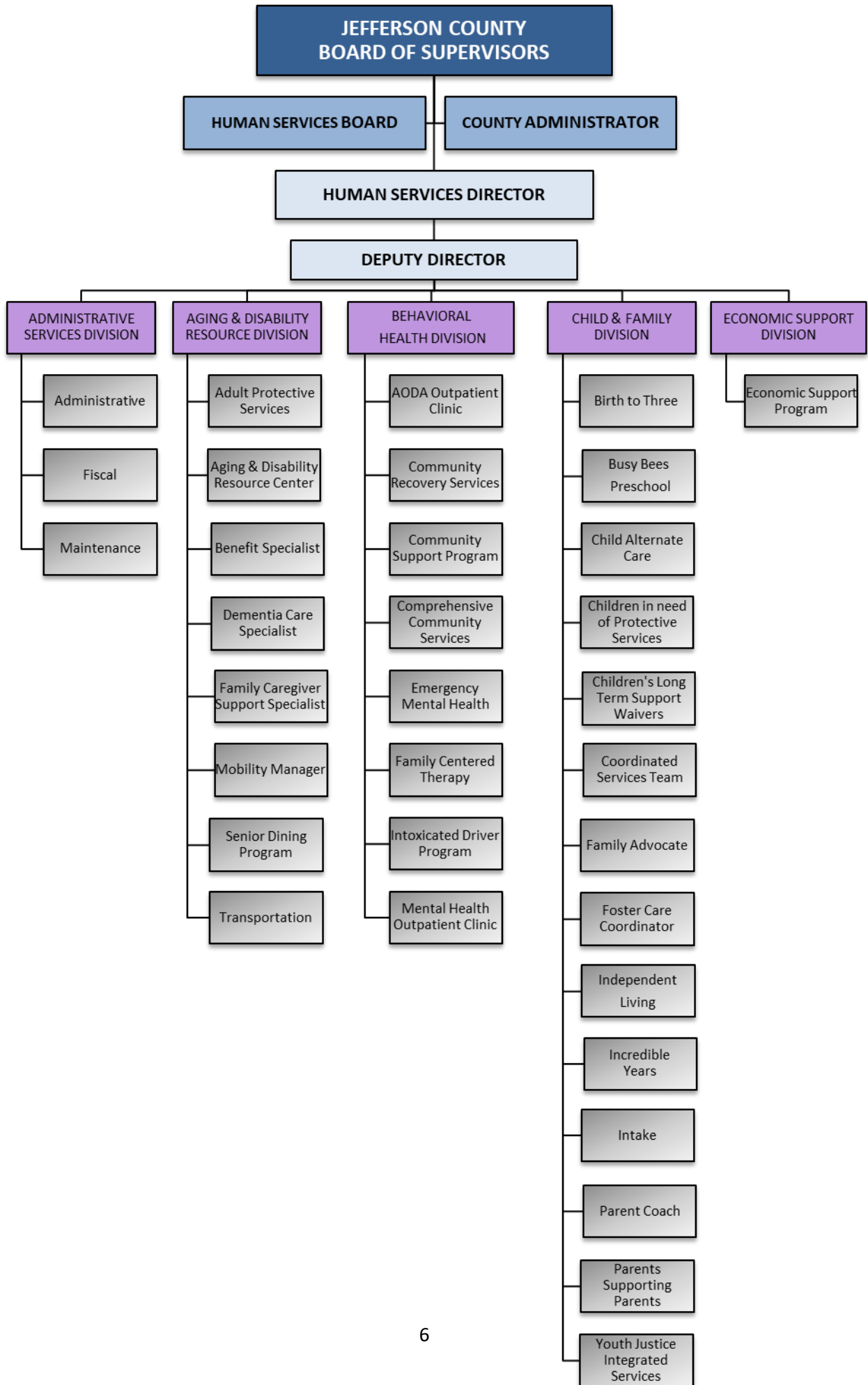
Carol Ellingson resigned 06/2021
 Nancy Boos resigned 07/2020

AGING AND DISABILITY RESOURCE CENTER ADVISORY COMMITTEE

Michael Wineke, *Chairperson*
 Jeanne Tyler, *Vice Chair*
 Frankie Fuller, *Secretary*
 Katie Dixon
 Janet Sayre-Hoeft
 Alice Mirk
 Sira Nsibirwa
 Carol O'Neil
 Mary Roberts
 LaRae Schultz

ReBecca Schmidt, Staff
Kimberly Swanson, Staff
Dominic Wondolkowski, Staff

Ruth Fiegi resigned 06/2022
Ellen Sawyers resigned 6/2022



ADMINISTRATION

Director, Kathi Cauley
Deputy Director, Brent Ruehlow

Administrative Services Division Manager, Brian Bellford
Accounting Supervisor, Mary Jurczyk
Billing and IT Supervisor, Kristie Dorn
Office Manager, Kelly Witucki
Senior Accounting Supervisor, Cathy Swenson

Aging & Disability Resource Division Manager, ReBecca Schmidt
Aging & Disability Resource Center, Dominic Wondolkowski
Senior Dining Nutrition Program Supervisor, Kimberly Swanson
Transportation Supervisor, Michael Hansen

Behavioral Health Division, Kathi Cauley
Community Support Program, Marj Thorman
Compliance Officer, Nicole Singsime
Comprehensive Community Services, Tiffany Congdon
Emergency Mental Health, Kim Propp
Lueder Haus, Terri Jurczyk
Medical Director, Mel Haggart, M.D. – (Contracted)
Mental Health/AODA, Holly Pagel

Child & Family Division, Brent Ruehlow
Birth to Three, Busy Bees Preschool, Beth Boucher
Child Welfare/Coordinated Service Team, Erica Lowrey
Children's Long Term Waiver Support, Mary Behm
Foster Care Coordinator, Katie Schickowski
Intake, Laura Wagner
Parents Supporting Parents Coordinator, Andrea Szweg
Youth Justice Integrated Services, Jessica Godek

Economic Support Division Manager, Jessica Schultze
Supervisor, Kathy Busler

TEAMS & STAFF (as of March 1, 2023)

<p><u>ADMINISTRATION</u> Brian Belford, <i>Manager</i></p> <p><u>Administrative</u> Kelly Witucki, <i>Office Manager</i> Tim Christian Marcia Doubek Brooke Helt Anna Schultz Erica Stockfish Terrence Trzebiatowski Hailey Watson Rachel Wilimovsky</p> <p><u>Fiscal</u> Kristie Dorn, <i>Supervisor</i> Mary Jurczyk, <i>Supervisor</i> Cathy Swenson, <i>Supervisor</i> Holly Broedlow Mary Klein Penny Klement Barb Mottl Alyson Schmidt Dawn Shilts Suzanne Smith Mary Welter Sydney Wesemann</p> <p><u>Compliance</u> Kevin Reilly, <i>Supervisor</i> Nicole Singsime, <i>Supervisor</i> Lisa Degrandt Caitlin Jurczyk Terrence Trzebiatowski</p> <p><u>Maintenance</u> Bill Hartwig Todd Pooler Robert Orval Lee Schroeder Paul Vogel Jon Welke Richard Zeidler</p> <p><u>ADRC DIVISION</u> ReBecca Schmidt, <i>Manager</i> Dominic Wondolkowski, <i>Supervisor</i> Kimberly Swanson, <i>Supervisor</i> Michael Hansen, <i>Supervisor</i> Donna Abel Emma Borck Tim Christian Joy Clark Richard Crosby Alan Danielson Thomas Dixon Sharon Endl Clifford Fleischmann Randall Frohmader Kimberly Herman Patti Hills Erika Holmes Lola Klatt Wayne Kofler</p>	<p><u>... continued</u> JaNae Kreul Alyssa Kulpa Karla Nava Mary Parizek Wendy Petitt Rick Pfeifer Kevin Purcell Jose Rodriguez Tonya Runyard James Schultz Julie Schultz Dale Schweitzer Gina Serna Michael Solovey Shelly Theder Yvonne Torres Sue Torum Shelly Wangerin Jacquelyn Ward Charles Wedl Sara Zwieg</p> <p><u>BEHAVIORAL HEALTH DIVISION</u> Kathi Cauley, <i>Director</i> Holly Pagel, <i>Division Manager</i> Dr. Mel Haggart, <i>MD</i> Mary Bonaccorsi, <i>APNP</i></p> <p><u>Community Support Program</u> Marj Thorman, <i>Supervisor</i> Andy Barnhill Anna Bedford Chris Blakey Austin Bourdo Cindy Crouse Kaia Fowler Candace Garcia Martin Groth Maxwell Groth Carol Herold Julie Johnson Mardy Juhl Claire Kuehl Angelina Lochner Megan Meskan Amy Spies Sarah Vincent Dunham</p> <p><u>Comprehensive Community Services</u> Tiffany Congdon, <i>Supervisor</i> Anna Falci, <i>Supervisor</i> Lisa Dunham, <i>Supervisor</i> Brittney Long, <i>Supervisor</i> Stacey Palermo, <i>Supervisor</i> Jamie Tegt, <i>Supervisor</i> Britt Asbach Sean Arient Laura Bambrough Ashley Bickle Alexa Blank Lori Brummond Kasey Elmer</p>	<p><u>... continued</u> Steven Fricke Steven Ganser Ian Geiger Jesse Gundacker Susan Johnston Brooke Kysely Betsy Lane Jessi Lawrence Monica Liceaga Dane Luebke Gwendolyn Olson Stacey Palermo Sadie Sauer Sandra Schug Kenny Strege Brian Weber Brianna White Sonia Wiesner Tracy Wittwer Bao Yang Bee Yang</p> <p><u>Crisis & Lueder Haus</u> Kim Propp, <i>Supervisor</i> Terri Jurczyk, <i>Supervisor L.H.</i> Terry Bolger Casey Crandall Karalyn Dehn Sandra Gaber Melissa Goodearle Rebecca Gregg Susan Hoehn David Keller Art Leavens Gabriella Lopez Kelly Lueck Michelle Metz Adam Meyers Larissa Miles Kimberly Miller Jennifer Rhodes Kirstin Steines Shelly Theder Jason Thurmond Hailey Watson Megan Weinschenk</p> <p><u>Mental Health & AODA</u> Anna Falci, <i>Supervisor</i> Holly Pagel, <i>Supervisor</i> Michele Bahl Matt Baumann Heather Bellford Rabecca Cole Krista Doerr Llana Dostie Jeannine Eng Alex James Brooke Kysely Kelly North Amy Porter Michelle Rushton Amanda Sass</p>	<p><u>... continued</u> Katie Schultz Sirina Shepherd Emily Stout Jamie Tegt Jennifer Wendt Brianna White</p> <p><u>CHILD & FAMILY DIVISION</u> Brent Ruehlow, <i>Deputy Director</i></p> <p><u>Birth to Three</u> Elizabeth Boucher, <i>Supervisor</i> Tonya Buskager Carolina Drayna Steffani Evans Jennifer Hoppenrath Leah Reimer</p> <p><u>Child Welfare & Wraparound</u> Erica Lowrey, <i>Supervisor</i> Brittany Cheek Kelsey Clothier Carissa Davis Nichole Doornek Lindsay Fanelli-Huettl Taylor Freund Kelly Ganster Brittany Hagen Darcy Lalimo Maggie Messler Cameron Parnell Hannah Riedl Bill Wallace Eliza White-Pentony Jenny Witt</p> <p><u>Children's Long-Term Services</u> Mary Behm, <i>Supervisor</i> Audra Bakalars Carissa Davis Kristine Feggstad Paul Gephart Brooke Helt Amy Junker Mary Lenz Monica Liceaga Tara Montoya Lorena Pavon-Alvarado Lindy Schrader Tracy Warner Brianna Wright Darci Wubben</p> <p><u>Parents Supporting Parents</u> Andrea Szweck, <i>Supervisor</i> Alyssa Hake Jessica Manogue Hadassah Opitz</p> <p><u>Foster Care Coordinator</u> Cherilyn Emond Katie Schickowski</p>	<p><u>Intake</u> Laura Wagner, <i>Supervisor</i> Abbey Buelow Noelle Cornell Hannah Dohner Jennifer Eilert Cherilyn Emond Kelly Ganzow Emilie Metzler John Mock Autumn Risch Nikki Schroeder Bridget Schwantes Elizabeth Shropshire Ashley Timmerman</p> <p><u>Youth Justice</u> Jessica Godek, <i>Supervisor</i> Dominic Alvarez Jessica Breezer Rebecca Brown Leann Cornell Christina Czappa Jason Eiler Courtney Regnier Lindsey Slatter</p> <p><u>ECONOMIC SUPPORT DIVISION</u> Jessica Schultze, <i>Manager</i> Kathy Busler, <i>Supervisor</i> Jennifer Allar Emma Borck Susan Brodd Michelle Christensen Jennifer Coote Autumn Dankert Lisa Degrandt Berenice Delgado Dana Dietschweiler Carrie Fischer Lea Flores Lindsay Gonzalez Kathy Green Meghan Harris Susan Hoenecke Julie Ihlenfeld Melissa Jung Michael Last Nova Marin Adam Meyers Sylvia Ortiz Kaity Schmeier Moises Sequeira Becca Snyder Mary Springer Sarah Stanton Jan Timm Mary Wendt</p>
---	---	---	---	--

ADMINISTRATION SERVICES DIVISION

~Providing fiscal and maintenance oversight for the Department~

The Administrative Services Division provides fiscal, administrative, and maintenance oversight for the department, as well as general support for all other divisions. These teams are overseen by a Division Manager.

The **Fiscal team** consisted of eleven full-time employees and a part-time employee in 2022. The team ensures that all accounting, billing for client insurance, client financial ability to pay reviews, data entry, and analysis, financial reporting, office management, payroll processing, protective payee payments, system, and technical analysis, and voucher payments are accomplished for the department. In addition to the Office Manager and Maintenance team, the Division Manager supervises two Account Specialists and three other supervisors, all of whom also supervise other staff. The Advanced Accounting Supervisor supervises the Representative Payee staff and one Account Specialist. The Accounting Supervisor supervises an Account Specialist and a part-time Accounting Assistant. The Billing and IT Coordinator supervises an Account Specialist and the Financial Intake Worker. In 2023, another Account Specialist was added to the Administration Division. This Account Specialist will perform all accounting functions related to the CLTS program and will be supervised by the Accounting Supervisor.

The **Maintenance team** consist of four full-time employees – including a lead maintenance worker, a maintenance worker, and two custodians - and one part-time custodian. They ensure that the vehicles, buildings, and grounds are in working order, and capital projects are completed within budgetary guidelines.

The **Administrative team** is overseen by the Office Manager. Four full-time employees report to the Office Manager. They oversee the front desk, reception, medical records and filing, schedule appointments, and provide administrative support and assistance to our psychiatrist.

FISCAL TEAM

~ Ensuring fiscal responsibility to the citizens of Jefferson County~

The Jefferson County Human Services Protective Payee Program is committed to empower individuals who receive Social Security and SSI benefits to feel they are an integral part of their financial decision-making process. We provide support to these individuals while ensuring we treat every customer with attention, consideration, dignity, and respect. The goal of the program is to ensure their basic needs are met, by managing their benefit payment for those individuals who have been identified as needing a payee.

During 2022, the payee program served approximately 85 people, 74 of which were adults. The remainder of the participants were children in foster care. Most of the participants in our program receive either SSDI or SSI. We do assist one consumer that receives a VA benefit that follows the same rules. The adults contributed \$52,865 in 2022 to help offset the room and board costs the county pays toward their placements, while the children in the program contributed \$39,083 to offset foster care or group home costs. The breakdown of the people we serve in the payee program who participate in other county programs is: 42% in CSP, 19% in CCS, 16% are in the Clinic, 11% are in Foster Care, 7% are in APS; and the remaining 5% are only involved with the Payee Program.

Throughout the year we lost participants to the program and gained new participants to the program for various reasons. The most common reasons are that people move out of county, age out of foster care, or pass away. We have had consumers become their own payee.

Fiscal Statement Summary
December Final, 2022
(Unaudited)

We had a positive fund balance of \$2,138,075 at the end of 2022. This included \$306,541 of prepaid expenses. Of the remaining \$1,831,534 of spendable fund balance, \$444,753 lapsed to the general fund, and \$1,386,781 was approved to be carried over into 2023.

Major Classifications that Impacted the Favorable 2022 Balance

Summary of Variances:

Federal/State Revenue: Overall, State revenues were favorable by \$1,888,414, because of the CLTS program and several additional grant funding sources.

CCS revenues were \$3,888,470. This revenue is from billing MA and has increased approximately 26% from last year because of increased hours/staff and more billable hours per staff. Additionally, in 2021, we had a WIMCR payback, so we held our billing rates steady, creating a WIMCR surplus this year, which also contributed to the increased revenue.

CLTS revenue was over budget by \$1,744,860. Conversely, CLTS expenses were over budget by \$1,596,442. Our 2022 CLTS revenue budget was for \$2,856,394. Our 2023 budget is for \$5,488,360.

WIMCR revenue collections were more than budgeted. We received \$1,686,927 from WIMCR, compared to \$698,247 last year and \$1,101,116 in 2022. In 2022, we budgeted \$785,000. The increase this year is due to the CCS program.

We received an enhanced income maintenance payment of \$135,745 in December 2022, and additional Random Moment Sampling (RMS) funding of \$91,245 during the year. We also received ARPA funding from the Consortium in the amount of \$41,069.

Type	2022	2021	2020	2019
RMS	\$91,245	\$58,758	\$41,516	\$195,583
Enhanced	\$135,745	\$152,872	\$184,487	\$186,653
ARPA	\$41,069	\$0	\$0	\$0
Total	\$268,059	\$211,630	\$226,003	\$382,236

Children Alternate Care expenses were under budget by \$729,340. This includes Shelter and Detention costs. It also includes placements at the Central Wisconsin Center, which we budgeted through carryover, and were \$156,320 in 2022.

Hospital/Detox was unfavorable on a net basis by \$152,958:

	2021 Actual	2022 Actual	2022 Budget
Revenue	\$318,370	\$306,270	\$400,000
Expenditures	\$1,254,790	\$1,289,228	\$1,230,000
Net	\$(936,420)	\$(982,958)	\$(830,000)

Total detox costs increased substantially in 2022.

Nutrition Expenses were over budget by \$78,507. The GWAAR contracts for nutrition expenses allow for flexible funding between the nutrition programs, and another round of ARPA funding for Oct 2022- Sept 23. In total, our combined Site and HDM revenue was \$83,272 more than our budget. The ARPA funding runs on a federal fiscal year. Because we claimed most of that revenue in 2022, we do anticipate less revenue than budgeted in 2023.

We did not spend any of our \$1,000,000 Operating Reserve in 2022. In 2019, the County Board created an Operating Reserve for the Human Services fund. This reserve was initially set at \$650,000. To date, we have not spent any of this reserve. We only requesting carrying over \$650,000 in 2023.

The Outpatient Clinic billing increase substantially during the year. Outpatient mental health billing has increased significantly over the past few years, because of many factors, such as increased demand for services, new positions, Open Access, contracted billing, telehealth rules, and insurance initiatives.

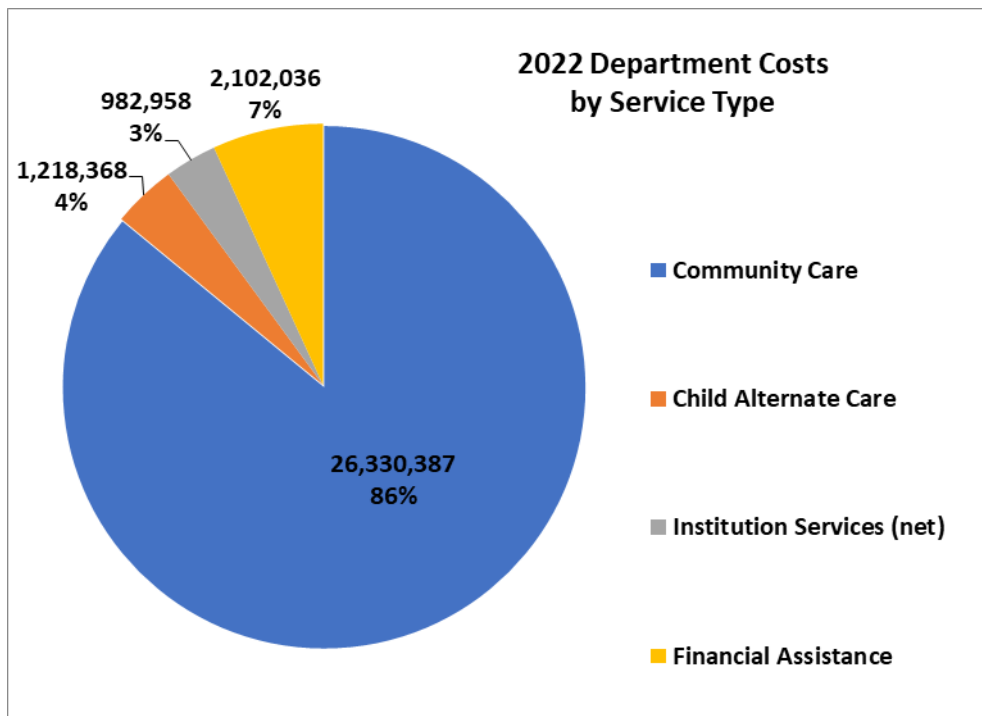
Description	2022	2021	2020	2019	2018	2017
Total Revenue	\$607,279	\$508,451	\$466,153	\$308,853	\$274,618	\$230,774

Total 2021 expenditures are shown in the chart below.

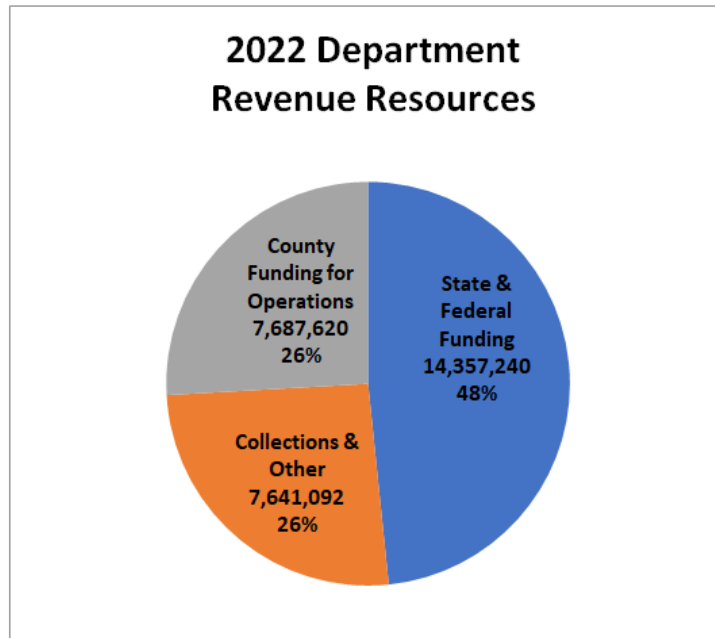
	Dollar	Percent
Community Care	26,330,387	86.0%
Child Alternate Care	1,218,368	4.0%
Institution Services (net)	982,958	3.2%
Financial Assistance	2,102,036	6.9%
TOTAL	26,877,875	100.00%
* Does not include depreciation and county indirect costs. Depreciation was \$486,839 and County indirect costs were \$727,583.		

In 2022, expenditures increased \$3,755,874 or 13.97% from 2021. Hospitalization/detox (net) expenses increased 5.0%. Community care expenses increased 17.2% due to staffing increases and demand for services.

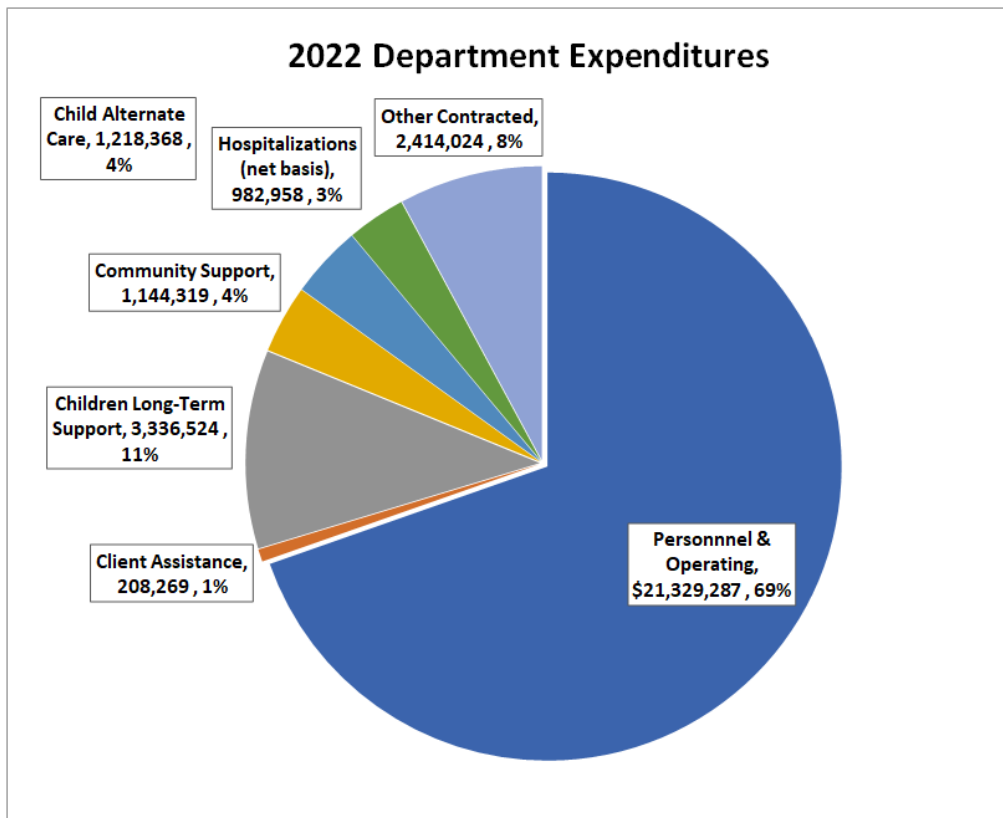
Costs by major service categories are shown below.



Total revenue resources were \$29,685,952 in 2022. This is an increase of \$1,243,829 or 4.4% from 2021. Revenues by Funding Source are shown below. The largest increase belong to State and Federal Funding.



Total expenditures were \$30,633,749 in 2022, as shown below. This is an increase of \$3,775,874 or 14.0% from 2021. Personnel and Operating cost increased by \$2,100,961 or 10.9%, because of several new staff positions to provide need services and carry out programs and mandates. Hospitalizations are reported on a net basis (i.e., revenue received offsets the expenditures) and increased from 2020, as well, because of detox costs. Depreciation and County indirect costs are not included in the totals below. These costs are reportable to the State but are not recorded on the Human Services Ledgers.



FINANCIAL REPORTS

The Financial Reports that follow summarize the Department's resources and expenditures by source and type, target group, and service type. Total resources for 2022, including the County tax levy, were \$29,089,953. Total expenditures were \$31,559,822.

2022 Resources & Expenditures (unaudited)

RESOURCES:	2021 ACTUAL	2022 ACTUAL	2022 BUDGET	2022 VARIANCE
State & Federal Funding	\$ 12,525,968	\$ 14,357,240	\$ 12,475,826	\$ 1,881,414
Collections & Other	6,986,834	7,641,092	7,626,508	14,584
County Funding for Operations	8,929,321	7,687,620	8,987,619	(1,299,999) **
Total Resources	\$ 28,442,123	\$ 29,685,952	\$ 29,089,953	\$ 595,999

EXPENDITURES:	2021 ACTUAL	2022 ACTUAL	2022 BUDGET	2022 VARIANCE
Personnel & Operating	\$ 19,228,326	\$ 21,329,287	\$ 22,579,985	\$ 1,250,698
Client Assistance	237,309	208,269	201,436	(6,833)
Medical Assist. Waivers	2,327,089	3,336,524	1,740,082	(1,596,442)
Community Support	1,071,353	1,144,319	1,219,880	75,561
Child Alternate Care	1,217,299	1,218,368	1,947,708	729,340
Hospitalizations (net balance)	936,420	982,958	830,000	(152,958)
Other Contracted	1,860,079	2,414,024	2,040,731	(373,293)
Reserve Fund	-	-	1,000,000	1,000,000
Total Expenditures	\$ 26,877,875	\$ 30,633,749	\$ 31,559,822	\$ 926,073

SUMMARY	2021 BALANCE	2022 BALANCE	2022 PERCENT of BUDGET
Surplus from operations	\$ 1,564,248	\$ (947,797)	-3.00%
Prior Year Carry Forward	\$ 1,521,623	\$ 3,085,871	
Total Net Surplus	\$ 3,085,871	\$ 2,138,074	6.77%
Lapse to Other Funds**	\$ -	\$ (444,753)	
Remaining Balance	\$ 3,085,871	\$ 1,693,321	

Depreciation	486,839
County Indirect Cost	727,583
	1,214,422

** A lapse of \$1,300,000 was made from our our 2022 beginning balance, and is reflected above as reduced County funding.

We ended 2022 with a net surplus of \$2,138,074 or 6.77% of total budgeted expenditures. Of this surplus, \$444,753 lapsed to the general fund and the rest was carried forward in 2023.

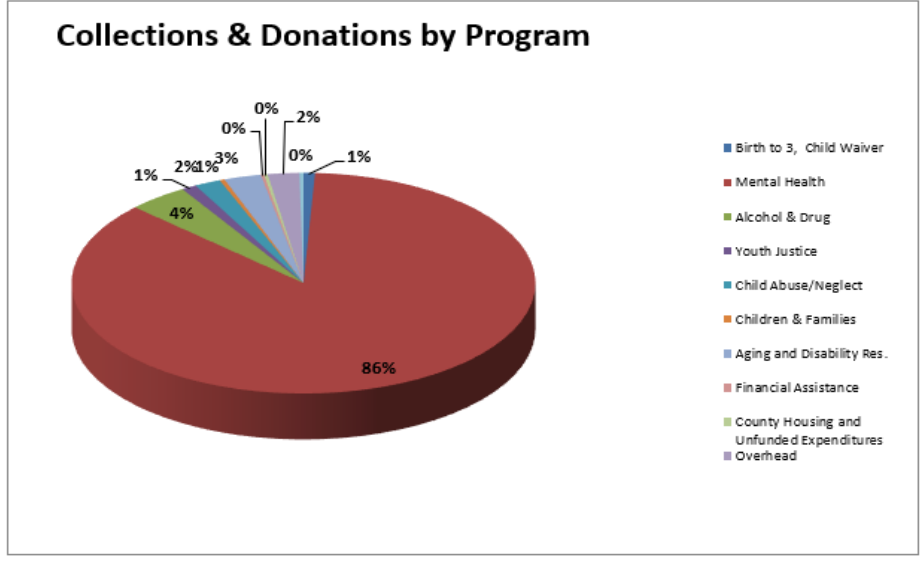
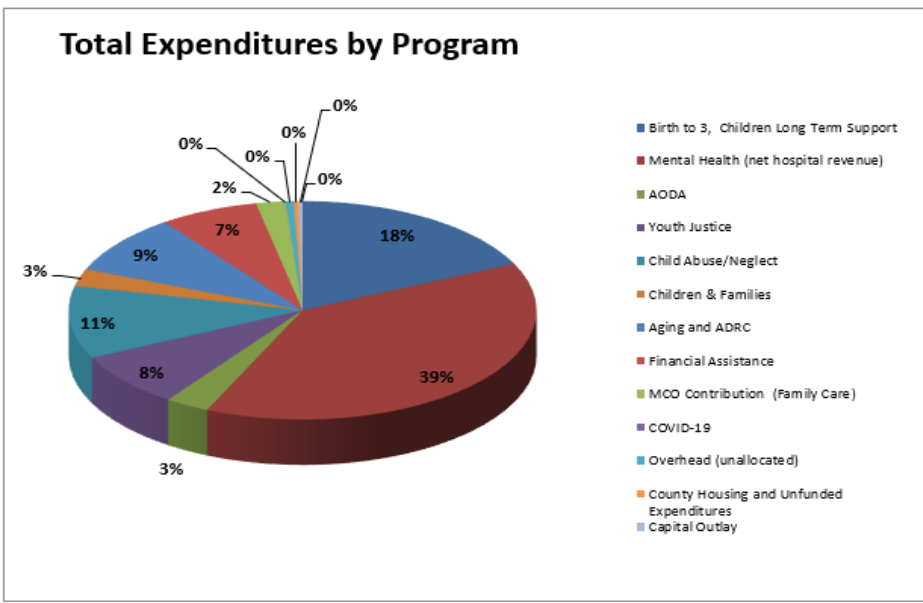
2022 Expenditures, Collections, Funding Streams, and Costs

(does not include Depreciation & County Indirect Costs)

Total Expenditures	
Birth to 3, Children Long Term Support	5,509,973
Mental Health (net hospital revenue)	11,857,027
AODA	934,195
Youth Justice	2,478,608
Child Abuse/Neglect	3,289,722
Children & Families	782,076
Aging and ADRC	2,698,731
Financial Assistance	2,102,036
MCO Contribution (Family Care)	625,097
COVID-19	1,099
Overhead (unallocated)	167,969
County Housing and Unfunded Expenditures	95,106
Capital Outlay	80,803
Donations	11,307
TOTAL	30,633,749

Collections & Donations	
Birth to 3, Child Waiver	60,806
Mental Health	6,590,190
Alcohol & Drug	320,435
Youth Justice	80,173
Child Abuse/Neglect	138,799
Children & Families	26,700
Aging and Disability Res.	197,852
Financial Assistance	16,500
County Housing and Unfunded Expenditures	19,518
Overhead	167,969
Donations	22,150
TOTAL	7,641,092

Consortium Economic Support (Financial Assistance) and Waiver TPA are classified as State Payment
Hospital Collections are reported on net in expenditures



Net Costs (Total Expend less Collections)

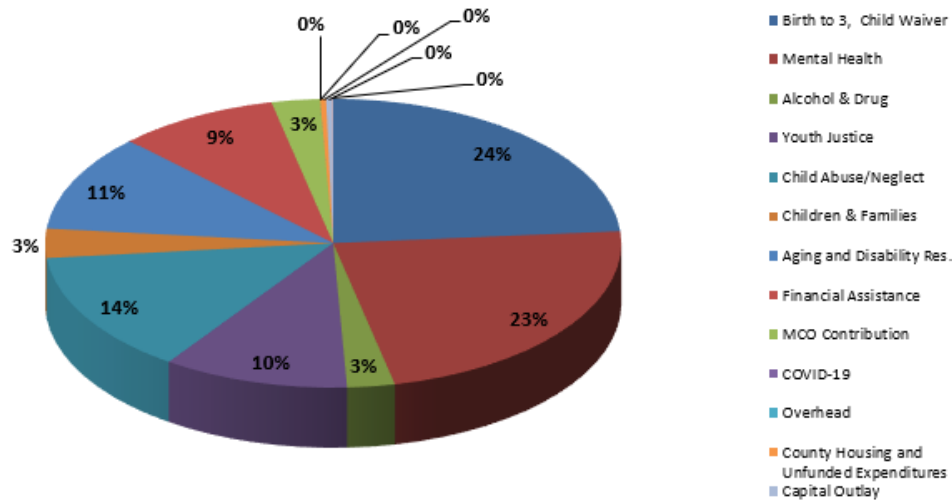
Birth to 3, Child Waiver	5,449,167
Mental Health	5,266,837
Alcohol & Drug	613,760
Youth Justice	2,398,435
Child Abuse/Neglect	3,150,923
Children & Families	755,376
Aging and Disability Res.	2,500,879
Financial Assistance	2,085,536
MCO Contribution	625,097
COVID-19	1,099
Overhead	0
County Housing and Unfunded Expenditures	75,588
Capital Outlay	80,803
Donations	-10,843
TOTAL	22,992,657

State & Federal Funding

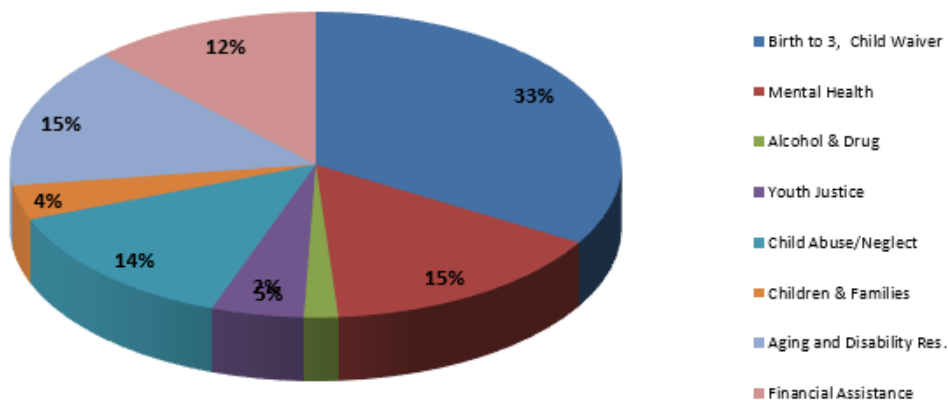
Birth to 3, Child Waiver	4,813,694
Mental Health	2,195,039
Alcohol & Drug	260,318
Youth Justice	701,024
Child Abuse/Neglect	1,956,383
Children & Families	525,186
Aging and Disability Res.	2,153,921
Financial Assistance	1,751,675
TOTAL	14,357,240

Consortium Economic Support (Financial Assistance) and Waiver TPA are classified as State Payment

Net Costs (Total Expenditures less Collections) by Program

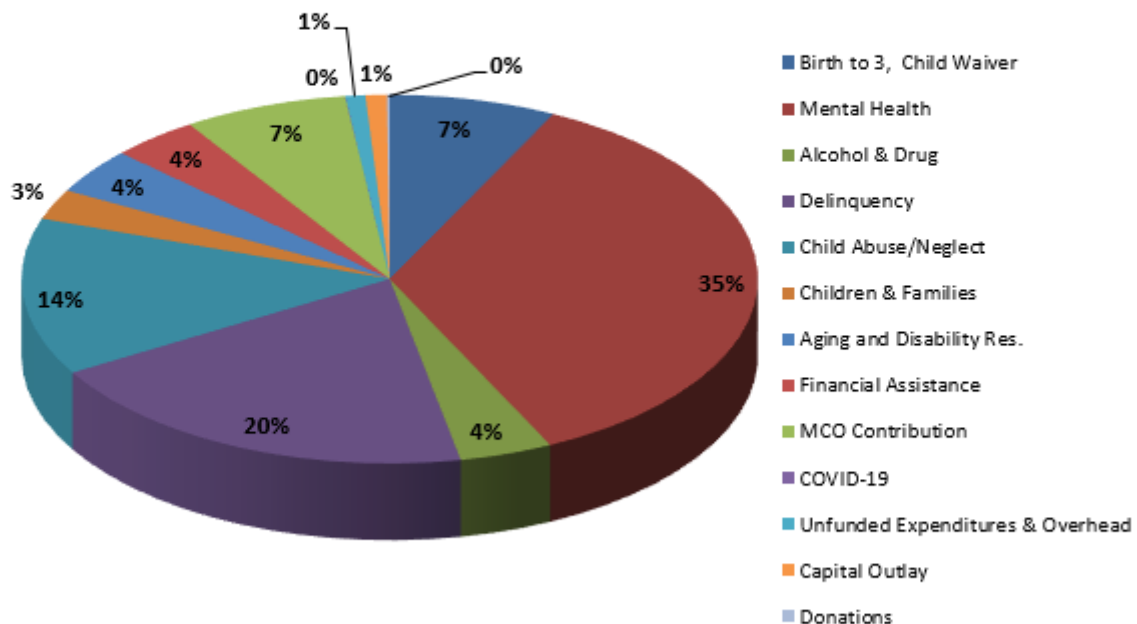


State & Federal Funding by Program



Net County Cost		NOTE Calculation of Levy	
Birth to 3, Child Waiver	635,473	Tax Levy Transfer to Human Services Fund	7,687,619
Mental Health	3,071,798	Less: Net Positive (Negative) Balance from Operations	(947,796)
Alcohol & Drug	353,442	Tax Levy from Operations	8,635,415
Delinquency	1,697,411	Net Positive (Negative) Balance from Operations	(947,796)
Child Abuse/Neglect	1,194,540	Carryforward from Prior Year	3,085,872
Children & Families	230,190	Balance Returned To General Fund	-751,294
Aging and Disability Res.	346,958	2022 Request Approved to be Carried Forward to 2023	1,386,782
Financial Assistance	333,861	Tax levy from Operations	8,635,415
MCO Contribution	625,097	Depreciation & Loss on Asset Disposal	486,839
COVID-19	1,099	County Indirect Cost	727,583
Unfunded Expenditures & Overhead	75,588	Total Tax Levy	9,849,837
Capital Outlay	80,803		
Donations	-10,843		
Tax Levy for Operations	<u>8,635,417</u>		

Net County Costs (Total Expenditures less All Revenue) by Program



The table below summarizes amounts lapsed at year-end for the past ten years.

Year	Amount
2022	\$444,753
2021	\$1,300,000**
2020	\$2,662,730
2019	\$455,357
2018	\$814,742
2017	\$206,012
2016	\$0
2015	\$216,555
2014	\$255,259
2013	\$0
TOTAL	\$6,355,408

This \$1.3M lapse was made in 2022
as part of a transfer out .

The chart below summarizes all donations and community grants the Department received in 2022. It includes various community fundraisers and donations from private individuals and corporations.

DONATIONS AND GRANTS RECEIVED IN 2022		
DONATIONS	Amount	Program
RBS Activewear	\$ 1,117.96	Child Abuse Prevention
Christian Brothers of Watertown, LLC	\$ 4,000.00	Child Abuse Prevention
MJ Lake Mills Culvers	\$ 281.00	Child Abuse Prevention
Didley's LLC	\$ 510.00	Child Abuse Prevention
Staff Silent Auction	\$ 685.00	Child Abuse Prevention
BonTon	\$ 51.00	Child Abuse Prevention
St. Matthew's Education Account	\$ 82.00	Foster Parents
Jefferson Battle of the Bars	\$ 8,800.00	Foster Parents
Staff Silent Auction	\$ 385.00	ADRC
Various Internal Fundraisers	\$ 303.33	Diversity Committee
Staff Silent Auction	\$ 253.00	Mental Health Recovery
RBS Activewear	\$ 117.47	Mental Health Recovery
Pack the Parlor Toy Drive	\$ 500.00	Children and Families
Knights of Columbus	\$ 463.09	Birth to 3
Private Individual Donation	\$ 95.60	Zero Suicide
Auxiliary Unit - Reinhard- Windl Post No. 164	\$ 100.00	Zero Suicide
Hoogland Foods, LLC	\$ 107.09	Zero Suicide
Total Donations	\$ 17,851.54	
GRANTS	Amount	Program
United Way of Jefferson & Walworth Counties	\$ 2,500.00	Incredible Years
United Way of Jefferson & Walworth Counties	\$ 895.70	Pillar Grant
Greater Watertown Community Health Foundation	\$ 88,000.00	MH Watertown
Greater Watertown Community Health Foundation	\$ 4,000.00	Talk Read Play
Greater Watertown Community Health Foundation	\$ 7,840.00	Birth to 3 - Touchpoints
Greater Watertown Community Health Foundation	\$ 100,000.00	MH at Schools
Total Grants	\$ 203,235.70	
Total Donations & Grants	\$ 221,087.24	

Review of Staff Mileage and Vehicle Expenses

Since 2009, we have endeavored to reduce staff mileage costs by adding additional fleet vehicles for staff use. The chart below summarizes this data with 2009 as the base year, because Department vehicles were only available on a limited basis then. The cost savings were significant in 2020 for several reasons. First, the COVID-19 pandemic limited travel, reducing mileage and gas costs. Secondly, the County started a fleet management program for its vehicles. The internal service fund handles the purchases of and maintenance of these new cars. This helped reduce the automobile costs and the parts/repairs cost. The goal is to replace vehicles every other year to provide cost savings and ensure County staff have safe and enough vehicles. As can be seen below, the reduction of costs since the beginning of the fleet management program has been significant.

Year-to-Year Comparison of Mileage & Vehicle Expenses							
	2009 Base Year	Average 2010-2017	2018	2019	2020	2021	2022
Total Mileage	\$269,112	145,819	109,377	122,782	50,192	42,852	70,382
Gas/Diesel	16,464	36,140	45,759	49,911	25,730	46,785	76,424
Non Capital & Capital Auto	8	27,686	56,695	58,798	0	0	0
Vehicle Parts & Repairs	5,837	19,731	21,625	25,163	14,847	16,757	18,878
Total Expense	\$291,421	229,377	233,456	256,654	90,770	106,395	165,684
Savings Compared to Base Year		\$ 62,044	\$57,965	\$34,767	\$200,651	\$185,026	\$125,737
Average Saving Since 2009							\$ 98,496
Savings Compared to 2019					\$165,885	\$150,259	\$90,970
Average Saving Since 2019							\$135,705

Review of 2022 Goals:

1. **Accurately and timely complete all State and Federal reports and billing.** The State and Federal governments require the Department to submit numerous budgets and reports as a condition of receiving program funding. We must be compliant with all Medicaid and Medicare requirements. Reporting and billing work charts are maintained to ensure compliance with reporting requirements. As we seek more funding opportunities, more reports are required. Reports have become more involved and complex, as we continue to serve more consumers and teams.
GOAL RESULT: We complied with reporting requirements, as denoted on work charts for the fiscal team. We were compliant with timely reporting. All billing for 2022 was done in early 2023. Significant revenue gains were seen in the Outpatient Clinic and CLTS. We worked to implement quality improvements for other case management billing.
2. **Complete the 2022 capital projects for Human Services on time and under budget.** Our 2022 budget called for a significant number of capital projects. The County Board approved issuing bonds to complete some of these projects. Others were part of our capital plan or carryover request.
GOAL RESULT: We completed all of our capital projects; however, a few of them had to be carried over into early 2023.
3. **Complete the Civil Rights Compliance Plan.** This plan is required under our State agreements. It is completed every four years. The 2018-2021 plan is due in early 2022.
GOAL RESULT: We completed the Civil Rights Compliance plan during the year. We found some areas for improvement and updated our processes and systems, as a result.
4. **Successfully implement the CCS contractor initiative.** We are looking to significantly expand the use of contractors in our CCS program. This will require additional work in many Administrative areas, including IT, accounts payable, contracting, note monitoring, and billing.
GOAL RESULT: We were able to expand our CCS program with a new contractor. This process was involved and complex. We were able to expand our services, pay the contractor, and bill MA for this work.

Goals for 2023:

- 1. Accurately and timely complete all County, State, and Federal reports, and billing.** The State and Federal governments require the Department to submit numerous budgets and reports as a condition of receiving program funding. We must be compliant with all Medicaid and Medicare requirements. Reporting and billing work charts are maintained to ensure compliance with reporting requirements. As we seek more funding opportunities, more reports are required. Reports have become more involved and complex, as we continue to serve more consumers and teams. Because of changes to the Badger Care EMH benefit, significant changes will need to be made to the EMH billing process in 2023.
- 2. Transition duties to a new Accounting Specialist.** Our 2023 budget approved for a new Accounting Specialist position to assist with the CLTS program. The CLTS program has grown significantly in the past few years, with more staff serving more children. The accounting and operations for the program have also been more involved and complex, necessitating additional staff members.
- 3. Identify revenue improvements and cost saving measure in the 2024 budget.** We anticipate growing staffing levels and costs. Additionally, contractor costs have continued to increase, as has the need for acute services and hospitalizations. Finally, additional federal and ARPA funding is not as readily available as in the past few years. All of this will lead to a difficult and challenging budget process.
- 4. Implement a Youth Crisis Stabilization Facility.** Jefferson County has begun the process of opening a Youth Crisis Stabilization facility. This will be a massive undertaking and will involve many processes – building renovations, constructions, contracting with other County partners and providers, billing MA, admissions, new policies, and procedures, applying for and managing grant funds, and DHS certification.

MAINTENANCE

~Updating Capital for Long-Term Sustainability~

In 2022, the County undertook several capital projects at the Human Services buildings, including LED lighting upgrades at all buildings, a conversion of a storage space into desks and cubicles at the Workforce building, new Workforce lobby flooring, a new HVAC at Workforce, significant restroom renovations, leaf guards at the Lueder House, new ceiling tiles throughout the Human Services buildings, concrete replacement at the main entry, a new office in the Hillside basement, and new flooring in the lobby at the Human Services building and in the ADRC.

We have several capital projects planned for 2023, as well.

In addition to the capital projects mentioned above, the County began a fleet management program for staff vehicles at Human Services. In 2020, we replaced nine vehicles and acquired 14 new vehicles. In 2021, we replaced 14 more vehicles. In 2022, we replaced 10 vehicles and acquired 12 new vehicles. This program ensures staff has access to vehicles at most times when needed, improves safety in the vehicles, and reduces maintenance and gas costs on the vehicles. Staff drove the fleet vehicles 364,158 miles in 2022 compared to 276,785 miles in 2021. The staff costs for personal vehicle use can be seen on the graphs on prior pages.

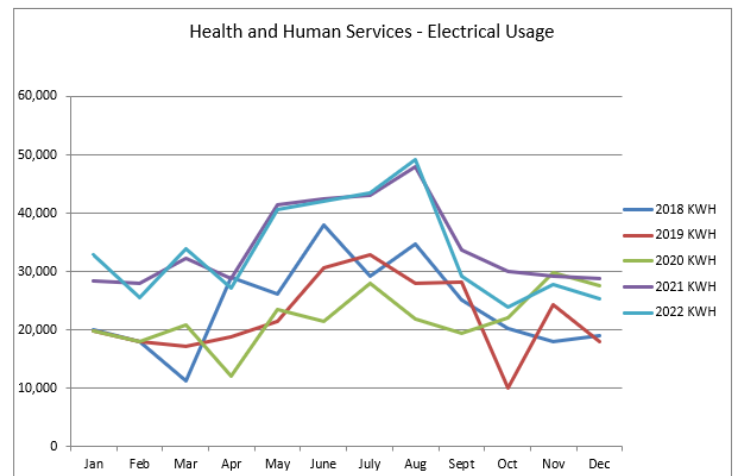
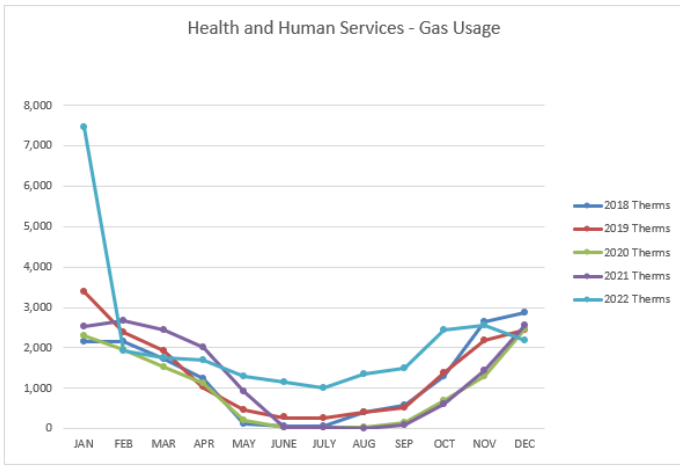
Electrical usage has increased in most areas, as staff returned to the office in 2022 on a far more regular basis than in 2020 and 2021. Additionally, pneumatic controls were replaced with electrical controls. New lights in the parking lot accounted for a lot of the Hillside increase. Finally, lights had to be left on, as the LED conversion happened, increasing electrical toward the end of the year. We should see a stabilization of electrical usage going forward.

Gas usage has also increased because of the boiler system. The boiler has to be left on during the year, to control the heat and offset the air conditioning, as needed.

2022 UTILITY USAGE FOR HEALTH & HUMAN SERVICES BUILDINGS

Health & Human Services - Gas Usage - Therms							
Month	2016 Therms	2017 Therms	2018 Therms	2019 Therms	2020 Therms	2021 Therms	2022 Therms
JAN	2,452	2,133	2,149	3,384	2,295	2,515	7,465
FEB	2,326	1,721	2,144	2,392	1,952	2,671	1,934
MAR	2,115	1,513	1,715	1,936	1,521	2,431	1,745
APR	691	614	1,228	1,022	1,113	2,023	1,688
MAY	121	161	117	472	216	926	1,287
JUNE	28	31	57	276	22	28	1,157
JULY	31	28	71	269	22	24	1,018
AUG	27	31	416	398	22	15	1,344
SEP	43	37	581	520	160	97	1,489
OCT	382	468	1,284	1,393	680	606	2,440
NOV	1,638	1,731	2,646	2,180	1,305	1,432	2,564
DEC	3,009	3,117	2,868	2,451	2,481	2,570	2,184
TOTALS	12,863	11,585	15,276	16,693	11,789	15,338	26,315

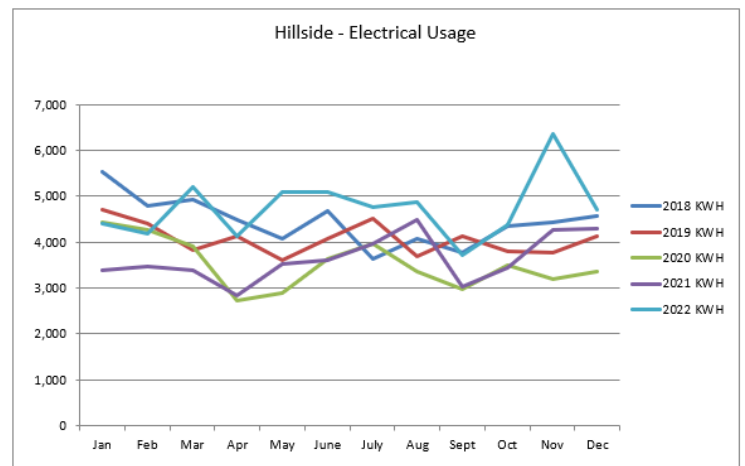
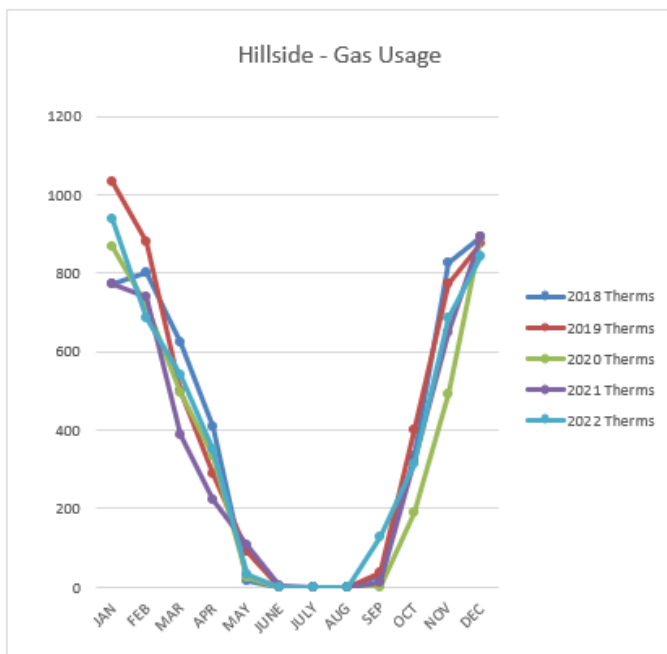
Health & Human Services - Electric Usage - KWH							
Month	2016 KWH	2017 KWH	2018 KWH	2019 KWH	2020 KWH	2021 KWH	2022 KWH
Jan	39,520	22,800	20,000	19,760	19,760	28,400	32,960
Feb	40,240	18,400	18,080	18,000	18,000	27,920	25,520
Mar	28,880	20,240	11,360	17,280	20,880	32,240	33,840
Apr	31,120	21,760	28,960	18,880	12,160	28,720	27,200
May	36,720	18,800	26,080	21,440	23,440	41,360	40,640
June	40,400	26,960	38,000	30,720	21,520	42,560	42,080
July	37,440	28,640	29,120	32,880	28,000	43,120	43,440
Aug	57,280	27,760	34,640	27,920	21,920	47,920	49,280
Sept	29,760	23,360	25,200	28,240	19,360	33,760	29,200
Oct	21,120	22,640	20,240	10,080	22,080	30,080	23,920
Nov	21,120	18,880	18,080	24,320	29,840	29,120	27,760
Dec	20,000	23,600	18,960	18,000	27,600	28,800	25,360
TOTALS	403,600	273,840	288,720	267,520	264,560	414,000	401,200



2022 UTILITY USAGE FOR HILLSIDE BUILDING

Hillside Office - Gas Usage - Therms							
Month	2016 Therms	2017 Therms	2018 Therms	2019 Therms	2020 Therms	2021 Therms	2022 Therms
JAN	894	778	774	1033	867	772	937
FEB	769	623	803	879	719	741	687
MAR	537	588	623	501	494	387	543
APR	180	280	410	290	333	224	349
MAY	63	59	17	92	24	105	31
JUNE	0	0	0	0	0	4	0
JULY	0	0	0	0	0	0	0
AUG	0	0	0	0	0	0	0
SEP	1	0	28	38	0	12	128
OCT	164	190	336	399	189	321	313
NOV	576	638	828	774	493	647	688
DEC	1,107	1148	893	875	894	893	845
TOTALS	4,291	4,304	4,712	4,881	4,013	4,106	4,521

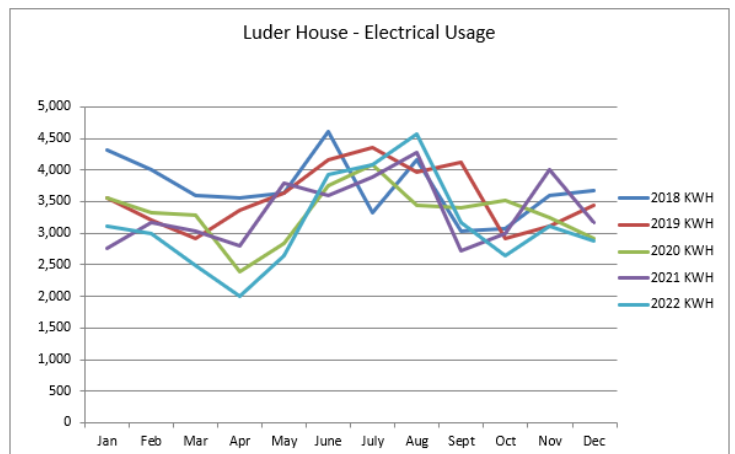
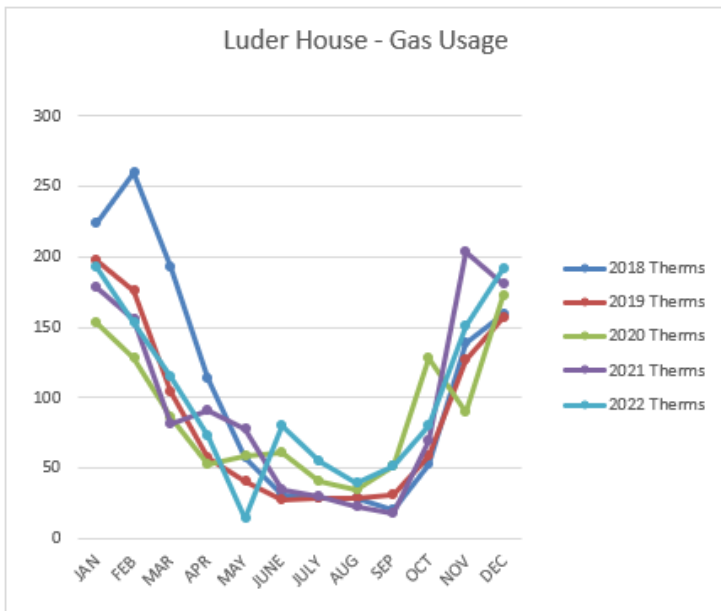
Hillside Office - Electric Usage - KWH							
Month	2016 KWH	2017 KWH	2018 KWH	2019 KWH	2020 KWH	2021 KWH	2022 KWH
Jan	5,120	5,280	5,520	4,720	4,440	3,380	4,402
Feb	5,680	4,640	4,800	4,400	4,280	3,478	4,196
Mar	4,520	4,720	4,920	3,840	3,920	3,390	5,189
Apr	4,120	4,960	4,480	4,120	2,720	2,850	4,138
May	4,080	3,640	4,080	3,600	2,880	3,517	5,096
June	4,040	4,320	4,680	4,080	3,640	3,600	5,097
July	4,360	4,320	3,640	4,520	3,960	3,956	4,772
Aug	4,840	4,440	4,080	3,680	3,361	4,493	4,872
Sept	3,840	3,920	3,760	4,120	2,974	3,026	3,728
Oct	3,960	4,440	4,360	3,800	3,496	3,433	4,385
Nov	4,400	4,760	4,440	3,760	3,199	4,268	6,349
Dec	4,640	6,560	4,560	4,120	3,359	4,302	4,703
TOTALS	53,600	56,000	53,320	48,760	42,229	43,693	56,927



2022 UTILITY USAGE FOR LUEDER HAUS

Lueder House- Gas Usage - Therms							
Month	2016 Therms	2017 Therms	2018 Therms	2019 Therms	2020 Therms	2021 Therms	2022 Therms
JAN	138	116	224	197	153	178	193
FEB	123	103	260	176	128	155	153
MAR	91	97	193	104	86	81	115
APR	51	53	114	57	53	91	73
MAY	31	39	57	41	59	78	14
JUNE	23	32	31	27	61	34	80
JULY	26	23	28	28	41	30	55
AUG	23	21	29	29	34	22	39
SEP	31	32	20	31	51	18	51
OCT	56	54	52	58	128	69	80
NOV	78	115	139	127	90	204	151
DEC	158	293	159	157	172	181	191
TOTALS	829	978	1,306	1,032	1,056	1,141	1,195

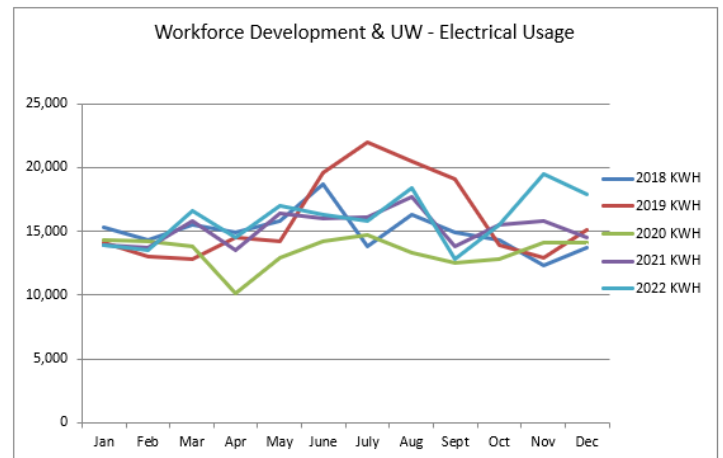
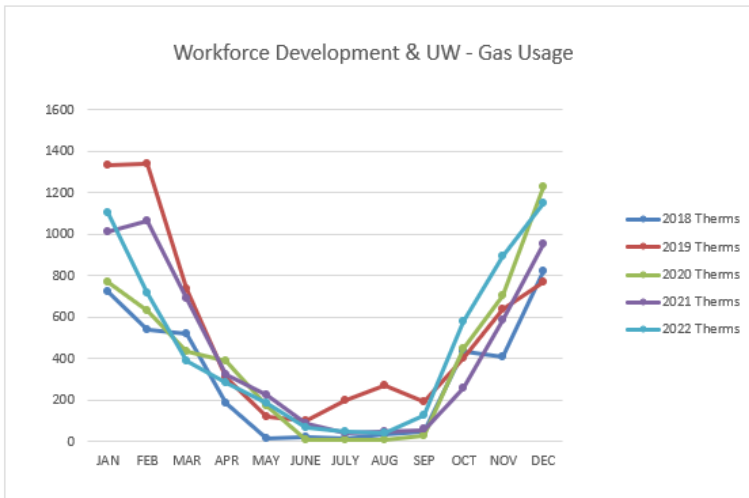
Lueder House - Electric Usage - KWH							
Month	2016 KWH	2017 KWH	2018 KWH	2019 KWH	2020 KWH	2021 KWH	2022 KWH
Jan	3,680	4,000	4,320	3,560	3,560	2,760	3,120
Feb	3,960	2,960	4,000	3,200	3,320	3,160	3,000
Mar	3,040	2,960	3,600	2,920	3,280	3,040	2,480
Apr	3,000	3,000	3,560	3,360	2,400	2,800	2,000
May	3,560	2,800	3,640	3,640	2,840	3,800	2,640
June	3,480	3,640	4,600	4,160	3,760	3,600	3,920
July	3,560	3,640	3,320	4,360	4,080	3,880	4,080
Aug	4,280	3,680	4,160	3,960	3,440	4,280	4,560
Sept	3,160	3,320	3,040	4,120	3,400	2,720	3,160
Oct	3,720	3,840	3,080	2,920	3,520	3,000	2,640
Nov	3,200	3,280	3,600	3,120	3,240	4,000	3,120
Dec	3,880	4,520	3,680	3,440	2,920	3,160	2,880
TOTALS	42,520	41,640	44,600	42,760	39,760	40,200	37,600



2022 UTILITY USAGE FOR WORKFORCE DEVELOPMENT CENTER

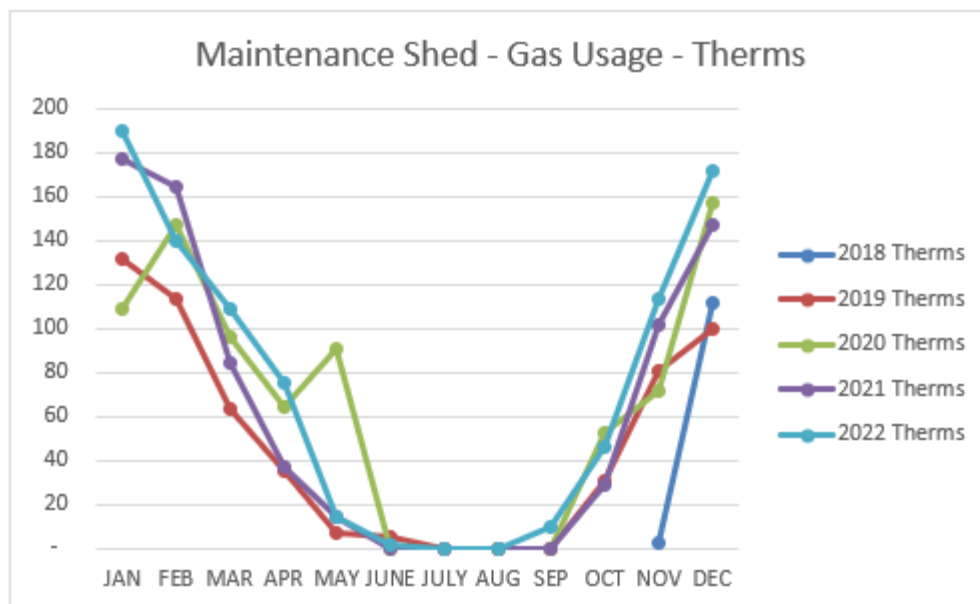
Workforce Development & UW - Gas Usage - Therms							
Month	2016 Therms	2017 Therms	2018 Therms	2019 Therms	2020 Therms	2021 Therms	2022 Therms
JAN	1,770	1040	726	1333	772	1013	1101
FEB	1,480	435	542	1342	632	1064	718
MAR	554	524	522	734	434	694	392
APR	132	159	186	309	386	324	286
MAY	38	13	18	123	173	223	183
JUNE	13	9	19	98	8	90	71
JULY	18	6	18	201	6	39	46
AUG	6	6	36	268	6	48	41
SEP	6	6	47	195	29	58	127
OCT	93	121	437	400	451	255	580
NOV	665	393	409	636	702	589	894
DEC	1,472	997	823	768	1229	955	1151
TOTALS	6,247	3,709	3,783	6,407	4,828	5,352	5,590

Workforce/UW - Electric Usage - KWH							
Month	2016 KWH	2017 KWH	2018 KWH	2019 KWH	2020 KWH	2021 KWH	2022 KWH
Jan	17,280	18,480	15,280	14,080	14,320	13,920	13,920
Feb	16,640	14,560	14,320	13,040	14,240	13,760	13,520
Mar	20,160	14,480	15,520	12,800	13,840	15,760	16,640
Apr	14,560	15,120	14,880	14,480	10,080	13,520	14,480
May	16,720	12,160	15,840	14,240	12,880	16,400	17,040
June	17,360	15,600	18,640	19,600	14,240	16,000	16,320
July	19,760	14,880	13,840	22,000	14,720	16,080	15,760
Aug	21,040	16,800	16,320	20,480	13,360	17,680	18,400
Sept	14,960	14,400	14,880	19,120	12,480	13,840	12,800
Oct	14,960	15,120	14,320	13,920	12,800	15,520	15,550
Nov	15,920	13,840	12,320	12,880	14,080	15,840	19,440
Dec	17,360	17,120	13,680	15,120	14,160	14,480	17,920
TOTALS	206,720	182,560	179,840	191,760	161,200	182,800	191,790



**2021 UTILITY USAGE FOR
MAINTENANCE SHED**

Maintenance Shed - Gas Usage - Therms					
Month	2018 Therms	2019 Therms	2020 Therms	2021 Therms	2022 Therms
JAN		132	109	177	190
FEB		113	147	164	140
MAR		63	96	84	109
APR		35	64	37	75
MAY		7	91	14	14
JUNE		5	-	-	1
JULY		-	-	-	-
AUG		-	-	-	-
SEP		-	-	-	10
OCT		31	52	29	46
NOV	2	81	72	102	113
DEC	112	100	157	147	172
TOTALS	114	567	788	754	870



CAPITAL IMPROVEMENTS SUMMARY OF BUILDINGS, EQUIPMENT, AND PHYSICAL PLANT

Hillside House Built in 1938

Head Start renovation 1987
Electrical upgrade early 1990's
Added entry door access control 2013
Replaced roof, added insulation 2013
Replaced office lighting to T8 2013
Replaced 7 A/C units with air handlers 2014
Replaced sidewalks 2014
Replaced two entry doors 2014
Replaced sewer line in floor 2014
Remodeled bathroom into two offices 2015
Installed Automated Logic 2016
Installed security cameras 2016
Replaced windows 2016
Replaced sidewalks 2017
Installed Fire Alarm System 2017
Replaced door 2 2018
Remodeled CCS conference room 2018
Remodeled kitchen 2019
New copier lease 2019
Replaced boiler 2020
Added radiators, pipes, and hot water system 2020
Replaced exterior door 2021
LED Lighting Upgrade 2022
Restroom remodel 2022
Water filling station 2022
New offices for Compliance 2022

Health/Human Building Built in 1980

Remodeled basement 1989
Replaced roof membrane/gutters 2003
Replaced rooftop HVAC unit 2007
Replaced four rooftop unit heaters 2009
Remodel TPR room 2010
Added door access control 2013
Replaced flooring 2013
Remodel Viewing room 2013
Replaced office lighting with T8 2013
Remodeled three work regions 2014
Added BR Glass at main reception 2014
Replaced two entry doors 2014
Replaced sidewalks 2014
Added LED lighting 2014
Replaced vestibule unit heater 2014
Installed Automated Logic 2016
Installed security cameras 2016
Replaced sidewalks 2017
Replaced Fire Alarm System 2017

Remodeled Watertown Conference 2018
Remodeled Aztalan Conference 2018
Replaced door 8 2018
Installed data room AC 2018

Health/Human Building Built in 1995

Replaced flooring in Health lab and exam rooms 2008
Remodeled Intake area 2010
Seal coat re-stripe parking lot 2010
Added access control 2013
Replaced A/C coil and compressor 2013
Replaced three boilers with some DD Control 2013
Remodeled Health Department conf room 2013
Replaced damaged heating coil 2014
Added BR Glass at ADRC & Health Reception 2014
Added LED lighting 2014
Added BR Glass in Health Dept 2015
Installed Automated Logic 2016
Installed security cameras 2016
Parking lot addition at south lot 2018
Started installation of AC units 2018
Intake area remodel 2018
Completed AC installation 2019
Front vestibule flooring 2019
Stairway treads and landings 2019
HVAC controls continuation 2019
Electronic door access at public entries 2019
New copier lease 2019
Electronic door strikes (3) added 2020
Roof replaced 2020
New siding, windows, insulation 2020
New generator 2020
New HVAC and controls 2020
19 additional parking lot lights 2020
New sewer line 2020
WIC lobby remodeled 2020
Replaced exterior doors – receiving, clinic, and double doors 2021
Preschool flooring 2021
LED lighting upgrade 2022
ADRC lobby flooring 2022
Restroom renovations 2022
Lower level play area flooring 2022

WDC/UWX Building Built in 1999

Remodeled call center 2013
Replaced flooring 2014
Added LED lighting 2014
Installed Automated Logic 2016
Installed security cameras 2016
Installed new carpet at WDC 2016
Replaced sidewalks 2017
Replaced Fire Alarm System 2017
Installed new carpet 2017
Installed new boilers 2019
HVAC controls continuation 2019
Return fan VFD 2019
Public entry doors 2019
Electronic door access at public entries 2019
Parking lot improvements 2020
Replaced generator 2020
Replaced air conditioning 2020
Boiler repairs 2021
Roof and gutter work 2021
New bollards along sidewalks 2021
New flooring in UW-Extension 2021
New copier lease 2022
Conversion of storage space into cubicles 2022
New HVAC 2022
LED Lighting Upgrade 2022
New lobby flooring 2022
Lueder Haus/CSP Built in 1996
Remodeled/Added C
SP offices 2004 – 2010

Replaced A/C condensing unit 2012
Added LED outside lighting 2013
Modified deck 2013
Painting 2013
Replaced all flooring 2014
Completed backup generator 2015
Installed new furnace 2016
Installed security cameras 2016
Installed new roof shingles 2016
Reconstructed rear entry 2016
Replaced sidewalks 2017
Replaced Fire Alarm System 2017
Started rebuilding of retaining wall 2018
Completed retaining wall 2019
Graded and started asphalt 2019
Rear concrete sidewalk 2019
Lower level entry door 2019
Electronic door strikes (1) added 2020
Replaced bolts and joists on deck 2020
Created a new supervisor office 2021
LED lighting upgrade 2022
Leaf guards 2022

County-Owned Housing

Purchased two apartments in Fort, Rodgers St., and Jefferson St. 2021
Electrical work, Rodgers St., and Jefferson St. 2021
Two new furnaces, Jefferson St. 2021
New carpet and flooring, Dodge St. 2021
Built secure storage units 2022
Replaced garage door at Dodge St 2022

Review of 2022 Goals: All goals were met.

Key Outcome Indicator: Capital projects completed on time and within budget.

Goals for 2023:

Key Outcome Indicator: Complete all capital projects on time and under budget

1. Complete capital projects
2. Continue to use the fleet management program to expand and improve our fleet.
3. Improve the County-owned housing with upgrades and repairs
4. Monitor gas and electrical usage to ensure buildings utilities are properly in terms of costs and staff comfort and safety

Compliance Program

“We are constantly working towards the highest level of compliance possible to help the agency succeed as a whole. “

Jefferson County Human Services (JCHSD) is committed to providing high quality care to our consumers and being of maximum service to the community. The services provided by JCHSD are reimbursed in large part by federal and state funding sources. It is the policy of JCHSD to comply with all applicable laws, regulations, statutes and conditions of participation, and guidelines that govern reimbursement from all third-party payors. The Compliance Program is designed, implemented, and enforced to promote adherence to this policy.

The Compliance Program was initiated in July 2012 in response to the advent of HealthCare Reform. Further, recent federal regulations, in particular, 42 CFR 438.608 Program Integrity Requirements, strongly recommended entities receiving federal health care funds establish compliance programs.

The provisions of the Compliance Program apply Department-wide to all clinical, business, and legal activities performed by JCHSD staff including employees, volunteers, interns, and others working on behalf of Jefferson County Human Services. In addition, the law specifies contractors that furnish, or authorize the furnishing of, Medicaid and Medicare health care items or services, perform billing or coding functions, or are involved in the monitoring of health care provided by JCHSD, are covered under JCHSD Compliance Program. This includes contracted psychiatrists, network, individual vendors, residential, and organizational providers.

The Compliance Program is placed in the Division of Administrative Services. The Compliance Officer reports to the Director. As needed, the Compliance Officer has direct access to County Corporation Counsel. The Compliance Officer has the authority to ensure compliance requirements are built into the design and implementation of all billing and reporting systems.

The Compliance Program underwent staffing and reorganization in 2022. The Compliance Team consists of 3 full time employees. The Compliance Officer and 2 Administrative Specialists. A new Compliance Officer was hired in April, and in May, 2 Administrative Specialists were hired. Each Administrative Specialist is assigned to a specific Team within the Behavioral Health Division to help assure compliance needs are met within that program.

The Compliance Program is based on 7 key principals:

- Assignment of a dedicated compliance officer
- Written Policies and Procedures
- Effective Training
- Effective Communication
- Internal Monitoring
- Enforce Standards
- Respond promptly to issues

In 2022, we implemented the Limited English Proficiency Policy and are review and updating other policies as needed. The Community Support Program (CSP) successfully was recertified.

Compliance Staff monitored over 100,000 notes and audited 100's of consumer charts throughout the behavioral health teams. This is a vital part of the compliance program as it helps identify and correct problems. It also helps assure Jefferson County is appropriately billing for documented procedures and services. Compliance also monitors the anonymous link and HIPAA violations.

Goals for 2023:

1. Creation of an internal Compliance Committee.
2. Expand the Compliance Program within JCHS.
3. Update policies as needed.
4. Hiring of additional staff to help address the growing compliance needs.
5. Statewide Compliance Network Group.



AGING & DISABILITY RESOURCE DIVISION

~To equip, empower and engage individuals living with disabilities, seniors, and their caregivers, by connecting them with supports and services while honoring their ability to make informed choices. ~

Our vision is to equip, empower and engage individuals living with disabilities, seniors, and their caregivers, by connecting them with supports and services while honoring their ability to make informed choices.

Our mission is to advocate for and help people achieve their goals by providing them with comprehensive information, assistance, and opportunities to engage in the public policy process so they can make informed decisions and remain in charge of their lives.

The Aging & Disability Resources Division of Jefferson County Human Services encompasses many programs and funding streams that provide services and supports to seniors, adults with disabilities, children with disabilities as they transition into adulthood, and persons with Alzheimer’s disease or another form of dementia and their caregivers. Services and supports are intended to help people live with a high degree of independence in their own homes and communities for as long as they desire. We adhere to the principals of Motivational Interviewing to help people achieve their best possible outcomes.

The Aging Programs are funded with federal and state dollars, county tax levy and private donations. Federal funding comes from the Older American’s Act or OAA. The Older Americans Act (OAA) specifies that these funds should be directed to individuals with the greatest economic and social need “with particular attention to low-income seniors, including low-income minority individuals, seniors with limited English proficiency and seniors residing in rural areas.” The growth of the aging populations in Jefferson County in the coming decades will create opportunities and challenges for our long-term supports and services. Between now and 2040, the proportion of the population age 65 and over will increase significantly. Strategic planning of program services is needed at this time to meet the demand of future consumers. Jefferson county is projected to have a slightly higher than average percentage of community members over the age of 65 in the years to come. The OAA provides framework under which the Division’s two oversight committees exist and operate.

Aging & Disability Resource Center Advisory Committee

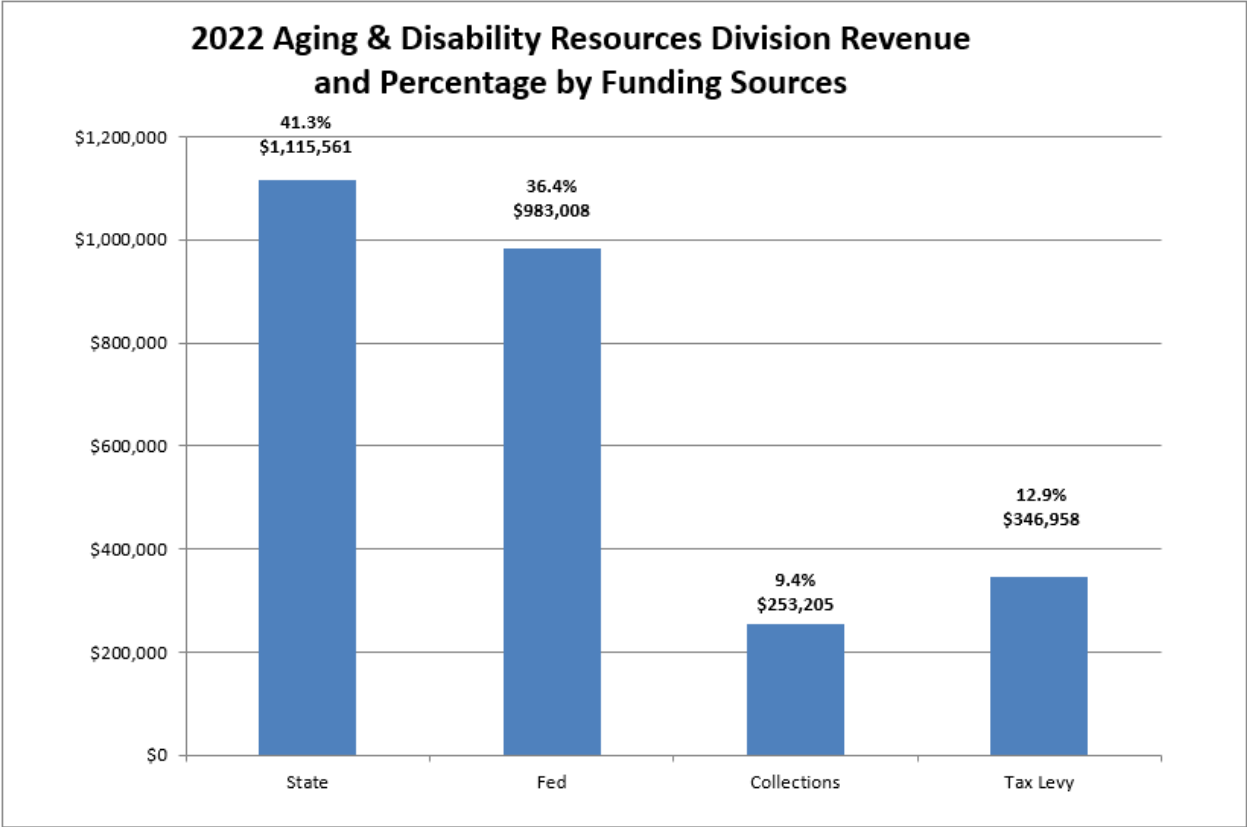
ADRC Advisory Committee Members are ambassadors of the ADRC. These committee members act as a conduit between the ADRC and the community members it serves. The committee members help to “spread the word” about the ADRC and about the services the ADRC provides, as well as to bring identified needs from the community to the ADRC for consideration. This committee is actively involved in oversight and planning efforts on behalf of the division’s constituents and is responsible for advising the Human Services Board about programs, policies, and unmet community needs.

Nutrition Project Council

This council is responsible for advising the Nutrition Program Director on all matters relating to the delivery of nutrition and nutrition supportive services, including making recommendations regarding days and hours of meal site operations and site locations, setting the annual “suggested donation,” and making recommendations regarding meal site furnishings with regards to persons with disabilities.

In an effort to remain a customer driven organization, we challenge ourselves to envision the future, reinvent how we do business, push through barriers and advocate for system changes that will make a positive difference for our community. With the population shift we are expecting as the Baby Boomer generation navigates the later years of their lives, we will need to listen to our aging community members and their caregivers to learn how we can best meet their unique needs.

We have a responsibility to our community consumers to provide meaningful supports as services, while also upholding our responsibility to be good stewards of tax-payer dollars. Through intentional listening sessions and comprehensive surveys, the ADRC consults with community partners and citizens to learn about the unmet needs of individuals who are aging or living with a disability in our community. It is important that we understand not only what the needs are but also the delivery methods most desirable to and effective for the consumers. To maximize our effectiveness, we need to consider new and creative ways to provide supports and services to our community. Successfully achieving these goals while also efficiently utilizing the funds generously available to us, defines our core purpose at the Aging and ADRC of Jefferson County. The table below reflects the overview of the entire budget of this division.



AGING AND DISABILITY RESOURCE CENTER

“Answers and Solutions Start Here”

The Aging and Disability Resource Center of Jefferson County (ADRC) is a welcoming and accessible place where older adults, people with disabilities, transitioning youth, families, caregivers, and professionals alike can receive unbiased, reliable information and guidance on a wide variety of topics and programs. The ADRC promotes individual choice, supports informed decision-making, and makes every effort to minimize confusion and streamline access to needed services and resources. By empowering people to find resources in their local communities and make informed decisions about long-term care, the ADRC helps people conserve their personal resources, maintain self-sufficiency and dignity, and delay or prevent the need for potentially, expensive long-term care.

The ADRC of Jefferson County serves as the single access point for publicly funded long-term care, providing eligibility determination and enrollment counseling for the state’s managed long-term care programs (Family Care and Partnership) and self-directed supports waiver programs (IRIS). ADRC staff also provides options counseling, short-term case management, and advocacy support to ensure that our consumers remain as independent as possible. ADRC services are always free, confidential and if desired, anonymous. Staff is available in person, through office and home visits, by virtual conferencing, by telephone, text, and email, whichever is preferred.

ADRC operations are funded by state contract general purpose revenue (GPR) and match federal funds only. In 2022, the ADRC spent all ADRC contract dollars and had a negative balance for all allocations of \$3,717. This was not expected as we had a positive balance of \$74,701.46 through 11/30/22. Our fiscal department provided several reasons that lead to this deficit, including one staff departure (required PTO payout), the increase in the year-end depreciation and indirect allocation, the increased percentage of time charged to the ADRC budget for the ADRC Division Manager’s salary, and several year-end purchases made. Some ADRC’s have underspending and when they do, DHS will offer these funds to other ADRC’s in need. The plan will be for our fiscal department to make such a request to DHS on behalf of the ADRC, for available underspent money.

The Bureau of Aging and Disability Resources (BADR) recognizes that the current formula to determine ADRC contract dollars creates an inequitable distribution of funding among ADRC’s, as the current formula does not consider elements associated with health and social inequity; does not adjust for the need for ADRC services; and does not account for the needed cost of living adjustments. Over the years, local and statewide groups have gathered to address inadequate funding. For example, in December 2017, the ADRC Reallocation Stakeholder Advisory Group was formed to develop and implement a consistent, accurate, and equitable method for allocating state general purpose revenue (GPR) to aging and disability resource centers (ADRCs). The committee concluded that an additional \$27,410,000 of general-purpose revenue (GPR) funding to our state’s ADRC’s is needed to keep pace with providing quality services to the aging and disabled populations of Wisconsin. In December 2020, the Jefferson County Board of Supervisors submitted a resolution supporting increased funding for ADRCs to Governor Tony Evers, DOA Secretary, DHS Secretary, the Wisconsin Counties Association, and all area legislators. Despite these efforts, Governor Evers’ 2021-23 budget did not include the above requested GPR increase.

On February 15, 2023, Governor Evers’ released his 2023-25 budget proposal. Although his Human Services priorities includes an increase of \$11 million annually for ADRC’s, this is not even half of the 2017 estimated funding needed to serve the growing aging and disabled population in Wisconsin. Per the United States Census Bureau, as of July 1, 2022, Wisconsin’s population is 5,892,539. Of that nearly 6 million people, 17.9% (or 1,200,000) are persons 65 and older with another 8.1% (480,000) with a disability under the age of 65 (2017-2021 data) for a total aging and disability population of nearly 1.68 million people. Many of these individuals will need public benefit counseling and have long term care needs and the number continues to grow as the “baby boomer” population ages. This is indicative of the number of ADRC customers served in 2022 compared to previous years.

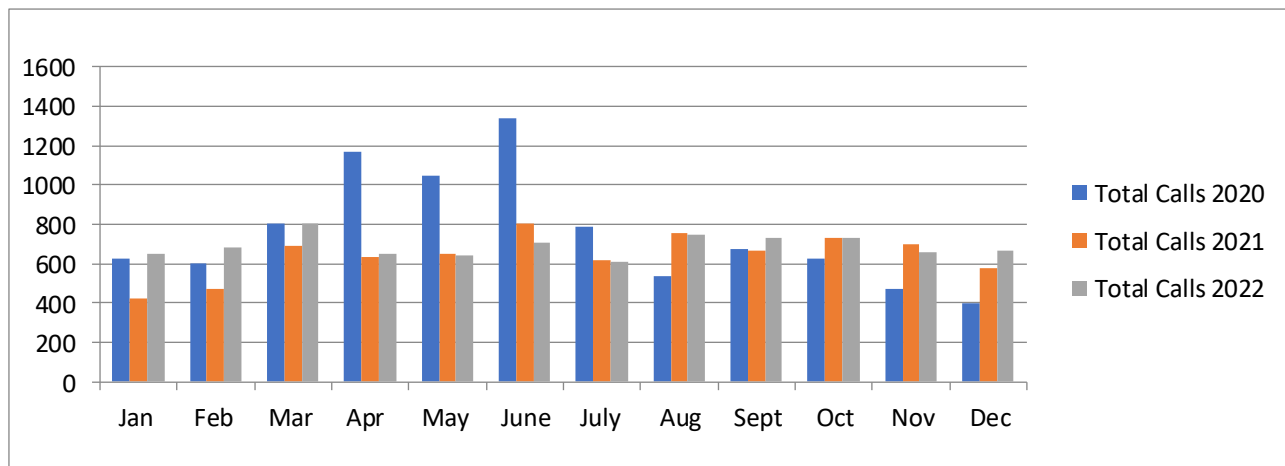
In 2022, the ADRC of Jefferson County has been a busy place. Despite several staff vacancies, the ADRC documented 8,262 unduplicated calls with 2,661 unduplicated callers to provide information and assistance.

The is an increase of 565 contacts compared to 2021. In addition to the increase in workload, staff retention has become increasingly more of a challenge. As of March 2023, the ADRC has again gone several months without being fully staffed for various reasons.

ADRC 2020-2022 Contacts Summary

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
Total Calls 2020	623	603	800	1166	1050	1335	785	533	677	626	473	402	9073
Total Calls 2021	419	468	688	635	651	801	613	755	662	734	698	573	7697
Total Calls 2022	653	683	804	649	641	702	609	745	727	727	660	662	8262

Public benefits for long-term care (LTC) programs is the most common conversation ADRC staff have with our callers (the topic was documented 4,860 in 2022; an increase of 455 times compared to 2021). Many of those conversations are preliminary in nature, while for others, the need is more immediate. Resource Specialist (RS) assist customers with financial (Medicaid) and functional screen eligibility followed by enrollment counseling. In 2022, ADRC staff administered 217 functional screens and enrolled 216 individuals into Family Care, Partnership, or IRIS (I Respect, I Self Direct) programs. The target group for those 216 customer enrollments includes 93 Frail Elder, 72 Physically Disabled and 51 Intellectual or Developmentally Disabled (IDD). To assist customers in making a well-informed enrollment choice, scorecards for the Managed Care Organizations (MCO's) and IRIS Consultant Agencies (ICA's) are released annually and provide a star rating in several categories including customer service and satisfaction. Additionally, each year ADRC staff assist callers with other public benefits such as Food Share, low-income housing, and SSI-E Exceptional Expense supplement certifications.



Contact Types:	ADRC Contacts Summary January - December 2022
Incoming Phone Call	3,416
Outgoing Phone Call	1,561
Office: Appt. at ADRC	171
Office: Walk-in at ADRC	165
Home Visit	560
Nursing Home Visit	120
Hospital Visits	8
Residential Setting- RCAC/CBRF/ AFH	24
Other	484
<i>Email / Electronic</i>	1,727
<i>Video Conference</i>	26
<i>Consumer Age 17 - 21</i>	591
<i>Consumer Age 22-59</i>	1,913
<i>Consumer Age 60-99</i>	5,636
<i>Consumer Age 100-150</i>	8
<i>Consumer Age Unknown</i>	106
<i>Identified Disability:</i>	
<i>Alzheimer's/Dementia</i>	622
<i>Developmental Disability</i>	1,017
<i>Elderly: Age 60 or Older</i>	4,437
<i>Mental Health</i>	972
<i>Physical Disability</i>	1,936
<i>Substance Use/AODA</i>	56
<i>Caregiver</i>	20
<i>*Note: Consumer may have</i>	<i>more than one identified disability</i>
Total # of Unduplicated Calls	8,262
Total # Unduplicated Callers	2,661

Initiatives and Highlights of 2022:

2022 was another unique year, as we found ourselves in an ongoing, yet unwinding global pandemic with COVID-19. Unlike 2021, when our office and reception area was closed until May. In 2022 the ADRC of Jefferson operations were for the most part, back to “normal”. The ADRC did closely follow CDC guidelines and offered our customers choice of contact, face masks, and social distancing to maintain the safest yet the highest service standards we are known for. Staff honored customer’s request to meet virtually or over the phone; however, many of our customers requested in-person visits. Not surprisingly, the number of home visits doubled in 2022 (560 compared to 278 in 2021) and there was a significant increase in office and nursing home visits as well.

From March 2020 to the present, there has been significant change in the work landscape. We now know that with proper technology and equipment and with great effort put forth by staff, we can maintain the highest quality of customer service possible, both in office and remotely. Many staff have found value and flexibility with remote work, and it is becoming increasingly more popular in the workplace. Thankfully, to

maintain competitive with today’s workforce, in 2022, many staff continued to work a mixed of office (primary) and remote work (1-2 days/week) as allowed in the personnel ordinance for Telecommuting and Remote Work Policy and Procedure.

For several consecutive years, the ADRC had end-of-the-year surplus; however, the amount of underspending was always insufficient to add another full-time resource specialist. A resource specialist, also known as an information and assistance worker, plays a critical role in ADRC operations by answering incoming calls, provide information and assistance to callers in addition to providing options counseling, functional screen assessments and enrollment functions. The concern in recent years is with a large aging baby boomers’ population, many may go underserved without an increase in staff to accommodate the need. Fortunately for the ADRC, after demonstrating the critical need and having underspending in previous years, Human Services Director, Kathi Cauley was instrumental in getting a 5th Resource Specialist approved and in June 2022 a 5th Resource Specialist worker was hired.

All new Resource Specialists are required to complete DHS developed Options Counseling curriculum after hire. Options counseling is a required core service in the contract between ADRC’s and DHS. Options Counseling is a person-centered interactive decision-support process that typically includes a face-to-face interaction, and more than providing a list of service providers or programs for people to choose among. The ADRC is required to provide counseling about options available to individuals to meet long-term care needs and factors to consider in making long-term care decisions. Enrollment counseling also known as choice

counseling is another ADRC core service to customers who have been found to be eligible for and are considering enrolling into publicly funded long-term care. Maintaining an adequate skill level in these roles is important and thus, ADRC supervisors/managers are required to observe staff perform these functions in the field. Normally, our state contract required two Record Review Tools and one Supervisor Observation Tool submission per staff by 12/31/22. However, due to the pandemic, ORCD reduced this requirement to one options or enrollment counseling per staff. The requirement was met for 2022.

Review of 2022 Goals:

Key Outcome Indicator: Within 5-business days of the ADRC’s awareness of confirmed functional and financial eligibility for LTC enrollment, ADRC staff shall provide the customer with information to select among available Managed Care Organizations, IRIS Consultant Agencies and Fiscal Employer Agents.

1. Goal met at 99.315%. 290 out of 292 cases reviewed met compliance.

Additional 2022 Goals:

2. 100% compliance with the State Contract.

○ **Goal met.**

▪ Compliance monitored through regular case reviews, data analysis, and staff training.

3. Provide one or more community outreach events aimed at educating the Spanish speaking population.

○ **Goal met.**

▪ 5/7/22: Cinco de Mayo Celebration in Waterloo, WI. Two bilingual staff marketed the ADRC and had 7 individual contacts.

▪ 6/11/22: La Morenita Mexican Grocery-Fort Atkinson. Two bilingual staff marketed the ADRC and had 10 individual contacts.

▪ 9/17/22: Fort Fall Fiesta -Human Services and two bilingual ADRC staff present to market our agencies. ADRC staff had 41 contacts.

4. The ADRC will complete one Quality Improvement (QI) project.

○ **Goal Met.**

▪ **Medicare Part D Open Enrollment Process.** Each year Medicare Part D open enrollment is Oct. 15-Dec. 7. At the conclusion of the 2021 season, ADRC management and staff reached the conclusion our current practices were no longer sustainable. In short, we needed to cut back the amount of people we help run plan finders. Through education (we developed a very detailed “how to do it yourself” letter), technology and an improved scheduling process, the ADRC served 93 individuals during open enrollment compared to 285 individuals in 2021. Change Project adopted and is sustainable for 2023 open enrollment. A Q.I. Change Project form summarizing the project and findings was uploaded to the SharePoint website per our state contract.

Goals for 2023:

Key Outcome Indicator: 100% of all long-term care functional screens must be determined no later than 30 days from the date the ADRC receives a request or expression of interest.

Additional Goals for 2023:

1. 100% compliance with the State Contract. There are fourteen core services in the Scope of Services (aka the State Contract). The core services include marketing and education, Information & Assistance, LTC Options Counseling, Dementia Services, Pre-Admission Consultations (for example, referrals from nursing homes), Elder and Disability Benefits Counseling, Access to Publicly-Funded Long Term Care, Enrollment & Disenrollment Counseling, Access to Other Public and Private Benefits, Access to Emergency/Crisis Intervention and Adult Protective Services, Customer Rights and Advocacy, Community Needs Identification and Youth Transition Services. In 2023, the ADRC will continue to facilitate the monthly Jefferson Co. Youth Transition Coalition meetings. The ADRC supervisor will also completed two Options Counseling Record Reviews and two Supervisor Observation Tool submissions per staff by 12-31-23.

2. 90% of all Customer Satisfaction Surveys returned will have a favorable opinion. A new customer survey was developed and implement on January 19, 2023.

- 3. Provide one or more community outreach events aimed at educating the Spanish Speaking population.**
Continue to promote the ADRC and raise awareness of programs and issues relating to aging and people with a disability especially to our underserved Spanish speaking population.
- 4. The ADRC will complete one Quality Improvement (QI) project.** Per the Scope of Services, at least one focused performance improvement project is required annually to improve ADRC quality and customer satisfaction. Quality improvement is essential to the ADRC and is an attainable goal.

DEMENTIA CARE SPECIALIST (DCS) PROGRAM

The Dementia Care Specialist position supports individuals in Jefferson County who are living with Dementia, their caregivers, and the Jefferson County Community in creating safe and welcoming public spaces for individuals living with Dementia. This is accomplished through educational programming for caregivers and community businesses, offering supports and social connections for caregivers, as well as offering tools and programs developed to enhance the quality of life for individuals with Dementia. Jefferson County has employed a Dementia Care Specialist since January of 2013. Funding for the position comes from state GPR dollars and federal Medicaid matching funds of \$80,000 via the ADRC contract between the county and the Department of Health Services. In 2022, 1,194 contacts were made through dementia consultation, support, resources, and education coordinated by the Dementia Care Specialist. Programs offered through the Dementia Care Specialist included but were not limited to:

Memory Screenings
Dementia Friends
Dementia Basics presentation
Dementia Friendly Business Training
Music and Memory
Grandpa and Lucy Program
JCHS training (Dementia Live)
Celebrated National Caregiver Month
Crisis Training for Law Enforcement
Radio interviews
Monday Morning Caregiver Coffee Hour Support Group
Dementia Caregivers Support Group

Review of 2022 Goals:

Key Outcome Indicator: Increase community participation by 10% through DCS programming. The DCS documented 560 consumer interactions in SAMS throughout 2021.

- **Goal met.**
 - Documented SAMS (1-1) interactions were 325 for the year of 2022, and an additional 869 contacts were documented through memory cafes, educational sessions, and support groups. The total interactions documented in SAMS for 2022 was 1,194, this is an increase of almost 47%.

Key Outcome Indicator: Complete 40 Memory Screens

- **Goal met.**
 - Total of 43 memory screens were completed

Additional 2022 Goals:

Increase the number of Dementia Friendly Community trained organizations by 1 in 2022.

- **Goal met.**
 - 1 refresher training trained
 - 2 new business/nonprofit organizations trained

2023 Goals:

Key Outcome Indicator: The DCS will complete 50 Memory Screens throughout 2023.

Additional DBS Goals:

- Train 2 additional area businesses as Dementia Friendly Businesses in Jefferson County.
- Provide 12 Dementia Live Experiences – (Aging Plan)
- Update DCS tab on website.
- Outreach to 10 Churches and 10 Schools in Jefferson County

DISABILITY BENEFIT SPECIALIST (DBS) PROGRAM

The Disability Benefit Specialist (DBS) program helps adults with disabilities who are encountering problems with private or government benefit programs. DBS staff are highly knowledgeable in the following areas: Medicare, Food Share, Social Security Disability, Supplemental Security Income (SSI), and Medical Assistance. Disability Benefit Specialists are trained and guided by attorneys who specialize in disability benefits law.

In 2022, 339 individuals were assisted directly with 482 case issues. This is an increase of 1 individual assisted and 131 case issues from the previous year. There was a total of 433 cases closed. Several other individuals were assisted with telephone or mail contact. Through applications and appeals, the tracked economic outcomes for Jefferson County residents totaled \$2,000,568 in federal dollars compared to \$139,739 in State, for a total of \$2,140,307, which is an increase of \$517,657. There was an increase in economic outcomes for Jefferson County despite the lack of needed Medicaid renewals due to the ongoing Public Health Emergency. During which health care cannot be negatively affected, therefore participants were not subject to annual renewals. The monetary impact could have also been significantly higher had length of time that Social Security is taking to process cases not increased so drastically. The average amount of time to process has gone from about 3 to 5 months prior to 2020 to 5 to 7 months in 2021 to 9 to 12 months in 2022.

Review of 2022 Goals:

- **Key Outcome Indicator:** DBS staff will develop and enhance information on the DBS portion of the ADRC website.
 - **Goal met.**

Additional 2022 Goals:

- DBS staff will co-present with EBS staff at four or more “Welcome to Medicare” Workshops.
 - **Goal Met.** There were six Welcome to Medicare Workshop presentations completed. DBS staff assisted with presenting five of the workshops.

Goals for 2023:

Key Outcome Indicator: DBS Staff will co-present with EBS staff at four or more “Welcome to Medicare” Workshops.

Additional 2023 Goals:

- Continue to develop and enhance the information on the DBS portion of the ADRC website.
- DBS staff work with ADRC Supervisors to develop best practice case referrals for the half-time DBS staff.

AGING PROGRAMS

~ *“The Older Americans Act clearly affirms our Nation’s sense of responsibility toward the wellbeing of all of our older citizens.”* President Johnson 1965 ~

In 1965, Congress enacted the Older Americans Act (OAA), which established the Administration on Aging (AoA) and state agencies on aging to address the social services needs of older people. The Act, with its seven Titles, is considered the major vehicle for promoting the delivery of social services to the aging population.

Title III: Grants for State and Community Programs on Aging

Title III formula grants support the activities of 56 state agencies on aging and 655 area agencies on aging. These agencies act as advocates on behalf of, and coordinate social service programs for, older people. Title III services are available to all people aged 60 and over, but they are targeted to those with the greatest economic or social need.

Part A – General Provisions

The purpose of this title is to encourage and assist State and Area Agencies on Aging to foster the development and implementation of comprehensive and coordinated systems to serve older individuals.

Part B – Supportive Services

The Older Americans Act, and more specifically Title III, is the only federal supportive services program directed solely toward improving the lives of older people. Under current law, these funds must be used for serving the rural elderly, those with greatest economic and social need including specific objectives for low-income minority older persons.

Part C - Congregate and Home Delivered Meals

Adequate nutrition is necessary to maintain cognitive and physical functioning, to reduce or delay chronic disease and disease-related disability, and to sustain a good quality of life. The OAA requires that meals must meet the requirements for the one-third daily recommended dietary allowances. The nutrition program also provides nutrition education, counseling, and screening, and often is the gateway to other services.

Part D - Disease Prevention and Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve their health. Disease prevention covers measures not only to prevent the occurrence of disease, but also to arrest its progress and reduce its consequences once established. Participants are required to provide disease prevention, health promotion, and information at appropriate locations.

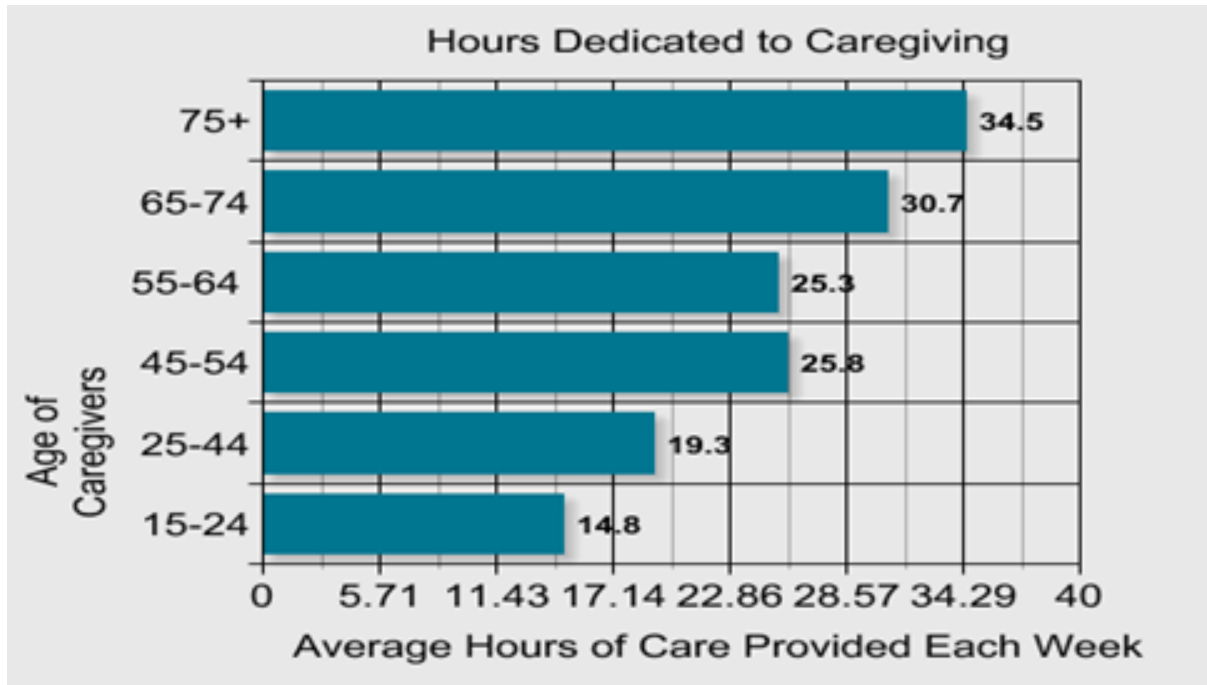
Part E - National Family Caregiver Support Program

This program provides five basic services for family caregivers, including:

- Information to caregivers about available services.
- Assistance to caregivers in gaining access to supportive services.
- Individual counseling, organization of support groups, and caregiver training
- Respite care
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

CAREGIVER SUPPORT PROGRAMS

The caregiver Support Specialist position is designed to coordinate and facilitate the Alzheimer’s Family Caregiver Support Program, Title IIIE- National Family Caregiver Support Program, and Title IIIB- Support Services programs. The table below the average number of caregiving hours provided each week to a loved one, by a loved one in 2021. It is clear from this table that as people age their caregiving responsibilities tend to increase significantly. Supporting these caregivers is a vital to assist aging individuals to remain in their homes as long as possible.



Alzheimer’s Family Caregiver Support (AFCSP)

The Alzheimer’s Family and Caregiver Support Program or AFCSP was a program created by the Wisconsin legislature in 1985 in response to the stress and service needs of families caring at home for someone with irreversible dementia. To be eligible, a person must have a diagnosis of Alzheimer’s disease or a related disorder and be financially eligible. Funding allocated for 2023 is \$42,257, and can be used to cover in-home help, medical equipment, prescriptions medications, respite care, adult daycare, assistive devices, and transportation.

Title IIIE - National Family Caregiver Support (NFCSP)

The National Family Caregiver Support Program was created by the Administration on Aging in October 2000. The estimated GWAAR funding allocation for 2023 is \$40,089 plus ARPA funding of \$16,091. The program helps families sustain their efforts to care for older relatives by providing them with supports and services.

Title IIIB - Supportive Services Program

Supportive Services is the second-largest funding category under Older American’s Act (OAA). The Title IIIB- Supportive Services estimated budget for 2023 is \$82,537 plus ARPA funding of \$41,673.

Review of 2022 Goals:

Key Outcome Indicators:

1. Develop system to identify greatest needs based on socio-economic status, natural supports, and risk for placement.
 - **Goal met**
2. Develop and distribute a community resource guide for supportive services and avenues to advocacy, in both English and Spanish.
 - **Goal met in English**

3. Reduce Waitlist by 50%.
 - **Goal met; waitlist has been eliminated**

Additional 2022 Goals:

1. Develop referral form that identifies priority of service
 - **Goal met**
2. Develop policy on consumer service priority and care plan development
 - **Goal met**
3. 2 # of Care plans reviewed each month
 - **Goal met**
4. Educate Aging staff Unit on advocacy resources
 - **Goal met**
5. Develop policy regarding the equal distribution of grant funds
 - **Goal met**

Goals for 2023:

Key Outcome Indicators:

1. Increase enrollment in Title 3B and NFCSP by 5 families each.

Additional 2023 Goals:

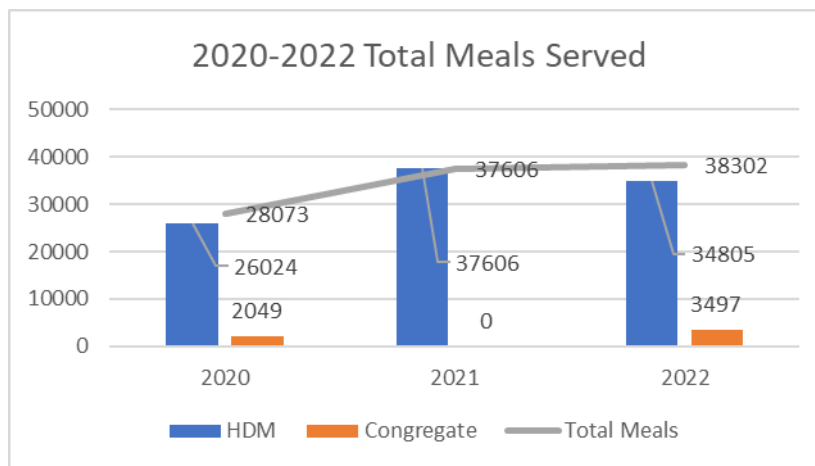
1. Educate ADRC staff on advocacy resources
2. Community Resource Guide for Supportive Services and avenues to advocacy
3. Identify providers with bi-lingual personal care workers
4. Distribute Community Resource Guide in Spanish, to Spanish Speaking locations
5. Increase attendance at the caregiver event by 10%
6. Quarterly articles on self-care in the newsletter
7. Enroll 3 new families in the Relatives as Parents Program

SENIOR NUTRITION PROGRAM

The Elderly Nutrition Program, enacted by Congress in 1972, provides grants to support nutrition services to older adults throughout the country. The goals of this program are to improve the dietary intake of participants, provide nutrition education, and offer participants opportunities to form new friendships and informal support networks.

The Elderly Nutrition Program consists of the Senior Dining Program and the Home Delivered Meal Program. The Senior Dining Program offers meals, nutrition education, and the opportunity to socialize with others at four congregate meal sites throughout Jefferson County.

The Home Delivered Meal Program provides a well-being check, nutrition education, and a nutritious meal delivered to a participant’s home. In 2022, the Jefferson County Home Delivered Meal Program served 38,302 meals to 723 unduplicated participants, which represents a 36% increase in meals served and a 5% increase in unduplicated participants from 2020 with 28,073 meals served to 691 unduplicated participants. Below is a 2020 to 2022 comparison of total Congregate and Home Delivered Meals served.



The goals of the Elderly Nutrition Program are:

- To reduce hunger and food insecurity
- To promote socialization of older individuals
- To promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services designed to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Senior Dining is the biggest program in terms of dollars spent under the Older American’s Act. Funding for the program in 2023 is estimated as follows: GWAAR C1 estimate of \$61,725 and donations of \$5,000. GWAAR C2 estimate of \$186,690, \$15,000 of program income, \$110,000 of donations. SCS will be used for nutrition, that amount is \$7,986. The NSIP estimate for 2023 is \$20,108. There are no additional ARPA estimates for 2023.

The Home Delivered Meal Assessor (HDM Assessor) provides an in-depth assessment of nutritional risk, food insecurity, and activities of daily living and instrumental activities of daily living for home delivered meal participants. If needs are identified, the HDM Assessor provides basic nutrition education and referral to other ADRC supportive care and community resources. In addition, the HDM Assessor provides nutrition education via table tents, in-person food demonstrations, or in-person nutrition presentations to congregate meal participants, at least quarterly. The Senior Nutrition Program Supervisor provides nutrition education handouts, at least quarterly, to all home-delivered meal participants when the monthly donation statements are mailed to a participant’s home. On a regular basis, health and wellness is promoted by every ADRC team member.

Review of 2022 Goals:

Key Outcome Indicator: 90% of new home-delivered meal participants will be assessed in the home within four weeks of beginning meal service to determine the individual's need for nutrition and other services.

• Goal met through October 2022. Not met November & December 2022:

- During the pandemic, the Home Meal Assessor will complete the assessment via a detailed telephone interview within four weeks of beginning meal service.
- The assessment includes an eligibility assessment, a type of meal appropriate for the participant in his or her living environment, and an assessment for the need for nutrition-related and other supportive services, and referral, as necessary.
- The Home Delivered Meal Assessor will complete a full reassessment in the participant's home at least annually to determine continued eligibility and a need for home-delivered meals, as well as additional services that may be needed.
- Goal was not met the final two months of 2022 due to an unexpected medical leave of a staff member. An ADRC intern assisted with this role in 2023. Staff member also returned to work on 2/27/23.

Additional 2022 Goals:

1. By December 31, 2022, the Nutrition Program will secure two shelf-stable meals, in the event of inclement weather, for home delivered meal participants.

• Goal met.

- Ordered 500 meals and distributed 2 meals to each HDM participant October 31 through December 31, 2022.

2. By December 31, 2022, increase community engagement/interactions for Nutrition program participants with completion of a minimum of 4 service-learning projects.

• Goal met.

- Alpha Gamma Delta-Beta Theta sorority from UW Whitewater made greeting cards for HDM participants.
- Attended a UW Whitewater Community CBL partnership breakfast.
- Promoted a luncheon and a dinner at the Waterloo public library for volunteer and community business partnership recruitment. Both events were canceled due to lack of interest, however the library volunteer coordinator reached out to 5 private citizens and, as a result, acquired more volunteers and a new volunteer coordinator.
- Partnership with Rock River 4H Clovers—created Holiday Placemats.
- Daisy Troop created holiday greeting cards for HDM participants.

3. By December 31, 2022, the Nutrition Program will mail or hand out a GWAAR/BADR approved customer satisfaction survey to all current meal participants including Home Delivered, Carry Out, and Congregate (when congregate sites are open). Goal is a response rate of 40% of distributed surveys.

• Goal met.

- Response rate of return: 55.0% for Congregate meal surveys, 55.2% for Carry Out meal surveys, and 47.6% for HDM surveys.
- 513 total surveys (250 HDM, 138 Congregate, 125 Carry-Out) mailed on 10/3/22 & 10/4/22.

4. 95% of qualifying home delivered meal requests are served.

• Goal met.

- 155/161 (96%) of HDM requests in 2022 were met. The number represented above includes only new participants to the program and does not include participants who come on the program, go off the program, and resume the program throughout the year.

5. By April 1, 2022, re-open congregate dining, upon approval of the Public Health Departments in Jefferson and Watertown.

• Goal met.

- Watertown and Fort Atkinson resumed congregate meals on 4/1/22, Jefferson resumed congregate meals on 10/10/22, and Palmyra resumed congregate meals on 11/1/22.

Goals for 2023:

Key Outcome Indicator: 90% of new home-delivered meal participants will be assessed in the home within four weeks of beginning meal service to determine the individual's need for nutrition and other services.

Additional 2023 Goals:

1. 95% of seniors completing 2023 Nutrition Customer Satisfaction Surveys report that they are not experiencing food insecurity or hunger.
2. By July 1, 2023, survey Jefferson County residents, aged 60 and older, to determine resident preferences for the Nutrition Program and a My Meal, My Way model.
3. By December 31, 2023, the Nutrition Program will distribute two shelf-stable meals to all interested and eligible Senior Nutrition Program HDM participants to be used in the event of inclement weather.
4. By December 31, 2023, increase community engagement/interactions for program participants with completion of a minimum of 4 serving-learning projects.
5. By December 31, 2023, establish one location to pilot the My Meal, My Way restaurant model in Jefferson County.
6. 95% of qualifying home delivered meal requests are served.

HEALTH PROMOTIONS

At the national level, many priorities focus on maintaining good health and preventing or managing illness or injury. Greater Wisconsin Agency on Aging Resources (GWAAR) and the Department of Health Services (DHS) continually provide county aging units with a variety of materials for distribution. There are several evidence-based prevention programs that Greater Wisconsin Agency on Aging Resources (GWAAR) and DHS promote: In 2023 our estimated GWAAR budget will be \$5,796 for prevention programs to be provided. We will also receive an additional \$4,574 in ARPA funding for this program.

In 2021 Jefferson County partnered with GWAAR and the Fort Atkinson Health Center to bring an all-Spanish version of this program to our community. It was facilitated in Spanish and all materials were translated into Spanish. This course was a success and so well received we are working to continue offering a Spanish AMP course in 2023.

Review of 2022 Goals:

Key Outcome Indicator: The Aging and Disability Resource Center of Jefferson County will purchase and implement 2 Evidence-Based Health Promotion Disease Prevention Programs in 2022.

- **Goal met.** In 2022 the following Evidence based Health Promotion programs were offered:
 - Eat Smart Move More Weigh Less, Time Slips, Spanish Aging Mastery Program, and Music and Memory.

Goals for 2023:

Key Outcome Indicator: The Aging and Disability Resource Center of Jefferson County will offer 6 Evidence-Based Health Promotion Disease Prevention Educational programs throughout 2023.

TRANSPORTATION SERVICES

Jefferson County Provides transportation services to the elderly and persons with a disability through the s85.21 Specialized Transportation Program. Persons seeking access to medical care are given priority services, as well as those needing help in meeting their nutritional needs. Our transportation budget for 2023 is \$553,407.60 in total expenses. This will be funded by the 85.21 transportation program contract, which is \$226,153.00 in 2023 and calls for a 20% County Local match. The remainder of the funding is Managed Care Organization (MCO) payments, participant contributions, 5310 Grant, and County tax levy.

Jefferson County began operating a Mobility Manager program in 2019. The Mobility Manager helps older adults, people with disabilities, and anyone facing barriers finding transportation. Mobility Managers focus on meeting individual customer needs through a wide range of transportation options and service providers. In 2023, we will receive \$85,005.00 from the Enhanced Mobility of Seniors & Individuals with Disabilities 5310 Grant Program for the Mobility Manager Programs.

In addition, in 2023 Jefferson County was awarded a 5310 Vehicle Operating Grant. This grant will provide the County with \$53,254 toward the purchase of an additional vehicle for the transportation program. The County will contribute \$17,146 of a local match from our vehicle escrow reserve.

Specialized Transportation Program

In 2022, Jefferson County Driver Escort program provided 11,844 one-way trips for residents who are elderly and persons with disabilities through the s85.21 Specialized Transportation Program. Persons seeking access to medical care are given priority services, as well as those needing help in meeting their nutritional needs. The Driver Escort Program employs one full-time coordinator and 14 part-time driving staff and 5 volunteer drivers. In 2022, our staff and volunteer drivers provided 10,832 hours of driving 249,913 miles for this service.

Driver / Escort Ridership

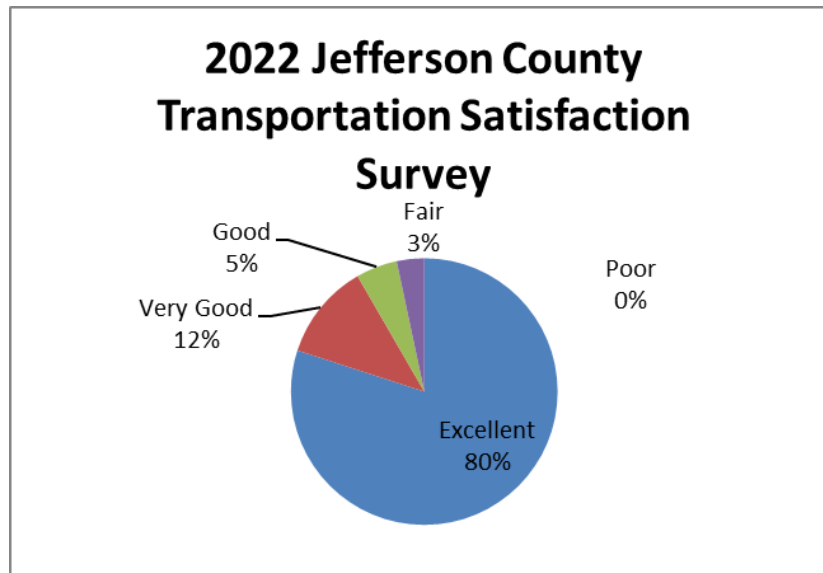
Quarter	2017	2018	2019	2020	2021	2022
Q1	1,051	1,305	1,154	2,371	1,804	2,292
Q2	1,160	1,302	1,829	1,329	1,958	3,060
Q3	1,080	1,063	1,956	1,404	2,241	3,086
Q4	1,150	1,352	2,056	1,592	2,651	3,406
Total	4,441	5,022	6,995	6,696	8,654	11,844
Y-to-Y Change (%)		13.1	39.3	-4.3	29.2	36.9

The ADRC of Jefferson County also coordinates transportation services for Jefferson County Veterans who need to go to nearby VA hospitals and clinics. Vehicles for this service are provided by the Jefferson County VA office. In 2022, the VA transportation service had a 56.3% increase over the previous year. Notably, the VA Van Ridership is now roughly back to the levels prior to the COVID-19 Pandemic.

VA Van Ridership

Quarter	2017	2018	2019	2020	2021	2022
Q1	134	139	310	253	118	162
Q2	208	156	247	16	126	231
Q3	193	230	259	68	190	269
Q4	160	210	249	89	174	288
Total	695	735	1,065	426	608	950
Y-to-Y Chng (%)		5.8	44.9	-60.0	42.7	56.3

Each month during 2022, satisfaction surveys were distributed to clients to gather information on the overall customer experience. Overall, 97% of the consumers surveyed rated our transportation service as “Good”, “Very Good, or “Excellent”.



Review of 2022 Goals:

Key Outcome Indicators: 1) 95% of qualifying ride requests are provided. This goal was met during 2022. 2) Greater than 95% of surveyed new riders would recommend our transportation service to others.

Goals Met

1. 100% of unmet ride requests were tracked to monitor community needs throughout 2022.
2. Consumers were surveyed each month during 2022 to gauge satisfaction with services and to gather information about unmet needs. Overall, 100% of the consumers who responded indicated that they would recommend our transportation service to others. We continue to review the unmet needs of consumers monthly.
3. Provide Weekday Evenings & Weekend Service Hours for our Driver Escort/Volunteer Program. Roughly 100 “after hours” rides were provided each month on average during 2022.
4. Provide 300 recreational/nutritional (non-medical) one-way trips by end of 2022. After COVID-19 restrictions were lifted, we were able to move ahead with our Shopping Van & Day Trip Projects. We easily met and surpassed the goal of 300 recreational/nutritional (non-medical) one-way trips by end of 2022.
5. Expanded transportation services for the elderly and those living with disabilities by adding another wheelchair-equipped vehicle. Although the vehicles that we have previously been awarded by WisDOT through 5310 Transportation Grants have not yet arrived, we did rent a wheelchair-equipped van during 2022 to help us cover most of our unmet vehicle needs.

Goals for 2023:

Key Outcome Indicators: 1) 95% of qualifying ride requests are provided. 2) Greater than 95% of surveyed riders would recommend our transportation service to others. 3) Provide opportunities (group rides or group events) for at least 75 consumers each month to have meaningful social interaction.

- 100% of unmet ride requests will be tracked to monitor community needs throughout 2022.
- Consumers will be surveyed each month during 2023 to gauge satisfaction with services and to gather information about unmet needs.
- Provide Weekday Evenings & Weekend Service Hours for our Driver Escort/Volunteer Program.
- Provide 1000 recreational/nutritional (non-medical) one-way trips by end of 2023 using designated 85.21 project funding (Shopping Van Project & The Day Trip Project).
 - The Shopping Van project would provide a transportation service for seniors and people living with disabilities to have weekly shopping opportunities at popular stores in the community.

- The Day Trip Project would provide a transportation service for seniors and people living with disabilities to enjoy unique places and popular attractions that can be reached within 1-2 hours of driving time from Jefferson County. The overall goal of this project would be to help individuals to have an active and social lifestyle all year round. The locations of the day trips would be selected to appeal to a variety of interests, but also to provide educational and cultural experiences as well.
- In 2023, Jefferson County will expand its transportation services for the elderly and those living with disabilities by adding additional wheelchair-equipped vehicles. Once these vehicles are acquired, Jefferson County Transportation Services should be able to provide 100% of all requested rides for clients who use a wheelchair or mobility device.

Transportation Supervisor/ Mobility Manager

The Transportation Supervisor / Mobility Manager is responsible for community transportation planning, coordination, navigation, and travel training to assist people to choose, obtain and maintain transportation options that best accommodate their unique travel choices and needs. The Transportation Supervisor works with all the community transportation services to improve coordination of services and increase and/or develop accessible transportation resources in the communities and promote available transportation resources to county residents, businesses, and organizations of Jefferson County. Lastly, the Transportation Supervisor initiates activities and works closely with other agencies to promote mobility, health, and wellness for everyone, but with a focus on seniors and those living with disabilities.

Review of 2022 Goals:

1. The Transportation Supervisor provided information to seniors and people with disabilities on the transportation options to accommodate their needs.
 - **Goal Met**
 - In 2022, the Transportation Supervisor took the initiative to assist the elderly and those living with disabilities by making telephone calls, providing information on the county website, issuing posts on social media, and distributing Informational flyers.
2. The Transportation Supervisor worked closely with all existing transportation services in the county to ensure service coordination and to complement and not duplicate these services.
 - **Goal Met**
3. The Transportation Supervisor initiated activities with other agencies to promote mobility, health, and wellness with a focus on seniors and those living with disabilities.
 - **Goal Met**
 - A “Wednesday Walks” program developed by the Transportation Supervisor was held monthly during warmer weather months to promote mobility and wellness for seniors.
 - In 2022, the Transportation Manager / Mobility Manager led & coordinated the Shopping Van Project and the Day Trip project to promote healthy living activities for seniors and those living with disabilities.

Goals for 2023:

Key Outcome Indicators: 1) 95% of qualifying ride requests are provided. 2) Greater than 95% of surveyed new riders would recommend our transportation service to others.

1. The Transportation Supervisor will provide information to seniors and people with disabilities on the transportation options to accommodate their needs.
2. The Transportation Supervisor will work closely with all existing transportation services in the county to ensure service coordination and to complement and not duplicate these services
3. The Transportation Supervisor initiated activities with other agencies to promote mobility, health, and wellness with a focus on seniors and those living with disabilities.
 - A. In 2023, a “Wednesday Walks” program will again be organized to promote mobility and wellness for seniors.
 - B. In 2023, the Transportation Manager / Mobility Manager will lead & coordinate the Shopping Van Project and the Day Trip project to promote healthy living activities for seniors and those living with disabilities.

ELDERLY BENEFIT SPECIALIST (EBS) PROGRAM

Elder Benefit Specialists (EBS) are advocates who are trained to help older persons who are experiencing problems with public or private benefit programs. Jefferson County employs two specialists, one is full-time, the other part-time. In 2022, the program served 362 unduplicated clients, 207 of those clients were new to the EBS program. EBS opened 804 cases and closed out 804 cases. In addition to the primary role to provide advocacy for Jefferson County seniors, the EBS program continued to host monthly Medicare workshops. Funding for this program in 2023 comes from the federal, state, and county tax dollars and is as follows:

Through applications and appeals, the tracked economic outcomes for Jefferson County residents totaled \$2,733,288 in federal dollars compared to \$128,156 in State and \$84,084 in "other" dollars for a total of \$2,945,528.

Review of 2022 Goals:

Key Outcome Indicator: Restructure the Open Enrollment Process for greater efficiency.

- **Goal met**

- **Medicare Part D Open Enrollment Process.** Each year Medicare Part D open enrollment is Oct. 15 - Dec. 7. At the conclusion of the 2021 season, ADRC management and staff reached the conclusion our current practices were no longer sustainable. In short, we needed to cut back the amount of people we help run plan finders. Through education (we developed a very detailed "how to do it yourself" letter), technology and an improved scheduling process, the ADRC served 93 individuals during open enrollment compared to 285 individuals in 2021. Change Project adopted and is sustainable for 2023 open enrollment. A Q.I. Change Project form summarizing the project and findings was uploaded to the SharePoint website per our state contract.

Additional 2022 Goals:

DBS staff will co-present with EBS staff at four or more "Welcome to Medicare" Workshops.

- **Goal met** There were six Welcome to Medicare Workshop presentations completed. EBS staff assisted with presenting at all six of the workshops.

Goals for 2023:

Key Outcome Indicator: DBS staff will co-present with EBS staff at four or more "Welcome to Medicare" Workshops.

Additional 2023 Goals:

Reduce delays for our clients working with Income Maintenance by improving communication with Income Maintenance.

BEHAVIORAL HEALTH DIVISION

~Providing evidence-based treatment programs that are recovery oriented, trauma informed, person centered, and responsive to the needs of our County residents~

In 2022 the Behavioral Health Division responded to the impacts of the global pandemic, working to meet the needs of our community. All mental health and substance use services were offered in person and via a telehealth platform. In general, people requesting services continue to have more acute presenting problems. In 2022 we were able to meet these needs by offering high quality evidence-based practices. We continued offering branch outpatient clinic offices in seven school districts and provided school based mental health services. In 2023, we will open a branch location for outpatient services in the City of Watertown.

One of the major challenges for the Division in 2022, which continues forward, is recruiting qualified clinicians. As many providers report, the number of applicants decreased for a variety of reasons. We have and will continue to advance our recruiting and retention strategies while evolving our culture to be the best possible place to work.

Below is a high-level synopsis of the Division's programs and 2022 initiatives as well as funding summary. A detailed report from each of the team each follows.

The Behavioral Health Division of Jefferson County Human Services is organized into four teams. Each team offers evidence-based treatment options that support individuals' recovery. We offer an integrated, county staffed, service delivery system and contract for additional service provision. We have over ninety full time employees in a variety of roles on our four Division teams. In 2022 all Division employees were trained in Team Cognitive Behavioral Therapy as well as continued training in motivational interviewing and other key evidence-based practices. In 2023, staff will continue to build on Team Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and Motivational Interviewing Skills.

The Division teams are:

Emergency Mental Health/Crisis Intervention Services: This is the first point of contact for requesting services and responding to any type of call or crisis call. We are staffed 24 hours a day seven days a week. As part of our crisis services, we operate the Lueder House Crisis Stabilization facility, which is a state licensed eight bed community based residential facility for adults with mental illness, who need crisis stabilization services. In 2022 we added County crisis workers embedded with two local police departments. In 2023, we are launching a Youth Crisis Stabilization Facility for children ages 10-17.

Outpatient Integrated Behavioral Health Clinic: The Clinic provides individual and group psychotherapy for children and adults with same day access. We have a full-time psychiatrist and a full-time nurse prescriber. We offer and arrange for detoxification services, inpatient psychiatric hospitalization, and residential Substance Use treatment. In 2023 we will open a branch outpatient clinic in Watertown, WI.

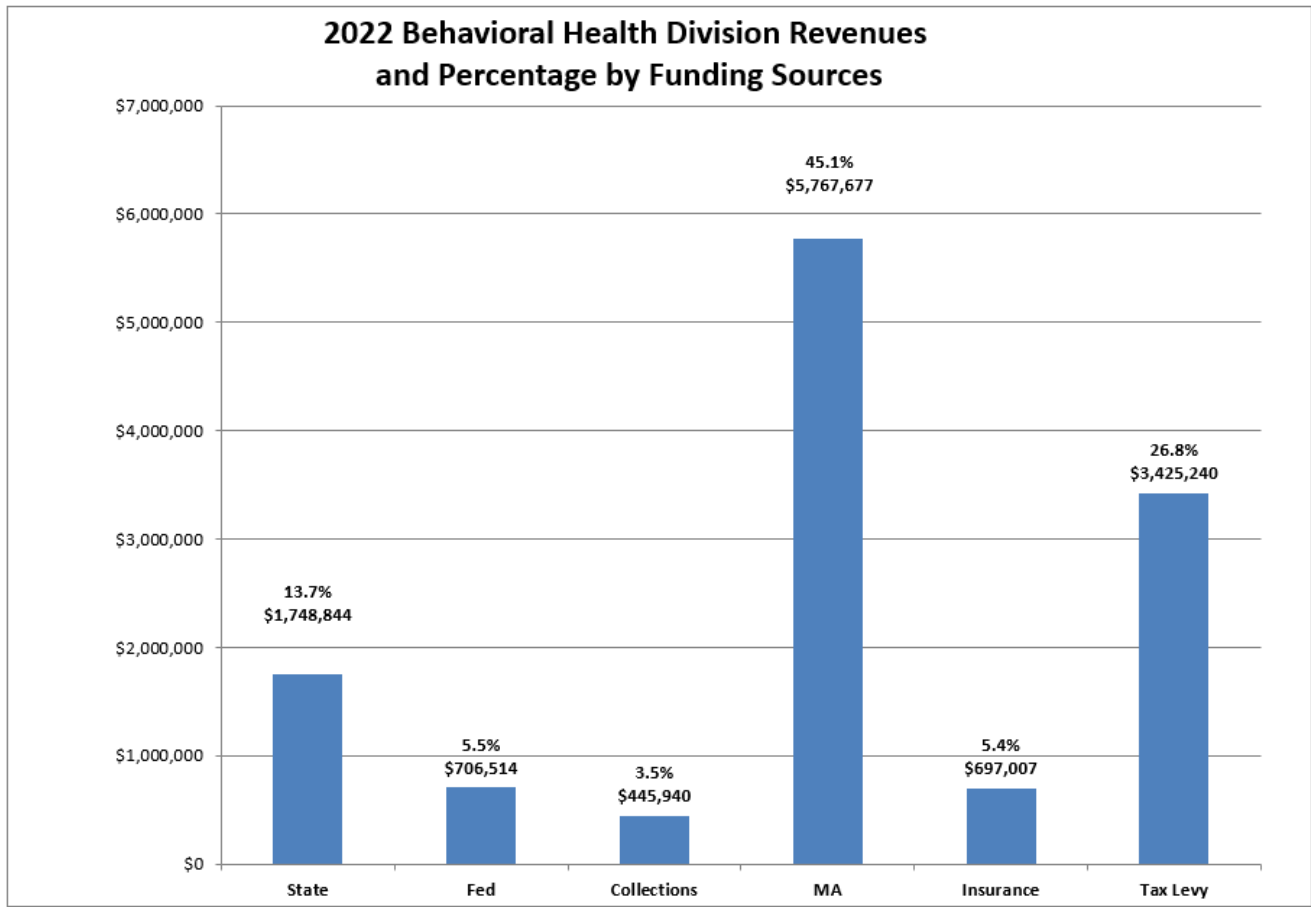
Comprehensive Community Services Program (CCS): CCS provides more intensive mental health and substance use treatment with an extensive service array for children and adults. We have Bachelor and Master level service facilitators. We employ Peer Support Specialists. We offer Family Center Treatment as well as other evidence-based practices. In 2022 we advanced CCS capacity by augmenting services through a private provider.

Community Support Program (CSP): CSP serves people who have a severe and persistent mental illness. This is a mobile team that offers an array of services in the community for consumers. The CSP team includes Peer Support Specialists as well Bachelor and Master level clinicians. In 2022 the CSP initiated an Assertive Community Team.

Our Medical Director is a licensed adult and child psychiatrist. He is on site Monday through Friday and available after hours and weekends. He oversees all treatment programs and authorizes all necessary services.

We persist in responding to the needs of all county residents. To do so, we believe it is imperative to partner with community stakeholders. In 2022 we added two positions, funded in part by the Greater Watertown Community Health Foundation, which will focus on the Watertown area. One position was a crisis worker collocated with the Watertown Police Department. The other position will be a psychotherapist in the new clinic branch office in Watertown. The psychotherapist has been hired and will start in Watertown summer of 2023. We will offer and coordinate the thirteenth Crisis Intervention Training in Jefferson County for Law Enforcement Officers. In 2023 we will continue to work closely with community partners on our Zero Suicide team to raise awareness, offer trainings, and increase community resources. In 2023 we will continue to explore with community partners ways for all people to access needed services.

Below is a summary of the Division’s funding sources:



Note: Family care contribution of \$625,097 is deducted since this is a HSD cost.

Following are detailed reports from each of the Division’s teams, which include data on the number of people served and a review of our services and yearly goals.

EMERGENCY MENTAL HEALTH CRISIS INTERVENTION SERVICES

~We believe mental health and substance use issues are most successfully treated, whenever possible, with a voluntary entity into treatment and services. ~

Our Emergency Mental Health (EMH) Crisis Intervention Services were certified under HS 34 in October of 2007. Persons who need EMH services are defined under Wisconsin Administrative code HS 34 as a person who is experiencing a mental health crisis or are in a situation likely to turn into a mental health crisis if supportive services are not provided.

Under this administrative code the following services are required and are provided by our agency:

- Telephone services- providing callers with information, support, counseling, intervention, emergency services coordination, and referrals.
 - Be available 24 hours a day and 7 days a week and have direct link to a mobile crisis service, a law enforcement agency or some other program which can provide an immediate, onsite response to any emergency on a 24 hour a day, 7 day a week basis. The required services are available by calling 920-674-3105. If it is after hours/weekends/holidays the caller can access these services by dialing 920-674-3105 and pressing 7 to connect to a crisis worker.
- Mobile crisis services – provide onsite, in-person intervention for individuals experiencing a mental health crisis. The mobile crisis services shall do all the following:
 - Achieve one or more of the following outcomes
 - Immediate relief of distress in a crisis
 - Reduction in the level of risk present in the situation.
 - Assistance provided to law enforcement officers who may be involved in the situation by offering services such as evaluation criteria for emergency detention under s. 51.15, statute.
 - Coordination of the involvement of other mental health resources which may respond to the situation
 - Referral to or arrangement for any additional mental health services which may be needed.
 - Providing assurance through follow up contacts that intervention plans developed during the crisis are being carried out.
 - Be available for at least 8 hours a day, 7 days a week during those periods of time identified when mobile services would be most needed. Our team is available on site 24/7/365.
 - Have the ability for home visits and seeing individuals in other places in the community. The crisis team can see people in their home, schools, churches, hospitals, police stations, and anywhere else it may be needed.
- Walk in Services – provides face to face support and intervention at an identified location or locations on a scheduled basis. The crisis team provides walk in services Monday – Friday 7:30a-5:30pm at the human services agency.

The services listed above are for anyone who is having a mental health crisis in Jefferson County. It does not matter the age of the person or the residency of the person.

Another service offered is adult crisis stabilization. The Lueder Haus serves as our crisis stabilization facility. It is an 8-bed facility licensed as a class A CBRF (community based residential facility) by the state of Wisconsin. This facility is staffed 24/7/365 by a manager and six full time crisis stabilization workers. In 2022, there were seventy-four admissions at the Lueder House and of those 34 were homeless when they were admitted. The average length of stay for consumers was sixteen days. Forty-five individuals were served by the Lueder Haus. Several were admitted more than once for crisis stabilization services. Of the seventy-four admissions, eight admissions were between 30-153 days. The average length of stay for those admissions was 74.75 days. The Lueder Haus continued to provide myStrength, menu planning and cooking, daily goal sheets, sleep protocol,

and DBT skills coaching to individuals staying there. They also assisted people in applying for benefits, housing, and jobs. Thirty-three of the ninety-four admissions were individuals who were homeless.

We were able to bill for all our crisis services. Listed below is what we have billed and what we were able to get paid by the different type of insurances we billed.

In 2022 for our certified Emergency Mental Health services, we billed:

- Medicaid \$287,171 for our services and received payment of \$143,276.
- Private insurance \$116,933 for our services and received payment of \$5,322.
- Private pay individuals \$49,985 for our services and received payments of \$986.
- MA HMO \$92,995 for our services and received payment of \$1,122.

In 2022 for our crisis stabilization services we billed:

- Medicaid \$308,570 for stabilization services at the Lueder House and received \$102,192

The crisis team consists of seven full time crisis workers and one full time crisis outreach worker. These workers are trained in suicide assessment, counseling against lethal means, Columbia suicide severity rating scale, Dialectical Behavior Therapy skills, Brief cognitive therapy for suicide prevention, motivational interviewing, and are certified juvenile intake workers. They receive comprehensive training each year to keep their skills and knowledge updated with evidenced based treatment and practices. An evidenced based treatment practice is one that has been shown through research to consistently improve measurable client outcomes.

CRISIS SURVEYS AND FEEDBACK

Each month a survey is sent out to the person or parent/guardian who received crisis services in the month prior asking for feedback on our services. These surveys looked at timeliness, staff being respectful and professional, staff explaining options, the person feeling heard regardless of outcome, and the experience being helpful in getting needed services/supports. Forty - nine surveys were returned last year, 84% had a positive rating, 8% of a neutral rating, and 8% of a negative rating to the above information. There were several positive comments included in the surveys:

- “We worked with Art, and he was very good to my child. He has a wonderful, comforting approach that was so needed.”
- “I worked with Megan to help my child and she was amazing!”
- “Jennifer was a Godsend during my child’s mental health crisis, and she was instrumental in helping to calm my child’s fears and to help persuade my child to get and accept the help needed.”
- “Thank you for all the support/help.”
- “Professional, courteous, and caring – Thank you!”

KEY OUTCOME INDICATOR

Our key outcome indicator, a measure of how we are doing our work, is our diversion rate, i.e., the capacity to connect someone with voluntary treatment services versus initiating a court order, emergency detention, for treatment services. We adhere to the statute requiring the least restrictive setting for each person and we want each person to have the best possible outcome. To do this, we consider several factors. We complete a standardized suicide assessment, and we consider lethality, means, opportunity, age, gender, access, and history. When possible, we divert the person to a setting that is not a locked facility. There are times when we are not able to divert individuals and we need to initiate an Emergency Detention. In these cases, we are not able to safety plan, because the person does not want to seek voluntary services, and the risk and dangerousness of harm to themselves or others is found to be very high. All assessments are completed by highly trained and qualified crisis workers and are staffed with a licensed mental health professional prior to making a final decision of how to move forward.

	2021	2022
Total # Assessments	515	353
Total # Emergency Detentions	117	75
Total # Diversions	402	278
Percentage of Diversions	78%	79%

EMERGENCY DETENTION

We track and review factors regarding people that were placed under an emergency detention. These include whether they were in services, in jail, in family care, and if they went to Winnebago Mental Health Institute (WMHI). The chart below shows the comparison of the last three years. As you can see from the chart our emergency detentions for people in the jail drastically increased this last year. There were two individuals who were detained multiple times to Winnebago. Winnebago is the only facility that will consistently take individuals who are involuntarily hospitalized from the jail. We eventually were able to work with the jail to set up a plan to keep them safe and in the jail. Because of the many emergency detentions from the jail several of whom tested positive for covid, and because WMHI was the only facility to take Covid positive patients, our numbers for WMHI increased. Children’s numbers increased for WMHI due to no other bed availability and limited beds available for children/adolescents. To help combat this we have some new contracts in place. We have also contracted with a facility in Milwaukee for crisis stabilization services for youth who are male or identify as male.

	2020	2021	2022
Participating in County Mental Health Services	23	33	24
Youth Emergency Detention (ED)	4	18	14
Adult ED	104	99	61
Adults at Winnebago Mental Health (WMHI)	28	39	36
Youth at WMHI	0	11	12
Individuals ED’ d from Family Care, Partnership, or IRIS (FC,P, I)	13	10	11
Individuals at WMHI from FC,P,I	8	7	9
Adults Returned to More Restrictive (RTMR)	34	35	24
Youth RTMR	11	2	0
Adults RTMR at WMHI	5	6	13
Youth RTMR at WMHI	4	2	0
Individuals ED from the Jail	2	10	3

YOUTH CRISIS SERVICES

In 2022 we held our fifth youth focused Crisis Intervention Team (CIT) Training for law enforcement. We continued to be involved in the Children’s Crisis grant which has been able to pay for Dialectical Behavior Therapy training and attendance at the State Crisis Conference. This past year the grant put funds toward youth in home crisis stabilization services. Through this grant we have been able to collaborate with other counties to problem solve and provide better youth crisis services and supports. The grant will be ending in 2022.

The chart below shows data for 2021 and 2022 regarding assessments and diversions for youth under 18 years old. Our assessments significantly decreased from the year before. Some reasons for this may be in 2021 students were just getting back to school full time from being virtual during the stay-at-home order of the pandemic. We had seen an increase in anxiety and depression in 2021. In 2022 we had two school psychotherapists who were at the school meeting with students individually and offer DBT Steps A with the

school districts. DBT Steps A is a social emotional curriculum that can be implemented in middle and high school. This curriculum teaches emotion regulation, decision making, and problem-solving skills. In 2022 we have seen youth at greater risk for suicide and more complex needs which is a reason for the decrease in our diversion rate. It is difficult to find a voluntary bed for inpatient treatment. We continue to expand our resources and contracts for facilities. We are also working on prevention through the school social workers, DBT Steps A in schools, and through community education and awareness.

	2021	2022
Total # Assessments	230	93
Total # Emergency Detentions	19	14
Total # Diversions	221	79
Percentage of Diversions	96%	85%

Review of 2022 Goals:

Key outcome indicator: Maintain current emergency detention diversion percentage, whenever possible, by continuing to review and improve voluntary options. ***We were able to increase our diversion rate by 1% overall. When looking at youth below 18 years of age our diversion rate decreased by 11%. This Shows the need for more options for youth other than hospitalization.***

1. Complete a NIATx project to improve services and outcomes within our Mental Health Crisis unit by December 2022. *Our NIATx project is having crisis workers co-responding and stationed at Law enforcement agencies. **We were able to complete this goal.***
2. Provide CIT training for Law Enforcement Officers serving in Jefferson County by December 2022. ***We were able to provide CIT training in November of 2022. Due to staff shortages our class size was smaller this year than in past years.***
3. Coordinate an advanced CIT training by December 2022. ***This was not completed and will be a goal in upcoming years.***
4. Have an embedded crisis worker with at least two police departments by December 2022. ***We have crisis workers with Fort Atkinson Police Department, Watertown Police Department, Jefferson Police Department, and Jefferson Sherriff's Department. We are currently hiring a new crisis worker for Jefferson PD and Jefferson Sherriff's Department.***
5. The Zero Suicide team will continue to analyze the data surrounding deaths by suicide to determine what type of outreach or training would be instrumental in reducing the number of suicides. ***We continue to look at those who have died by suicide and are working to increase awareness, provide education regarding suicide prevention throughout the county with the goal to decrease deaths by suicide to zero. An additional goal for 2023 is to provide a wellness fair that focuses on physical and mental wellness.***
6. Continue to work on forming a suicide prevention Coalition within Jefferson County through our Zero Suicide team. ***This continues to be a goal and our team is attaining more active members in hopes this may be accomplished in the coming years.***
7. Reduce admissions to Winnebago Mental Health Institute in 2022 by using new contracted hospitals and continuing to cultivate contracts. ***We were not able to reduce admissions to WMHI this year, overall, the numbers remained the same. Covid has some impact on this as there are very few places who will take covid positive patients and WMHI is one of them. We were able to secure new contracts with two new hospitals that opened in 2022.***

Goals for 2023:

Key Out Come Indicator: Maintain current emergency detention diversion percentage, whenever possible, by continuing to review and improve voluntary options.

1. Complete a NIATx project to improve services and outcomes within our Mental Health Crisis unit by December 2023.
2. Provide CIT training for Law Enforcement Officers serving in Jefferson County by December 2023.
3. The Zero Suicide team will continue to analyze the data surrounding deaths by suicide to determine what type of outreach or training would be instrumental in reducing the number of suicides.
4. The Zero Suicide team will hold a wellness fair in Fort Atkinson in May 2023.

5. Reduce admissions to Winnebago Mental Health Institute by December 2023.
6. Open a youth crisis stabilization facility in Watertown by December 2023.
7. Continue to build programming around crisis workers being embedded with local police departments.
8. Launch crisis co-responding with a peer support specialist in 2023.

ADULT PROTECTIVE SERVICES (APS)

Adult protective services are set up to aid elder adults and Adults-at-Risk who have been abused, neglected, or exploited.

The Human Services Department of Jefferson County is the designated “lead agency” for receiving and responding to allegations of abuse or neglect of adults ages 60 and over as well as adults-at-risk ages 18-59. The Adult Protective Services department within the Human Services Department takes primary responsibility for receiving and responding to allegations of abuse, financial exploitation, neglect, and self-neglect. The APS unit is responsible for ensuring that the health and safety needs of the elderly and individuals with disabilities are met, especially those with cognitive impairments when substantial risk is evident. APS services are mandated by state statute and are severely underfunded. Several different statutes establish the county's responsibilities in responding to these situations.

Adult Protective Services advocates for least restrictive interventions with the intention of utilizing guardianship as a last resort. APS reviews whether Power of Attorney documentation can be completed versus pursuing guardianship, to minimize the infringement on an individual's liberties.

After responding to a referral, county agencies file a report with the Department of Health Services, using the web-based Wisconsin Incident Tracking System (WITS). A compilation of all county reports from 2022 are the basis of the statewide report: Wisconsin's Annual Report on Abuse, Neglect, and Financial Exploitation of Adults at Risk. In 2022, 164 WITS reports were completed.

Along with the investigations into reports of possible abuse, neglect, or financial exploitation of adults at risk, Adult Protective Services completed the following protective placements, emergency protective placements, and guardianships:

- 13 new Protective Placements
- 27 new guardianships, permanent and temporary

The Adult Protective Services department is a department of two APS Social Workers with over 200 open cases they oversee between them. They manage these cases along with following up on new referrals daily. These referrals require return calls, case coordination, investigations, and in-home visits. The APS Social Workers work closely with the Jefferson County Court System, Public Health Departments, Police, Fire, and Emergency Services, Banks, Managed Care Organizations, Hospitals and Medical Providers, Assisted Living Facilities, Nursing Homes, as well as with family members, friends, and other natural supports for clients.

In 2022, we continued to revamp and improve the APS program policies and procedures, documentation, service codes, tracking and follow up. The APS Social Workers were merged with the Emergency Mental Health Team and are supervised under the same person. This collaborative effort has proven to assist in the effective case management of potentially very complex situations. It also prepares the county for the co-responder model that begins in 2023 with increased funding for crisis response in 2024.

With the change in supervision and now being a part of the behavioral health team, a lead worker position was also created within APS.

The Adult Protective Services Team is funded through various sources. GWAAR provides Elder Abuse funding for direct services. DHS also provide an Adult Protective Services allocation. These contracts were for \$25,025 and \$62,742 in 2022, respectively. Additionally, in 2022, DHS provided an additional \$5,462 Adult Protective Services grant from American Rescue Plan Act funding to enhance, improve, and expand the ability of APS to investigate allegations or abuse, neglect, and exploitation. None of these contracts require a county match.

Review of 2022 Goals:

Key Outcome Indicators:

1. 90% of WATTS reviews will be completed by the end of the month they are due. **This goal was achieved.**

Goals for 2023:

1. APS will track the number of successor guardianships that are done each year.
2. APS will request a new SPC to track the successor guardianships and will look at the other SPC's to make sure they are being used for distinct tasks to track the amount of time spent on certain tasks.

ZERO SUICIDE

~Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems. ~

According to the Action Alliance of Suicide Prevention, Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and a specific set of tools and strategies. It is both a concept and a practice.

In April of 2015, a team of people from Jefferson County Human Services attended the Zero Suicide Academy. The team consisted of representatives from the behavioral health unit, health department, and consumers. We officially kicked off our Zero Suicide project on June 1, 2015, by placing a flyer explaining what Zero Suicide is and a Zero Suicide cookie on the desk of each staff person. The team developed a PowerPoint that played on the lobby TV to create more awareness for consumers and other community members.

An organizational study was completed, and we looked at the changes we wanted to make in 2015 to begin to achieve our goal of Zero Suicide. We trained staff on "Counseling of Lethal Means and Lethal Means Safety." We began using the Columbia Suicide Risk assessment across the agency and introduced it to Law Enforcement. In conjunction with the crisis team, we worked on seeing people prior to being discharged from the hospital to go over discharge recommendations, needs once discharged, appointments with providers and what follow up would look like from the crisis team. Throughout 2015 we continued to create awareness by expanding our team to include a champion from each team within the department.

Since our start in 2015 we have been able to achieve the following through Zero Suicide:

- Trained staff and law enforcement in the use of the Columbia Suicide Severity Rating Scale. This scale is currently being used by our agency, law enforcement, hospitals, medical clinics, and some schools.
- We have been able to expand our team to include individuals in the community including individuals with lived experience.
- We created a brochure to educate people on the signs and risk factors for suicide. This brochure also contains many resources people can reach out to when feeling suicidal or when someone is concerned about someone else who may be suicidal.
- We have held a resource fair at the Jefferson High School. We had two speakers who spoke about their experiences with suicide. One speaker spoke from a family member's perspective and the other from their personal experiences with suicide. We had several informational booths with information on services provided by our agency, local outpatient clinics, the Veteran's Services, and Sober living facilities to name a few. There was a monarch release in remembrance of those who died from suicide. We also placed yellow pinwheels in the lawn outside the Jefferson High School auditorium entrance to represent those individuals who had died from suicide.
- We have put up flyers in the bathrooms of the local taverns with the crisis number on pull tabs for individuals to be able to take with them.
- We have held several events for rock painting. Individuals painted rocks with inspirational words or messages and then hid them in our local communities for others to find.
- We attended the Social Emotional Learning Day at Cambridge middle school.
- We have held two QPR (Question, Persuade, and Refer) training for community members.
- We had a book reading and signing of *How Fredrick Found His Light*, by Katie Maxwell McIntyre.
- The team also had yard signs made with our crisis number, the national suicide prevention number, and the text HOPE line number. As people were staying home and kids were attending school virtually, this was a way to make sure individuals had numbers and resources if needed.
- We held two paint nights where we had a table filled with information regarding suicide and suicide prevention.
- We attended two craft/vendor fairs and had a table with all our information and some of our suicide prevention t-shirts.
- We continued to increase our team members and have more diversity amongst our team to represent the community.

- We made plans to put together a presentation to educate the community through schools, businesses, and other groups.
- Attended high school sporting events creating awareness for mental health and suicide prevention.
- Wrote a grant and purchased a suicide prevention car wrap for Jefferson Police department squad car.
- We hold monthly meetings to discuss prevention and how we will continue to educate people. We use these meetings to prepare for events and to decide how we will do outreach that year.

In 2023 we will be holding a wellness fair in May to promote not only mental health and suicide prevention but also physical wellness as this plays a part into people's mental health.

We continue to review the deaths from suicide in Jefferson County. Below is data from 2019, 2020, 2021, and 2022 showing the number of deaths from suicide for each year and demographics. In the last 4 years there have been 43 people who have died from suicide. According to Julie Cerel and her research team from the University of Kentucky for every person who died by suicide another 135 people are affected by some degree. Fifteen to thirty people are seriously affected by this person dying from suicide. This would mean 5,805 people were affected by the deaths in some degree and 1,290 people were seriously affected. The zero-suicide team will continue to educate the community on the signs and symptoms of suicide, create awareness, and provide resources for help.

Another striking component from the last four years is the use of firearms in those who have died by suicide. It is important to have safe storage and safety planning regarding firearms especially when a change is noticed in the person that has caused concern for their safety. The Zero Suicide team has promoted safe storage of firearms.

In 2019 the age range was 18-97 years of age.

- Fourteen individuals died from suicide, 3 female and 11 males. Below it is broken down by the method used.
 - 8 individuals by firearms
 - 3 individuals by hanging
 - 1 individual by falling from high place
 - 1 individual by suffocation
 - 1 individual by knife

In 2020 the age range was from 15-68 years of age.

- Thirteen individuals died by suicide, 1 female and 12 males. All but one individual was under 50 years old: with the majority being between 30-50 years old. Below it is broken down by the method used.
 - 7 individuals by firearms
 - 5 individuals by hanging
 - 1 individual by poisoning

In 2021 the age range was from 20-78 years of age.

- Eight individuals died by suicide, 2 females and 6 males. All but 3 individuals were younger than 50 years old. Below shows a breakdown of the method used.
 - 3 individuals by hanging
 - 1 individual by prescription medication
 - 4 individuals by firearms

In 2022 the age range was from 17-87 years of age.

- Eight individuals died by suicide, 2 females and 6 males. All but two individuals were younger than 40 years old. Below it is broken down by method used.
 - 5 individuals by firearms
 - 2 individuals by hanging
 - 1 individual by knife

OUTPATIENT INTEGRATED BEHAVIORAL HEALTH CLINIC

~Participants of the program are assessed for strengths and needs; the principles of hope and empowerment are integrated into each person’s plan.~

The Mental Health, and Alcohol and Other Drug Abuse (AODA) Outpatient Clinics serve Jefferson County residents with mental health and substance use concerns. In 2022, there were 388 **new** clients entered into mental health treatment and 264 **new** clients entered substance use treatment with 95 **new** children enrolled. As the chart below indicates, the clinic provided mental health services to 893 individuals and substance use services to 534 individuals and 49 Comprehensive Community Services Program (CCS) adults. These numbers include clients seen by the Psychiatrist and Nurse Prescriber as well as those seen by clinic therapists. In 2022, 1,171 individuals were seen by the Psychiatrist and Nurse Prescriber.

In 2022, 176 children were seen for mental health treatment through the outpatient clinic and an additional 36 children through the Comprehensive Community Services Program (CCS) ranging from elementary school-aged children to high school.

Participants of the clinic are offered a thorough assessment where strengths and needs are identified. The principles of hope and empowerment are integrated into clinic services. A treatment plan is created using the client’s strengths and resources to increase their potential for leading the life they want. Services are provided in the least restrictive manner; decreasing the disruption of the individual’s life while still providing support for recovery services that include a wide array of evidence-based practices.

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
MH Clinic	294	332	478	541	615	690	661	718	802	774	930	1,381	937	880	893
AODA Clinic	246	207	217	225	288	334	327	393	406	447	547	680	598	538	534
Totals	540	539	695	766	903	1,024	988	1,111	1,208	1,221	1,477	2,061	1,535	1,418	1,427

The clinic staff consists of a Medical Director/Psychiatrist, a Psychiatric Nurse Prescriber, fourteen full-time Psychotherapists, as well as a Community Outreach Worker and the Clinic Manager. Three of these psychotherapists are now providing school based mental health services. Staff are dually trained to provide mental health and substance use treatment.

The clinic is also responsible for overseeing many civil commitments in our county and providing treatment for the individual on the commitment. 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, typically for six months. The person can seek treatment from the outpatient mental health clinic, or if the person has other resources, by another area provider. Clinic staff provided mental health services to an average of 691 people per month in 2022. Approximately 23 of those individuals were ordered under WI § 51.45.

In 2022 clinic staff provided individual psychotherapy services in eight schools throughout Jefferson County. Locations included, Fort Atkinson High School, Fort Atkinson Middle School, Riverside Middle School, Johnson Creek School District, Waterloo High School, Whitewater Middle School, and Edgerton High School. In addition to individual psychotherapy clinic staff supported with the implementation of DBT-STEPPS A at Crossroads in Fort Atkinson, Waterloo School District, Riverside Middle School, Whitewater Middle School, Jefferson High School and Edgerton High School.

Wisconsin Department of Health Services (DHS) revised the Ch 75 Wisconsin Administrative Code which took effect October 1, 2022. Revisions in Ch 75 reflected the use of evidenced based practices and advancements in client care. These changes also outlined provider requirements which support increased access to treatment. The clinic has worked closely with DHS to prepare for converting from a DHS 35 Certified Mental Health Provider to meeting new certification requirements under DHS 75.50 as an Outpatient Integrated Behavioral Health Treatment Provider. Effective October 1, 2022, the clinic was successfully certified as a DHS 75.50 provider.

Review of 2022 Goals:

1. The clinic staff will be trained in TEAM-CBT and implement TEAM-CBT in 2022.
 - Twelve clinic staff participated in TEAM-CBT training and ongoing TEAM-CBT consultation groups throughout 2022.
2. The outpatient clinic children's therapists will continue training in DBT-C, attending a training on core problem analysis in April of 2022.
 - Clinic staff continued to attend weekly DBT-C consultation group to support with the implementation of this evidenced based model. A training on Core Problem Analysis was facilitated and clinic staff attended this to support with skill application.
3. Clinic staff will continue to participate in Healthy Minds at Work, another wellness app or other ongoing wellness activity focusing on self-care and resiliency.
 - Clinic staff continued to participate in a variety of wellness activities focusing on self-care and resiliency which included Healthy Minds at Work.
4. Clinic staff will continue to build on DBT skills in by attending agency training, participating in DBT consult group, and attending outside DBT training as appropriate.
 - Clinic staff continue to build on DBT skills through the attendance of various trainings as well as participation in DBT consultation group. Staff have participated in various DBT trainings through UW-Green Bay, PsychWire, Portland DBT Institute and Linehan Institute and Behavioral Tech.
5. Clinic staff will submit session recordings to be coded for efficiency in Motivational Interviewing skills, attend MI Learning Labs and continue to build on MI skills throughout 2022.
 - New clinic staff continue to attend Level I and Level II MI trainings and submit recordings as required. MI continues to be an ongoing professional development goal of all clinic staff.
6. Clinic staff will continue to participate in the Strengthening Treatment Access and Retention-Quality Improvement (STAR-QI) NIATx project with the Department of Health Services.
 - The outpatient clinic continued to participate in the STAR-QI project in 2022, completing a project on the transition from DHS 35 to DHS 75 and changes that occurred due to the revised Wisconsin Administration Code.
7. Clinic staff will continue to utilize the Brief Addiction Monitor (BAM) and Patient Health Questionnaire-9 (PHQ-9) to track client progress in treatment. PHQ-9 scores will decrease overall, and BAM protective factors will increase overall.
 - a. **Patient Health Questionnaire (PHQ-9):** The PHQ-9 is a multipurpose tool utilized for screening, diagnosing monitoring, and measuring the severity of depression. It rates the frequency of symptoms which factors into the scoring severity index. Question 9 of the tool screens for the presence and duration of suicidal ideation. A non-scored follow-up question assigns weight to the degree to which symptoms of depression have affected the client's level of functioning. Overall scores decreased reflecting a decrease in acute depression symptoms experienced.
 - b. **Brief Addiction Monitor (BAM):** The Brief Addiction Monitor is a 17-item monitoring tool that covers important substance use-related behaviors to support measurement-based care and outcomes assessment. Of the 17 questions, 4 are specific to alcohol or drug use. The remaining questions address aspects related to substance use, recovery, and treatment that include several life areas considered important for a multidimensional assessment of substance abusing clients and include interpersonal relationships, psychological/medical problems, and finances. The BAM measures three summary factors: Recovery Protection, Physical and Psychological Problems, and Substance Use and Risk. Overall protective scores increased reflecting an increase in protective factors.
8. Clinic staff will continue to build on current knowledge of opiate addiction and how to best serve clients by participating in substance use training and opioid forums throughout 2022.
 - Clinic staff continued to attend a wide array of trainings to build on current knowledge of opiate addiction and best practices. These trainings included DBT-Substance Use Disorder, DBT- Substance Use Disorder Virtual Skills Workshops, ASAM level of care trainings, Statewide Mental Health and Substance Use Conference as well as a variety of other trainings.

9. Clinic staff will attend the agency wide diversity trainings in 2022.
 - Clinic staff attended the agency wide diversity training in 2022 “Understanding and Supporting People of the LGBTQIA2S+ Community”.
10. Clinic staff will launch Matrix groups, addressing the increase in stimulant use, for clinic consumers.
 - Clinic staff were trained in Matrix groups and offered these groups to clinic clients.

Evidenced-Based Practices Utilized in 2022

1. **Dialectical Behavior Therapy (DBT)** is a cognitive-behavioral treatment that was originally developed to treat chronically suicidal individuals diagnosed with borderline personality disorder (BPD) and it is now recognized as the gold standard psychological treatment for this population. Also, research has shown that it is effective in treating a wide range of other disorders such as substance dependence, depression, post-traumatic stress disorder (PTSD), and eating disorders (<http://behavioraltech.org/resources/whatisdbt.cfm>). Clinic staff facilitated two DBT skills groups throughout the year to support individuals with learning and implementing skills to support them in their symptoms management.
2. **Motivational Interviewing (MI)** is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change so that the examination and resolution of ambivalence become its key goal. (https://store.samhsa.gov/sites/default/files/d7/priv/tip35_final_508_compliant_-_02252020_0.pdf) The clinic is utilizing this therapy protocol in both group and individual sessions. Clinic staff have received intensive motivational interviewing training by MINT trainers periodically since 2014 which will continue throughout 2023. All new staff attend Level I and Level II MI trainings.
3. **Medication-Assisted Treatment** for opioid addiction via the use of Buprenorphine, Vivitrol, and Naltrexone. (<http://www.ncbi.nlm.nih.gov/books/NBK64164/>). The clinic provided 120 clients with MAT through the Suboxone program in 2022.
4. **Cognitive Behavior Therapy (CBT)** is based on the scientifically supported assumption that most emotional and behavioral reactions are learned. Therefore, the goal of therapy is to help clients *unlearn* their unwanted reactions and to learn a new way of reacting. (<http://www.nacbt.org/whatiscbt.htm>). All clinic staff persons were trained in cognitive behavior therapy and CBT is used in both group and individual sessions.
 - a. **TEAM-CBT:** TEAM-CBT is a framework for conducting measurement based CBT treatment. ([Feeling Good Institute | What Is TEAM-CBT Therapy | Dr. David Burns](#)). This evidenced based therapy combines elements of traditional CBT processing with dynamic elements to produce rapid change with clients. Testing, empathy, agenda setting, and methods are key components of this model which support with addressing cognitive distortions and decreasing mental health and AODA symptoms. Twelve clinic staff were trained in TEAM-CBT and continue attending bi-weekly consultation group to effectively implement TEAM-CBT.
5. **Collaborative Assessment and Management of Suicidality training (CAMS)**. CAMS is a therapeutic framework for suicide-specific assessment and treatment of a client’s suicidal risk. CAMS is first and foremost a clinical philosophy of care. It is a therapeutic framework for suicide-specific assessment and treatment of a patient’s suicidal risk. It is a flexible approach that can be used across theoretical orientations and disciplines for a wide range of suicidal patients across treatment settings and different treatment modalities. The clinician and patient engage in a highly interactive assessment process and the patient is ultimately engaged in the development of their treatment plan. Every session of CAMS intentionally involves the patient’s input about what is and is not working. All assessment work in CAMS is collaborative. The patient is said to be a co-author of their treatment plan (<http://cams-care.com/cams/?pgnc=1>).
6. **Trauma-Focused Cognitive Behavior Therapy (TF-CBT)** is a components-based model of psychotherapy that addresses the unique needs of children with PTSD symptoms, depression, behavior problems, and other difficulties related to traumatic life experiences. TF-CBT addresses the multiple domains of trauma impact including but not limited to Post traumatic Stress Disorder (PTSD), depression, anxiety, externalizing behavior problems, relationship and attachment problems, school problems, and cognitive

problems. TF-CBT includes skills for regulating affect, behavior, thoughts and relationships, trauma processing, and enhancing safety, trust, parenting skills, and family communication. (http://www.nctsn.org/sites/default/files/assets/pdfs/tfcbt_general.pdf). Three of the Clinic Therapists are certified in providing trauma-focused cognitive behavior therapy and one additional Clinic Therapists was trained in 2022.

7. **The Cognitive-Behavioral Interventions for Substance Use (CBI-SU)** curriculum can be delivered as a stand-alone substance abuse intervention, or incorporated into a larger program, particularly those designed for clients in the corrections system. As the name of the curriculum suggests, this intervention relies on a cognitive-behavioral approach to teach participants strategies for avoiding substance abuse. The program places heavy emphasis on skill-building activities to assist with cognitive, social, emotional, and coping skill development. Such cognitive-behavioral strategies have routinely demonstrated high treatment effects, including when used with a correctional population. The University of Cincinnati (UC) serves as the sole owner and proprietor of the copyright in the CBI-SA manual and training program. An adolescent version is also available. <https://cech.uc.edu/content/dam/refresh/cech-62/ucci/overviews/cbi-su-overview.pdf>
8. **Mindfulness-Based Relapse Prevention (MBRP)**, a mindfulness-based aftercare approach, integrates core aspects of RP with practices adapted from MBSR (mindfulness based stress reduction) and MBCT (mindfulness-based cognitive behavior therapy). Identification of high-risk situations remains central to the treatment. Participants are trained to recognize early warning signs for relapse, increase awareness of internal (i.e., emotional, and cognitive) and external (i.e., situational) cues previously associated with substance use, develop effective coping skills, and enhance self-efficacy. Mindfulness practices included in MBRP are intended to raise awareness of triggers, monitor internal reactions, and foster more skillful behavioral choices. The practices focus on increasing acceptance and tolerance of positive and negative physical, emotional, and cognitive states, such as craving, thereby decreasing the need to alleviate associated discomfort by engaging in substance use. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3280682/#R24>
9. **The Matrix Model** provides a framework for engaging stimulant (e.g., methamphetamine and cocaine) users in treatment and helping them achieve abstinence. Individuals learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, and become familiar with self-help programs. Treatment materials draw heavily on other tested treatment approaches and, thus, include elements of relapse prevention, family and group therapies, drug education, and self-help participation. Detailed treatment manuals contain worksheets for individual sessions; other components include family education groups, early recovery skills groups, relapse prevention groups, combined sessions, urine tests, 12-step programs, relapse analysis, and social support groups. <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies/matrix>
10. **Dialectical Behavior Therapy for Children (DBT-C)** was developed to address treatment needs of pre-adolescent children with severe emotional dysregulation and corresponding behavioral discontrol. These children experience emotions on a different level, and much stronger than their peers. The transaction between an invalidating environment and a child's heightened emotional needs may lead to psychopathology. Research shows that such children are at an increased risk to develop alcohol and substance use problems, suicidality and non-suicidal self-injury, depression, anxiety, and personality disorders in adolescence and adulthood (Althoff, Verhulst, Retlew, Hudziak, & Van der Ende, 2010; Okado & Bierman, 2014; Pickles et al., 2009). The main goals of DBT-C are to teach these children adaptive coping skills and effective problem-solving and to teach their parents how to create a validating and change-ready environment. <https://behavioraltech.org/dbt-for-children/>

Goals for 2023:

1. Clinic staff will continue providing open access services and will expand open access hours to include an evening option.
2. Clinic staff will attend Integrating Tobacco Use Disorder Treatment into Behavioral Health Services presented by UW-Center for Tobacco Research and Intervention in order to increase knowledge around effective tobacco treatment, strategies, and interventions.

- 3.** Clinic staff will attend training Mobile Crisis Teaming with Adults and Youth which will cover training topics related to treatment rights, confidentiality, the law, diversity, screening and assessing for youth, age and developmentally youth appropriate engagement interventions, and techniques for collaborative family engagement opportunities.
- 4.** Clinic staff will continue to participate in the Strengthening Treatment Access and Retention-Quality Improvement (STAR-QI) NIATx project with the Department of Health Services.
- 5.** Clinic staff will offer and provide DBT treatment. Staff will continue to enhance their DBT knowledge through weekly consultation group as well as internal and external trainings. All new staff will attend internal DBT foundational training.
- 6.** Clinic staff will offer DBT groups. This will include adult DBT groups as well as DBT groups for children/adolescents/families.
- 7.** Clinic staff will continue to provide DBT-C treatment. Clinic staff working with children will attend weekly DBT-C consultation as well as attend internal and external trainings as applicable.
- 8.** Additional clinic staff will be trained in TF-CBT. The clinic will continue to host monthly TF-CBT consultation groups in order to support transfer of learning and facilitation of new clinical skills.
- 9.** Clinic staff will continue to utilize Eleos to support with clinical documentation. Staff will attend internal and external trainings as applicable.
- 10.** Clinic staff will continue to provide TEAM-CBT treatment. Staff will attend regular scheduled TEAM-CBT consultation groups and all new staff will be trained in providing TEAM-CBT therapy.
- 11.** The clinic will open a satellite office in Watertown.
- 12.** The clinic will continue to provide psychotherapy services throughout school districts in Jefferson County.
- 13.** The clinic will continue to support the implementation of DBT-STEPS A throughout schools in Jefferson County.
- 14.** The clinic will participate in Wisconsin Department of Health Services, Division of Care and Treatment services Qualified Treatment Trainee (QTT) program.
- 15.** The clinic will implement a Community Outreach Support Professional position in 2022 to address needs related to opioid use disorder, treatment, and recovery.
- 16.** The clinic will partner with the Jefferson County Health Department to train and facilitate a maternal-infant therapy group focusing on post-partum depression.

INTOXICATED DRIVER PROGRAM

Each county in the State of Wisconsin is responsible for establishing and providing intoxicated driver program assessments; Jefferson County Human Services is the designated single intoxicated driver assessment facility in Jefferson County mandated under DHS 62 to provide an assessment and formulate a driver safety plan for persons who operate a motor vehicle while under the influence of intoxicants or other drugs (OWI) and who voluntarily, or by court order or by order of the Wisconsin Department of Transportation undergo an intoxicated driver assessment and complete a driver safety plan (DSP). The intent is to engage the intoxicated driving client in assessment, education, and treatment services that address the client’s inclination to drive under the influence and their substance use problems so that the client may regain safe driving capability.

Only an intoxicated driver assessor (IDP-AT) may conduct assessments and develop driver safety plans. The principal method for assessment shall be a personal interview with the client using the Wisconsin Assessment of the Impaired Driving tool (WAID). Assessments may include the following: information provided by other persons; a review of relevant records or reports on the client; an interview using substance use disorder diagnostic criteria; an approved mental health screening tool; or additional information-gathering measures, instruments, and tests, including alcohol or drug testing, or lab tests deemed to be clinically useful and approved by the designated coordinator. Assessment findings are documented on the Order for Assessment and Driver Safety Plan Report identifying the WAID criteria supporting the finding along with a description of the evaluation instruments applied during the assessment; assessment findings include irresponsible substance use, irresponsible substance use – borderline, suspected substance use dependency, substance dependency, or substance dependency in remission. Based on the assessment finding, a driver safety plan is developed with one of the following recommendations: traffic safety education; treatment and other service recommendations; or traffic safety school and treatment. In addition to the stated recommendations, the driver safety plan may recommend any of the following: victim impact panel, case management, intensive supervision, mental health or psychiatric evaluation or services, follow-up interviews with the assessment facility. If a substance use disorder is not identified, one shall be recommended to complete a traffic safety program; for a first offense (Group Dynamics, GD) or second offense (Multiple Offender Program, MOP). The Group Dynamics Program is a highway safety initiative within Wisconsin which aims to assist persons involved in their first alcohol or other drug related traffic offense to make permanent changes in their irresponsible drinking and driving behavior and attitudes. There is a minimum of 21 classroom hours contained in this alcohol or other drug educational program. The Multiple Offender Program is a specialized education course for individuals who have received two or more charges. In addition to providing alcohol education, the course focuses on modifying the unhealthy attitudes and behaviors that foster repeat irresponsible impaired driving. The course emphasizes strategies and techniques that assist individuals in changing high-risk attitudes and behaviors related to alcohol, other drugs and driving. Small group sessions and participation of a concerned other, at a minimum of two sessions, along with self-evaluation techniques are utilized. The course is conducted over 30 classroom hours and a follow up evaluation three months after the last classroom session. If substance use treatment is recommended, the individual shall be referred to a provider that is DHS 75 approved which may entail short term outpatient substance use or substance use treatment (DHS 75.49), or outpatient integrated behavioral health treatment services (DHS 75.50). The individual is responsible for completing the DSP within a year’s time and failure to complete the driver’s safety plan will result in the individual being placed in non-compliance with the driver safety plan and face further restriction and or loss of their driving privilege. In addition to completing the assessments, the assessor is responsible for monitoring the individual’s compliance with the DSP and reporting status updates to the department of transportation.

In 2022, the IDP program completed 276 assessments and developed the same amount of Driver Safety Plans. Of the assessments completed, 150 individuals were first time OWI offenders which accounts for 54% of the assessments completed. 67 individuals had their second OWI offense, 42 had three lifetime OWI offenses, 11 had four lifetime OWI offenses, and 6 had five or more lifetime OWI offenses. 116 consumers were referred to Group Dynamics (GD) and 19 consumers were referred to the Multiple

	2022
1st Offense	150
2nd Offense	67
3rd Offense	42
4th Offense	11
5th Offense or more	6
Total	276

Offender Program (MOP). A total of 133 individuals (48% of completed assessments) were referred to outpatient substance use treatment with 63 individuals (47%) being referred to a private outpatient clinic in the community that is DHS 75 Licensed, and 84 individuals (63%) were referred to the Jefferson County Outpatient Clinic at Human Services.

COMPREHENSIVE COMMUNITY SERVICES PROGRAM (CCS)

~ Providing qualifying consumers with services to move forward in their recovery goals. ~

VISION STATEMENT: To provide the most effective services and resources to consumers of the CCS program to assist them with living their most authentic/best life possible as they work toward recovery from mental health and substance use conditions.

The Jefferson County Comprehensive Community Services Program (CCS) completed its sixteenth full year. First certified in February 2006, Jefferson County's CCS program was granted a two-year license in March 2007. This license has been renewed every two years, most recently in February of 2022.

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 use 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, assists people in living the best possible life, and helps participants on their journey towards recovery.

CCS offers an array of psychosocial rehabilitative services which are tailored to each individual consumer. These services include screening and assessment; service planning; service facilitation; diagnostic evaluations; medication management; physical health monitoring; peer support; individual skill development and enhancement; employment related skills training; individual and/or family psychoeducation; wellness management and recovery/recovery support services; psychotherapy and substance abuse treatment.

General Data

During 2022, 251 consumers ranging in age from 6 to 68 received services. This is an increase of eighteen in the number of people served in 2021. Throughout 2022, 57 new consumers were admitted, and 51 consumers were discharged. Of the consumers admitted to the program, 42 were children and 15 were adults. Of the consumers discharged, 25 were children and 27 were adults.

Consumers had diagnoses of: schizophrenia, schizoaffective disorder, delusional disorder, bipolar disorder, major depression, disruptive mood dysregulation disorder, borderline personality disorder, post-traumatic stress disorder, various anxiety disorders, reactive attachment disorder, attention deficit hyperactivity disorder, obsessive compulsive disorder, conduct disorder, oppositional defiant disorder, intermittent explosive disorder, eating disorders, adjustment disorders, substance use disorders, cognitive disorders and autism.

The CCS staff consists of a Psychiatrist, CCS Manager, three CCS Supervisors/Mental Health Professionals (One for the child and adolescent team, one for the family centered treatment team and one for the adult team), Seventeen full time CCS service facilitators, four full time CCS family centered treatment psychotherapists, four full time psychosocial rehabilitation providers, one full time administrative assistant and one full time administrative specialist.

Key Outcome Indicators

For the 2022 year, the CCS goal was to maintain the percent of service plan objectives accomplished at 72%. The overall percentage of service plan objectives accomplished in 2022 was 82%. Seventy-eight percent of the objectives for children were accomplished and eighty-six percent of objectives were met by adults in the program. The CCS team will strive to maintain the percent of service plan objectives accomplished at 72%.

Consumer Satisfaction

The CCS program conducts consumer satisfaction surveys for consumers and their families who have been enrolled in the CCS program for a minimum of six months. In 2022, there were 108 eligible consumers for these surveys of which we received 108 responses.

The CCS program conducted an adult consumer survey for adults aged 18 and older to measure the consumer satisfaction of our program regarding a positive experience. We had 58 adult respondents out of 58 who were eligible this year. Below is the means and percentages table which breaks the survey down into the following

categories: overall mean, satisfaction, participation, access, outcomes, functioning, connectedness, and quality. The mean and scale values range from 1.0 to 5.0. The item wordings in all statements are positively phrased, so a value closer to 5.0 represents a more positive experience. All categories remain at or above a mean score of 3.8 along with 95% of consumers had responded with an overall domain average greater than 3.5.

Means and Percentages for Adult (aged 18 and older) Consumer Satisfaction Survey Scales

	ADULT Overall Means	Scale 1 Satisfaction	Scale 2 Access	Scale 3 Quality	Scale 4 Treatment Planning	Scale 5 Outcome	Scale 6 Functioning	Scale 7 Social Connectedness
Average for all consumers	4.4	4.5	4.4	4.4	4.4	3.9	3.9	3.8
% Of consumers with a domain average greater than 3.5	95%	95%	95%	91%	95%	75%	72%	71%

The CCS program conducted a Youth Consumer survey for youth aged 13-17 to measure the consumer satisfaction of our program regarding a positive experience. We had 32 Youth respondents out of 32 who were eligible. Below is the means and percentages table which breaks the survey down into the following categories: overall mean, Satisfaction, Participation, Access, Culture, Outcomes, and Social Connectedness. The mean and scale values range from 1.0 to 5.0. The item wordings in all statements are positively phrased, so a value closer to 5.0 represents a more positive experience. All categories remain at or above a mean score of 3.8 along with 95% of consumers had responded with an overall domain average greater than 3.5.

Means and Percentages for YOUTH (aged 13-17) Consumer Satisfaction Survey Scales

	Youth Overall Means	Scale 1 Satisfaction	Scale 2 Treatment Planning	Scale 3 Access	Scale 4 Cultural Sensitivity	Scale 5 Outcome	Scale 6 Functioning	Scale 7 Social Connectedness
Average for all consumers	4.3	4.3	4.2	4.3	4.5	3.8	3.8	4.4
% Of consumers with a domain average greater than 3.5	95%	95%	92%	89%	97%	81%	68%	100%

The CCS program conducted a Family survey for children aged 12 and younger to measure the family satisfaction of our program regarding a positive experience. We had 18 family respondents out of 18 who were eligible. Below is the means and percentages table which breaks the survey down into the following categories: overall mean, Satisfaction, Participation, Access, Culture, Outcomes, and Social Connectedness. The mean and scale values range from 1.0 to 5.0. The item wordings in all statements are positively phrased, so a value closer to 5.0 represents a more positive experience. All categories remain at or above a mean score of 3.3 along with 92% of consumers had responded with an overall domain average greater than 3.5.

Means and Percentages for FAMILY (aged 12 & younger) Satisfaction Survey Scales

	FAMILY Overall Means	Scale 1 Satisfaction	Scale 2 Treatment Planning	Scale 3 Access	Scale 4 Cultural Sensitivity	Scale 5 Outcome	Scale 6 Functioning	Scale 7 Social Connectedness
Average for all consumers	4.4	4.3	4.4	4.6	4.8	3.3	3.3	4.4
% Of consumers with a domain average greater than 3.5	92%	85%	100%	92%	100%	54%	62%	92%

Administrative

In 2022 the CCS program was reimbursed \$3,188,485 from Medicaid for services provided to consumers. This is an increase of \$65,945 from 2021. CCS also recovered \$706,619 in 2022 from the WIMCR reconciliation from the 2021 year. In addition, CCS paid back \$9,749 to MA in 2022 for services provided in 2021 and earlier.

We continue to focus on compliance, collaborative documentation, training and increasing our network of community providers.

As is occurring across the behavioral health field, multiple staff resigned in 2022. This resulted in increased recruiting, interviewing, and training of new staff. It has been more challenging since the pandemic to recruit applicants; thus, vacant positions are taking much longer to fill. We offer an extensive employee recognition program.

Homelessness / Housing

In 2022, the CCS program served a total of 36 households / 68 individuals (42 were our adults and 26 were children) that were experiencing homelessness (meaning sleeping in a vehicle, on the street, or staying at a hotel/motel paid by someone else) or in imminent risk (meaning they were at risk of being homeless in 14 days or less). Of the 36 households, 4 households were currently/in the recent past, a victim of domestic violence, 9 households were literally homeless, and 14 households were in imminent threat of being homeless. Of the 36 households, 23 households (64%) were able to secure/maintain housing with the assistance of CCS Staff. The barriers that most consumers have with securing housing on their own are: Mental Health and substance use challenges, previous incarceration, no or poor rental references, previous evictions (some more than 10 years ago) and being a victim of domestic violence/trafficked. Most households experiencing homelessness have some sort of income (employment, Social Security, SSI/SSDI and/or child support).

JCHSD follows the Housing First model which is an evidence-based, cost-effective approach to ending homelessness for the most vulnerable and chronically homeless families and individuals. JCHSD currently owns two buildings (6 rental units) in Fort Atkinson and 1 house in Jefferson for a total of 7 rental units. We have been able to place families and individuals that would have otherwise been homeless into transitional housing where we offer immediate housing services and provide additional supports until they determine they are in a better financial situation, have learned skills to assist with their mental health/substance use disorders along with other services. In addition to this, they can also use JCHSD as a rental reference as they continue their journey to enhance their independence. This assistance with housing also helps families with kids in care to secure housing who may be struggling at the time.

The families and individuals that we have assisted this year, has had more obstacles and barriers than we have seen in the past. In fact, many households had an increase in multiple diagnoses and not limited to just mental health. While we served less households this year, the challenges with loss of income, and a drastic increase in rent, have caused a significant challenge with locating and securing long term housing options. Some landlords

are reporting that they are choosing to go with month-to-month leases, so they can increase the rent earlier instead of once a year.

In November of 2022, CCS additionally raised awareness to Jefferson County Human Services Department by hosting an event that ultimately collected items that members of the community experiencing homelessness could benefit from. It was identified by CCS Psychosocial Rehabilitation Workers that, while food is generally available to people in the community who need it, plates, cups, napkins, and utensils can be hard to come by. CCS collected these items throughout the month and have already started to distribute to the community members who are in need.

Children/Adolescents

VISION STATEMENT: We will engage both children and families to enhance resilience, promote growth, and help consumers explore their goals to achieve and maintain a life worth living. We are non-judgmental and empathic in our practice. We strive to provide quality and evidence-based mental health care.

In 2022, the CCS program served 131 children, ages 6 to 17; of these children, 76 were males and 28 were females. 62 children were admitted to CCS and 28 were discharged. Of the 28 discharged, 8 children moved out of the county, 15 children chose to withdraw from the program, 1 refused services for more than 3 months, and 7 children met their discharge criteria.

During 2022, one adolescent was under a mental health commitment order. This order was ended in 2022.

There was a total of 21 children admitted for psychiatric hospitalizations, 10 children were admitted more than once. 19 of the children had voluntary admissions. There were 2 children who were admitted involuntarily to the hospital via emergency detentions.

In 2022, the average number of children/adolescents who were interested and looking for work throughout the year were 14 per month. Thirty-six consumers volunteered for at least one month out of the year. The number of children/adolescents who held a part time job in 2022 was fifteen per month. The number of children/adolescents who held a full-time job in 2022 was three per month.

Family Centered Treatment (FCT)

VISION STATEMENT: FCT empowers families to heal intergenerational trauma by learning new skills and managing life stressors through enhancing family resiliency. The FCT team will work with families in crisis to stabilize and/or reunify the family unit. FCT will utilize family strengths and community resources to increase confidence so that families can function independently.

Jefferson County continues to implement Family Centered Treatment (FCT) through the CCS program. FCT is an evidenced based practice which is home, community, and collaborative based while being committed to family preservation and reunification. FCT addresses the needs of a family, recognizing that what affects one family member affects all family members, through a more intensive treatment to strengthen the rapport with the family which includes skill development, coaching, therapeutic enactments, and intergenerational trauma treatment. FCT allows for family systems to restructure critical areas of functioning and utilizes emotions to strengthen attachments, as well as addresses trauma through a systemic and intergenerational lens while being broad enough to be able to provide services for a variety of families and youth.

FCT enrolled and served twenty-seven Jefferson County families in 2022. In 2022 there were fifteen discharges. The FCT team is comprised of one supervisor and two clinicians, which totals three staff implementing the FCT model with families. FCT experienced a leadership change in September of 2022, when a new FCT supervisor was promoted from within the FCT team, to fill the vacancy created when the former supervisor transitioned to a different role within the agency. The FCT team currently has 3 vacant (psychotherapist positions to fill and are actively working on recruiting for these positions. The FCT program also continues to focus on training and implementation of the Family Centered Treatment model with all three staff providing services. The current FCT Supervisor currently holds Level I certification and is actively working on completion of her Level II and FCT Supervisor Certifications.

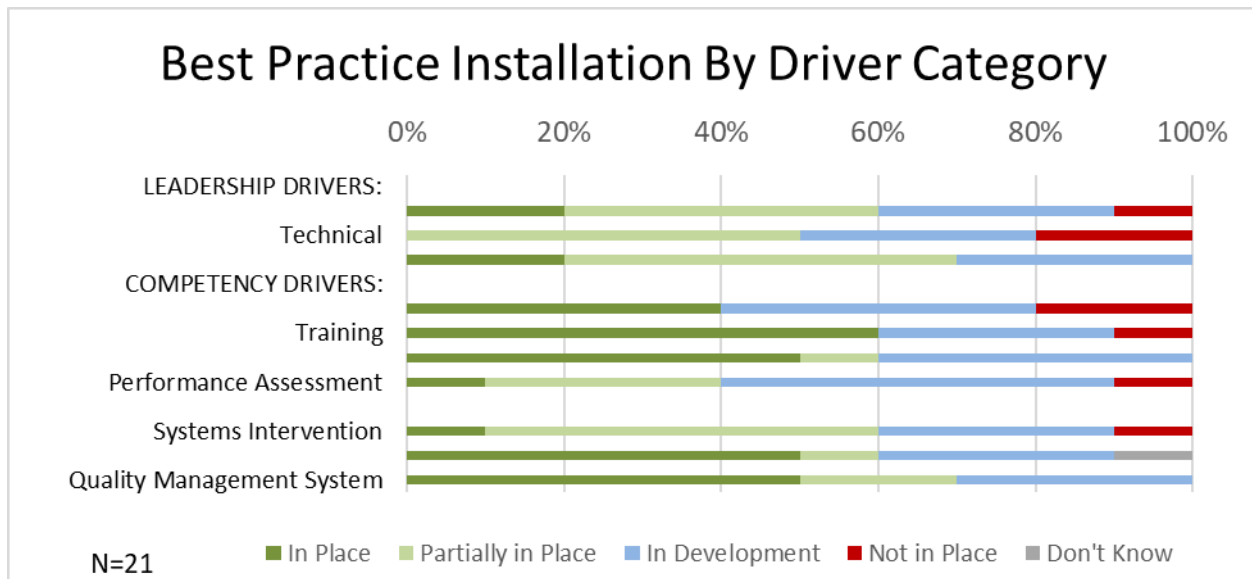
Family Centered Treatment Title Definitions

Title	Certification	Requirements	Capabilities
Level I FCT Clinician	FCT Certification	<ul style="list-style-type: none"> • Completion of the online Wheels of Change FCT Certification Series • Completion of online FCT Required Reading Series • Completion of passing scores on 16 field-based check offs • Submission of all required material to FCT Foundation for Certificate and Certification ID. 	<ul style="list-style-type: none"> • Perform FCT without restrictions. • Certification good for 2 years pending renewal.
Level II FCT Clinician	FCT Trainer Certification	<ul style="list-style-type: none"> • Level I Certification and/or FCT Supervisor Certification • LII reliability check-offs with a LIII or higher. • Submission of all required material to FCT Foundation for Certificate and Certification ID. 	<ul style="list-style-type: none"> • Perform FCT without restrictions. • Can certify Level I. • Certification renewal in conjunction with LI certification deadline.
FCT Supervisor	FCT Supervisor Certification	<ul style="list-style-type: none"> • Completion of the FCT Supervisor Curriculum online • Completion with passing scores on 4 field-based check offs and offline assignments. • Approval by LIII for final 'walk through' • Submission of all required material to FCT Foundation for Certificate and Certification ID. 	<ul style="list-style-type: none"> • Can supervise FCT sites without restrictions. • Certification good for 5 years pending renewal.

Jefferson County FCT 2022 Program Development

Staff completing in progress trainings are meeting all CCS/FCT training timelines and are able to implement the FCT model with families. The FCT team continues to receive weekly consultation and support from the FCT Foundation which has allowed for staff to enhance their knowledge of model fidelity and clinically consult regarding acute cases to ensure appropriate model delivery.

The FCT program underwent an annual Licensing Review in 2022, which is still being finalized, but the following data has already been review and includes analysis of the following: updated Implementation Driver Assessment, review of client records to include dosage, service notes, fidelity, and all supervision notes. Results from this were reviewed and analyzed by the FCT Foundation and include the following:



Installation drivers review three main categories (leadership, competency and organizational) with 10 subsections to provide feedback regarding current infrastructure with regards to implementing and sustaining any evidence-based practice in the human services field.

Adults/Elderly

VISION STATEMENT: We connect adults to community resources and internal services while assisting each person to get their basic, mental health, and substance use needs met.

In 2022, the CCS program provided services for 126 adults/elderly aged 18-68. Out of these 126 consumers, three were considered elderly. Of this adults/elderly population, 52 were males and 74 were females.

In 2022, 22 adults/elderly were admitted to CCS and 35 were discharged. Nine individuals moved out of county, 22 individuals withdrew from CCS, as they did not want to continue receiving this level of intense

involvement; Two individuals were discharged for successfully meeting discharge criteria; One consumer was incarcerated, and one consumer passed away.

During 2022, 6 adults were under a chapter 51 mental health commitment order. One order was able to expire in 2022.

There were 27 voluntary psychiatric admissions. There were two emergency detentions. There were three returns to more restrictive environments.

Out of the total adult/elderly consumers enrolled in CCS in 2022, an average number of adult/elderly consumers looking for employment was eighteen monthly from January to June. The average number of consumers looking for employment during the second half of the year (July to December) was thirteen per month. Thirty-one consumers volunteered in 2022. The average number of adult/elderly consumers who held a part time job in 2022 was 20 consumers monthly. The average number of adult consumers who held a full-time job in 2022 was 10 monthly.

Service Plans/Reviews as it pertains to all CCS consumers

Consumer service plans are reviewed every six months. There were 209 service plan reviews for the 2022 year. Eighty-two percent of consumer objectives were met. One hundred percent of the objectives were met for 127 of these service plans reviews.

The children met 78% of their objectives throughout 2022. There was a total of 103 children service plan reviews for the 2022 year. One hundred percent of the objectives were met for 57 of these service plans reviews.

The adults/elderly met 86% of their objectives throughout 2022. There was a total of 106 adult service plan reviews for the 2022 year. One hundred percent of the objectives were met for 70 of these service plans reviews.

We continued to use person centered planning when developing service plans with consumers and their recovery team. 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. The plans also inform the consumer and recovery team members 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 the spring of 2022, the CCS program developed a contract with Professional Services Group (PSG) specifically to build a service facilitation team to assist with increasing access to CCS services in a timelier manner. The team consists of one Supervisor/Mental Health Professional and six Service Facilitators.

The Jefferson County CCS program along with our regional partners, Rock and Walworth counties, contracted with 47 organizations throughout 2022. Eight of these organizations were new CCS contracts in 2022. Jefferson County CCS utilized 21 of these organizations to provide services to Jefferson County consumers. Because therapists, psycho-social rehabilitation workers, peer support specialists, occupational therapists, parent coaches, Psychiatrists and APNP's employ psychosocial rehabilitation practices, their services were billable to Medical Assistance through the CCS program.

CCS Coordinating Committee

The CCS Coordinating Committee is currently comprised of consumers, staff, and individuals from the community. During 2022, the committee met quarterly via Zoom for scheduled hour-long meetings. The meetings focused on updates regarding CCS programming and regionalization, community events, and community resources. The coordinating committee additionally reviewed new and/or updated CCS policies procedures, 2021 annual report information, and Quality Improvement Plan during the year.

CCS Jefferson, Rock & Walworth (JRW) Region

During 2022, our CCS program worked with Walworth County and Rock County (our regional partners) to continue to focus on consumer satisfaction and progress toward consumers' desired outcomes. We continue to utilize a tracking system for additional identified quality improvement areas and review the data with the regional coordination committee and integrate the feedback into future development of quality improvement plans/processes.

As part of the regionalization efforts, the JRW leadership team informed all staff and providers of training put on by the State throughout the year, as well as any additional training offered by our three counties, as well as other provider organizations.

NIATx 2022

The aim statement of the 2022 project was by September 2022, CCS will develop and implement updated onboarding process for new CCS employees.

This allowed for retention of new staff. Staff turnover has significant impacts on budgets, client care and general staff morale. Feedback from new staff indicate that the new forms have aided in decreasing stress related to starting a new job and the amount of training required for CCS.

The team spent time developing and completing user friendly orientation guides. The amount of training for CCS can be overwhelming so having everything in one space that is laid out has been helpful to new staff. Continued implementation of these tools are the changes that CCS will sustain.

We have removed all the old training documents and have replaced them with the new training forms. In July 2022, we implemented the new training forms and received positive feedback regarding the updated forms.

Review of 2022 Goals:

1. Key Outcome Indicator: Meet 72% of all service plan objectives.
 - a. This goal was met. 82% of all service plan objectives we met during 2022.
2. All CCS staff will be trained in Motivational Interviewing.
 - a. Newly hired CCS staff were trained in Motivational Interviewing Basics Level I and II.
3. Provide DBT and DBT-C treatment to CCS consumers/supports and track outcomes.
 - a. Adult Team DBT Consult group was created in 2022 and DERS tracker was created.
 - b. DBT C training/consultation group was implemented.
 - c. DBT C treatment was provided to one CCS family.
4. Provide adult, adolescent, and family DBT Skills Group and track outcomes.
 - a. Adult Team DBT Consult group was created in 2022 and DERS tracker was created.
 - b. Family DBT Skills Group was facilitated, and outcomes were tracked using the DERS.
5. Provide TF-CBT to CCS Consumers and track outcomes.
 - a. Three CCS consumers completed TF-CBT in 2022. All three consumers completion scores decreased, indicating that their trauma related symptoms improved and/or their reaction to their symptoms decreased.
6. Provide CBT to CCS consumers and track outcomes.
 - a. TEAM CBT Level 1 training wrapped up in 2022 and TEAM CBT Consult group started. CCS continues to work on developing a system to track outcomes for this measurement-based care.
7. Provide FCT to CCS consumers and track outcomes.
 - a. FCT served 27 families in 2022. Of those 27 families, 8 successfully completed the program by the end of 2022. Four families successfully completed the program in January 2023, 6 have continued to be served in FCT in 2023, and 9 discharged from services prior to completion.
8. Facilitate CCS Coordination Committee.
 - a. This goal was met. The Coordinating Committee met quarterly in 2022.
9. Participate in State NIATx learning collaboratives.
 - a. CCS actively and successfully participated in the NIATx program and achieved the outcomes desired.
10. Grow the CCS program by developing contracts for service facilitation.
 - a. This goal was met. CCS contracted with Professional Services Group (PSG) to manage incoming referrals for service facilitation.

11. Work collaboratively with the Jefferson County MIS team to develop CCS Electronic Client Health Records
 - a. The CCS Program Manager and the MIS team worked together to begin developing the CCS Electronic Client Health Records. This continues to be a work in progress.
12. Increase capacity by onboarding private providers to offer the entire CCS service array.
 - a. The CCS program continued to develop new contracts with providers who are capable and interested in providing many services within the CCS service array.

Goals for 2023:

1. Key Outcome Indicator: Meet 72% of all service plan objectives.
2. All CCS staff will be trained in Motivational Interviewing
3. Regularly administer, document, and track PHQ9/PHQ9A assessments.
4. Facilitate Enhanced-Illness Management and Recovery group for adults.
5. Facilitate Interpersonal Effectiveness group for adults.
6. Facilitate DBT skills groups.
7. CCS will implement a full time LPN.
8. All master level clinicians trained in DBT will attend a DBT consultation group and track outcomes for consumers receiving this treatment.
9. All FCT newly hired clinicians will complete their level I FCT certification within one year. Master level staff will identify one TEAM CBT consultation group to participate in and will track outcomes for consumers receiving this treatment.
10. Work collaboratively with the Jefferson County MIS team to develop CCS Electronic Client Health Records
11. Develop contracts to support identified treatment needs.
12. Participate in State NIATx learning collaborative.

COMMUNITY SUPPORT PROGRAM

~Advancing mental health services for people with severe and persistent mental illness~

The Community Support Program (CSP) is an evidenced based practice based on Assertive Community Treatment for people with severe and persistent mental illness such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, and Major Depression. People served in CSP also have had trouble in a range of life areas such as education, vocational, psychiatric, health, activities of daily living, financial, and social or family relationships. The goals of the program are to assist people in moving forward in their recovery by helping them to achieve identified goals. The services can be titrated up or down depending on the individuals' current needs. The program strives to keep people in the community living the type of life they want to live. To achieve these goals the program offers a variety of services including psychotherapy, group therapy, case management, crisis intervention, medication monitoring and support, vocational assistance, and psychosocial rehabilitation to assist people in meeting their needs. Individual treatment plans are developed to work toward the goals the person chooses. Services are provided by a team of professionals, as all mental health services are provided through the community support program as part of the model.

Challenges continued in the CSP as the pandemic and the residual world changes continued to impact CSP services and its staffing. Telehealth services were greatly reduced except for in psychiatry. The psychiatrist did return to having one day where appointments were available in person. The consumers found this to be helpful. This year also brought more challenges in staffing. As in much of the rest of the country, there was difficulty recruiting qualified recruits and the program had openings throughout the year until they were all filled in August. Services continued without interruption to CSP consumers despite these challenges.

In 2022, the CSP program served 129 individuals. There were nine new admissions and eleven discharges. The number of people served was slightly lower than in past years as the team was not fully staffed for much of the year due to difficulty in hiring qualified applicants. The team included a psychiatrist, CSP Manager, one Clinical Coordinator, 5 bachelor level CSP professionals, 7 master's level CSP professionals, a mental health technician, a program assistant, and a part time RN and LPN contracted through the health department. Two staff in CSP are also Certified Peer Support Specialists. The CSP serves consumers across the life span from adolescents to elders.

Within the Assertive Community treatment model, the team continues to provide a variety of evidence-based practices. These include:

1. **Motivational interviewing (MI):** An evidence-based approach used to enhance motivation for change in various areas including health, substance use, and life goals. All CSP staff are trained in motivational interviewing and provide this to each consumer in CSP to assist them in meeting their recovery goals.
2. **Enhanced Illness Management and Recovery (E-IMR):** An evidence-based approach for people with a severe and persistent mental illness and substance use that focuses on education across a variety of topic areas, skill training, and works toward assisting people in meeting their goals.
3. **Dialectical Behavior Therapy (DBT):** An evidence-based practice to assist people in building a life worth living as well as addressing target behaviors such as suicidal ideation, acts of self-harm, and substance use. The treatment includes skills training, coaching calls, individual therapy, and a consultation group for the people providing the therapy. All staff are trained to teach the skills and most consumers are offered some version of mindfulness and other pertinent skills. One staff was trained in implementing DBT therapy.
4. **Collaborative Assessment and Management of Suicidality (CAMS):** All the people served by the program experiencing significant suicidal ideation are offered either CAMS or DBT.
5. **Bucket Approach for Tobacco Cessation:** All new staff were trained in the Bucket Approach in 2022. The CSP Program manager and Peer Support Specialist again, presented for the State of Wisconsin regarding the accomplishments with this approach in our CSP program.

In 2022, the CSP implemented a new consumer satisfaction survey offered by the state that compiles yearly data and tracks from year to year. The CSP program conducted an adult consumer survey for adults aged 18 and older to measure the consumer satisfaction of our program regarding a positive experience. We had 29

adult respondents out of 129 who were eligible this year. Below is the means and percentages table which breaks the survey down into the following categories: overall mean, satisfaction, participation, access, outcomes, functioning, connectedness, and quality. The mean and scale values range from 1.0 to 5.0. The item wordings in all statements are positively phrased, so a value closer to 5.0 represents a more positive experience. All categories remain at or above a mean score of 3.8.

Means and Percentages for Adult (aged 18 and older) Consumer Satisfaction Survey Scales

	ADULT Overall Means	Scale 1 Satisfaction	Scale 2 Access	Scale 3 Quality	Scale 4 Treatment Planning	Scale 5 Outcome	Scale 6 Functioning	Scale 7 Social Connectedness
Average for all consumers	4.0	4.0	4.1	4.0	4.0	3.9	4.0	3.8

Review of 2022 Goals:

1. Start a small second team in CSP with the aim of improving ACT fidelity.

This goal was worked on much of year. Plans were set in place and consumers were identified to move to the ACT subprogram in CSP. In July, an integral staff resigned that would have been a lead in the program. At that time, it was decided that with 5 people on the team being so new to the program that it would be better to increase fidelity by targeting aspects of fidelity. In 2022, the team meetings were changed to run as an ACT team.

2. Increase nursing hours in CSP and provide services with more fidelity to the ACT model.

This goal was met with the RN's hours being increased to 24 a week. An LPN was also added for an additional 24 hours. The nurses began checking in medications, providing more education surrounding health issues such as diabetes, and began attending some of the more complex medical appointments with consumers.

3. Increase psychiatry hours in CSP to increase fidelity to the ACT model.

This goal was met with the CSP psychiatrist attending an additional team meeting during the week and expanding his time on Tuesday afternoons for another 2 hours.

4. Train staff further in Cognitive Behavioral Therapy and implement in at least 10% of treatment plans with consumers.

All staff were trained in Team CBT and became Level 1 Certified. The master's level clinicians continued in a consultation group twice a month to improve their skills and apply skills to current situations with consumers they were serving. Twenty five percent of CSP consumers began receiving CBT as a primary focus in their treatment plan.

5. Begin running groups at CSP again such as E-IMR or DBT skills group.

This goal was not met due to continued pandemic concerns and the vulnerability of many of the CSP consumers. An in-person recovery day event with a luncheon was held at the fairgrounds in person this year for the first time since the pandemic.

6. Continue to implement Individualized Placement Employment Services in CSP and train staff in the model.

This goal was met, and another person began working and has maintained that employment. A training on the model was held in a team meeting.

7. Assist consumers in reaching 70% of their recovery goals.

This goal was not met due to high turnover and changes in treatment staff only 69% of goals were met.

8. Revise the staff training and orientation materials.

This goal was met for adding new forms and updating materials in the training binder and will continue for 2023.

New Goals for 2023:

1. Develop the full-time nursing role and duties at CSP to continue to improve fidelity to the ACT model.
2. Implement the ACT treatment planning process with a segment of the CSP consumers to increase fidelity.
3. Train a portion of the new staff in DBT treatment and provide opportunities to use skills.
4. Train the whole team in Enhanced Illness Management and Recovery.

5. Continue to offer a Team CBT consultation group and provide CBT in at least 25% of treatment plans that are appropriate.
6. Review and expand the CSP orientation checklist.
7. Continue to expand the Policies and Procedures for the CSP program
8. Offer monthly MI training opportunities to the team
9. Help CSP consumers meet 72% of their treatment plan objectives.

COMMUNITY RECOVERY SERVICES

~Providing qualifying consumers with services to move forward in their recovery goals~

Community Recovery Services (CRS) serves individuals with medical assistance and who qualify on the mental health functional screen in Jefferson County. Services provided include peer support, employment supports, and community living supports. The CRS program can help people remain in the community or in a residential setting. CRS helps individuals living with mental illness reach their full potential through consumer choice, person centered planning, and a focus on recovery.

Highlights from 2022:

- Nine consumers were served in 2022 (1 admission and 3 discharge).
- One consumer discharged to go to residential substance use treatment.
- Two consumers discharged to long term care and received funding from that program.
- More staff from Community Compressive Services (CCS) were trained to assist consumers in being admitted to the program and how to receive services through CRS.
- CRS DHS staff trained residential staff with Jefferson County Human Services lead CRS worker in summer of 2022 in how to complete acceptable documentation.

Review of 2022 Goals:

1. Include in each annual training manual a refresher for CRS documentation for staff to use in the program.
 - CRS and Division of Health Services went into all the programs to do a training.
2. Have one on one sessions with new residential staff during the first three months of training.
 - This was attempted but residential staff were turning over very quickly in 2022 and this could not be accomplished.
3. Review each consumer in CRS and assess for the ability to reduce services and readiness for discharge.
 - This was accomplished, and one consumer was targeted to work on reducing services and being able to live independently in the community.

Goals for 2023:

1. Community Living Staff are reviewing material with consumers from Enhanced-Illness Management and Recovery (EIMR) and DBT.
2. Explore the possibility of adding peer support specialist services as part of the CRS program.
3. Develop and train one new placement provider to offer CRS residential services.

CHILD & FAMILY DIVISION

~ The Child and Family Division works together in genuine partnership with families, communities, and other agencies to provide support and services to assist children and families in reaching their full potential. ~

The Child and Family Division of Jefferson County Human Services is designed to provide interventions and services from birth to adulthood. These treatment-based services and interventions come in a variety of forms provided by the following teams: Birth to Three, the Busy Bee Pre-school, Child Alternate Care, Child(ren) in Need of Protection or Services, Access, Children's Long-Term Support, Coordinated Service Teams, Incredible Years, Intake, Youth Justice, Parents Supporting Parents (PSP) and Restorative Justice Programs. These diverse teams that make up our Child and Family Division serve the residents of Jefferson County through a variety of multi-faceted programs. The long-term goal across the division is to partner with the family to develop a comprehensive client centered treatment plan that provides coaching and service provision for long term independent success. The primary focus of this division is to provide safety, permanence, and well-being across the continuum from birth to the age of majority.

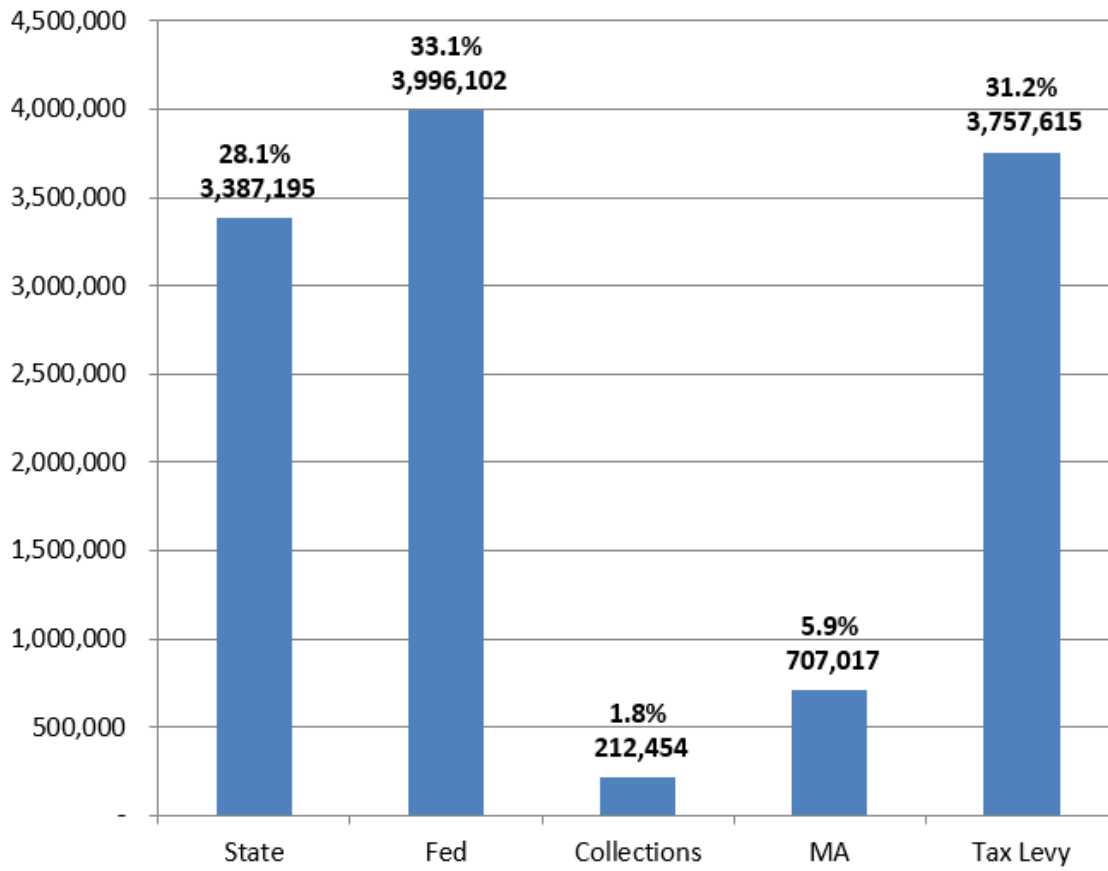
A core belief of our division is that children have the right to live in a safe environment and, if needed, with appropriate intervention and services to assist them until our interventions are no longer required. In 2022, our agency, along with the entire state of Wisconsin continued to experience the early implementation of the Family First initiative. Family First is federal legislation that restructures how the federal government allocates funds to the child welfare system to improve outcomes for children and families. The federal government has conducted extensive research proving children and families succeed when efforts are made to keep them connected. To serve more families in-home, the child welfare system needed to shift its strategy to focus on strengthening families with supportive services. The department of Children and Families, county agencies, tribes and shareholders are all working as a team to help keep more families and children together. This shift nationally is great news for the families we serve, yet as you will read in the coming pages, this philosophy will be less of a practice shift locally given our philosophy and child welfare practice.

A measure taken to deal with all the multifaceted issues that Human Services face, was to continue the tradition of participating in the variety of opportunities provided by DCF and DHS. Through the successful application and awarding process, the division continued the long tradition of successful partnerships with the state in the form of the Targeted Safety Support Funding, Foster Parent Retention Funding, Citizen Review Panel, Infant Mental Health, Trauma Informed Care, Motivational Interviewing, Social Emotional Development and Brazelton's Touchpoints Model of Development to our current service delivery in Birth to Three. New trends that we experienced in 2022 were the lack of affordable housing, decrease in alternate care placement providers, increased mental health, suicidality, drug overdoses and social media and sexting. Additionally, alcohol and drug concerns continue to drive calls of concerns for all of our teams, along with the emergence of anxiety and mental health issues related to the pandemic and subsequent isolation.

In 2018 Jefferson County implemented priority-based budgeting for all departments in an effort to move to a priority driven process to assign resources to the programs providing the most value to the residents. With this implementation, the fiscal manager reviewed and ranked our programming utilizing a three-point scale based on mandates, reliance, cost recovery, demand and population served. These scores were validated utilizing an inter-rater reliability process with other department heads and county supervisors. Due to the large population served, along with the federal and state mandates, in conjunction with the rise in demand, all areas in the Child and Family area received a "4" or at the top of the scale. Continuing into 2020, all of our scores remained the same as we use this process to guide our decision making.

The Child and Family Division revenue comes from county tax levy, state and federal funds as denoted in the following graph. The most significant expenses for the division are customarily alternate cares costs, staff wages and benefits.

2022 Children & Families Division Revenues and Percentage by Funding Sources



Birth to THREE Program

**~Supporting Families in Promoting the Healthy Growth
And Development of Their Children~**

The Birth to Three Mission Statement

The Birth to Three Program is committed to children with developmental delays under the age of three and to their families. We value the family's primary relationship with their child and work to enhance the child's development and support the family's knowledge, skills, and abilities as they interact with and raise their child.

What is the Birth to Three?

Some babies and toddlers need extra help to learn and grow. They may need support with talking and using their words, crawling and walking, or grabbing and holding things. Birth to Three programs are built to help families who have a child under the age of three who may be showing delays in development.

How was Birth to Three created?

Birth to Three programs are part of the Individuals with Disabilities Act or IDEA Part C "Early Intervention". Part C supports states in operating comprehensive systems of early intervention to support the families of infants and toddlers who have developmental delays.

How does Birth to Three work?

When a comprehensive assessment by the Birth to Three team shows that services match the child's and family's needs, an individualized plan is developed to support caregivers in promoting healthy growth and development through everyday routines and activities.

How is the Birth to Three Program governed?

The U.S. Department of Education, Office of Special Education Programs (OSEP) oversees Birth to Three programs. The Wisconsin Department of Health Services (DHS), Bureau of Children's Services governs local Birth to Three agencies such as Jefferson County Human Services.

The Governor's Birth to Three Program Interagency Coordinating Council (ICC) advises, analyzes, and monitors the implementation of the early intervention system. The ICC has adopted seven principles that serve as a framework for program implementation.



WISCONSIN'S BIRTH TO 3 PROGRAM **Guiding Principles (developed by the ICC)**

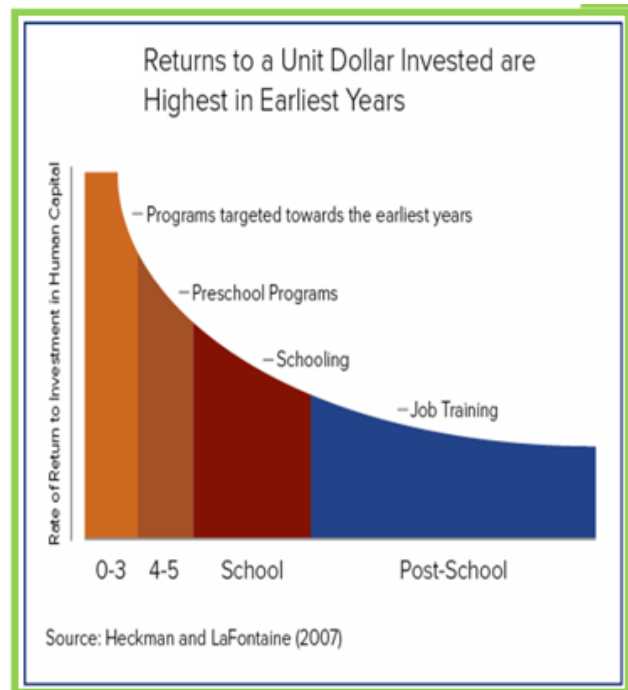
- Children's optimal development depends on their being viewed first as children and second as children with a developmental delay or disability
- Children's greatest resource is their family
- Parents are partners in activities that serve their children
- Just as children are best supported within the context of family, the family is best supported within the context of the community
- Professionals are most effective when they can work as a team member with parents and others
- Collaboration is the best way to provide comprehensive services
- Early intervention enhances the development of children

Birth to Three and Community Impact

High-quality early intervention programs, such as Birth to Three, have been proven to positively impact outcomes for children and families, as well as provide economic advantages for communities. Research by Nobel Prize-winning economist James Heckman shows that the return on investment in programming for children birth to five can yield as much as a \$16 return rate. Services that support healthy brain development are proven to foster better social, economic, and health outcomes for children and families. Early intervention programs strengthen the economic potential for communities now and in the future.

Inclusive and Equitable Access in Birth to Three

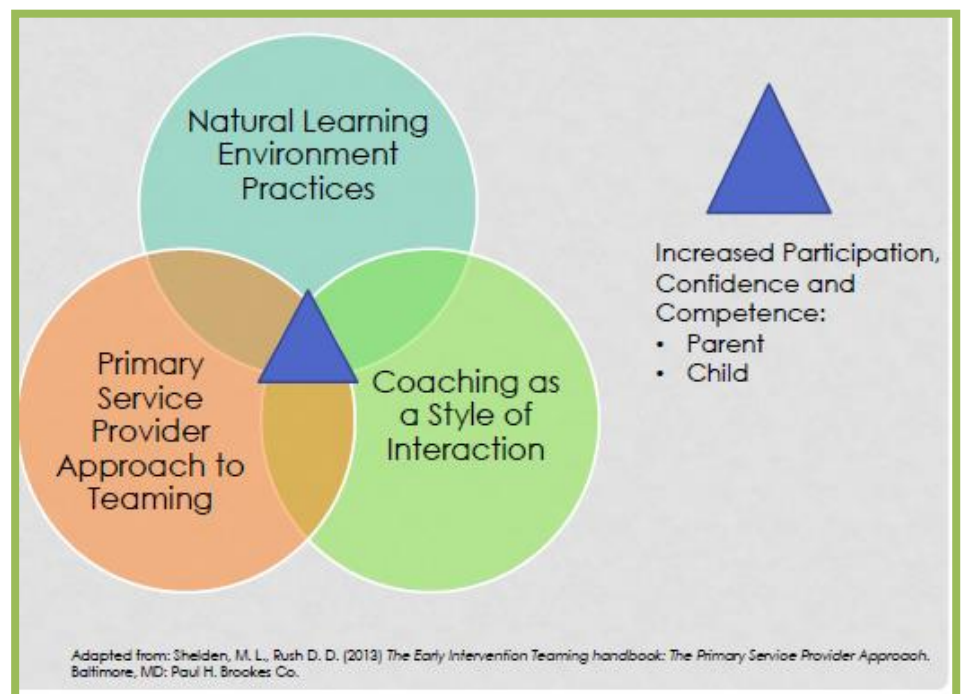
The legislation that authorizes the Birth to Three Program states that “disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society.” Birth to Three services are designed to ensure that children with delays and disabilities have opportunities to fully engage in family and community activities. Programs are federally mandated to ensure equitable access to and participation in culturally competent services to all children who qualify, including historically underrepresented populations.



Jefferson County Birth to Three was able to provide services to 100% of families in their preferred language in 2022 thanks to the ongoing support of bilingual staff and contracts with language interpretation and translation agencies.

Evidence-Based Practices in Birth to Three

Jefferson County Birth to Three services are founded on three key evidence-based practices. These practices are recognized as essential to building effective programming by OSEP and the Wisconsin Birth to Three Program. They integrate families' experiences and priorities, research in early development, and professional expertise to create individualized and meaningful services.



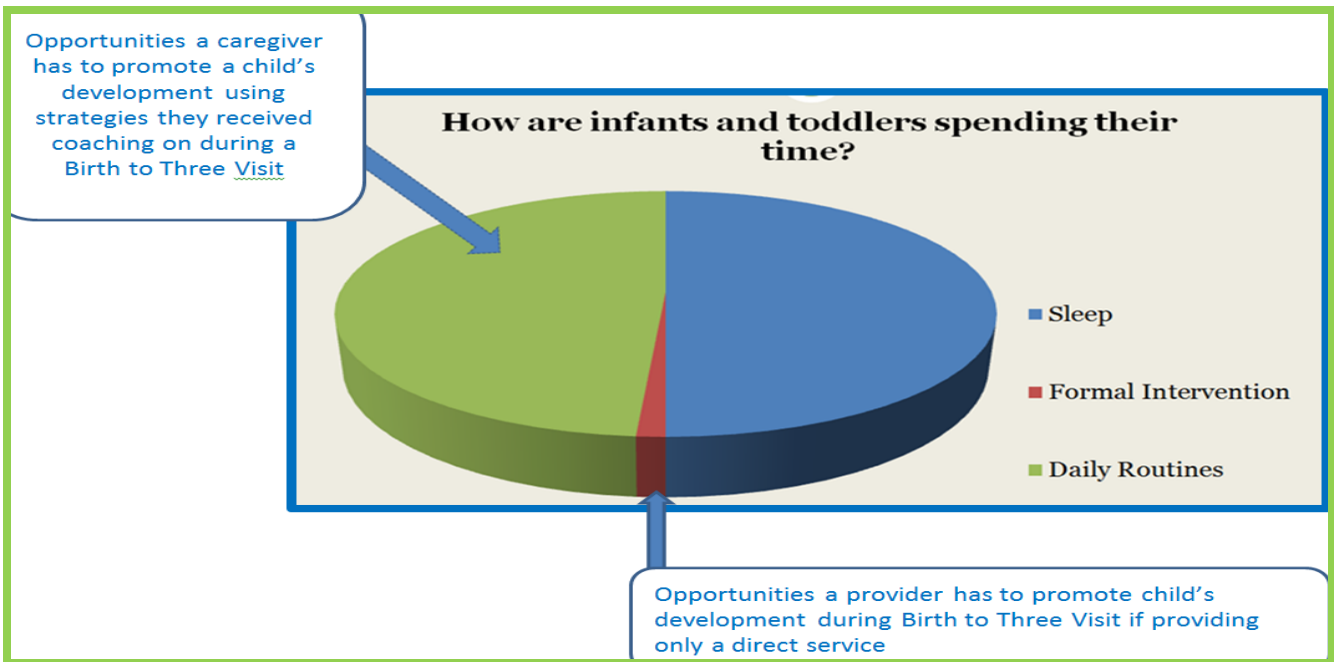
Natural Learning Environments

Research shows that children learn best when they are doing things that interest them within their everyday routines and activities with their primary caregivers.

Jefferson County Birth to Three uses a family routines assessment to gather information about how families spend their days, how they engage in their communities, what is going well, and where they feel they could use support.

Coaching as a Style of Interaction

Birth to Three providers work closely with parents and caregivers to build their skills and confidence in promoting their child's development. Through coaching, providers share strategies, support problem solving, and create action plans to promote child development and learning. Research shows that increasing the capacity of the parent to promote their child's development significantly impacts child and family outcomes.



Primary Service Provider Approach to Teaming

In Birth to Three, a family has a whole team of providers to help support their child's development. There is always one point person or primary service provider who serves as the main support for the family. This ensures that parents receive consistent, unduplicated, timely, individualized, and comprehensive supports.

The Jefferson County Birth to Three Team includes members with expertise in early childhood education, parent education, infant and family mental health, speech and language, occupational therapy, physical therapy, feeding, and sensory processing.

Service Provision in 2022

Child Find

Child Find and community awareness ensure that Jefferson County Birth to Three has a comprehensive referral network.

2022 Public Awareness and Child Find Activities

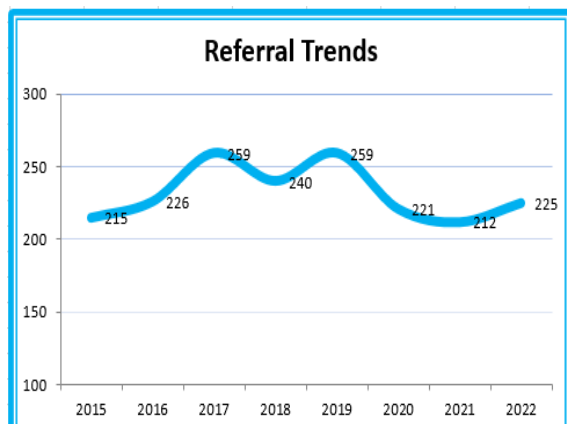
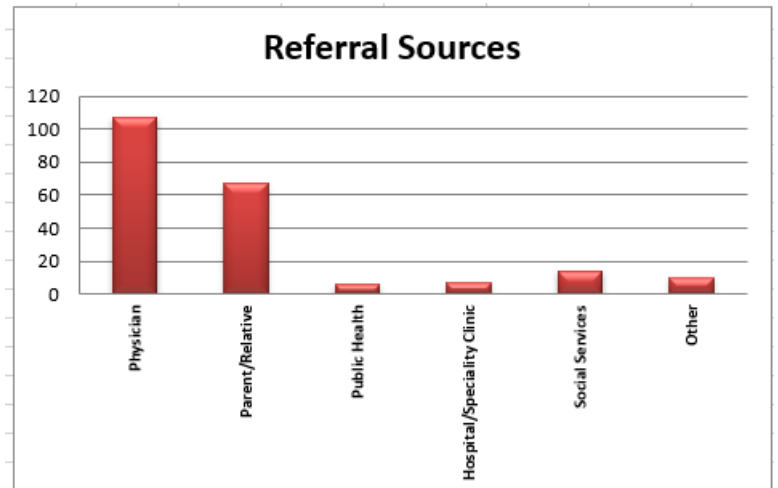
- Participated in Watertown Networking Breakfast
- Served on the Watertown Family Connections Board
- Participated in the Greater Watertown Community Health Foundation initiatives
- Shared WI Birth to Three Outreach material with medical providers, childcare, and health departments
- Initiated Interagency Agreement Meetings local school districts
- Participated in the Watertown Children's Fair
- Partnered with childcare on Conscious Discipline Initiative

Referrals

Jefferson County Birth to Three received 225 new referrals in 2022

Anyone with concerns for a child's development can make a referral to Birth to Three. The majority of Jefferson County's referrals come from medical providers and parents. Referrals are also received from hospitals, specialty clinics, childcare, and local social service agencies.

In 2022, there was an increase of parents and social service referrals to the Jefferson County Birth to Three Program. These trends align with state initiatives around automatic referrals from social services and program outreach initiatives.



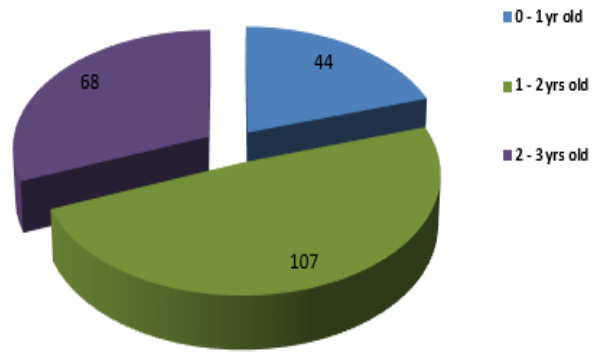
Referral Trends

Female: 95

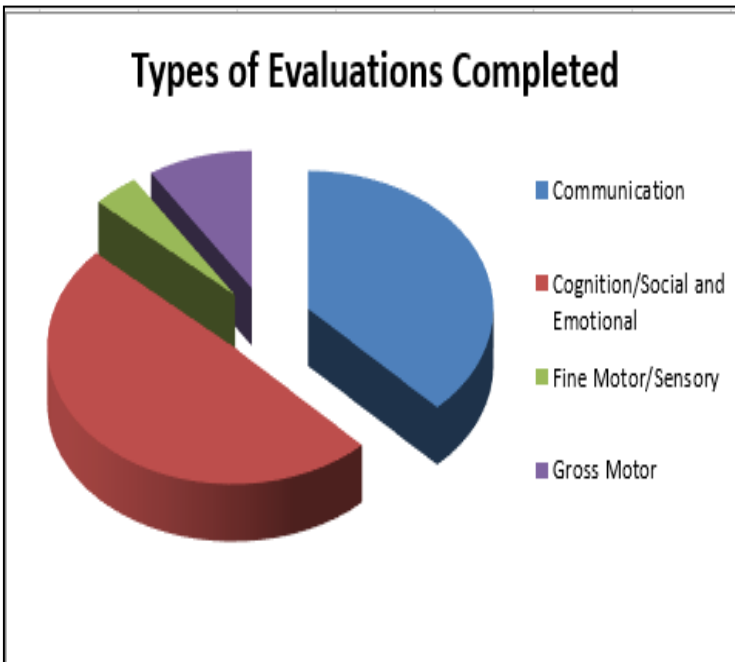
Male: 130

Referral Trend
Children are being served earlier

<u>Age at referral</u>	<u>2021</u>	<u>2022</u>
0-1 yr old	16%	20%
1-2 yrs old	29%	48%
2-3 yrs old	55%	30%



Assessment and Evaluations



Birth to Three evaluations combined with the family assessments provide a comprehensive view of how a child functions within the context of their family and everyday routines.

244 evaluations were completed by Birth to Three staff in 2022

Evaluation and assessment information is collected through parent interviews, observations of the child, and play-based, standardized evaluation tools. The Birth to Three Team creates a developmental summary from the collected information to share with the family. The summary guides the discussion regarding the child’s eligibility for services.

Eligibility Determination

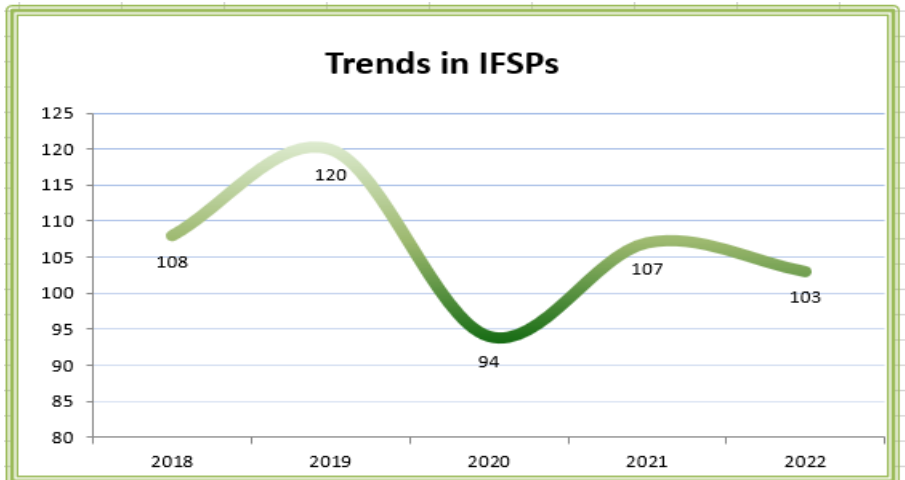
118 children were found eligible for Birth to Three services in 2022

Children are determined eligible for Birth to Three services based on one of three criteria:

- Significant delay in any area of development
- Atypical behaviors that are negatively impacting development
- A diagnosed condition likely to result in developmental delay

Individualized Family Service Plan (IFSP)

After a child is determined eligible for services, the Birth to Three Team, with the family, develops a service plan individualized to the family's priorities and concerns. The child's present levels of development, the family strengths and resources, and the expected outcomes for the child are documented in the IFSP. The document is reviewed at least every six months or whenever there is a change in services.



Ongoing Services

Jefferson County Human Services employs six staff to facilitate Birth to Three programming. One program supervisor oversees five, full-time service coordinators that have multiple roles in. Service coordinator roles include being the point of referral, being an Infant Massage provider, being a coach for the TalkReadPlay home visiting program, and serving as early childhood educators. Rehab Resources, a division of Greenfield Rehabilitation Agency, Inc., is contracted to provide therapy services. Programming is supported by three speech therapists, an occupational therapist, and a physical therapist.

The full team meets weekly to discuss service provision for families. Each child's services are reviewed at least quarterly by the team. Service coordinators meet with each family every six months to review their child's development and progress toward the goals written in the service plan.

209 families received ongoing Birth to Three services in 2022

Transition Planning

Most children continue Birth to Three until they are no longer in need of services or until they turn three years of age. All children exiting the program receive transition planning to support moving into the next stages of early childhood. Early childhood transition options include school district programming, Head Start, childcare, play groups, or other appropriate community services.

Transitions for children turning three
51% were transitioned into an early childhood setting to continue services.
44% were not in need of early childhood programming beyond Birth to Three.

Birth to Three Initiatives in 2022

Child and Family Focused Pandemic Recovery Grant

The Jefferson County Birth to Three program was awarded a Child and Family Focused Pandemic Recovery Grant in June of 2022. The proposed grant activities were designed to support integration of the Jefferson County Infant, Early Childhood, and Family Mental Health Initiative into service delivery. This multifaceted initiative combines Infant, Early Childhood, Mental Health Consultation (IECMHC) with infant mental health focused professional development and comprehensive supports designed to promote pandemic recovery

efforts. Initiative activities build on the program’s capacity to offer responsive supports, enhance protective factors, cultivate resilience, and promote positive outcomes for children and families. Grant funding has enabled providers to access professional development recognized for building infant mental health competencies and enhancing culturally sensitive, relationship focused practices. All activities are designed to optimize accessibility of pandemic recovery supports with special consideration for families disproportionately affected by the pandemic.

Grant activities began August of 2022 with the continued development of the Infant, Early Childhood Mental Health Consultation (IECMHC) Program and will carry over to September of 2023. IECMHC pairs a mental health specialist with families and professionals to build their capacity to support the healthy social and emotional development of children ages 0–5 across child-serving systems. IECMHC has been proven to be an effective approach for building providers’ capacity to successfully support families. The IECMHC framework is designed to enhance service providers’ and caregivers’ ability in creating nurturing, responsive environments in which young children can safely and healthily grow, learn, and thrive. To build on the programming already in place, the IECMH consultant has conducted 4 full staff trainings on IMH related topics. She has also provided monthly reflective practice groups for county staff. She attends full team meetings at least three times a month to offer coaching. She has also provided support through two case-based consultations and two child specific observations with joint visits

In collaboration with the IECMH consultant, policy, and procedure for use of the Infant Toddler Social Emotional Evaluation Tool was developed by the team. This tool was purchased to use as an evaluation and qualification tool that is sensitive to social and emotional development. Once staff is fully trained in independent use of the tool, all children referred through child welfare and any child with possible concerns in social and emotional development will be evaluated using the ITSEA. Staff have participated in a foundational training for the ITSEA. Currently, staff are working with the IECMH consultant to gain confidence and competence in conducting the evaluation tool independently.

Grant activities have supported ongoing professional development related to infant and family mental health for both county and contracted staff. Membership for 9 providers to the Wisconsin Alliance for Infant Mental Health (WIAIMH) was purchased in 2022. WIAIMH is an organization that strives to promote infant mental health through building awareness, promoting professional capacity, fostering partnerships, and supporting policies that are in the best interest of infants, young children, and their families. Eight providers were able to attend the WIAIMH conference in October of 2022. These eight providers have had their competencies in infant, early childhood and family mental health recognized by receiving endorsement through WIAIMH.

Five providers attended the virtual Parents as Teacher (PAT) conference in August of 2022. PAT programming strives to support optimal early development, learning, and health of all children by supporting and engaging their parents and caregivers. The Birth to Three program also established two subscriptions to the PAT online resources to supplement parent education services, also known as TalkReadPlay home visiting.

Number of families who received TalkReadPlay Home Visiting:
2019: 12
2020: 21
2021: 57
2022: 65

Grant funding was used to enhance supports for the growing number of children and families affected by autism that are receiving Birth to Three services as their primary intervention. All direct service providers and both supervisors enrolled in the Autism Navigator Curriculum in Winter of 2022. Autism Navigator is an online curriculum that offers evidence-based intervention strategies and supports for social communication, active engagement, and addressing challenging behaviors. After completing the 30-hour course, providers will be able to embed the Autism Navigator tools and strategies into their coaching and support for families.

Infant Massage

Birth to Three continues to expand the Infant Massage program. Infant Massage enables families to spend quality time with their infant and learn how to interact with their babies using nurturing touch. They also had the opportunity to share and discuss topics such as infant behavioral states and cues, infant reflexes, sleep, and sleep patterns, periods of crying, and Shaken Baby prevention. In 2022 the certified Infant Massage provider began providing Infant Massage as part of the parent education component of programming. Three families received individualized Infant Massage instruction in their home during Birth to Three visits.

Jefferson County Birth to Three Program Performance

Birth to Three programs in the state of Wisconsin are monitored using an integrated system of compliance and results measures. The federal government has identified 8 essential components of high-quality early intervention programming on which counties report compliance. Wisconsin Birth to Three also monitors Child Outcome ratings as a measure of high-quality programming. Child Outcome ratings reports a child’s progress toward three nationally recognized outcomes as required by the U.S. Department of Education: Positive Social-Emotional Skills, Acquiring and Using Knowledge and Skills; and Taking Appropriate Actions to Meet Needs. States set targets for performance on each indicator. Each indicator has two summary statements that show programs effectiveness. 2021 and 2022 program initiatives were designed to better align services with state targets on these indicators. The success of the initiatives is demonstrated by the percentage increase toward state targets.

Summary Statement 1: Percent of children who substantially increased their rate of growth by the time they turned 3 or exited the program.

Child Outcomes	State Target	2020 - 2021	2021-2022
Positive social/emotional skills	62%	61%	63%
Acquisition and use of knowledge and skills	66%	63%	69%
Use of appropriate behaviors to meet their needs	70%	69%	76%

Summary Statement 2: Percent of children who were functioning within age expectations by the time they turned 3 or exited the program.

Child Outcomes	State Target	2020-2021	2021-2022
Positive social/emotional skills	48%	23%	45%
Acquisition and use of knowledge and skills	36%	17%	25%
Use of appropriate behaviors to meet their needs	51%	35%	42%

Birth to Three Indicators

The Birth to Three Indicators have been identified by the federal government as the essential components for implementing high-quality EI programming. The state tracks data related to the eight Birth to Three Indicators

to monitor compliance. The indicators focus on identification of potentially eligible children and program effectiveness. The state DHS Birth to Three Program website defines the indicators as:

Indicator 1: Timely Services

Indicator 1, Timely Receipt of Services, is a compliance indicator with a target of 100%. Each state defines what constitutes timely services. The indicator refers to the percentage of children for whom all services are timely.

Indicator 2: Natural Environments

Indicator 2 documents the extent to which early intervention services are provided in natural environments. “Natural environments” are settings that are either home based, or community based.

Indicator 3: Infant and Toddler Outcomes

Indicator 3 is the percent of infants and toddlers with individualized family service plans (IFSPs) who demonstrate growth in the following:

- Outcome 1: Positive social-emotional skills (including social relationships).
- Outcome 2: Acquisition and use of knowledge and skills (including early language/communication).
- Outcome 3: Use of appropriate behaviors to get needs met.

Indicator 4: Family Outcomes

Indicator 4 measures the percent of families participating in Birth to Three who report that early intervention services have helped the family:

- Know their rights.
- Effectively communicate their children's needs.
- Help their children develop and learn.

Indicators 5 and 6: Child Find

Child Find is defined as the methods and procedures each county uses to identify infants and toddlers potentially eligible for the Birth to Three Program.

Indicator 7: Timely IFSPs

Indicator 7 is a compliance indicator with a target of 100%. Indicator 7 measures the percentage of Birth to Three eligible infants and toddlers for whom an evaluation and assessment and an initial IFSP meeting were conducted within a 45-calendar day timeline.

Indicator 8: Transition

Indicator 8 is a compliance indicator with a performance target of 100%. This indicator tracks the percent of all children exiting Birth to Three who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday.

**The Jefferson County Birth to Three Program was recognized for
100% compliance with Federal Indicators in 2022!**

Sustainability

Birth to Three is funded through a variety of sources. Private insurance, the federal government, the state of Wisconsin, and Jefferson County Human Services provide funding to support programming. Birth to Three service coordination is eligible for reimbursement through Wisconsin Medical Assistance (MA), as Targeted Case Management (TCM).

Average # of families receiving MA in per month 2021: 44
Estimated revenue from TCM in 2021: \$13,237

Average # of families receiving MA per month in 2022: 30
Estimated revenue from TCM in 2022: \$12,617

County Birth to Three programs are responsible for collecting reimbursement through the Parent Cost Share Program. Families deemed able to contribute to the cost of services per the guidelines developed by the state are billed at a monthly rate. Rates are based on family size and family income. Cost Share payments can range from \$25 to \$150 a month and are not directly related to reimbursement provided by insurance. Parent Cost Share billing is monitored monthly to ensure families are not being asked to pay more than the cost of services to the county.

2022 revenue from Parent Cost Share: \$9,050

Review of 2022 Goals:

Key Outcome Indicator: The Birth to Three Program will be issued a notification of 100% compliance with the Federal Compliancy Indicators by DHS based on the annual data review. Birth to Three received a notification of 100% compliance with the Federal Compliancy Indicators in 2022. ***This indicator was met.***

1. Ensure Birth to Three programming enhances social and emotional outcomes for children and families through full implementation of Jefferson County's Infant, Early Childhood, Mental Health (IECMH) Program. By the end of the year, a plan detailing procedure for use of best practices, assessment and evaluation, consultation, reflective practice, and professional development for the IECMH program will be developed and executed. ***This goal was attained.*** All families receiving services through Jefferson County Birth to Three now benefit from IECMH programming. At the foundational level staff has received professional development around infant mental health topics and monthly reflective supervision. More individualized IECMH consultation is offered through the teaming process, case-based discussions, peer-to-peer coaching, joint visits with families, and formal evaluations with children and caregivers.
2. To support high quality services that promote the social and emotional health and wellbeing of families participating in the Birth to Three program, 75% of staff will complete the Infant Mental Health Endorsement process. ***This goal was attained.*** Eight of the ten eligible county and contracted staff applied for Infant Mental Health Endorsement in 2022. All the providers that applied were awarded endorsement, making Jefferson County home to eight of the 55 providers endorsed across the state.
3. Build community awareness and partnerships with early care and education and medical providers by developing a comprehensive outreach plan including the distribution of WI Birth to Three outreach materials. By the end of 2022, the Birth to Three program will have begun outreach to current and potential community partners based on the plan. ***This goal was attained.*** As part of the outreach plan in 2022, an informational video was developed to be shared with referral sources. Outreach materials developed by the state were faxed to medical providers serving Jefferson County families. Birth to Three staff met with many of the local school districts to discuss programming and the transition process. Information about how to access programming was included in the county's Connections Latinx publication. Staff also shared information at several community outreach events over the year.
4. Ensure that the Birth to Three Team is making progress toward proficiency in Motivational Interviewing (MI) skills. Each team member will create a professional development goal related to MI to be documented on their 2022 annual performance reviews. ***This goal was attained.*** All Birth to Three direct service staff completed the MI taping and coaching process in 2022. All staff developed a goal for enhancing MI skills that was included on their annual performance reviews.

Goals for 2023:

Key Outcome Indicator: The Birth to Three Program will be issued a notification of 100% compliance with the Federal Compliancy Indicators by DHS based on the annual data review.

1. Build Birth to Three program capacity to support the growing number of children presenting with behaviors related to autism and their families by building staff confidence and competence in providing effective treatment and coaching strategies.
2. Enhance child find and outreach materials to ensure that children are accessing Birth to Three services as early as possible by emphasizing the importance of making referrals at first sign of delay or concern.
3. Support the capacity of providers to promote children and family's health and well-being by extending the opportunity for reflective practice to both the county and the contracted staff in 2023.

4. Ensure that the Birth to Three Team is making progress toward proficiency in Motivational Interviewing (MI) skills. Each team member will create a professional development goal related to MI to be documented on their 2023 annual performance reviews.

BUSY BEES PRESCHOOL

~Providing positive early learning experiences in a fun-filled morning ~



Busy Bees Preschool offers engaging learning experiences for two- and three-year old's. Preschool runs two mornings a week for two and a half hours. The class is a combination of children invited to enroll through the Jefferson County Birth to Three Program and children from the community. Busy Bees hosts up to seven community children who attend two days a week. Up to 12 children receiving Birth to Three services are enrolled in programming for one day a week.

Children in the Birth to Three Program are invited to enroll in preschool based on their developmental goals and access to other school readiness programming.

Busy Bees' Programming

Busy Bees Preschool offers fun-filled, enriching mornings with structured routines and consistent behavior expectations. The unique abilities of the preschoolers are celebrated through rich learning experiences that build on their skills. The teachers promote learning through open-ended questions, guidance, and scaffolding which fosters growth and development. Children's school readiness skills, social skills, and overall confidence is enhanced by participating in Busy Bee's Preschool.

Classroom activities emphasize language and concept development through free play, music, books, gross and fine motor activities, art experiences, and daily living skills. The Wisconsin Model Early Learning Standards serve as a guide for planning learning experiences. Lesson plans address all domains of learning with developmentally appropriate practices or DAP.

What does developmentally appropriate practice (DAP) look like?

DAP is defined as a teacher or caregiver nurturing a child's development using practices that are based on theories of early education, are individualized to the strengths and needs of the child, and value the child's community, family history, and family culture.

Free Play

Research shows that young children learn best by exploring their environment and making discoveries through play with a variety of items. The role of the teacher is to create an engaging environment and to follow the children's lead during play. The foundations for creativity, problem-solving, self-regulation and life-long learning are built during early play experiences.

Busy Bees Preschool

Daily Schedule

9:00-9:10 Arrival, Handwashing

9:10-10:00 Free Play

Interest Areas

Sensory Tables

Science/Exploration

Dramatic Play/Housekeeping

Blocks/Construction

Library & Cozy Area

Gross Motor Area

Math/Small Manipulatives/Puzzles

Music

Art/Early Writing

10:00-10:05 Clean up

10:05-10:20 Whole Group Activities-name recognition, counting activities, storytime, finger plays, games

10:20-10:40 Free Play/Bathroom Routine

10:40-10:45 Clean up

10:45-11:00 Snack

11:00-11:30 Outdoor/Indoor Gross Motor Activities



One-on-one Interactions

Increased free-play time allows for more one-on-one, adult-child interactions. One-on-one interactions foster healthy social and emotional development, strengthens cognitive connections, and enhances language development.

Child-directed Learning

A variety of intentionally planned learning activities are accessible for the preschoolers to engage in. Children choose the activities they want to explore. The teacher helps foster learning by joining in the learning activities with the children. Child-directed learning promotes social skills, self-efficacy, and life-long enjoyment of learning.

Process-focused Art

Process-focused art allows children to explore and learn about different art mediums while gaining developmental skills. Process art generates an end product from a child's ability to plan, problem-solve, and think creatively rather than an expectation of what the end product should be.

Busy Bees' Teachers

The preschool is staffed by three bachelor-degreed educators. Also, licensed speech therapists, an occupational therapist, and a physical therapist provide support in the classroom as part of Birth to Three services.

Busy Bees' Families

Busy Bees recognizes that strong relationships between the teacher, the child, and the family are the foundation for healthy growth and development. Families are encouraged to participate in their child's learning experience through daily communication and observation opportunities. A daily note is sent home letting parents know what their child did during the day. An observation window enables parents to watch their child engage in classroom activities. Parent/teacher conferences are scheduled twice a year providing time for teachers and parents to discuss the child's learning experiences and developmental progress.

The Busy Bees classroom in 2022

Twenty-seven children were enrolled in Busy Bees programming in the 2022. Seventeen of the children were enrolled through the Birth to Three Program. Ten children were enrolled as community members.

Preschool Services in 2022

Of the 17 children enrolled in Busy Bees Preschool in 2022, twelve received support from a speech therapist in the classroom. Four children were supported by an early childhood, special education teacher. One child was supported by an occupational therapist.

Initiatives in 2022

Enhancing Developmentally Appropriate Practice (DAP)

Child Care Counts funding was used to purchase preschool equipment and supplies that enhanced DAP in the classroom. Classroom enhancements included new learning stations, such as a drama play station, a reading nook, and a light table. Other purchases enhanced learning experiences, such as science, art, and tabletop activities.

Enhancing Nutrition in the Classroom

Busy Bees staff completed the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) in 2022. In response to the findings of the assessment, Busy Bees prioritized serving milk and fresh foods at snack. Busy Bees also partnered with the Jefferson County Health Department to offer nutritional information as part of the monthly family newsletter.

Curriculum Development

An Infant, Early Childhood, Mental Health Consultant was contracted to support social emotional development through a classroom observation. After the observation, the consultant was able to provide suggestions and feedback to staff on how to support children in being successful at self-regulation when overstimulated and during transitions.

Busy Bees' staff integrated Conscious Discipline into programming. Conscious Discipline is an evidence-based, trauma-informed approach to classroom management and classroom structure that focuses on social-emotional learning. Busy Bees teachers embedded "I Love You" rituals into the classroom routine. "I Love You" rituals are a structured and playful way to foster healthy connections in the classroom. They promote brain development, healthy self-esteem, increased attention span, reduced hyperactivity, and facilitate language development through eye contact, touch, presence, and playfulness.

Professional Development

An Infant, Early Childhood, Mental Health Consultant was contracted to provide reflective practice to teaching staff. Reflective practice in the early care and education setting focuses on thinking about what happens during interactions in the classroom and how teachers respond. Reflective practice helps staff ensure that children are being supported in the classroom through the most challenging situations.

The Conscious Discipline curriculum was purchased with the support of Child Care Counts funding in 2022. Staff completed an online training session each month starting in Fall of 2022 and held a team discussion to support implementation. The Conscious Discipline training will continue into Spring of 2023.

Early Care and Education Community Support

With the support of the Child Care Counts funding, Busy Bees Preschool provided over 75 professionals that service young children and their families in the community access to the Conscious Discipline online curriculum.

Conscious Discipline Partners

52 local childcare providers

15 Birth to Three providers

8 Social Services provider

YoungStar Participation

YoungStar is Wisconsin's childcare quality improvement system. Programs participating in the YoungStar rating process are rated every two years. The rating process includes a review of employees' qualifications, learning environments, business practices, and wellness practices. Technical assistance is provided to support programs in identifying opportunities for quality improvement. The classroom environment can be observed by a formal rater. Programs can be awarded up to 40 quality indicator points from the rating and observation process. The number of indicator points earned dictates the number of stars the program is awarded. The YoungStar program is transitioning to oversight by Shine Early Learning. YoungStar services were in a transition period in 2022 as Shine prepared to take over administration in Spring of 2023. Busy Bees will apply to be part of the YoungStar program again in Spring of 2023.

Review of 2022 Goals:

Key Outcome Indicator: At least 95% of family feedback surveys collected in the 2022-2023 school year will indicate that programming has supported the growth and development of the preschoolers. A survey system has been purchased and set up to allow for surveys to be distributed both by paper and electronically. Survey prompts and data collection are underway to ensure the gathering of meaningful data. ***This indicator is in process.***

1. To meet YoungStar expectations around nutritional programming, Busy Bees staff will identify resources for professional development that align with best practices for nutrition in the classroom. All Busy Bees teaching, and support staff will attend at least one professional development activity that focuses on best practices in nutritional education during the 2022-2023 school year. ***This goal was met.*** All Busy Bees teaching, and support staff participated in two professional development activities offered through Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC).

Goals for 2023:

Key Outcome Indicator: At least 95% of family feedback surveys collected in the 2023-2024 school year will indicate that programming has supported the growth and development of the preschoolers.

1. Enhance preschool programming by providing families with the opportunity to give feedback by completing the Busy Bees' Family Survey. Families participating in the 2023-2024 school year will complete a family feedback survey when their child ages out of the program or by December of 2023.
2. To successfully transition to Shine Early Learning's administration of YoungStar services over the 2023-2024 school year. Busy Bees staff will become familiar with the new rating system and procedures and develop a quality improvement plan based on YoungStar rating feedback.

CHILD ALTERNATE CARE

~Alternate Care services were developed to provide for the physical, emotional, and social needs of the child until the child can be reunited with his or her family~

The Child Alternate Care unit provides services for the residents of Jefferson County in a variety of unique ways. This includes licensing kinship (relative homes), level one and level two foster homes, as well as locating placements at all levels of care to include foster care, group homes, and Child Caring Institutions. Additionally, this includes building relationships with local foster parents and providing the ongoing support needed to maintain placements in their home. Pro-actively, staff cultivates and locates respite care and facilitates voluntary placements throughout the year to avoid court ordered formal placement.

Despite being seen as a traditionally reactive unit that is mandated to respond to placement needs of the community, at Jefferson County we strive to be as pro-active as possible. In 2022, housing continued to be an issue for many families in Jefferson County, and our various housing initiatives continued to support stabilizing families and preventing removal. These endeavors continue to be successful as we assisted numerous families to remain intact and avoid the placement of children outside their biological home. These housing opportunities are infused with a variety of community-based services to build yet another evidenced based approach to the work that we do at Human Services.

Child Alternate Care spends a great deal of the workday locating respites, out-of-home placements, as well as licensing foster homes and relative homes for children that are not able to remain in the home or community safely. A mechanism that the department utilizes to deter placements is the use of respite. Respite is used to give parents or caretakers a short reprieve from the stressors of parenting in a difficult situation. This service is utilized in conjunction with biological parents to preserve in-home placements, as well as with alternate care providers to preserve difficult out-of-home placements. Jefferson County has a number of formal licensed, and contracted providers that will assist in crisis planning to preserve these placements, but the department has steadily increased the use of family and other informal providers to assist in decreasing this formalized service. In 2022, alternate care provided 48 respite opportunities down from 71 in 2021 and 151 in 2020. This continues a seven-year trend as we continue to decrease the use of formal providers and increase the use of informal respite opportunities in the child's natural and familiar environment. Our housing efforts, licensing of kinship providers and decreased use of formal respite providers all fit extremely well into the Family First initiative which strives to keep more children and youth in the community and with family.

Great efforts and priority are placed on alternate care placement searches and are determined based on fit, well-being, potential reunification success and proximity to the biological home. These child alternate care services were developed to provide for the physical, emotional, and social needs of the child until the child can be reunited with his or her family. When this is not possible, other forms of permanency are utilized such as independent living, various forms of guardianship, adoption, and other planned living arrangements (OPLA). It is intended that through respites, short-term placements, regular family interactions, and supportive services, children will be reunited with their families as soon as protective capacities are increased and child and community safety is not at risk. Great measures are taken to work with county, contracted, and kinship placements to form a team concept working toward the goal of successful permanency along with the birth family, extended family, informal and formal providers. To this end our foster care coordinator licensed 12 total homes in 2022 to include seven relative and "like-kin" homes to allow children and youth to remain with familiar faces in this time of separation.

ALTERNATE CARE PHILOSOPHY

- To avoid placements whenever possible, by providing protection, support, and services in our communities.
- To work towards permanence for the child from the moment of out-of-home placement. The first choice is often to strengthen the child's family system and reunify that child.
- To keep placements short in duration and develop them within the community whenever possible.
- To identify the factors in the family that create unsafe situations, as well as the family strengths and resources to build upon positive pre-existing conditions while dealing with the underlying needs.
- To minimize the use of institutional placements by creating unique community options with providers.

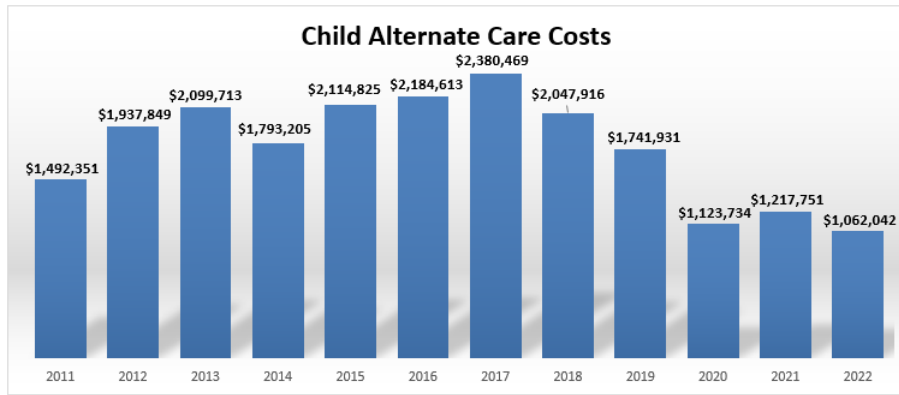
As mentioned above, Jefferson County continues to prioritize prevention of placement whenever possible. In 2022, the department continued its involvement in the TSSF (Targeted Safety Support Funding) program sponsored by the Department of Children and Families (DCF). This programming is aimed at identifying opportunities to control the identified safety threats in the home of origin by utilizing informal and formal providers to serve as the safety control, allowing children to stay safely in the home. DCF provides funding for in-depth safety planning when a family meets specific criteria. Funding is awarded for respite, parent coaches, one-on-one supports, alcohol and drug monitoring, safety checks at all hours of the night and crisis support, among other controls and behavior change services. This innovative program began in 2013 with a competitive application process and our department was one of the first counties enrolled into TSSF. In 2013, our inaugural year, Jefferson County referred seven families for In-Home Safety Services in which out-of-home placements for 15 children were prevented and over \$96,000 was saved in alternate care costs. As we have advanced the use of this program, we just saw 64 children across 35 families take advantage of this programming for a savings of \$768,000 in 2022.

A positive trend has been the decrease in the number of new children/youths placed outside the home. In 2019, we saw the number of new children placed into care increase dramatically to 64, yet that trend was reversed the last three years with 33 children in 2020, 34 in 2021 and 33 in 2022 entering out-of-home care. Additionally, we were able to successfully find long term permanency for 47 youth exiting placement in 2022 which continues this positive trend of more children exiting care than entering care.

As mentioned, 2022 saw 47 children formally discharged from placement. The breakdown of the various forms of permanence in Jefferson County for 2021 consisted of the following:

- 15 children or 31.9% were reunified to a parent
- 15 children or 31.9% were discharged due to the department setting up a guardianship
- 8 children or 7.99% were adopted
- 9 children or 8.93 % reached the age of majority and/or are living with a relative

As a direct result of the aforementioned, and the efforts across the entire agency, the alternate care budget experienced another outstanding year coming in at \$1,062,047 in spending which is under budget by \$770,876. This marks the fifth consecutive year spending was under budget despite an increase in costs and decreasing alternate care budget. Additionally, these savings were achieved despite the lack of available placements options for children/youth requiring less restrictions. 2022 marks the lowest year in terms of spending in 15+ years. The alternate care budget is the top priority and concern for the division each year, both fiscally and for child well-being.

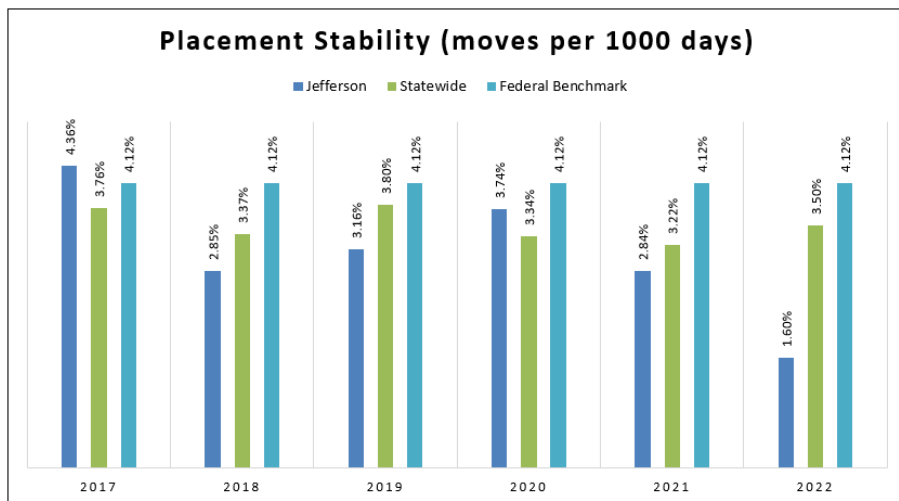


While out-of-home placements and multiple placements are necessary to assure safety at times, we know that these situations can be associated with poor lifetime outcomes for children. The department attempts to avoid placements and deter costs in several ways.

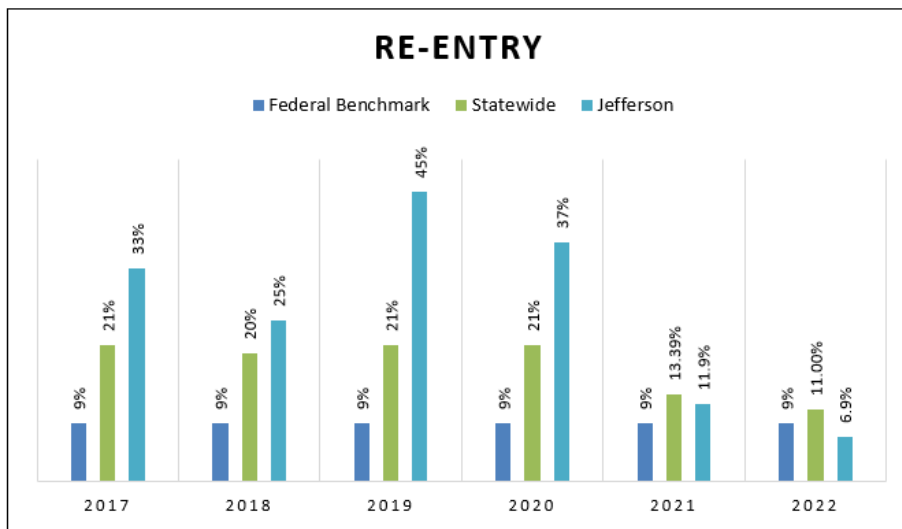
Jefferson County has always focused on our out-of-home population and over the last number of years we have added several measures with extreme intensity. Through the use of our Key Outcome Indicators (KOI) that has driven placement scrutiny, participation on statewide and internal workgroups, as well as via the use of monthly county data reports, the department has seen great strides in our Federal Indicators. The department takes great pride in these targeted efforts to improve the outcomes for our most vulnerable children and is pleased to provide our data points below. Additionally, the department joined a number of stakeholders in a local effort to increase our timeliness to permanency in the area of ASFA and TPR filing.

The Department of Children and Families measures each county on a number of placement related performance items which is directly related to the Federal Child and Family Services Review (CFSR). Below is a breakdown of the placement related items:

- Placement stability** is a federal benchmark that indicates that all children placed outside the home should not have more than 4.12 moves per 1000 days in placement. We are pleased to report that since 2015 we continue to keep this ever-important number below the state average and the federal benchmark assuring for less moves for our youth and children locally. This year we came in at 1.6 moves per 1000 days in placement compared to our county counterparts across the state at 3.5 and the federal benchmark of 4.12.



- Re-entry into out-of-home care** is a federal benchmark that tracks the re-entry rate of children back into care after the discharge from a placement. The federal benchmark expects that no more than 8.6% of all children discharged from placement to reunification will re-enter alternate care within 12 months. We are pleased to report that this number once again decreased for the third year and is below the state average and federal benchmark. This is a very volatile statistic that is influenced by simply one night outside the home. In 2021, we had three youth placed outside the home for one evening for community safety purposes before returning, still leading us to an all-time low of 11.9% re-entry rate. In 2022, we have a re-entry rate of 6.9% which is an all-time low for Jefferson County. Once again, we only had two youth re-enter placement for one night, preventing us from having any youth re-enter placement after reunification.



- Maltreatment in out-of-home care** is a federal benchmark that tracks substantiated abuse of a child by a facility or foster parent while placed in their care at a rate of 0.57% or less. Jefferson County did not have any allegations or substantiations of child abuse while in care in 2022.

We continued our Judicial Engagement Team (JET) project with our juvenile court, Judges, corporation counsel and GAL’s. In collaboration with the Casey Foundation and the statewide Children’s Court Improvement Program, we originally set forth on a goal to decrease the time children waited from date of removal until a TPR is completed. The Judicial Engagement Team has continued to meet to review data and adjust as needed into 2022 as we continue to improve in this area. As part of this project, parents continue to be assigned council at the time of removal to decrease a lapse in the hearing schedule and allow for advocacy. At the end of 2022 we had contracts with six attorneys to represent parents. Human Services continued our TPR contracts with three attorneys to expedite TPR filings without delay, in addition to the corporation counsel playing a tremendous role in the filing of TPR’s. Last, we continue to hold six-month reviews Judicially, as well as quarterly status hearings on children placed outside the home to highlight timelines, determine a course of action and dialogue about what the next steps are for each out-of-home case regularly. This has resulted in an increase in filing of guardianships, expedited TPR filing and reunification.

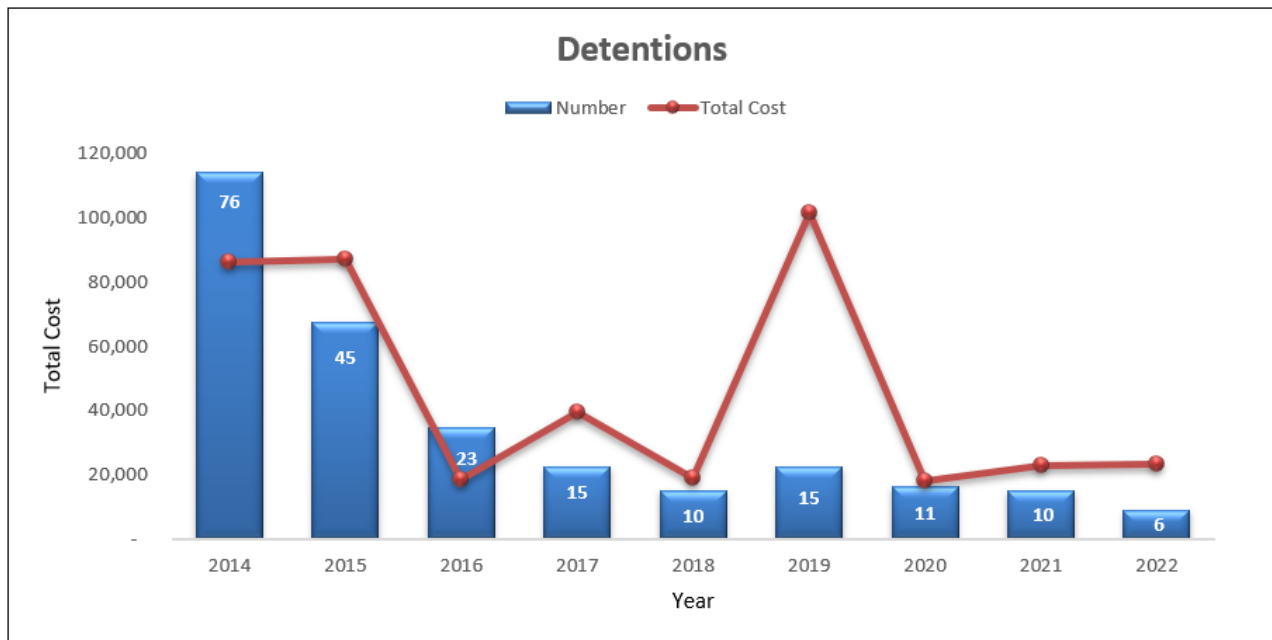
As you can see in the graph below, a hallmark of our culture and service provision at JCHSD is to see children and youth placed in least restrictive placement possible. Once again, an overwhelming majority of our youth placements are at the foster home level, while others require more restrictive placements such as group home or residential care. We take great measures to avoid these highly restrictive settings and utilize them only when child and community safety cannot be assured. Because the needs of children who require alternate care are high, programming efforts, particularly mental health services, are used in conjunction with placements. The following chart shows our placement of youth into some form of out-of-home care from 2014

to 2022. This number represents short Temporary Physical Custody (TPC) placements through long term placements. The numbers also include the need for multiple placements per child due to court ordered changes, moving from more restrictive to less restrictive as the youth re-integrates back into the community, as well as placements that are not a quality fit for the child or juvenile. In 2022, our placement numbers once again decreased, while still assuring community and child safety. We are pleased with our ability to keep an overwhelming majority of our placements in a community setting while providing mental health and other community services despite complex and challenging needs.

Alternate Care Placements - Children									
SETTING	2014	2015	2016	2017	2018	2019	2020	2021	2022
Foster Care	127	112	108	114	105	119	108	97	77
Residential Treatment Center	6	7	12	9	7	9	4	4	5
Juvenile Corrections	0	0	0	0	0	0	0	0	0
Group Homes	13	17	12	16	6	8	7	6	2
TOTALS	146	136	132	139	128	136	119	107	84

Shelter and Detention Placements

A final statistic that is extremely important to Child Alternate Care is the use of detention facilities and secure detention for youth. The use of these measures is taken very seriously, and secure detention is authorized only as a way of protecting the community and requires supervisor approval at the time of placement. In addition, the use of secure detention can be ordered by the court at a variety of legal proceedings which occur from time to time. In 2021, we saw the number of youth being placed in detention once again fall from 10 to 6, while the costs were maintained approximately at the same rate. This has been a great example of implementing our NIATx continuous quality improvement project in 2013, as well as meeting with stakeholders in an effort to develop a mutual understanding of use of detention.



CHILDREN IN NEED OF PROTECTION AND SERVICES (CHIPS)

~Innovatively creating and utilizing evidence based programs, initiatives, and practice standards as a means of achieving safe and timely permanence for the children of Jefferson County.~

Child maltreatment is a major concern and can be a precursor to a myriad of health and well-being issues. 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 Wisconsin State Statutes Chapter 48 requirements for child abuse investigation and child protection. Once a report is made, our Intake staff handles the investigations through the court disposition.

Our Child Protective Services workers are required to continuously 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 the intervention of the court. While other cases do not require action on our part at all, both types of decisions carry potential benefits and consequences for families and the department. Once a determination has been made that a case will move forward either through the court process or on an informal basis, the Children in Need of Protection and Services (CHIPS) team becomes involved. Ongoing work is being assigned earlier in the life of the case whether the case is being resolved with a formal petition or informal dispositional agreement. This assures that the family interaction plan and safety plans are being implemented and followed in accordance with standards and party agreements. This progressive practice allows for a more seamless transition for the family between Intake and Ongoing staff and enhances the engagement process with the family throughout the life of the case.

The Children in Need of Protection and Services (CHIPS) team is comprised of a supervisor, seven ongoing case managers, two-family development workers, and a case aide. The ongoing case managers are responsible for monitoring open CHIPS orders, and collaboratively planning with families to meet both the elements of the court order and the family's goals. The Family Development Workers (FDW) and the case aide assist case managers by facilitating supervised family interactions, assisting with transportation needs, providing parent coaching, and are at times responsible for overseeing courtesy supervision cases from other counties in which there are no safety monitoring requirements. Additionally, FDW's will let case managers know when they have available time in their schedules to fill and are more than willing to complete other tasks that may arise such as drug swabs, making charts for cases, and assisting with the organization and distribution of the multitude of donations that are received from the community. In 2022, the case aide was also a lead facilitator in the Strengthening Family Systems- Caring for Children who have Experienced Trauma class, formerly known as Trauma Informed Parenting, and being the point person for new case managers in the onboarding and training process.

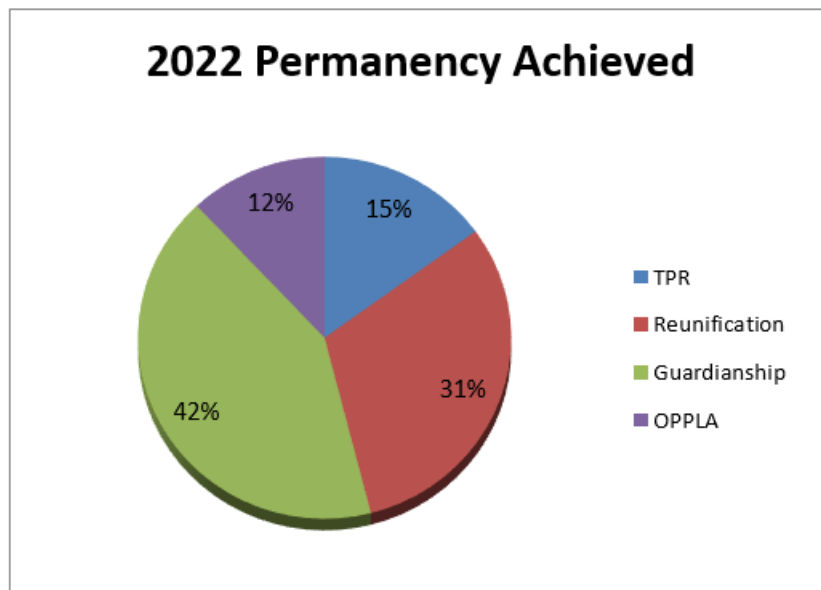
Once a case is transferred to the Ongoing CHIPS team, an ongoing case manager is assigned and a treatment plan for the child(ren) and parents is developed. Each case is unique with overriding factors such as poverty, domestic abuse, unmet mental health treatment needs, medical concerns for the child which may not be treated or sufficiently addressed, chronic homelessness, criminal charges, and sentences, and significant AODA treatment needs. To address these issues the CHIPS team works closely with internal Human Service providers such as the Workforce Development Center (WDC), Comprehensive Community Services (CCS), Community Support Program (CSP), the Aging and Disability Resource Center (ADRC), the Waiver Program (CLTS), the Mental Health Clinic, as well as the Agency Medical Director, Dr. Mel Haggart. The CHIPS team also works closely with community providers including area hospitals and clinics, PAVE- Protect, Advocate, Validate, Educate, local law enforcement agencies, the Corporation Counsel's Office, schools, and private child-placing agencies.

The CHIPS team approaches each case with goals aimed at ensuring the safety of the children involved, while at the same time providing for their permanence. If children are placed outside the home at any time, permanence options include reunification with parent(s), Ch. 48 Subsidized Guardianship, Termination of

Parental Rights, and Adoption or other planned permanent living arrangements (OPPLA). In 2022, the number of children placed outside of their home showed a decrease over the previous year. This is in part due to efforts made from the very start of a case with safety planning and use of the families own supports to assure for the children to be able to safely remain in the home. The in- home safety cases typically require additional staff time for coordination and frequent communication with all participants to assure that the safety plan is being followed and the children remain safe.

Throughout 2022, the number of open cases did not show much fluctuation, at the low end there were 53 open cases and the high end saw 61 open cases. This downward trend has continued over the last couple years and gives case managers the ability to spend more time on each individual case and manage the safety plans effectively. With regard to out-of-home care, the CHIPS team was responsible for 49 children placed in out-of-home care at the start of 2022 and 46 children placed in out-of-home care at the end of the year. This number again had little fluctuation throughout the year with 51 as the high and 42 as the low. The CHIPS team oversaw 63 children subject to in-home orders at the start of 2022 and there were 47 children subject to in-home orders at the close of the year, this number fluctuating between a low of 47 and high of 69.

In 2022, the CHIPS team helped 26 children who had been placed in out-of-home care find permanency. Four children were the subject of Termination of Parental Rights (TPR) proceedings that were finalized in 2022. All were successfully adopted or are in the process of being adopted at the start of 2023. An additional three TPR proceedings were initiated in 2021/22 but remained pending at the end of 2022 due to lengthy court litigation and delays due to the court calendar and legal parties. Eight children were reunified with one or both biological parents. Eleven children found permanency via Guardianship in accordance with their Permanency Plans and three youth “aged out” or found Permanency via (OPPLA), meaning they turned 18 while still placed in care and are living independently or under an adult guardianship at this time.



The key outcome indicator used by the CHIPS team in 2022 was the same from 2021, with the addition that the meetings include others who support or work with the family, including Parent Partners, CLTS staff, or others. The goal was for the case managers to hold a full disclosure meeting with families within 60 days of the internal case transfer staffing. This entailed case managers meeting with parents to go over their rights and responsibilities, the goals on the initial permanency plan and what that means for the family. If parents are not actively working on their court-ordered conditions of return, the meeting may also include a discussion of barriers and ways in which those could be addressed. These meetings have proven helpful in moving cases forward toward permanence in a timelier fashion, assisting families to achieve their ultimate objectives by breaking down larger goals into small steps, and helping them understand timelines and opening the door for

more discussion. In 2023 the team wants to continue this goal seeing the added benefit of partnering with the family supports.

The CHIPS team works closely with many internal and external service providers to achieve desirable case outcomes. The CHIPS team enjoys the support of two family development workers. The primary role of the family development worker is to supervise family interaction between parents and children placed out-of-home. However, providing court testimony, one-on-one services, and other case aid duties that arise are also very prominent. The purpose of the family development worker's position is to provide services to families and assist case managers in placing children in-home on a permanent basis; this includes providing in-home services when children remain placed with their parents as well as services to assist families in getting their children placed back in the home when they are in out-of-home care. This is achieved by supporting families through one-on-one modeling/teaching of parenting skills, providing transportation to various appointments, and tracking and documenting client progress as it relates to set goals. Family development workers are the eyes and ears of the case managers as this role involves seeing many of the case participants on a frequent basis. The family development workers are also involved with the Incredible Years parenting class and Child Abuse Preventions month.

When a family development worker becomes involved in a case, they receive a referral from a case manager that includes parent and child information, a brief description of why services are being requested, what those services are, any unique needs related to the children or parents, and parental/family strengths. This allows the family development workers to provide individualized services based on the needs and strengths of each family. One-on-one services can include, but are not limited to, help with parenting skills, budgeting, and managing finances, and improving cleanliness and physical safety within the home environment. The family development workers, in conjunction with the case managers, review a visit expectations form with the families, and all parties sign the form indicating they have read and understood what is being asked of them during their time with their children. The expectations are both general and tailored to specific families and may include things such as bringing age-appropriate activities, meals, and being/ talking respectfully to workers and foster parents during transition times.

Jefferson County Human Services has a visitation room designed to be as comfortable as possible for children and parents who are unable to visit with one another in-home or in the community. This room is equipped with video/audio recording equipment which allows staff to record visitation if needed. This allows staff to review sessions and continue to fine-tune our approach. Staff, in conjunction with a therapist, have been able to use this equipment to provide Parent-Child Interaction Therapy or PCIT. PCIT is used to improve the quality of parent-child relationships by changing the parent-child interactions. At times, family development workers and case managers partner with legal professionals and psychologists who complete our parenting assessments, as well as other Jefferson County Human Services professionals, such as mental health workers, to put together individualized parenting recommendations for clients. This process involves a therapist watching the parent and child through a one-way mirror and coaching that parent using a microphone and earpiece. This equipment was updated in 2019 to ensure the best technical experience and feedback possible to the family. The room has also been updated using child abuse prevention funds, as well as the trauma informed care initiative, to make the space more inviting. The room has a couch and table and there are calming paint colors, as well as artwork. A bookcase was added, along with other toys, pillows, and activities for the children and parents to use while in the room. The room also has diapers, wipes, and other snacks and supplies in case a parent does not provide or cannot afford these items.

Family interaction requirements vary from case to case due to each parent's specific needs, learning styles, and mindset for taking direction. Sometimes staff will take a more hands-on approach by modeling and giving on-the-spot suggestions or prompts throughout a visit, other times staff will take a more passive, observation-only role during the visit and provide feedback afterward if necessary. The feedback can be given verbally or by completing a written form which is then provided to parents to review, process, and discuss later. Additionally, to make visits occur, family development staff frequently provide transportation for the children

and/or parents. When possible, visits take place in a family's home environment. When that is not possible, visits take place somewhere in the community or the visitation room at the Human Services building.

Every year the CHIPS team takes part in initiatives aimed at improving our practice and improving outcomes for children and families involved in the child welfare system. One of the ongoing initiatives, Motivational Interviewing (MI) is a collaborative, person centered form of guiding to elicit and strengthen motivation to make meaningful change. The fidelity to this collaborative form of communication is important to the team because as we continue to move forward, we use the transfer of learning exercises during team meetings and make MI a focus on every case during worker supervision. MI has become an integral part of the environment at Jefferson County and to further strengthen skills, staff continues to attend training and learning labs each year. Jefferson County took the time to train qualified internal staff to in turn train new employees and to enhance current practices throughout the year. Each team has at least one MI coach, which will ensure the fidelity to this initiative for years to come. The CHIPS team has two coaches, the supervisor, and a case manager, who take part in providing feedback to other team members as well as assisting in learning labs and other training provided throughout the agency.

In 2019 Jefferson County received additional funding as part of the 2019/2020 biennium budget in the form of an increase to the Child and Family Allocation from DCF. One of the ways in which we chose to utilize that funding was to hire a psychotherapist specifically attached to the CHIPS team, for both parents and children. The aim and goal of this position was to decrease wait times for CHIPS families to receive treatment, as well as allow a therapist to become folded into the CHIPS team, focusing on this at-risk and neglected population. The therapist meets with the CHIPS team monthly to "staff" the consumers as well as consult about potential new referrals. This has led to services being offered to consumers timelier, streamlining the process for them to receive said services, and keeping the lines of communication between the CHIPS case managers and therapist open to better serve the families.

Over the course of the last 4 years the CHIPS team has been part of the Judicial Engagement Team (JET) program, a program influenced by the Children's Court Improvement Program (CCIP). This is a collaboration between legal parties, the courts and CPS regarding the court process, providing parents legal advocacy at the very beginning of the court process, and tailoring the court orders to the unique and specific needs of the family. The hope of the JET program is to engage parents early on in the process and achieve timely permanence for the children on the cases. There are quarterly meetings for the JET steering committee, comprised of Guardian's ad Litem (GLA), Judges, JET contracted attorneys, staff from the State Children's Court Improvement Program, and JCHS staff. Yearly, there are meetings that all county GAL's, CHIPS staff and supervisors, JET attorney's, Judges, CCIP representatives, and other stakeholders come together to discuss the progress that has been made, next steps for the upcoming year, and how else we can best serve the families of Jefferson County as a whole. The JET program has allowed parents to have a voice, moved the needle with timely permanence and elevated the practice of case managers regarding court conditions for families.

Every April, to promote Child Abuse Awareness month, the CHIPS team puts together activities and displays and raises funds to use throughout the year for the families we serve. The planning for the events and activities starts months in advance and takes the efforts of everyone on the team to be successful. There are clothing and other item sales, fundraising through Jefferson County businesses, and general donations. The funds are used to assist families throughout the year in various and creative ways, update the car seats the CHIPS team uses to transport children, buy graduation gifts for youth, sponsor a child/ren with sports gear or participation fees, keep the visitation room stocked with diapers and wipes, among many other things.

The challenges we look forward to in 2023 include maintaining the fidelity of former training and initiatives and continuing to modify our practice as new challenges and evidenced-based practices arise. We look forward to maintaining a fully staffed team so that each case manager can focus on and target a lower number of families per caseload. This will help families stay focused, feel more supported, and build upon and enjoy their successes. Case manager practice modification will require increased transfer of learning exercises and more targeted supervision on each case. The CHIPS team includes staff brand new to CPS work, and staff with a

great deal of expertise and experience. Several members of the team are key contributors or actual trainers in Motivational Interviewing, Incredible Years Parenting, Strengthening Family Systems (formerly known as Trauma Informed Parenting), the Diversity Committee, and other collaborations with the State. Having these resources available to the entire CHIPS team on an ongoing basis will ensure that the team can embrace new challenges in 2023.





Review of 2022 Goals:

Key Outcome Indicator: Case managers and the CPS supervisor, when appropriate, will hold a full disclosure meeting with parents on all out-of-home cases within 60 days of the internal case transfer staffing. Additionally, we will plan on inviting appropriate collaborating staff from Parents Supporting Parents, Birth to Three, CCS etc., to be sure that the parents receive not only the important information, but the support they need as well.

The KOI was met at a 79% completion rate. There were a total of 14 families within this reporting period who had a child(ren) placed out of home, and 11 of the 14 meetings happened with the other 3 having been scheduled and the parents no showed.

1. CPS team members, along with the Foster Care Coordinator, will create a FAQ sheet and/ or brochure about the foster care licensing process to provide to potential placement providers and relative providers. ***This goal was attained.*** There was a FAQ document produced and presented to potential new placement providers.

2. The CPS team will schedule and organize a quarterly safety roundtable staffing with the Intake Unit. ***This goal was unmet.*** Due to significant turnover on both the Intake and Ongoing Units these meetings were rescheduled several times and did not occur. The Ongoing team, instead, participated in the State learning labs throughout the year and did transfer of learning exercises during team meetings.
3. The CPS team will collaborate with other teams at JCHS to centralize resource information for CPS clients and consumers. ***This goal is partially met.*** The CHIPS team has met with members from the Coordinated Services Team, HeadStart and Parents Supporting Parents program to collaborate on the best way to move forward. Following the Poverty Simulator exercise, the ideas began to grow and are still in the process of finalization.
4. To ensure that the CPS team is making progress toward proficiency in Motivational Interviewing skills, each team member will submit a recording for a coaching opportunity. Additionally, CPS team members will participate in any agency wide professional development activities. ***This goal was attained.*** All CHIPS team members participated in MI professional development activities and recordings in 2022.

Goals for 2023:

Key Outcome Indicator: Case managers and the CPS supervisor will schedule full disclosure meetings with parents on all out-of-home cases within 60 days of the internal case transfer staffing. Additionally, staff from other JCHSD teams involved with a family (Parents Supporting Parents, Birth to Three, CCS etc.,) will be invited to these meetings so parents receive comprehensive information and support.

1. All members of the CPS team will participate in a workgroup, committee, or collaborative learning group for continued collaboration with internal and external providers and networking, as well as professional growth and development.
2. The CPS team will schedule and organize quarterly Safety Roundtable staffing sessions with the Intake Unit to assure that cases are moving forward and are the safest and least intrusive to the families with whom we work.
3. The CPS team will hold internal Permanency Roundtable sessions to boost progress toward safe and timely permanence for children in out-of-home care. These sessions will be held prior to permanency plans, starting with children who have been placed out-of-home longest. Other Children and Families Division Supervisors will be invited, in hopes of eliciting more diverse dialogue.
4. To ensure that the CPS team is making progress toward proficiency in Motivational Interviewing skills, each team member will submit a recording for a coaching opportunity. Additionally, CPS team members will participate in any agency wide professional development activities.

Children’s Long-Term Support Waiver Program

“Helping families support their children with disabilities in their own home.”



What is the Children’s Long-Term Support (CLTS) Waiver Program?

CLTS Waiver Vision Statement

Every life has value and purpose within their family and community. When families have the resources and services, they are able to function at their best, they can better meet the needs of the child. The CLTS Waiver team is devoted to being champions for children and families of Jefferson County.

The CLTS Waiver Program provides a structure within which Medicaid funding is available to support children and youth who live at home or in the community and have substantial limitations in multiple daily activities as a result of one or more of the following:

- Intellectual and/or developmental disabilities
- Physical disabilities
- Mental health disabilities



This program is one of Wisconsin’s Home and Community-Based Services (HCBS) Medicaid Waiver programs, federally authorized under the 1915(c) of the Social Security Act. These HCBS waiver programs were authorized by Congress in 1981 and implemented in Wisconsin in 1983. HCBS waivers are called “waivers” because they permit certain federal Medicaid regulations to be waived, and Medicaid funding to be used, in a home and community setting rather than an institutional setting.

“Don’t wait just sign up for it. It’ll help you more than you know.” -Parent

In 2022, the CLTS Waiver Program enrolled **142** new families, providing support and services to a total of **444** families.

The following table breaks out the number of children served based on each type of disability for the CLTS Waiver Program in 2022.

Developmental Disability	239
Physical Disability	37
Mental Health	168

What are the core beliefs for the Children’s Long Term Support Waiver Program?

The goal of this program is to support children and youth with disabilities, as well as their identified families, by delivering services to promote the goal for every child/youth living their best possible life now and into the future. The focus remains on individual choice, enhancing relationships, building accessible and flexible service systems, and achieving optimum physical and mental health for the consumer, all while promoting presence, participation, optimal social functioning, and inclusion in the community.



Children’s Long-Term Support Waiver Renewal

The Centers for Medicare and Medicaid Services (CMS) approved the Wisconsin Department of Health Services (DHS) renewal of the CLTS Waiver program. The federal government requires the CLTS Waiver program to renew every 5 years and this renewal will be effective from January 1, 2022, through December 31, 2026. This renewal allows county waiver agencies to continue providing services that help children and youth with disabilities and their identified families.

Did anything change about CLTS with this waiver renewal?

Feedback received from participants and their families, county waiver agencies, advocates, and other stakeholders helped shape the updated CLTS Waiver program. This renewed CLTS Waiver program provides:

- A more holistic approach to serve children and families.
- More focus on family needs.
- More services and supports that center around children.

Waiver renewal changes at a glance:

Access/Eligibility Enhancements:

- *Virtual Equipment and Supports* is a new service that provides access for CLTS consumers to the equipment and related services they need to access CLTS waiver services that are provided remotely.
- Parents could be paid to transport their child to CLTS funded services.
- The addition of specific diagnoses that would provide automatic program eligibility for children aged birth through five.

Family-Focused Enhancements:

- CLTS service names and descriptions were updated to be easily understood by families.
- *Grief and Bereavement Counseling* is a new trauma-informed service that provides guidance and support to the consumer and/or family when the consumer has a life-limiting diagnosis with the expected outcome of death.
- *Housing Support* service is an updated service from the previous Housing Counseling service. The focus is to assist families to address and overcome housing barriers as well as navigate housing opportunities.
- New requirements and expectations for county waiver agencies to begin working with youth at age 14 and their identified families to address supports and services they may need as they near adulthood.



Inclusive Enhancements:

- The focus is to make changes and add supports that promote equity and inclusion for children with substantial needs, including cultural inclusion.
- *Communication Assistance for Community Inclusion* is an expansion on previous Communication Aid Support service. This service assists with the process for the consumer to obtain communication aids to support their hearing, speech, or vision impairment, including those with Limited English Proficiency.
- *Discovery and Career Planning* is a new service. This service is based on the belief that all individuals can work when given the opportunity and support to do so. This service combines parts of traditional prevocational services and career planning.
- *Health and Wellness* is a new service that promotes a healthy lifestyle including use of non-traditional/alternative medicine and wellness, sexuality education and parent training.
- *Safety Planning and Prevention* is a new service. The focus is to keep children and youth safe in their home and in the community to be prepared for safety and emergency events.
- The types of permitted restrictive measures were narrowed. Mechanical restraints and protective equipment remain eligible for DHS approval. Manual restraints as well as isolation and seclusion are no longer eligible for DHS approval for planned use.

Supporting Participant and Family-Direction:

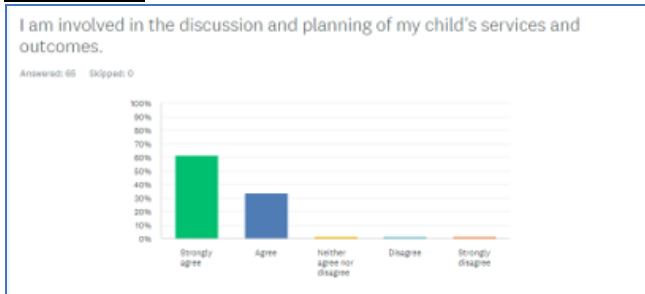
- The overall purpose is to strengthen the supports offered to help our CLTS consumers and their families to direct their own CLTS services. Consumer and family-direction expands control and choice over their supports and services.
- *Participant and Family-Direction Broker Services* is a new service. This service is designed to empower CLTS consumers and their families to direct their supports and services by assisting in obtaining and managing their services.
- *Participant and Family-Directed Goods and Services* is a new service that includes equipment, services, or supplies not otherwise provided through the CLTS Waiver or other sources that address the identified need on the consumer's Individual Service Plan.



How are we doing?

In a continuous effort to provide high-quality meaningful service, the CLTS Program surveyed families in January 2023 to determine the program's strong suits and any areas in need of improvement. The survey resulted in a return of 65 surveys, which is 76% participation (compared to 35 surveys received in 2022 for the year 2021).

Question 1.



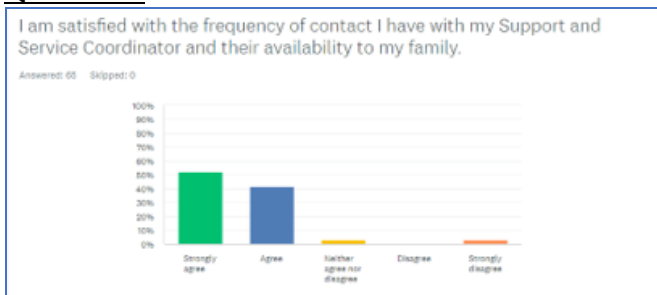
~95.39% of families strongly agree or agree they are involved in the discussion and planning of their child's services and outcomes.

"It has opened up new opportunities for our children to explore interests as well as improve in their individual deficit areas." -Parent

"A lot! Otherwise, I wouldn't have some of the advantages to work with him at home." -Parent

"My child has set goals she works on and looks forward to. I also have someone who understands what my child needs, additional help and is able to help me better understand my child." -Parent

Question 2.

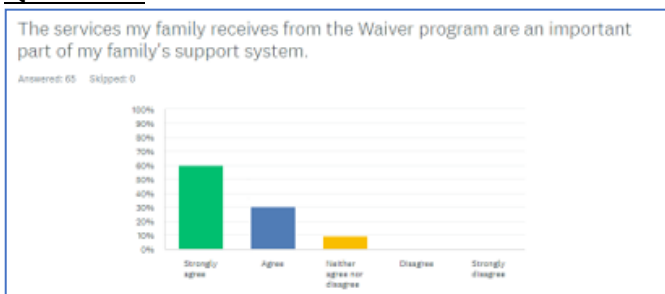


~93.85% of families strongly agree or agree they are satisfied with the frequency of contact they have with their Support and Service Coordinator and their availability.

"That Human Services in Jefferson County has the best options for treatment and more flexible with family schedules." -Parent

"Thank you for your time!" -Parent

Question 3.



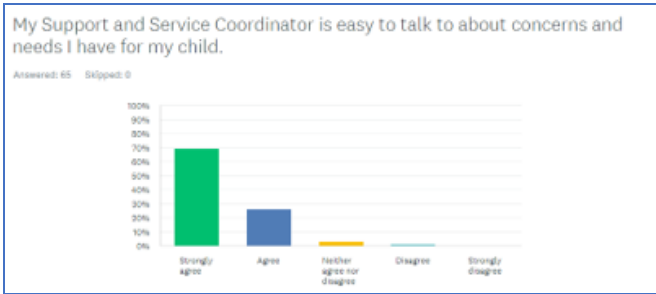
~90.77% of families strongly agree or agree the services their family receives from the CLTS Waiver program are an important part of their family's support system.

"We feel we have an extra layer of support." -Parent

"Talk to your worker about what resources are available. We have had services offered that we didn't even know would be covered until CLTS." -Parent

“Camp has helped my child find peers that he has things in common with and helps him realize he is not alone.”-Parent

Question 4.



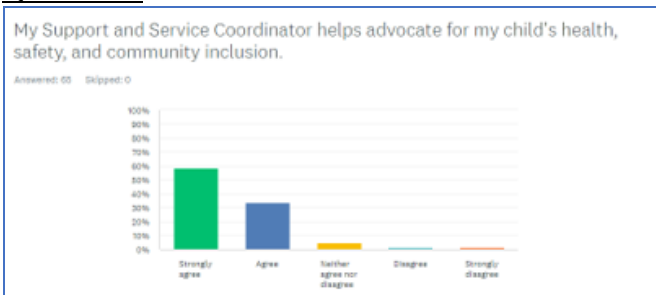
~95.38% of families strongly agree or agree their Support and Service Coordinator is easy to talk to.

“Someone who tries to support us in any way they can.”-Parent

“We have discussed and received services I don’t even know about. We started with Gemini to support speech and I would have never known about it except through these services.”-Parent

“Our coordinator is great. So friendly and genuinely seems to care about our child.”-Parent

Question 5.



~92.31% of families strongly agree or agree their Support and Service Coordinator helps advocate for their child’s health, safety, and community inclusion.

“I can’t even begin to summarize. We have had so much support with our child. Our son wasn’t born with his current condition so transitioning at age 8 to a life in a wheelchair was tough. CLTS has helped us so much.”-Parent

“We have someone who understands our situation and is willing to think outside the box to help our daughter.”-Parent

“Thank you for being in my son and my life to be able to learn and understand my son’s condition.”-Parent

Question 6.



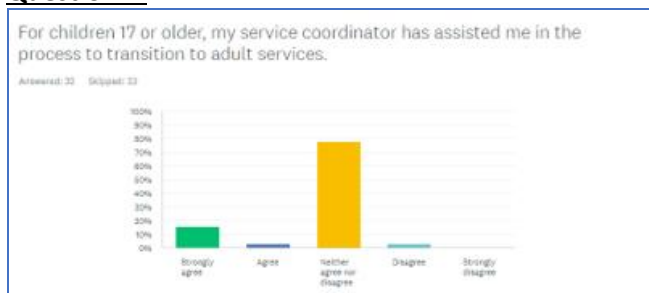
~28.20% of families strongly agree or agree their Support and Service Coordinator has begun discussing the process of transition to adult services once their child turns age 14.

~64.10% of families neither agreed nor disagreed with this statement.

This survey response was unexpected as this discussion is a CLTS Waiver program requirement for all families who have a youth over the age of 14 enrolled in CLTS. This survey question will be re-worded to provide clarity for the 2023 family survey.

“All the information, help to make my work easy.”-Parent

Question 7.



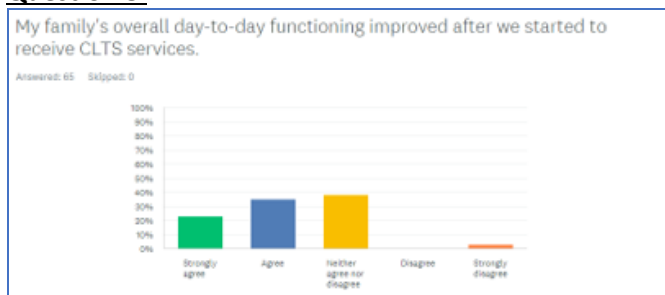
~18.76% of families strongly agree or agree for youth 17 or older, their Support and Service Coordinator assisted them in the transition process to adult services.

~78.13% of families neither agreed nor disagreed with this statement.

This survey response was unexpected as the support and service coordinator plays an active role for all CLTS families through the transition process to adult services. This survey question will be re-worded to provide clarity for the 2023 family survey.

“We would not have known how to transition to the adult program without the help of this service. It has been instrumental in the process. We are so thankful to have had the assistance.”-Parent

Question 8.



~58.46% of families strongly agree or agree their family's overall day-to-day functioning improved after they began to receive.

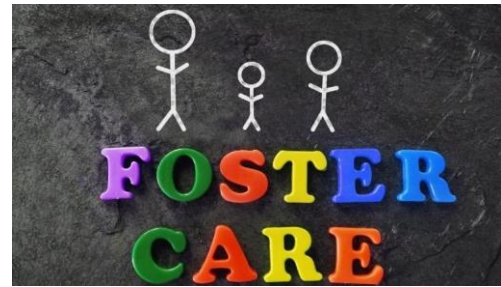
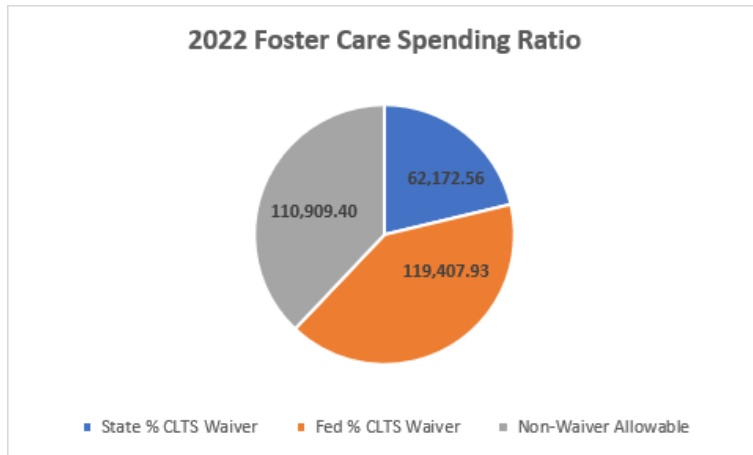
“Services have helped the family balance emotionally.”-Parent

“We are getting our family back on a successful and healthy track.”-Parent

“Allows my husband and I to give us a break. Allows my child to go to camps and aquatic activities and therapies that we normally could not afford.”-Parent

“My son has become more involved with outside from family and school activities exposing him to experience he would not have had otherwise. We, his parents, have become more involved in seeing and helping him achieve some potential we ignored.”-Parent

Foster Care Spending Ratio



Seventeen (17) children who resided in foster care throughout 2022 received Children’s Long Term Support services. As illustrated on the graph, the annual cost for these 17 children to reside in out-of-home placement was a grand total of **\$292,489.89**. Of this amount, the Children’s Long Term Support waiver program funded **\$181,580.49**. This amount is shared between Federal and State CLTS funding. The remaining amount of \$110,909.40 is non-waiver allowable. Children in foster care qualifying for CLTS services are a cost saving measure to the alternate care budget along with foster parents receiving the needed extra support and services to maintain the child in a home environment.

Advice shared by current Jefferson County CLTS families to our newly enrolled CLTS families:

- ❖ “Trust them. You are definitely not alone with your struggles. Everyone we’ve dealt with was very kind and caring toward our daughter’s situation as well as how it affected our other kids”.
- ❖ “Breathe”.
- ❖ “Apply”.
- ❖ “Accept the help, express concerns, use all resources possible to gain control again”.
- ❖ “It’s a journey, not a destination. Get ready to advocate for your child. It’s totally worth it”.

Review of 2022 Goals:

Key Outcome Indicator: CLTS program will meet enrollment timeframes (DHS Activity Timeline) 90% of the time. *All children are now considered in enrollable status when determined functionally eligible and when entered in PPS. Enrollment into CLTS must occur within 30 calendar days. Based on an internal audit, 131 out of 142 enrollments were timely (92.25%). This indicator has been met.*

1. The Consumer and Family Assessment provides the foundation in developing consumer and family-based outcomes and goals along with the supports and services needed to support the identified outcomes. The Consumer and Family Assessment will be completed with the consumer and family within the first three months of the consumer’s enrollment in the CLTS program. **This goal was partially attained.** Based on an internal audit, 113 out of 142 initial assessments were timely (79.58%). This was a building year for the CLTS team as the Consumer and Family Assessment was introduced in 2022.
2. CLTS program staff will achieve 86% or higher in the area of Incident Reports were Completed Timely as evidenced by the 2022 audit conducted through Metastar or internal audit. **This goal was partially attained.** Incident reporting is a 2-part process for the CLTS Support and Service Coordinator requiring a preliminary report to be completed within 3 business days on incident notification and completion of the incident report within 30 calendar days of the date the SSC was notified of the incident.

Based on an internal report on January 5, 2023, 235 out of 275, or 85.50%, incident reports were reported to DHS timely (within 3 business days of notification).

Based on an internal report on January 5, 2023, 211 out of 275, or 76.73%, incident reports were completed timely (closed within 30 calendar days). Incident Reporting will continue to be a focus for the CLTS Program for 2023.

3. CLTS program staff will achieve 86% or higher in the area of Evidence of Services Received as evidenced by the 2022 audit conducted through Metastar or internal audit. This will be achieved by reviewing with families that services on the ISP are still being utilized. This will occur during bi-annual service planning reviews and monthly collateral contacts. If services have ended or are on hold, ISP outcomes will be updated to indicate such situations. **This goal has been attained.** Reports are run internally on a quarterly basis by the CLTS Administrative Specialist to monitor that CLTS services on the claims report match the services listed on each consumer's service plan. If it is determined that they do not match, the Administrative Specialist reaches out to the service coordinator to update the service plan with the family and consumer.
4. CLTS program staff will achieve 86% or higher in the area of ISP Reviewed Timely as evidenced by the 2022 audit conducted through Metastar or internal audit. This will be determined through documentation that the participant was present during the review, as well as the ISP Outcome page was distributed to essential CLTS service providers involved with the consumer and their family. **This goal was surpassed.** Based on an internal audit, 97.96% of ISPs were reviewed timely.
5. To ensure that the CLTS program staff is making progress toward proficiency in Motivational Interviewing skills, each team member will participate in professional development activities hosted by the county, including the completion of a coaching opportunity in 2022. Motivational Interviewing coding standards will include use of the CLTS Deciding Together tool. **This goal was attained.** As the CLTS program continues to grow, new members of the team are in the process of being trained in Motivational Interviewing (MI). All previously trained Support and Service Coordinators of the CLTS Team submitted a recording for coding and coaching and attended Motivational Interviewing Learning Labs (MILLs). Two CLTS team members became trained as Motivational Interviewing coaches in 2022. Those coaches partnered with other new MI coaches in providing the agency-wide MILLs training for 2022.

2023 Goals:

Key Outcome Indicator: CLTS program will meet enrollment timeframes (DHS Activity Timeline) 86% of the time. *All children are now considered in enrollable status when determined functionally eligible and when entered in PPS. Enrollment into CLTS must occur within 30 calendar days.*

1. CLTS program staff will achieve 86% or higher in the area of Participant-focused Assessments were Completed Timely as evidenced by the 2023 audit conducted internally. Participant-focused Assessments (aka Child and Family Needs Assessment) provides the foundation in developing consumer and family-based outcomes and goals along with the supports and services needed to support the identified outcomes. The Child and Family Needs Assessment will be completed with the consumer and family within 60 days of the consumer's enrollment in the CLTS program.
2. CLTS program staff will achieve 86% or higher in the area of Incident Reports were Completed Timely as evidenced by the 2023 audit conducted internally. Incident reporting is a dual process for the CLTS Support and Service Coordinator requiring an initial report to be completed within 3 business days of notification of incident and report completion within 30 calendar days of incident notification. Both deadlines are evaluated for this two-part goal.
3. CLTS program staff will provide in-person visits with CLTS families for bi-annual service plan reviews in compliance with DHS public health emergency (PHE) unwinding plan. As the federal government ends the PHE, DHS will return to routine operations.
4. To build community partnerships and increase awareness with local educators, medical providers, and the general public, the CLTS program will develop a comprehensive outreach plan including distribution of the Children's Long-Term Support Waiver (CLTS) program materials including CLTS provider recruitment outreach materials. By the end of 2023, the CLTS program will have begun outreach to current and potential community partners based on the plan.

5. To ensure that the CLTS program staff continue making progress towards proficiency in Motivational Interviewing skills, each team member will participate in professional development activities hosted by the county, including the completion of a coaching opportunity in 2023. Motivational Interviewing coding standards will include use of the CLTS Deciding Together tool. Each program staff will create a professional development goal related to Motivational Interviewing to be documented on their 2023 annual performance evaluation.

COORDINATED SERVICES TEAM/WRAPAROUND

“Keeping children with social, emotional, mental health and cognitive needs in their home”

Program Description and Updates

Jefferson County’s Coordinated Services Team (CST) is an intervention and support model that offers participants a team-centered, strengths-based assessment and planning process. The vision of CST is to implement practice changes and system transformation. This occurs by developing a strengths-based system of care driven by a shared set of core values, which is reflected and measured by the way CST providers interact and deliver supports and services to families involved in multiple systems of care such as child welfare, youth justice, mental health, special education, and substance use. In 2022, CST provided Care Coordination to 26 youth and had 33 new referrals. When screening the family for CST services it may be determined that the child and family may require intensive mental health services not offered through the CST process. When this occurs, these referrals are staffed internally. Depending on the service needs of the family they may be referred to Comprehensive Community Services, Community Support Program, or the Mental Health Clinic due to the higher level of mental health need.

The CST team is comprised of two care coordinators and one community outreach worker. Each youth and family have a plan of care tailored to their unique needs and use their strengths to build up their areas of need. The youth participate in activities throughout the year to demonstrate and practice utilizing the skills that the team is building upon and teaching. The team has the ability make these activities fun and in conjunction with other youth in the program. Below are a few pictures and captions from 2022.



Two CST youth were able to attend the play “Mean Girls” at the Overture Center in Madison as part of the Overture’s Community Ticket Program. The Community Ticket Program helps ensure that all people, regardless of economic ability, have access to the performing arts.



Picture on the left is a CST youth participated in Reading with Rover at the Watertown Public Library to help with her reading goal.

Picture on the right is a CST youth played “Catching Good Coping Skills” during their skill building time. They determined which coping skills should ‘swim away’ and which coping skills were a ‘good catch.’

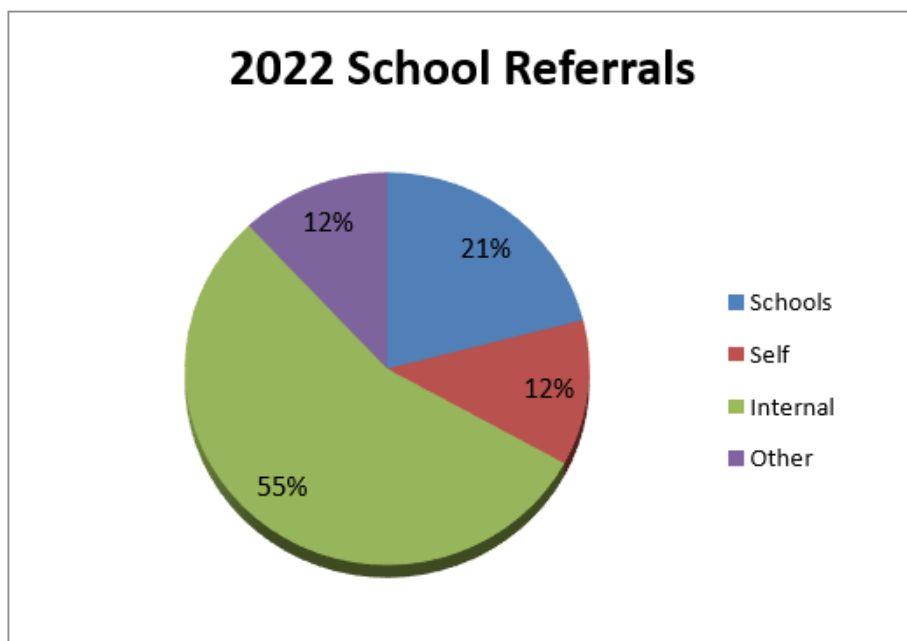




Two CST youth participating in a project at the Watertown Public Library in the teen room.

Referral Source

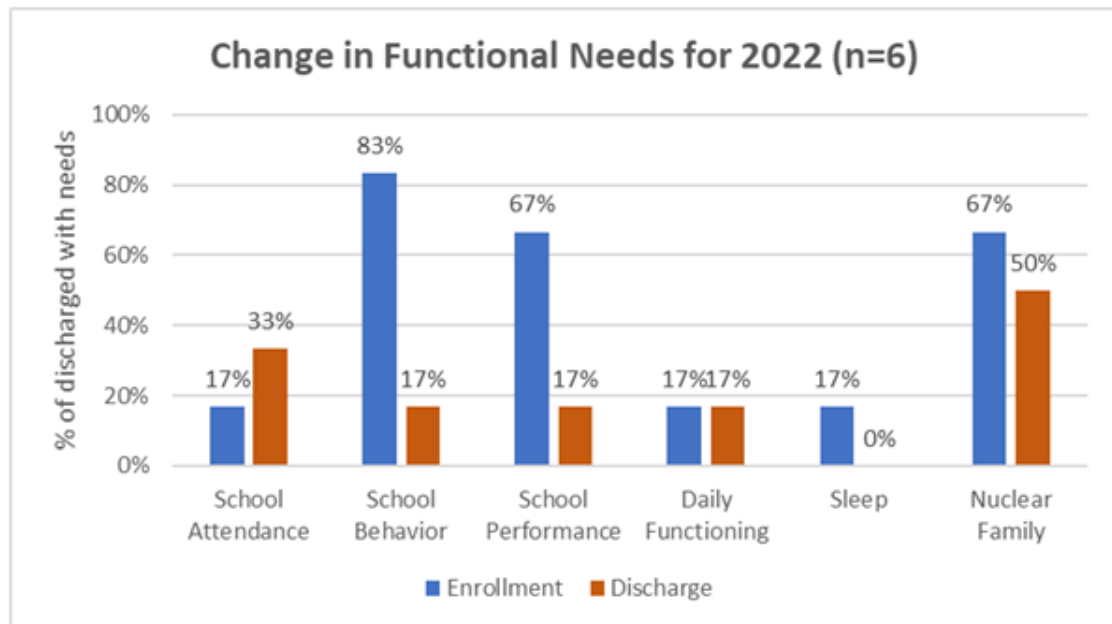
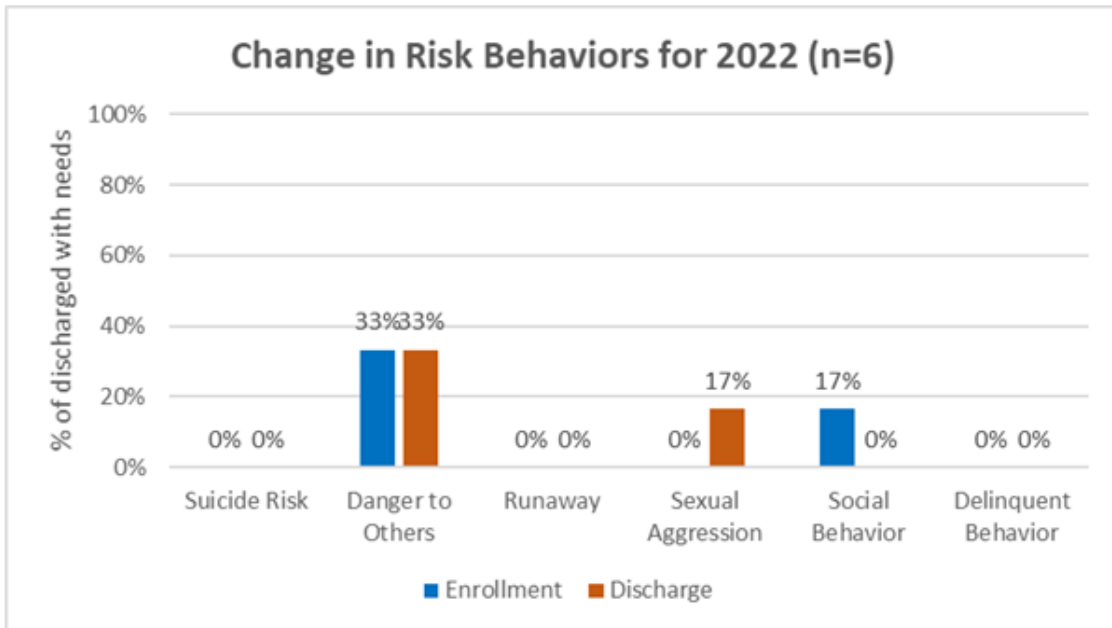
Referrals are received from internal programs and external sources. As you can see in the graph below, our highest referral source again this year was from internal programs (Youth Justice, Intake, CRP, CPS, and the Mental Health Clinic), totaling over half of all referrals received. Second-highest sources of referrals were schools, and “other” and self-referrals from parents being equal. This year we received referrals from four different school districts throughout the county: Watertown, Fort Atkinson, Waterloo, and Jefferson. This number is up from only two districts last year, which may be reflective of the outreach that was completed. Self-referrals represent families who have heard of the CST process and make contact with the Project Coordinator or Care Coordinators directly, requesting services. All referrals are received and screened, utilizing a Family Centered approach that relies on parent participation. Other referral sources in 2022 were: mental health providers at Serenity Mental Health, Rogers, and a Guardian ad Litem. One of the continued goals the CST team has in our Department of Health (DHS) work plan is to maintain at least 15% of all referrals from the community moving forward. Through hosting informational sessions and posting fliers throughout the county: at the end of the year, 24% of the total referrals for 2022 were community-based, meaning originating from outside of Human Services and the school districts.

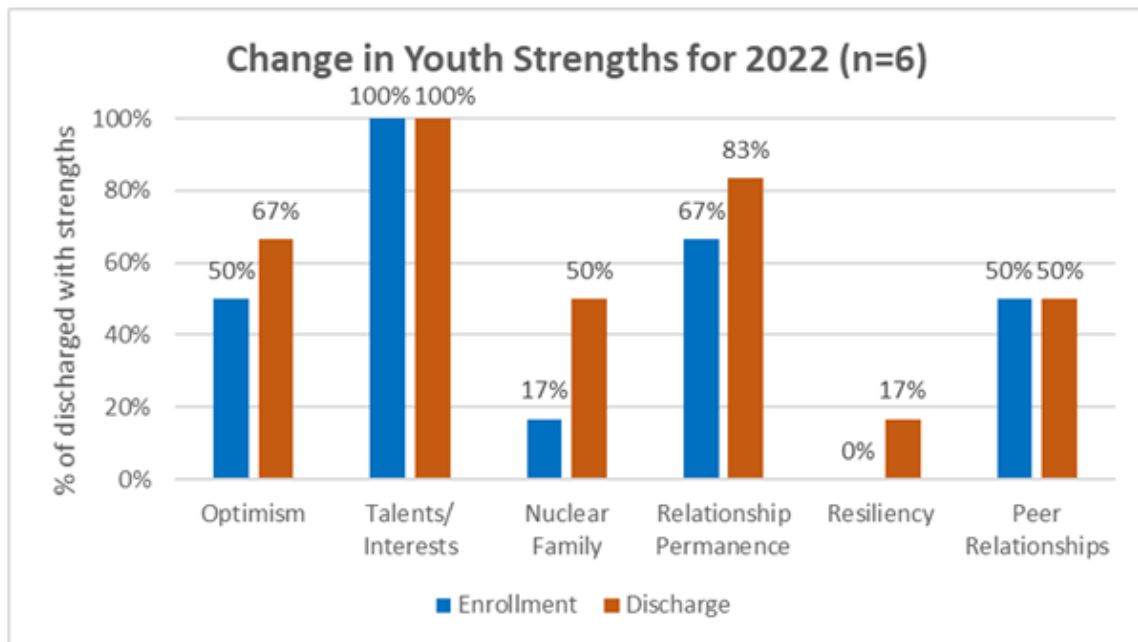
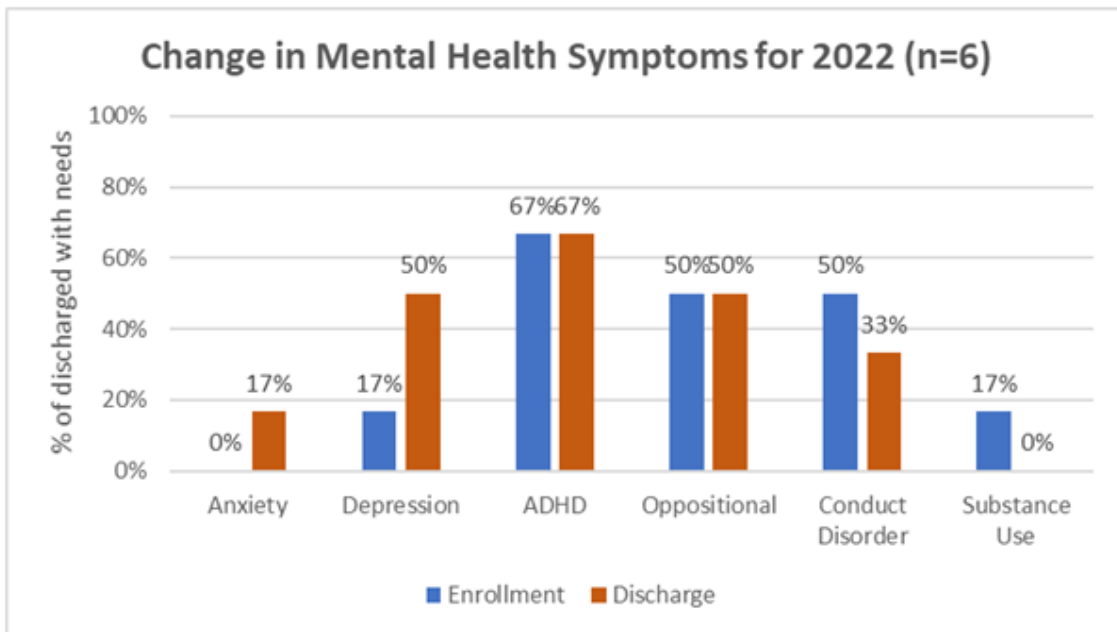


JEFFERSON COUNTY COORDINATED SERVICE TEAM CANS ASSESSMENT OUTCOMES FOR 2022

The Jefferson County Coordinated Service Team (CST) Initiative reported 28 youth as participating in 2022 of which 8 were disenrolled in 2022. Complete data was reported to the State Department of Health Services for 6 of the youth who were disenrolled.

Youth and families are assessed with a comprehensive tool called the Child and Adolescent Needs and Strengths (CANS) tool and this data is reported to the State DHS at enrollment and disenrollment to monitor their progress. Youth and families are rated on a 4-point scale as to the severity of their needs or level of their strengths. The top two ratings are reported below on the next three pages describing youth with moderate to high needs and youth with moderate to high-level strengths. The percentage of youth with needs and strengths at enrollment and discharge are displayed to illustrate improvements made by youth in the Jefferson CST.





Out-of-Home Placements, Diversions, and Cost Savings

One of the qualifications for enrollment in CST is that the child is at risk of out-of-home placement. This risk is determined by many factors including severity of youth behavioral needs, past duration of youth needs, success or failure of past interventions, and family or caregiver stability. Practice within CSTs is to prevent these potential out-of-home placements where appropriate by developing supports and services that meet youth needs in the community instead.

How can the impact of preventing out-of-home placements for at-risk youth be measured? The Child and Adolescent Needs and Strengths (CANS) assessment used by CSTs provides some answers.

The items in the CANS assessment can be scored with an algorithm to determine level of need. The algorithm uses items from the Behavioral Health, Functioning, Risk Behavior, School, and Trauma Sections to determine the youth’s level of need. CANS author John Lyons, Ph.D., developed this algorithm for the Wisconsin Department of Children and Families (DCF) to determine a child’s level of need, which corresponds with a recommended level of placement. Thus, the CANS assessment can be used to project a youth’s potential level of placement based on assessed needs even if no placement occurs.

The results of the calculations generate three basic levels of need that are best described by the associated recommended placement: 1) community services, 2) group home placement, and 3) residential treatment center.

In this report, the per diem rates (2022) and average lengths of stay (2020) for these types of placements were obtained from the Wisconsin DCF. Using this information and the CANS recommended level of need (placement), cost savings can be calculated for youth projected as diversions from these out-of-home placement settings who were served through the Jefferson CST initiative instead. The cost savings are illustrated below. Of the 28 youth reported as enrolled into the CST in 2022, 17 had CANS enrollment data reported. Four of these youth had an initial level of need appropriate for community care. Twelve youth had a level of need appropriate for a group home level, and 1 had a level of need for residential treatment. The cost savings are estimated below.

	Group Home	Residential
Number of CST Youth Diverted (2022)	12	1
Per Diem Cost (2022)	\$299	\$531
Average Length of Stay (2020)	62	170
Estimated Cost Savings	\$222,456	\$90,270

Review of 2022 Goals:

Key Outcome Indicator: 75% of the youth working with CST will show a reduction in their initial CANS scores every six months and until disenrollment. *This indicator was unmet.*

There were a total of 12 youth discharged from CST in 2022, and 8 of those youth had a reduction in CANS scores, which is 67%. The 4 youth who did not show a reduction were discharged to another program within JCHS, either CLTS or CCS, which provides a higher level of care to the youth.

1. To ensure that the CST team is making progress toward proficiency in Motivational Interviewing (MI) skills, each team member will submit a recording for a coaching opportunity. Additionally, CST team members will participate in any agency-wide professional development activities. ***This goal was attained.*** All members of the CST team completed recordings and attended the agency- wide professional development activities offered in 2022.
2. Care coordinators will organize and facilitate coordinating committee meetings in 2022. They will send personal invitations to parents, and there will be a survey sent to find the most convenient time, to

increase the parent participation/ attendance at the meetings by two parents, at least 50% of the time. ***This goal was not attained.*** The Care Coordinators sent invites, held meeting and informational sessions with parents, however only one parent participated in one coordinating committee throughout 2022

3. 50% of the youth in the Community Outreach program will participate in three or more of the service-based projects that are offered. This will be measured through the participation of youth and the records kept by the community outreach worker. These activities will be based on giving back to the community and maybe either individual or group projects, depending on CDC and county guidelines. ***This goal was not attained.*** This was not attained, in part, due to the United Way grant funding changing. The grant funding does not run with the calendar year, and the goals of the grant and what the monies could be used for changed halfway through the annual report reporting period. Additionally, youth did participate in service activities but not to the level that this goal indicated would be needed to be met.

Goals for 2023:

Key Outcome Indicator: 75% of the youth working with CST will show a reduction in their initial CANS scores every six months and until disenrollment.

1. To ensure that the CST team is making progress toward proficiency in Motivational Interviewing (MI) skills, each team member will submit a recording for a coaching opportunity. Additionally, CST team members will participate in any agency-wide professional development activities.
2. Care coordinators will organize and facilitate parent discussion groups to work through the barriers and to provide feedback regarding the CST process and Coordinating Committee meetings. They will extend personal invitations to parents, and there will be a survey sent to find the most convenient time, to increase the parent participation/ attendance. There will be 6 meetings scheduled throughout the year. This will be measured through the coordination and scheduling of the meetings.
3. At least 6 youth in the Community Outreach program will participate in three or more of the service-based projects that are offered. This will be measured through the participation of youth and the records kept by the community outreach worker. These activities will be based on giving back to the community and may be either individual or group projects.

INCREDIBLE YEARS PARENTING PROGRAM

~ Classes encourage parents to connect with other parents and enhance parenting skills ~

Incredible Years Parenting Class and Program Description

The Incredible Years (IY) Program is a series of interlocking, evidence-based programs for parents, children, and teachers, supported by over 30 years of research. The goal of the Incredible Years is to prevent and treat young children's behavior challenges and promote their social, emotional, and academic competence. The programs have been shown to work across cultures and socioeconomic groups. Through Jefferson County Human Services, community members and court-ordered parents are all offered the opportunity to take an Incredible Years parenting class. Barriers to attendance are eliminated by offering childcare, transportation, and a meal. This program is offered through the collaboration of Human Services staff through the CHIPS team, Wraparound team, and Community Response Programming staff offering the teaching, coordination, and aforementioned childcare and meal serving/ preparation. Additionally, forming partnerships with community stakeholders has been beneficial as they assist with things such as physical locations, monetary donations for meals and gas cards, as well as childcare and transportation. 2020 was unique in that more classes were being offered due to less time commitment of staff, and the removal of potential barriers, such as transportation and securing a location.

Any parent may self-enroll in IY, while other referrals come from Jefferson County program Case Managers, intake department, therapists, doctors, teachers, and probation/parole officers, and other counties. The class offered is based on referral needs. There are four age groups/classes, which parents may choose from: 0-1 years, 1-3 years, 3-6 years, or 6-12 years. Additionally, there are "specialty" classes now offered: Autism classes, Advanced Parenting classes, and the Supporting Your Child's Education class. Each class varies in length from 10-18 weeks but occurs once a week for a two-hour block of time. This was modified during 2021 for some sessions to be two classes per week for one hour each. This was at the request of participants who had children home and potentially unknown schedules due to COVID- 19. During class time, parents have the opportunity to gain positive parenting skills. Parents learn skills that include how to play and interact with their child, recognize emotions and social cues, how to use persistence, emotion, social and academic coaching, how to effectively use logical and natural consequences, and to set limits, routines, and rules in the home successfully. Providing these classes educates parents to realistically and then successfully, use positive parenting skills instead of using harsh discipline and engaging in negative or unhealthy relationships in the home even with the daily stressors and demands of today's world. This in turn reduces the need for more intensive interventions, creates opportunities for healthier and more positive child-parent relationships.

Within the last few years, the IY program has grown exponentially, including the number of classes offered, type offered, and the format in which they can be offered. In November of 2018, IY began to offer a modified IY class lasting six weeks in length, targeting spending time with your child, relationship building, coaching, effective limit setting, and praise and encouragement. This is offered to parents incarcerated in the Jefferson County jail who are unable to access Huber privileges and are likely to be incarcerated for six weeks or more. Additionally, in 2019, Jefferson County sent two employees to Seattle Washington to take classes on how to facilitate an Autism Spectrum and Language Delays IY class, to be implemented and also shared with teachers across the county. In 2021 we added, and completed, a modified IY foster care class, did the first advanced parenting class, and hosted a baby class with Watertown Family Center to replace the previous classes and curriculum. IY facilitators completed "Dina" training, which is the children's social skills group for children aged 4-8, and one facilitator did the on-line training for in- home, and online IY to stay up with the times.

The number of referrals and parents taking the IY class continues to steadily increase each year, as does the community's awareness of the program and desire to participate or host and encourage parental attendance. We are getting more referrals and questions from family court parties including Guardian ad Litem and legal counsel for parents.

The breakdown is as follows:

8 classes offered with 5 classes taking place. Additionally, 1 one-on-one baby, in-home, class took place.

Offered but did not take place:

- 1 fall baby class was offered but did not take place due to low interest and attendance
- Both the Toddler and Advanced Classes were offered to parents in summer 2022. This did not take place due to low parent interest and/or increase in children's age.

Offered and took place:

- 1: 0-1 Year Baby class offered and held in Spring 2022
- 1: one-on-one in-home Baby class held spring through summer 2022
- 2: 6-12 Year School Age classes offered: 1 online January 2022 took place and 1 in person Fall 2022
- 1: Autism Spectrum and Language Delay class took place in February 2022
- 1: 3-6 Preschool class took place fall 2022

131 parents were contacted about IY classes in 2022.

- 29 of the referrals came from Probation Parole, outside medical providers, parent self-referrals (community parents not affiliated with JCHSD), schools, courthouse, and outside mental health providers.
- 58 were new referrals made by agency staff and/or Co. Health Departments
- 49 were parents on a wait list, repeating a class or had asked to be notified about a specific class
- 4 parents signed up for additional classes after completing a class in 2021 for a 2022 class these were a mix of originally self and agency referrals.

A total of 74 parents formally participated in the IY parenting program out of the 131 parents contacted and offered a class.

- Break down of the classes offered to parents this year:
 - Please note some parents overlap classes and were offered more than one class but are only counted in the yearly total amount of parents contacted about a class 1 time. For example, both the 6-12 years and 3-6 years classes ran concurrently in the fall. Some parents were offered both classes due to the ages of their children and then took the one that would benefit them most or fit their schedule. They were only counted as being contacted one time about IY classes in the 131 total amount, but then counted once *for each* eligible age group class they were offered at the time of contact. Resulting in parents only being counted as having been contacted 1 time but may have been offered multiple classes during that contact. Here is the breakdown of this showing the number of parents offered each class they were eligible for at time of contact:
 - 6-12 years School Age class was the most offered class in 2022 with 69 parents offered and eligible to take the class
 - Then 3-6 years Preschool class with 23 parents offered and eligible for the class
 - Followed by the Autism Spectrum and Language Delay class with 12 parents eligible and offered the class
 - And then the 1-3 years Toddler class with 15 parents eligible and offered the class
 - Next the 0-1 year Baby class with 12 parents offered this class (no parent overlap took place for this class)
 - And finally, the Advanced Parenting Class with 11 parents eligible for and offered the class

Children's IY Class

The Incredible Years Small Group Children's Training Series is a comprehensive, interactive, video-based curriculum provided in a small group setting. The social Skills group was first implemented in 2017 at the Lake Mills Elementary School and were held once a week for 40 minutes, spanning almost the entire school year. The group was comprised of five first-grade students. In a group, children learn social skills, problem-solving

skills, and develop strategies to manage emotions healthily. This enables children to have reduced behavioral issues, a decrease in the need for interventions, and become emotionally competent. Group leaders communicate each week with each student's parents, teacher, and school social worker to promote the transfer of learning both at home and in their classroom. Through the learning curve of implementing a new class, the IY facilitators fine-tuned the class structure and length to meet the unique needs of the setting. The class is now held three times a year; fall, spring, and summer and the number of weeks it is held have been reduced. The class has been going very well since the restructuring and the facilitators feel it is a great success. There were a total of three classes held in 2022. Douglas Elementary School in Watertown hosted an IY Social Skills Group in the spring. Lake Mills Elementary was interested in hosting a spring class but did not have enough parents sign and return registration forms. Group leaders hosted a community based IY Social Skills Group in Watertown at the Watertown Senior Center during the summer months. A fall class was held at Douglas Elementary School. A total of 18 youth participated, which was comprised of six boys and twelve girls. Of the 18 participants, 13 were from Watertown, 2 were from Ixonia, 1 was from Lake Mills, 1 was from Johnson Creek and 1 was from Fort Atkinson.

Funding Source

The Incredible Years Parenting Class and Children's Small Group Training is funded through United Way of Jefferson and North Walworth Counties.

Review of 2022 Goals:

1. IY facilitators will teach four modified eight-week sessions of Social Skills for Children in Jefferson County school districts, one at each district in both the spring and fall terms. There will also be an 11-week session during the summer. Any or all of these sessions may be held virtually via Zoom depending on the COVID-19 precautionary measures. ***This goal was partially attained.*** Only one class was fully completed in the schools, with a second one currently in progress, both at Douglas Elementary in Watertown. Coordination with Lake Mills during both the Fall and Spring semesters fell through due to lack of enrollment paperwork being returned. There was also a session during the summer, however it was 8, not 11 weeks in length.
2. IY facilitators will offer at least two "baby classes" in partnership with Watertown Family Connections. ***This goal was partially attained.*** There was one class held and the second class was cancelled due to low/ no enrollment.
3. IY facilitators will host either Helping Preschool Children with Autism: Parents and Teachers as Partners or Autism Spectrum and Language Delay programming. This will be determined by the interest, availability, and need of participants within the community and school districts. ***This goal was attained.*** The Autism Spectrum and Language Delay class was held.

Goals for 2023:

1. IY facilitators will teach four modified eight-week sessions of Social Skills for Children in Jefferson County school districts, one at each district in both the spring and fall terms. There will also be an 11-week session during the summer.
2. IY facilitators will offer at least two classes in partnership with Watertown Family Connections and the Jefferson School District.
3. IY facilitators will reach out to community organizations to gain at least 1 collaborative partnership to assist in childcare for IY classes.
4. IY facilitators will work with the Jefferson County School Districts and other organizations to offer either Social Skills or parenting class in a new location in 2023.

THE INTAKE UNIT

Who We Are

The Intake Unit is comprised of one Access Worker, five Initial Assessment Workers, one Juvenile Court Intake Worker, one Youth Justice Prevention & Kinship Care Worker, one Family Advocate, one Parent Coach, one Administrative Assistant, and the Intake Unit Supervisor.

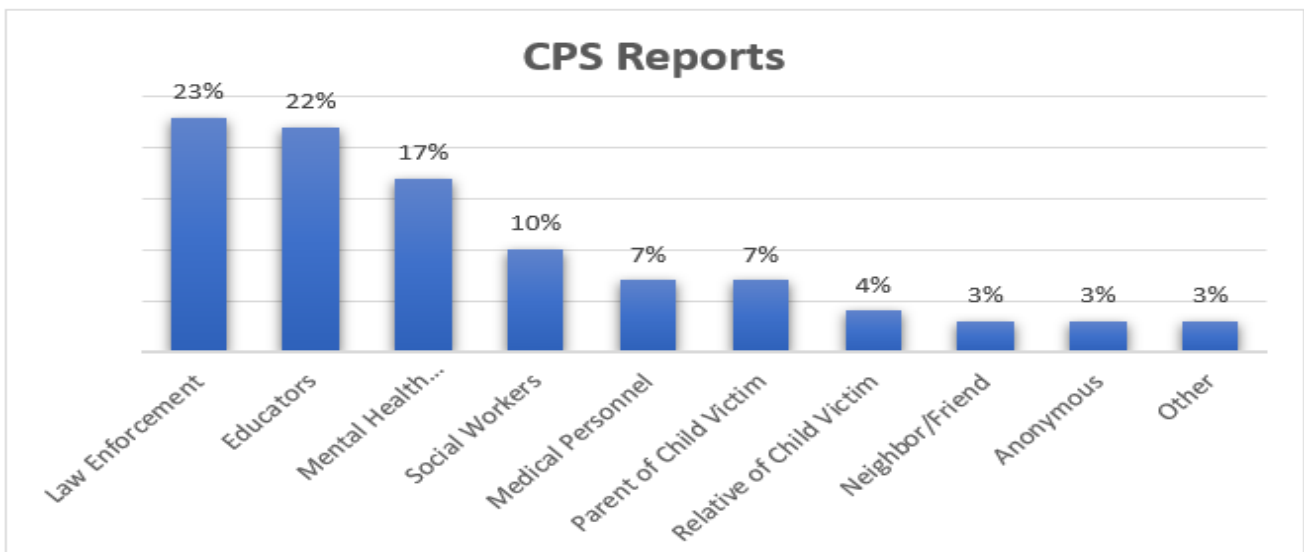
What We Do

The Intake Unit is the point of access for interventions and services for children, youth, and families in Jefferson County. The Intake Unit carries out many responsibilities, including:

- Receiving Access Reports
- Conducting Initial Assessments
- Processing Truancy and Youth Justice Referrals
- Carrying out Youth Justice prevention efforts
- Carrying out Community Response Programming
- Processing Kinship Care Referrals

An Overview of an Access Report

The Intake Unit is responsible for receiving and screening Access Reports, which are also known as CPS Reports. A report can be made by anyone at any time, and can be made by phone, letter, fax, email, or in person. The following graph shows the ratio of reports received in Jefferson County in 2022 by both mandated and non-mandated reporters. As the graph shows, most reports received are made by mandated reporters, with reports by law enforcement and school personnel consistently being the highest. This is encouraging as it demonstrates that our Children In Crisis Response Guide and ongoing collaboration with community partners continues to promote awareness and prevention efforts for the safety and wellbeing of children in Jefferson County.



The following outlines the total number of CPS Reports made to our Intake Unit for the past five years, as well as how many were screened in for Initial Assessment. As the data shows, between 2021 and 2022 there was a 10% decrease in the amount of CPS Reports made to Jefferson County and a 16% decrease in the amount of CPS Reports that were screened in. While this data is puzzling, it should be noted that the State average of CPS Reports made also decreased by 12% between 2021 and 2022. This is notable data and will continue to be monitored in the coming years.

	2018	2019	2020	2021	2022	Jefferson County	State of WI
Screened In CPS Reports	270	280	265	279	233	31%	30%
Screened Out CPS Reports	616	546	551	564	522	69%	70%
Total CPS Reports Made	886	826	816	843	755	100%	100%

One might question why only a third of CPS Reports made are screened in for CPS intervention. It is important to know that families have the right to parent their children as they choose so if the reported allegations, even if true, would not meet the statutory definition of abuse or neglect, then CPS intervention cannot occur. If it's determined that the report doesn't meet the legal standards of child maltreatment or threatened maltreatment to warrant CPS intervention, voluntary outreach to a family may still be attempted by way of a Services Report or a referral to our Community Response Programming.

An Overview of an Initial Assessment

An Initial Assessment is typically known as a CPS investigation. As mentioned, an Initial Assessment can only be conducted when allegations rise to a level of maltreatment or threatened maltreatment as defined in Wisconsin State Statutes and CPS Standards. The purpose of this intervention is to ensure child safety while also partnering with families to meet their needs to enhance parental protective capacities and improve family functioning.

Allegations of neglect continue to be the most reported, and the most investigated, type of maltreatment. Approximately one-third of Initial Assessments completed involve allegations of drug or alcohol abuse by a parent and/or exposure to controlled substances by a parent, and drug and alcohol use by parents is the primary cause of neglect and unsafe findings for their children.

As noted in last year's Annual Report, Jefferson County established the Children In Crisis Response Guide in 2019. This Guide helps ensure early intervention, coordinated investigation, assessment of safety, and the provision of supportive services to victims and their families. The Initial Assessment Workers work the closest with Drug Task Force on these cases and this strong partnership has also been instrumental in not only providing awareness and training on the Guide, but also in providing awareness and education on drug trends in Jefferson County. The following data represents the drug seizures (in grams/dosage units) conducted by Jefferson County Drug Task Force over the past seven years. This data for drug activity for 2020 and 2021 was especially alarming but the data for 2022 shows promise that awareness and prevention efforts are helping in our community.

DRUG TYPE	2016	2017	2018	2019	2020	2021	2022
CRACK COCAINE	1.5	1.48	3.71	99.37	137.22	26.44	43.11
POWDER COCAINE	95.66	329.61	504.67	2341.74	366.48	225.04	170.27
HEROIN	5.33	24.65	1.63	9.87	12.34	143.66	1.05
FENTANYL	0.228	0.079	0.03	0.69	1081.23	2011.39	43.93
METHAMPHETAMINE	67.34	43.01	15.65	31.13	1402.65	351.86	107.28
LSD	10	44.1	0	81.72	93.04	49.71	27.03
MARIJUANA	2785.25	6101.17	8175.38	1157.61	8346.57	31,813.04	11,469.43

It should be noted that even if a child has been assessed to be unsafe in their home environment, this does not inevitably mean the child needs to be removed the home. In fact, in the majority of these situations, children are able to safely remain in their homes through the use of both formal and informal supports, services, and resources, and research shows that families are more likely to be successful when this is able to occur. While a third of Initial Assessments completed involve allegations of drug use, alcohol use, and/or exposure to controlled substances by a parent, less than 1% of these required placement of children outside their homes. A significant reason for this is Jefferson County’s use of Targeted Safety Support Funding (TSSF) which continues to support the implementation of concentrated in-home safety plans that control danger threats to child safety that would otherwise potentially require the removal of children from their homes. The graph below shows our use of this programming for the past five years, which includes how many families have been referred, how many out-of-home placements of children were prevented, and the savings in alternate care costs.

	2018	2019	2020	2021	2022
Families Enrolled In IHSS/TSSF	23	20	26	29	35
Out-Of-Home Placements Prevented	43	49	50	62	64
Savings In Alternate Care Costs	\$126,000	\$198,000	\$330,000	\$484,344	\$768,000

Our Intake Unit always goes above and beyond in meeting timelines and standards, as well as carrying out best practice for the consumers we serve. The following shows that over the past year Jefferson County was only one of nine counties in Wisconsin that was above 95% in completing timely face-to-face contacts on Initial Assessments, and we were only one of 25 counties that was above 95% in completing Initial Assessments within the required 60 day timeline. This is tremendous work and shows the dedication and commitment the Intake Unit staff have to the children, youth, and families we serve.

Timely Initial Contact	Jefferson County	State Average	County Comparison < 95%
2017	95%	81%	1 of 6
2018	99%	80%	1 of 8
2019	97%	80%	1 of 9
2020	97%	80%	1 of 6
2021	97%	80%	1 of 9
2022	98%	79%	1 of 9

Timely IA Completion	Jefferson County	State Average	County Comparison < 95%
2017	100%	69%	1 of 24
2018	100%	69%	1 of 19
2019	100%	68%	1 of 20
2020	100%	73%	1 of 18
2021	100%	75%	1 of 22
2022	100%	73%	1 of 25

An Overview of Delinquency and Truancy Referrals

The Intake Unit is also responsible for processing Truancy Referrals and Youth Justice Referrals, which are generated by schools and law enforcement. Our child welfare and youth justice systems have many parallels and data shows that over 70% of youth referred to Juvenile Court Intake have been involved in the child welfare system. Traditional wisdom would suggest that a punitive and probationary approach is necessary in addressing truancy and delinquent behavior; however, research suggests that a strength-based, family focused, and trauma-informed approach has better outcomes for youth and their families. Approximately 75% of the youth referred in Jefferson County are identified as low-risk to reoffend, and research shows that involving these youth in the formal Juvenile Court system may actually increase their potential to commit further crimes. Only approximately 25% of the referrals processed by our Juvenile Court Intake are referred

for ongoing case management, and many of these are under Deferred Prosecution Agreements, which do not require court involvement.

The Intake Unit is also responsible for processing Truancy Referrals and Youth Justice Referrals. Truancy Referrals are made by schools when youth have been habitually truant from school, as defined per Wisconsin State Statute. Delinquency referrals are generated by law enforcement when youth commit criminal offenses, as defined per Chapter 938. Traditional wisdom would suggest that a punitive and probationary approach is necessary in addressing truancy and delinquent behavior; however, evidence-based research suggests that a strength-based, family focused, and trauma-informed approach has better outcomes for youth and their families.

As illustrated in the data below, the number of Delinquency Referrals increased by 16% this past year while the number of Truancy Referrals received decreased by 44%. The increase in Delinquency Referrals is notable and will be monitored in the coming years. We began our truancy intervention programming and partnerships with schools and families in 2020 and is showing promise which is supported by the marked decrease in Truancy Referrals received. One of our areas of focus continues to be working preventatively with schools and families when truancy concerns arise, in hopes that formal Truancy Referrals never have to be made. It should be noted that even when Truancy Referrals are made, as part of the Intake process, we strive to work with schools and families to identify the underlying reasons for the truancy and connect them with appropriate services and resources in the hopes court intervention will not be necessary. Whether under preventative intervention or through the Intake process, such services and resources could include referrals to Diversionary Programming, mental health services, Wraparound programming, or Community Response Programming.

	2018	2019	2020	2021	2022
Delinquency Referrals	211	213	196	238	282
Truancy Referrals	40	68	15	36	20
Total Referrals	251	281	211	274	302

As noted in last year’s Annual Report, another initiative the Intake Unit embarked on in 2021 was being trained in two different curriculums - those being the Drug, Alcohol & Vaping Curriculum, as well as the Teen Social Media & Sexting Intervention Program. Our Youth Justice Prevention Worker and our Family Advocate completed training on both these curriculums and now use them in prevention and awareness efforts by way of training staff and community partners, as well as using the curriculums in their direct work with youth and families.

An Overview of Community Response Programming

The Intake Unit established its own Community Response Programming in the fall of 2018 and provides voluntary supports to families who have had screened out CPS Reports or that have been referred to CRP at the close of an Initial Assessment. The overall goal of Community Response Programming is to strengthen families, prevent child abuse and neglect, and prevent families from having re-referrals to CPS. This Programming is vital in prevention, targeting, and engaging these families in services designed to reduce risk factors and promote family strengths associated with child safety and wellbeing. It should be noted that our Community Response Program is one of the few in Wisconsin that is housed within its Human Services Department, which ensures continuity of care and sustainability.

Our Family Advocate and Parent Coach have strong community partnerships and offer direct service or referrals in the areas of domestic violence, vocational assistance, family medical needs, financial support, household or family needs, housing, mental health services, parent education and child development, as well as substance abuse services. It should be noted that our Parent Coach is trained in the evidence based

Incredible Years (IY) Parenting Program and provides this in both a group setting, as well as individually with the families she works with.

Approximately a third (34%) of families referred to our Program do not respond to our outreach. Schools are a large source of referrals to our Program, so we continue to forge our partnerships with school staff who can then assist with introductions with families, which in turn makes families more open to engage in services. Our Family Advocate and Youth Justice Prevention Worker are conducting monthly meetings with almost every school district in Jefferson County to discuss at-risk youth and families, with the hopes of collaborating and providing services at an earlier point in order to prevent crisis.

	September – December 2018	2019	2020	2021	2022
Referrals Made To CRP	51	109	162	134	132
Families Who Accepted Programming	18	40	69	49	60
Need For CPS Intervention During/After CRP Participation	3	3	18	2	6
Need For Formal Court Involvement During/After CRP Participation	0	0	5	0	0

An Overview of Kinship Care Referrals

When a youth or child must be placed outside of their home, the goal is for them to be placed with relatives who are then eligible for Kinship Care funding, either voluntarily or by court order, depending on the nature of the placement. These Kinship Care cases are reviewed on a quarterly basis which has dramatically decreased the waitlist and ensures proper allocation of Kinship Care funding. The following data shows the amount of Kinship Care referrals received and processed each year for the past five years.

	2018	2019	2020	2021	2022
Voluntary Kinship Care	15	25	38	41	50
Court Ordered Kinship Care	31	32	23	17	7

Review of 2022 Goals:

Key Outcome Indicator: Meet 100% of CPS and Juvenile Justice mandated timelines. According to DCF reporting, the Intake Unit completed 243 Initial Assessments in 2022. Our performance scorecard for completing Initial Assessments within the mandated 60 day timeline was 100%, whereas the state average was 73%. The Intake Unit’s performance scorecard for successfully completing initial face-to-face contact on Initial Assessments within the screened in response time was 98%, whereas the state average was 79%. Data compiled internally indicates that 100% of Juvenile and Truancy Referrals were processed within the mandated 40 day timeline. These indicators ranked among the highest performing in the state. ***This indicator was met.***

1. The Community Response Programming and Youth Diversionary Programming will continue their joint efforts in strategic planning, outreach, and implementation, specifically in the areas of social media/sexting and vaping awareness and prevention. ***This goal was attained.*** Our Family Advocate and Youth Justice Prevention Worker are providing prevention, awareness, and direct work with youth and families in the areas of drug, alcohol, and vaping, as well as teen social medial and sexting. They also

continue to have monthly meetings with multiple school districts to discuss at-risk youth and families, with the hopes of collaborating and providing services at an earlier point in order to prevent crisis.

2. The Intake Unit will continue its program development and implementation of the Jefferson County Children in Crisis Response Guide through quarterly Multidisciplinary Team Meetings, ongoing outreach, and technical assistance, as well as updates to the Guide as needed. ***This goal was attained.*** Multidisciplinary Team Meetings were conducted on a quarterly basis in 2022, which included review of case practice, as well as ongoing review and revisions of the Response Guide. Additionally, the co-chairs of the Children in Crisis Response Guide and Drug Task Force continued conducting presentations across all law enforcement jurisdictions, school districts, and with other community partners within Jefferson County throughout the year.
3. The Intake Unit will continue its support of the Jefferson County Diversity Committee through the implementation of the Strategic Plan, participation in training opportunities, as well as sharing transfer of learning opportunities at team meeting on a monthly basis. ***This goal was attained.*** Multiple members of the Intake Unit are on the Diversity Committee and one of them was a co-chair of the Committee. Additionally, each member of the Intake Unit led a transfer of learning activity at a team meeting each month in 2022 that focused on diversity, cultural humility, and inclusion.
4. An ongoing goal for the Intake Unit is to continue building upon our skillset and proficiency in Motivational Interviewing (MI) through implementation of the tools and skills in our daily practice, as well as monthly reviews of each other's MI recording samples. ***This goal was attained.*** The Intake Unit staff pride themselves on carrying out the essence of Motivational Interviewing in their daily practice. Staff are continually expanding their range of MI skills and proficiency by participating in MI Trainings, which were offered virtually and in-person in 2022. Similar to the year prior, each of the 10 Intake Workers submitted sample recordings that the team peer reviewed and provided coding and feedback on, which offered a robust transfer of learning environment each time these peer reviews were held. It should also be noted that one of the Intake Unit staff became an MI Coach in 2022.

Goals for 2023:

Key Outcome Indicator: Meet 100% of CPS and Juvenile Justice mandated timelines.

1. A continuing goal for the Intake Unit is to maintain compliance with all CPS and Juvenile Justice State and Federal Standards and timelines.
2. The Community Response Programming and Youth Diversionary Programming will continue their joint efforts in strategic planning, outreach, and implementation. Specifically in the areas of conducting at risk youth school meetings and collaborating with school districts for monthly meetings. Community Response Programming Parenting Coach will continue to teach and offer Incredible Years Parenting Classes in the community.
3. The Intake Unit will continue its program development and implementation of the Jefferson County Children in Crisis Response Guide through quarterly Multidisciplinary Team Meetings, ongoing outreach, and technical assistance. The Intake Unit will focus on continuing to organize and collaborate with law enforcement to have a mini-Drug Endangered Children Conference for Jefferson County community partners.
4. The Intake Unit will continue its support of the Jefferson County Diversity Committee through the implementation of the Strategic Plan, participation in training opportunities, as well as every team member sharing an education transfer of learning at team meetings.
5. An ongoing goal for the Intake Unit is to continue building upon our skillset and proficiency in Motivational Interviewing (MI) through implementation of the tools and skills in our daily practice, as well as monthly reviews of each other's MI recording samples.

PARENTS SUPPORTING PARENTS

~ Parent voices are elevated and supported as key partners in the child welfare process and towards systems improvement efforts in order to promote resilient and thriving Wisconsin families, communities, and systems. ~



PSP Mission Statement: Parents Supporting Parents cultivates the leadership of Wisconsin parents who have lived experience in the child welfare system to serve as models of hope and sources of support for parents experiencing public child welfare and to shape services and systems that promote child safety, permanency, and family well-being.

Jefferson County is part of an exciting innovative change in child welfare practice through the implementation of the *Parents Supporting Parents: Wisconsin's Parent Partner Model (PSP)* program. This is an evidence-based model aimed at empowering parents with lived CPS experience as mentors to parents currently involved in the system, while integrating the voice of lived experience into the Wisconsin child welfare system. Parents Supporting Parents utilizes parent mentors (Parent Partners) who have successfully resolved the child protection issues that resulted in their children being placed in out-of-home care to offer support, guidance and hope to parents currently experiencing a removal of their children.

For the past several years, the Department of Children and Families (DCF) has been researching active models for promoting family engagement and the value of lived experience in driving system-change. Wisconsin is adopting the Iowa Parent Partner Program model which has been successfully operating for 13 years and has demonstrated a strong evidence base around reunification and subsequent removals. Research on Parent Partner programs demonstrate strong positive outcomes, including:

- ❖ Increased likelihood of reunification; less likely to re-enter the child welfare system
- ❖ Parents receiving service reported increased hope and belief in themselves; in addition, they felt supported in a way that they had not previously experienced and that this support made the difference in their cases
- ❖ Promoted critical skill development and opened career pathways for parent mentors, who also reported an increase in self-worth, self-esteem, and participation in their community.
- ❖ Culture shift and systems change in the areas of programming, practice, and policy

Jefferson County is one of the first sites selected for initial implementation of the PSP Program. The initial implementation sites have partnered with DCF to collaboratively build and champion an infrastructure of lived experience that will inform child welfare system change at the local and state levels.

The PSP Program in Jefferson County operates at the local level within the county health and human services agency. The program is comprised of three main roles:

- Coordinator, who manages and supervises the team.
- Parent Partners, who mentor families involved in the system; and,
- Clinical Support, a licensed mental health provider, who facilitates monthly support for the local team of Parent Partners.

While the PSP Program has a vital direct service component, just as important is the program's ability to create long-term system change at both the local and state level. Each PSP site develops an advisory council to advise program operations and system change at the local level and participates in a state advisory council to advise state level program implementation and system change. Parent participation is a vital component to both the local and state advisory councils.



Parent Partners

Parent Partners are parents who, for at least one year, have been reunited with their children or who have resolved issues related to termination of their parental rights or other permanency decisions.

Parent Partners do:

- ❖ Work intensively with birth parents to promote engagement in the case plan
- ❖ Support families by attending team meetings, court hearings, or other discussions
- ❖ Help maintain connections between parents and their children
- ❖ Assist in the goal of reunification or appropriate permanency goal
- ❖ Provide a sense of hope and inspiration
- ❖ Collaborate with the team surrounding the family



Parent Partners do not:

- ❖ Testify at court hearings
- ❖ Create the case plan
- ❖ Supervise family interactions
- ❖ Transport children to or from services

The Parent Partner works as part of a team and receives a lot of training, support, supervision, and ongoing opportunities for professional development. As the Parent Partner develops and grows in their role, they have the opportunity to participate in local and statewide meetings, committees, trainings, and collaboration.

Benefits to Parents Involved in the Child Welfare System

- ✓ Emotional Support and Encouragement
- ✓ Empowerment to make needed changes
- ✓ Understanding of CW system and court process
- ✓ Engagement with workers, programs, courts
- ✓ Link to community resources

Jefferson County hired its first Parent Partners in February 2021. During their first year of employment, the Parent Partners engaged in extensive training which included a 24-hour Building a Better Future training and 13 other core trainings on the following topics: mandated reporting, confidentiality, ethics and boundaries, CPS 101/Permanency, family interaction, domestic violence, mental health, family team meetings, implicit bias, cultural competency, substance use, trauma, and self-care and resiliency. The Parent Partners have participated in Motivational Interviewing training sessions, completed the Strengthening Families and Systems class offered through Human Services, and have accessed numerous webinars to increase their knowledge about the child welfare system, trauma-informed care, and other topics relevant to their work. As part of their training process, Parent Partners also spent time shadowing CPS Intake and Ongoing staff to learn about the child welfare and court process and to learn skills related to parent engagement. The PSP Program currently employs two full-time Parent Partners with plans to add two additional part-time Parent Partners in 2023.

Direct Service

The PSP program began accepting parent referrals in mid-September 2021. Participation in PSP is voluntary. The main requirements for a parent to be eligible for PSP services is that the parent currently has a child placed in out-of-home care under a juvenile court order and that the referral is made within the first 60 days of the child(ren)'s out-of-home placement. A couple of parent referrals were accepted that fell outside of this window since there were so few new out-of-home placement cases that were eligible. Four parents were enrolled in PSP by the close of 2021, 11 parents were enrolled in 2022, and two parents have been enrolled so far in 2023.

The supports provided by Parent Partners to the parents enrolled in the program include goal setting and discussions of progress made, planning for next steps, support at juvenile and criminal court hearings, encouragement to voice opinions and concerns to case managers/attorneys/foster parents, offering advice on staying sober and avoiding relapse, and conversations about being honest about substance use and life circumstances with providers. The Parent Partners are supported in their work via weekly supervision, monthly clinical support sessions (and individual sessions as needed), and weekly Community of Practice sessions with the Parent Partners from other PSP sites.

Local Level

Each PSP site has a Local Advisory Council that guides program implementation, outreach and education, and systems change at the local level. The Jefferson County PSP Local Advisory Council was established in Fall 2020. The Council is comprised of agency staff, community members, and most importantly, our Parent Partners. Programs or services that routinely interface with the PSP Program and Parent Partners are represented, including the legal community, probation and parole, school, community service providers (mental health, AODA, domestic violence, early care, and education) and foster care. Council members serve as a liaison between the PSP Program and the agency or program they represent. The Council meets quarterly each year.

Some of the ways that parent voice has been incorporated as a program, agency and community have been in the creation of the PSP pamphlet, handouts and forms, and releases; drafting of the Parent Guide to the CHIPS Process; updating of the Parents' Rights and Responsibilities form and the Coordinated Services Team/Wraparound brochure and FAQ sheet; creation of resources binders; and questions and discussion topics for the PSP Local Advisory Council. The Parent Partners interact regularly with agency CPS staff to discuss parent progress and case status for the parents that they support and have been able to advocate for parent needs and practice considerations during those interactions. The Parent Partners also participate on the Judicial Engagement Team (JET) to lend their voice to court practice improvement efforts and collaboration with child welfare and other system partners.

State Level

The PSP Program has a State Advisory Council that guides PSP Program policy, implementation, sustainability, evaluation and key programmatic decisions at the state level. The State Advisory Council members include representatives from each PSP site including Parent Partners, members from the state team, persons with

lived experience, DCF leadership and other system stakeholders. The State Advisory Council meets six times per year. At the statewide meetings, each PSP site reports out about tasks completed and milestones reached, roadblocks or challenges, lessons learned and upcoming tasks and goals. The main topics for the meetings in 2022 centered around PSP program fidelity, program expansion in Wisconsin and systems change efforts.

The 2022 Wisconsin Child Welfare Conference was held in September and the PSP team had the opportunity to attend and present about the program. During a breakout session entitled “Transforming Child Welfare into a Child and Family Well-Being System”, staff from DCF highlighted the lived experience efforts within the child welfare system and provided an overview of the PSP program. The Coordinators from Jefferson and Rock Counties shared feedback from those impacted by the program and then led the Parent Partners in a panel discussion. DCF wrapped up the session by sharing next steps and resources for those interested in bringing lived experience work and the PSP program to their agencies. All six of the Parent Partners who participated on the panel showed incredible poise, professionalism, and vulnerability in sharing their experiences and insights. The following day at the PSP summit session, the Parent Partners were again highlighted through a video where they shared a bit of their story and why they chose to become a Parent Partner and then took questions from the audience about their peer support role, the training and support through the program, and how child welfare staff could improve their practice when working with parents. DCF shared that there was a lot of chatter about the PSP sessions among conference attendees and a sense that “hearts and minds had been changed” about the value of lived experience in the child welfare system after hearing about the program and specifically from the Parent Partners. It is anticipated that the Parent Partners will have many more opportunities to shine as they look towards expanding the PSP program to other counties and prepare to present at the 2023 Conference on Child Welfare and the Courts.



Impact statements collected from those that have experienced Parents Supporting Parents

From parents...

“This has helped me to feel like I'm not alone in all of this. It has given me support and help that I'm not sure where I would've found it. This means so much to me because I'm able to get my life together and get it going again. It's a positive thing.”

“My PSP Mentor has been part of a system keeping me alive. She's my cheerleader, she's my support system at court hearings; just the presence in the room of somebody who I know is “on my side” is very reassuring. She has helped me with so many different aspects of life, from AODA treatment, to healing from trauma, to helping me organize my time and keep me motivated. The PSP program is an invaluable part of JCHS, and I hope it remains available for others in the future. It's worth every dollar invested into it.”

From CPS Professionals...

“I appreciate that PSP gives parents an advocate who not only knows the system, but who relates to their story – the emotions, challenges, and changes. Not only does it help parents know that reunification is possible, it can help parents know that sobriety is possible, parenting through difficult behaviors is possible, or being in healthy relationships is possible.”

“I have worked directly with the PSP program and have seen the positive effects it has had on our parents going through the CPS court system. This program is necessary and should have been started years ago! I can't say enough for the hard work and dedication of the parent partners in this program and how much they have helped shape our interactions with family in the most trauma informed way we can!”

“After the first meeting with her parent partner (one whose journey was very similar to hers), it was like watching her grow into an entirely new person. The mother expressed to me that she felt heard, understood, and seen by her parent partner and felt inspired to do better for her children through believing in herself and her capacity as a parent to her children. The impacts of this program just in this one case are so immense, I can only imagine the long-lasting impacts this program will have on all families it touches over the coming years.”

From system partners...

“This program has offered a support system to help parents understand what is going on with their situation and give them a non-threatening perspective of how to handle all of this. The Parent Support worker is someone who can give them first hand experiences of their own that can help build the bridges with all other interested parties in the families lives. There is now someone to give a helping hand and advise when needed most in this scary process.”

Probation and Parole Agent

“Parent partners have a unique “in” with the parents we serve that allows for more honest communication and contact with the families. This then leads to more genuine relationships with the workers due to parent partners helping parents to understand their worker’s role. More sustainable change and progress made towards reunification can be attributed to this new type of relationship parents are having with the CPS system through having a parent partner. Quite honestly, I beg for every parent I encounter to have a parent partner!!”

Family Team Meeting Coordinator

Goals for 2023:

Key Outcome Indicator: At least 50% of parents who have a child placed in out-of-home care in 2023 will be served by the PSP program.

1. The PSP Program will participate in all data reporting required for the evaluation and overall implementation monitoring for the PSP program, as required in the program handbook and model fidelity.
2. PSP Program staff will participate in the bi-monthly statewide advisory council meetings and report program activities and progress toward goals and objectives.
3. To ensure that the PSP team is making progress toward proficiency in Motivational Interviewing (MI) skills, each team member will submit a recording for a coaching opportunity and identify a professional development goal related to MI to be documented on their performance review.

YOUTH JUSTICE SERVICES

“The Youth Justice Team works collaboratively to provide our families with evidence-based, meaningful, innovative and relationally focused services, that increase positive outcomes, behavioral change and protective factors, while decreasing recidivism and dynamic risk factors.”

The Jefferson County Youth Justice Team provides innovative services to at-risk youth in Jefferson County. In addition to our family-based, relationally focused case management services offered to families who are referred through the Juvenile Court System, we also provide programming to families, children, and youth in the community who are at risk of becoming involved in the Youth Justice System. The work we do with our consumers is trauma-informed, treatment-focused, and collaborative with families and other system partners. The Youth Justice Team is a part of the Children, Youth and Families Division and is comprised of the CYF Division Manager, Youth and Family Services Supervisor, One Diversion Worker and seven ongoing family case managers who serve moderate to high-risk youth. The Youth Justice Team recognizes the dignity of each youth and family.

Who do we serve?

Juveniles Alleged to be Delinquent* - Includes any person over the age of 10 who is alleged to have violated any state or federal criminal law. Under 1995 Wisconsin Act 77, the general jurisdiction of the juvenile court was lowered from age 17 to age 16. 17-year-olds do not fall under the original jurisdiction of juvenile courts in Wisconsin. More information can be found in Wis. Stats. sec. 938.12.

Juveniles in Need of Protection or Services (JIPS)* - Youth may be alleged to require protection or services if certain conditions apply: JIPS Non-Truancy conditions include a parent or guardian unable or needing assistance to control a young person; a youth who runs away from home; or a youth who commits a delinquent act before age 10. JIPS Truancy conditions include habitual truancy from school. Youth adjudicated JIPS may be referred for a variety of services, but they cannot be sent to a correctional facility or a secured residential care center. More information on JIPS jurisdiction can be found in Wis. Stats. sec. 938.13.

Youth at risk of being involved in the criminal justice system – Our diversion programming serves families that include one or more youth in a family exhibiting signs that they are at risk of becoming involved in the youth justice system, either through a formal delinquency referral or a JIPS referral. Referrals can come from a variety of sources, including schools, law enforcement, parents, or other providers.

*(adopted from the DCF Youth Justice data report)



Jefferson County awarded 2022 Youth Innovations Grant

Early in 2022, the Jefferson County Youth Justice team did a thorough review of our service matrix, first generated in 2019 when we began the YASI training and process of integrating this tool into the Wisconsin Youth Justice System. It was during this process that we identified strong programming that matches well to several our families, as well as gaps in services, creating missed opportunities to provide programming that hits the targets identified in the YASI and potentially increasing their risk of reoffending. During that process we

identified the need for a specialized tool to assess the risks and needs of youth who struggle with chronic truancy, more access to evidenced based tools and an increased ease of access to those tools, additional training for providers of evidence-based practices, evidenced based family therapy options available to all families, regardless of insurance status, and services offered directly to parents of youth being served in our

program. Armed with this information, we applied for and were awarded a new youth innovation grant through the Department of Children and Families under the category of “matching services to needs.”

Using funds provided through the new grant, we purchased **eCarey Guide Tools on Demand** for each case manager on the team. Carey Guides are an evidenced based practice that address the areas of a youth’s life that are leading to criminal behaviors, otherwise known as Criminogenic Needs. Though the team has been using Carey Guides for some time, not everyone had access to electronic versions of the lessons, and no case manager had access to the newest version, which has a number of new features that are much more compatible with the technology that our youth are used to. Case managers can complete Carey Guides and Brief Intervention Tools with youth via tablet or smartphone, and the software is more easily accessible by the youth.

The grant also will provide additional training in another evidenced based practice for court involved youth. Currently, only one case manager is trained and certified in providing the **Aggression Replacement Training** curriculum to our youth. Two additional case managers have now been trained and will work toward certification in 2023/2024.

Truancy is an important, yet frustrating topic for multiple stakeholders, including schools, the Courts, community members and families. The team will use grant money to purchase the **JIFF Interviewer software**. The JIFF Interviewer is a risk assessment designed to address the needs and strengths of youth who are at risk of youth justice involvement or have committed status level offense, such as truancy. The tool digs deeper into mental health and family functioning to get to the driver of the truancy and suggests service areas to focus on that will best assist the youth and family in this area.

Jefferson County offers an evidence-based family therapy program that has resulted in some amazing results for families in the county who were at risk of disrupting due to out of home placement or other factors. Our team has referred multiple families to the program, and the feedback that comes back is very supportive and positive. Based on the model to sustain the program, the identified child or youth must have Medical Assistance to qualify for the **Family Centered Treatment Program**. This has created a gap in service opportunities for our families who have private insurance, as there really is no substitute for this program, that provides up to 6 hours a week of intensive, skill-based family therapy that happens right in their homes. And yet, the service is highly needed and sought by case managers and families for this program. The biggest chunk of the grant was dedicated to pay for FCT for families who match to this service but do not have Medical Assistance as an insurance policy.

Lastly, our team has been providing comprehensive services that focus on the whole family to our youth justice consumers since 2019, when we received the first DCF innovation grant. Though many still see youth justice programming as directed to the young person who committed the crime, we see the family as a system, with many pieces that create the whole puzzle. A case management model that addresses family relationships in each interaction is part of this philosophy; and now, with the assistance of this innovation grant, we are adding direct programming to parents that will assist them in forming closer connections with their children and provide concrete parenting techniques that will equip them with the tools they need to effectively guide their adolescent to living life to their best potential. Two Youth Justice team members will be trained and later certified in the **CONNECT Parenting Curriculum**, an evidence based, attachment based parenting program that targets families who struggle with how to most effectively parent their adolescent child who exhibits oppositional, antisocial, and difficult to manage behaviors. These team members will eventually be trained to teach other facilitators and additional Youth Justice workers will be trained. Workers throughout the agency that work with parents with adolescents who exhibit difficult behaviors, such as Child Protective Services workers and Comprehensive Community Services mental health providers, will also be offered the training at no cost. The team is excited to use this funding to elevate our programming and provide additional innovations to the services we provide to our families.



Restorative Circles in the Schools to Reduce Disproportionate Minority Contact Project: Year two DOJ Grant Award

Last year, we reported on the Restorative Circles in the Schools to Reduce Disproportionate Minority Contact Project and the incredible collaboration between Jefferson County Human Services, Watertown Middle and High Schools, Jefferson Middle and High Schools and Fort Atkinson Middle and High Schools to try address the

overserving of youth of color in the youth justice system in Jefferson County.

To recap, this new and innovative program was designed to take a step back even further than our remarkable diversion programming and prevent system involvement altogether for students who act out in school and might otherwise be referred to Jefferson County for Disorderly Conduct, Criminal Damage to Property, or other non-violent crimes. This practice is restorative in nature, holding youth accountable for their actions while also drawing out their strengths, increasing competencies and ultimately making the victim whole. In June 2021, with the help of the OJJDP/ Governor’s Juvenile Justice Commission grant award and additional county funding, 47 individuals from Human Services and our three partner school districts were trained in restorative practices and delivering restorative circles in the school setting.

In 2022, the Jefferson County Youth Justice Team was awarded additional funding to expand the program and provide better structure for sustainability by training teachers and Human Service workers who had completed the initial classes to train individuals in the “Introduction to Restorative Practices in the Schools” curriculum. In September 2022 ten individuals from Watertown and Jefferson School districts and Human Services completed the train the trainer class and have now offered that training at no cost to several additional teachers, counselors and administrative staff in Jefferson and Watertown schools who did not receive the training in the first year of the project. The plan is to expand the collaborative and project even further by inviting new schools not previously engaged to receive the training and attend future meetings. Results of the project are promising, as 15 students in Watertown alone have received a restorative circle to fully replace a youth justice referral, a suspension or to reduce the amount of a suspension. This is a project that we are all very proud of and are excited to see the positive ripple effect it can create for our students, particularly our students of color.

“I have worked with schools and outside groups before. As you know, entities can be insular. I think it is so powerful that you are willing to partner with each other, which is why the relationships of trust you are building will continue to be impactful.” Bill Boyle, IIRP trainer



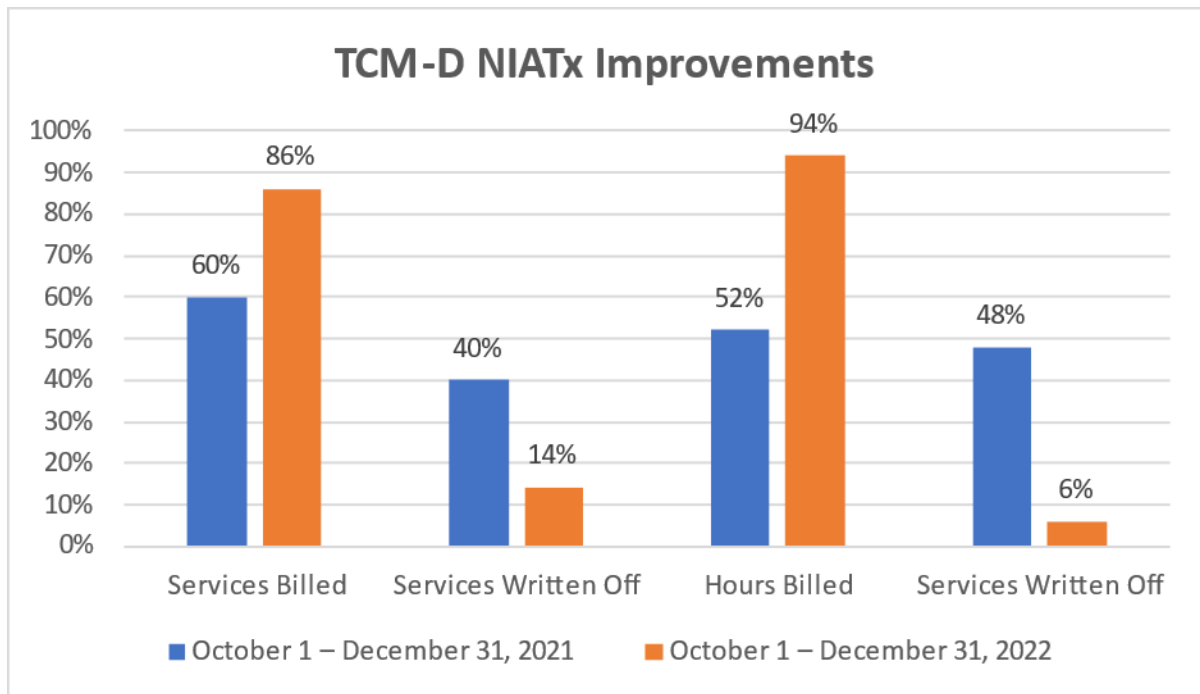
2022 Youth Justice NIATx Project – System Improvements for Targeted Case Management – YJ/Diversion

The Youth Justice team has been using Targeted Case Management to bill Medical Assistance for our services to reduce costs for our families, as well as to reduce our reliance on the Jefferson County tax levy, since approximately 2009. In 2022 the Youth Justice team, after reviewing our audits regarding billable hours and services, the team decided to launch a NIATx project that focused on refining our processes for consistent coding and

documentation, improving billing compliance and ensuring that each team member had a full understanding of the technical pieces of Targeted Case Management. Our hope was to clean up these pieces and increase our

billable services and hours, ultimately bringing in more revenue to Jefferson County. The NIATx project brought together all team members from the Youth Justice program, along with key members from our administrative, fiscal and billing departments, and our Compliance Officer. The NIATx team met several times over the course of the year to discuss, design and implement new processes and procedures that would enhance the TCM billing portion of our program. The work that was completed during the project was incredible, and the partnership and collaboration across the teams was remarkable. The project was incredibly successful, and so much was learned. New training materials were developed, new processes were created around coding services and documentation, a new auditing procedure was implemented, and the confidence of all team members increased.

The graphs below highlight one of the many positive results of the project, which was to increase the percentage of billable services and hours as compared to the previous year.



Youth Justice Diversion Programming

Two years ago, our team introduced the Youth Justice Diversion Program to our stakeholders – otherwise known as PREP (Prevention, Resources, and Engagement Program). This program is a key piece of the overall youth justice programming, as it provides much needed intervention to those lower risk youth who need services and have committed a crime or have been identified as at-risk for a truancy referral; but to put them through the formal system could increase their risk of further system involvement. Youth

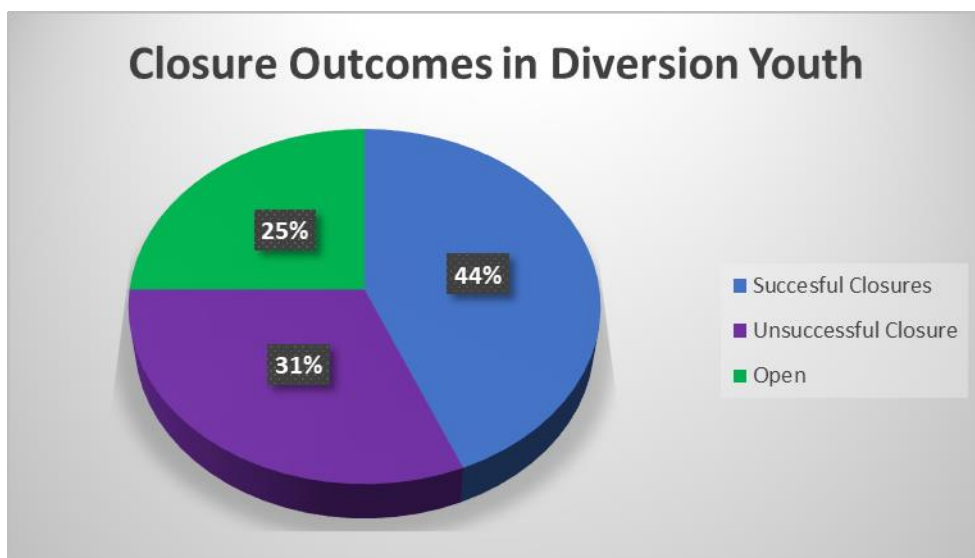
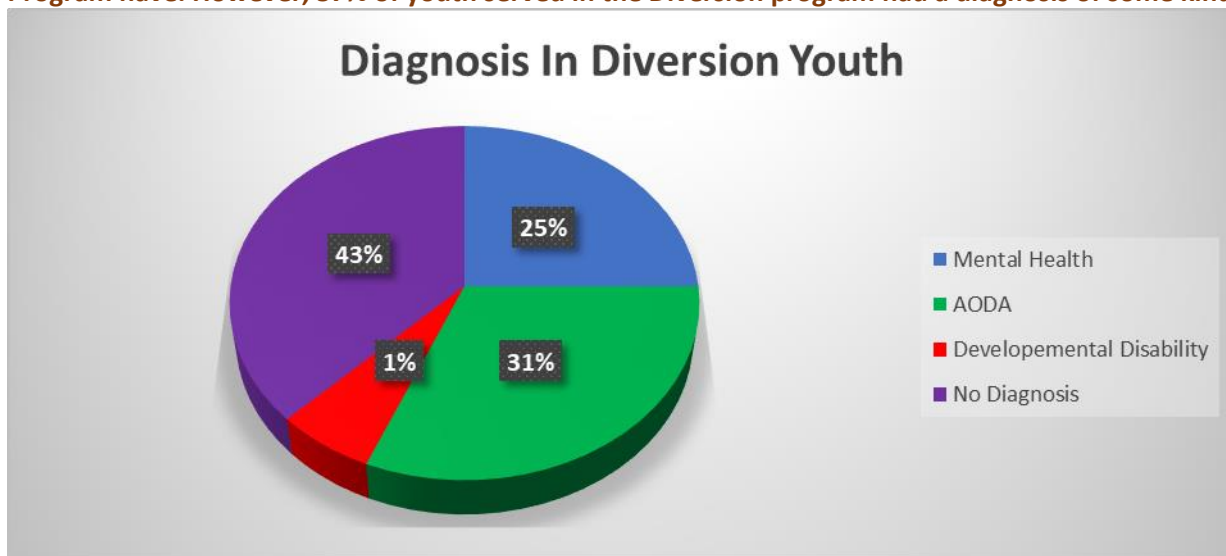
Justice Programs across the country have seen similar trends in the youth and families that come into this

system. PREP offers three different subcategories of diversionary programming, depending on the need of the youth.

The Intensive Collaborative Services program is designed for youth with a high level of needs, whose behaviors related to complex trauma, mental health, or developmental disabilities present as delinquent acts. Assessment and intensive case management to connect youth and families to much needed community resources are offered to these families to stabilize these youth and prevent further system involvement. As stated in the graph on the first graph below, this part of the program serves a high number of youth and families and their needs, as indicated, are significant.

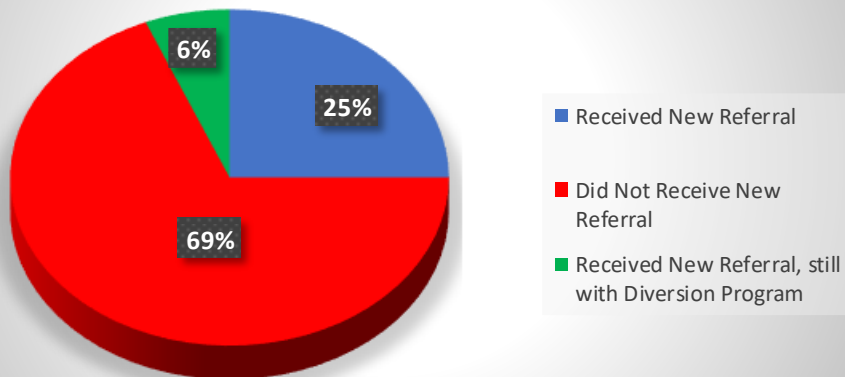
The Juvenile Court Diversion program is designed to provide a “light touch” of youth justice-related programming to those who have committed a crime and would benefit from the Balanced and Restorative Justice (BARJ) principles but mixing them with more delinquent youth could easily promote further system involvement. Services such as apology letter exercises, individual skill enhancement sessions, and Restorative Circles/victim impact groups are offered in this program within PREP.

As shown in the chart below, the youth served in the Diversion Program are lower risk and do not have the level of mental health and AODA issues that the youth served in the Foster Resilient Families Ongoing Program have. However, 57% of youth served in the Diversion program had a diagnosis of some kind,



As seen in the chart to the left, 69% of youth served in the were discharged successfully or are still being served in the program. A successful closure means that the goals of the youth’s case plan were met. An unsuccessful closure occurs when the case is closed due to the family not responding (Diversion is a voluntary program, and the family does not always hold interest), the youth is referred to formal court on a new charge or the case plan goals are not met.

Recidivism in Diversion Youth



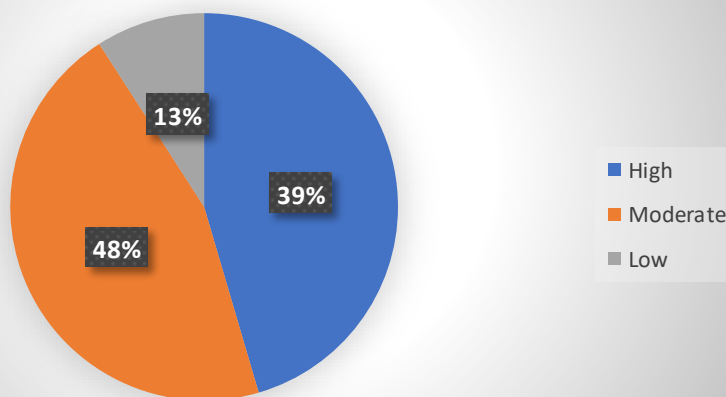
As seen in the chart to the left, 69% of youth opened to the Diversion Program in 2022 have not received another referral. The percentage of youth who did receive another referral includes those families who did not respond or follow through with Diversion services when offered. To combat this, new procedures around case transfer were put in place, fostering a “warm hand off” and friendly welcome into the program.

Youth Assessment Screening Instrument (YASI)

The Jefferson County Youth Justice team has a rich history of providing innovative services, supported by research, and in line with best practices. We know it is crucial not to overserve our referred youth who have a low risk to re-offend and high protective factors – and overserving those youth in the criminal justice system can increase their risk of recidivism. At the other end of the spectrum, it is imperative to serve youth who are high risk to re-offend and have low protective factors with services designed to address the target behaviors, beliefs, and domains that have led them to commit crimes.

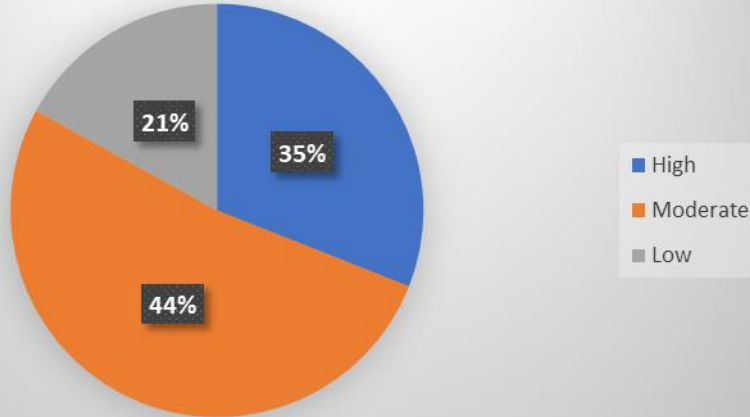
Our team continued our practice that we adapted in 2019 to utilize the YASI to inform decisions regarding how best to serve the youth who enter the Youth Justice system. The risk and protective levels indicate the dosage of ongoing intervention and progress of the youth at the six-month mark. The treatment modality is gleaned from the YASI assessment as well, as this assessment maps out the thoughts and actions that reach the core of the criminal behaviors. The graphs below indicate the risk and protective levels of the youth who were served by the ongoing Youth Justice Team. The ongoing workers complete a full assessment on youth determined to be appropriate to advance in the formal system. These are primarily high and moderate-risk youth with limited protective factors.

Jefferson County Overall Risk



Of the youth who were administered full assessments by ongoing YJ workers in 2022, 39% were high risk to reoffend, and only 13% were low risk – which makes sense, as we as an ongoing team want to make sure we are not overserving youth. Risk level is one indicator of “dosage” of interaction and interventions delivered to the consumer.

Jefferson County Overall Protective



The protective factors graph reflects that 65% of youth we served in 2022 on the ongoing team had either moderate or low protective factors. Though not reflected in the graphs, the ongoing team also uses YASI full assessment information to determine the top target behaviors and uses that information to work with the family to build the case plan. The services offered to the youth and families are designed to address the highest domains.

Ongoing Service Model – *Fostering Resilient Families Program*

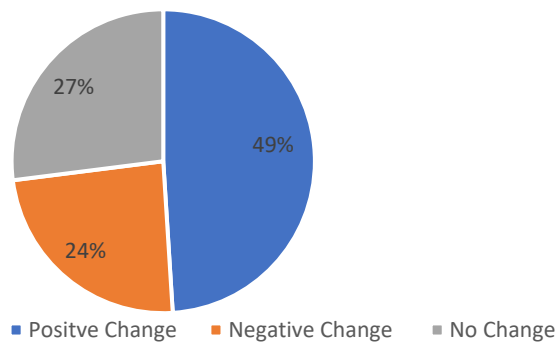
Jefferson County provides an innovative family approach to working with youth either at risk of or involved in, the justice system. *Fostering Resilient Families*, (FRF) is the family relationship-centered program we offer each of our youth justice families. *Fostering Resilient Families* is trauma-informed and works off the premise that improving family outcomes reduces the risk of further involvement in the criminal justice system. Case Managers engage with the whole family to maximize opportunities for change. The Functional Family Case Management (FFCM) model is the centerpiece of the FRF program. FFCM goals are to engage families, reduce negativity and blame, motivate families to make positive changes within the family context, and provide services to all family members who need them, ensuring that each person in the family receives services and treatment to address their needs in such areas as educational, employment, mental health, and AODA. We use the YASI full assessment as a tool to match evidenced based services to the youth and family and monitor the services through regular contact with the family and collaterals and adjust services, as necessary. The model is strength-based, and workers integrate a relational focus into every visit with the families. Our goal is to help families healthily find hope and function without our intervention and presence in their lives.

Based on what the research tells us about how beneficial incentives and rewards can be to motivate people to make sustainable changes, incentives are a component to the *Fostering Resilient Families* program as well. Each family member is allowed to earn incentives for making positive contributions to the functioning of his/her family. Each family designs an individualized goal plan that includes positive behaviors that contribute to the happiness of the whole family. For example, kids in the family can earn points for getting themselves up and out the door, doing their homework, being respectful to family members, doing chores, attending therapy, taking medications, etc. Parents can earn points for completing a family routine, following said routine, participating in a trauma parenting group, looking for a job, taking steps to go back to school, trying new parenting techniques, etc. Members of the household can also earn family points by meeting family goals. The points equate to a plethora of choices of incentives, ranging from options that do not cost anything, to gift cards and tangible items. Some families decline incentives, but many have taken advantage of this innovative practice and have seen great success in reaching their goals. The Jefferson County Youth Justice team is highly respected around the state, and we are incredibly proud of our efforts to earn that reputation. We are committed to innovative practice and will continue to push ourselves to keep growing and doing what is best for our families.

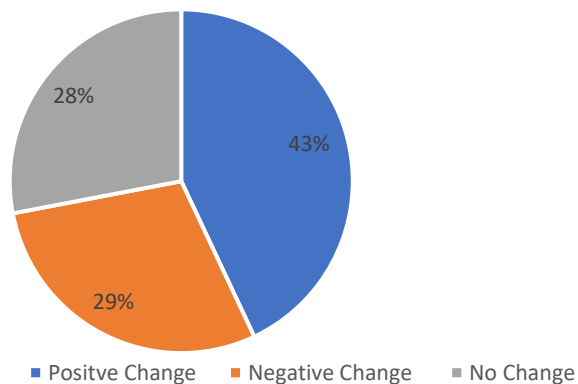
As seen below, the FRF program seems to be having a great impact on the outcomes of the families we serve.

The graphs to the right illustrate the good work we have done since we began the FRF program, along with utilizing the Youth Assessment Screening Instrument (YASI) as a tool for matching services to needs. As seen in the top graph, almost half of the youth served in the Fostering Resilient Families program increased their dynamic protective factors/strengths from the original full assessment to the most recent reassessment. **Dynamic** protective factors, such as involvement in a prosocial extracurricular activity, employment, or an increase in positive school connections, are changeable (as opposed to **static**), and are key factors in increasing the opportunities for long term success. The chart below shows that 43% of youth served in the program showed a positive change in their original dynamic risk level. This shows that we are doing a good job matching services to needs; and there is room for improvement. We are excited to see the positive impact the 2022 DCF Innovation Grant will have on our ability to better match services to the families we serve and increase the number of positive changes in this area moving forward.

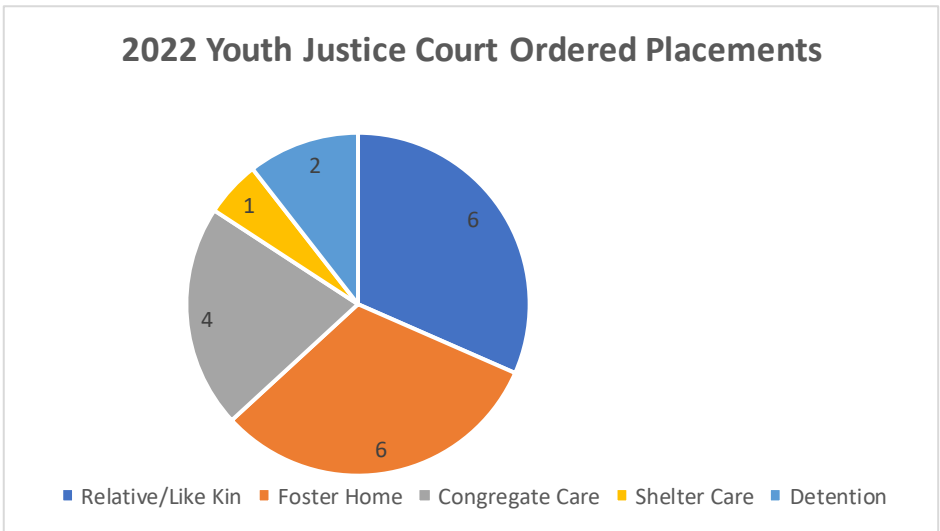
YASI 2019-2022 Dynamic Protective Factor Outcomes



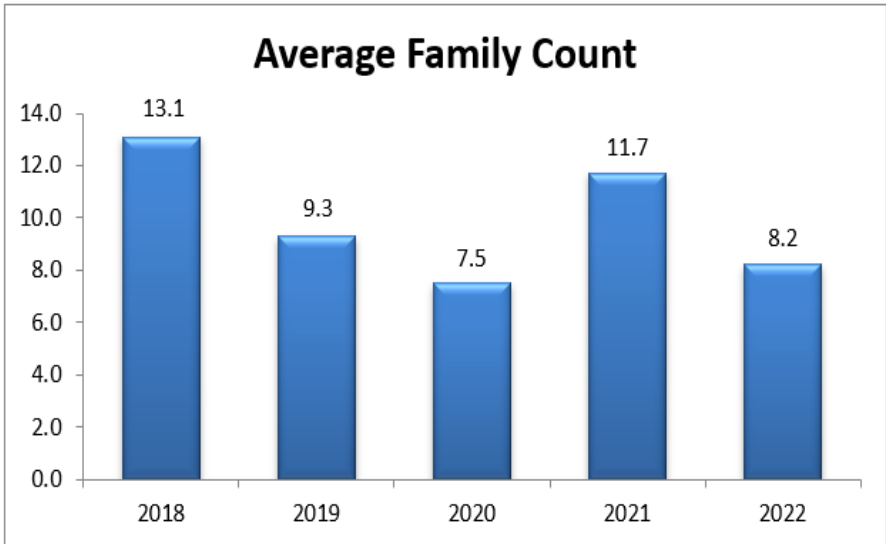
YASI 2019-2022 Dynamic Risk Outcomes



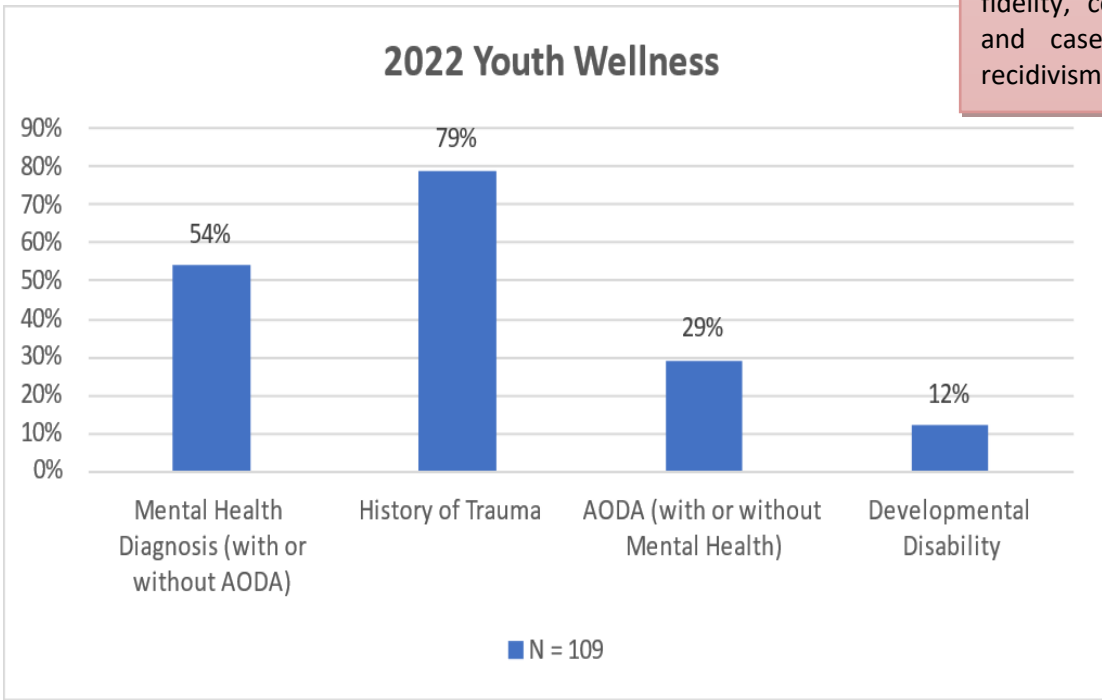
2022 YJ Ongoing Year at a Glance



We have been providing the Fostering Resilient Families program, which marries a family/relational based case management model with structured incentives, since 2018. These graphs represent our commitment to keeping families together whenever possible with safety plans and additional services to avoid an out of home placement. We have worked hard to reduce our out of home numbers, reducing the number of youth who experience an out of home placement on a youth justice order by 72.2%. When an out of home placement is necessary, we strive to make that happen in a family setting, such as a relative, like kin or foster care setting. Congregate care, shelter care and detention settings are used, but only when the youth is a danger to the community without that level of supervision and services and cannot be managed safely in the community. It is noted that the number of placements is different than the number of youth placed out of home in a given year, as a youth may experience multiple placements in the course of supervision as they move to a lesser restrictive placement setting.



Youth Justice case averages decreased from the previous year in 2022, falling back in line with the averages for 2019 and 2020. This could be attributed to the post-COVID affect when we saw a boost in 2021 cases after the pandemic essentially shut everything down for so many months in 2020. This number may seem somewhat low, however it is noted that our YJ case managers provide several direct intervention services and high family caseloads can hinder that valuable part of the work. Additionally, FFP, Inc. recommends caseloads no higher than 12 to maintain fidelity to the model. This number allows us to provide FFCM to fidelity, coupled with direct services and case management, to reduce recidivism.



Other Trends of 2022

- Increase in Gang involvement and serious crimes –
 - It has been many years since we have seen significant gang involvement in the youth we serve. However, in 2022 several youth throughout the county being served in the Jefferson County Youth Justice program shared in one way or another that they had ties to a gang. This may or may not have influenced the level of seriousness of the referrals we saw in 2022, which included group violence, crimes committed with weapons and crimes that either resulted or could have resulted in serious injury or death.

The chart to the left reflects the high number of youth who struggle with mental health, alcohol and other drug addictions and trauma histories. As reflected, the Youth Justice team served a high number of consumers in the program who have a history of trauma and a mental illness diagnosis.

- Turnover in treatment providers –
 - As seen in the illustration on youth wellness, over half of our youth have been diagnosed with a mental illness, such as depression, anxiety, ADHD, bipolar, PTSD or other, and nearly 80% of our youth have a history of trauma. It is critical that those individuals have fast and easy access to high quality treatment services. Unfortunately, like many other areas of practice, there seems to be a high level of turnover with mental health providers in the area. This can be highly disruptive and distressing to youth and families who need this service. Jefferson County has worked hard to create some inventive solutions, such as contracting with outside agencies to provide more services, obtaining grants to expand counseling services and offering more telehealth services. This has certainly helped but has not solved the turnover issue.
- Increase in youth who struggle with AODA issues –
 - The percentage of youth who struggled with an alcohol or other drug issue doubled in 2022, going from 15% to 32%. Additionally, the type of drug use was significant and resulted in multiple inpatient hospitalizations. Jefferson County is fortunate to have excellent treatment programs in this area, and our youth are often referred to our clinic for services.
- Housing and Homelessness issues -
 - Many of the families we serve in the Youth Justice system live below the poverty line and struggle to meet all the financial demands of raising a family, especially considering the inflation we have been collectively experiencing in the United States. Due to several factors, housing issues are common for our families; and 2022 was no exception. At times, families are evicted for their child or adolescent’s behaviors as well as for affordability reasons and inability to keep up with rising rent costs. This can make consistent care a challenge and lead to greater instances of truancy and untreated mental health issues.

Review of 2022 Goals:

Key Outcome Indicator: Youth in congregate care and non-family or like kin placements will be reviewed each month internally using a structured staffing model. A structured staffing was held each month in 2022 to discuss the youth placed in group homes or residential facilities. Different models of staffing were used to garner new ideas and potential plans. Those models included internal supervisor and treatment team meetings, FFCM case consultations held in Youth Justice Team meetings and Permanency Roundtable model of staffing. ***Our KOI was met 100% of the time in 2022.***

1. To ensure fidelity to the Functional Family Case Management model (FFCM), cases will be staffed using the FFCM consultation format at every team meeting. ***This goal was attained.*** Each week a member of the Youth Justice Team prepared and presented a case using the FFCM case staffing model, highlighting skills and fidelity to the model. The team then provided feedback to the worker presenting the case for consultation. The presentations occurred on a rotation, giving each worker approximately 7-8 times to present, garner feedback and be scored using a quality assurance rating tool.
2. To advance the “Restorative Practices in the Schools to address Disproportionate Minority Contact” project, 25-30 individuals from JCHSD and our school partners will be trained in Restorative Practices or will participate in the “train the trainer” course. ***This goal was attained and exceeded.*** An introduction to Restorative Practices was held on June 13th and 14th with 26 participants in attendance. An additional “Train the Trainer” class was held on September 26-28, and ten individuals from Watertown and Jefferson School Districts and from Jefferson County Human Services were trained to offer the Introduction to Restorative Practices class to teachers, counselors, and case managers in the area to sustain this amazing project.
3. To increase understanding and awareness of diversity issues, a team member will facilitate an interactive transfer of learning activity once a month. ***This goal was attained.*** Each month a different topic was presented by one of our team members and included education and a transfer of learning activity. Examples of topics included black history month/influential African Americans throughout history, Hispanic culture, LGBTQ+ awareness, adoption, neurodiverse populations, inclusivity, and others.

4. To build and increase youth skills related to the identified risks, the team will offer various evidenced based groups and/or educational programming. ***This goal was attained.*** Aggression Replacement Training group was offered to some of our high-risk youth and Wellness Recovery Action Planning was offered to some of our youth who experience mental health symptoms and crisis. Case Managers used Carey Guides with many of our youth on formal supervision to provide education and active work on areas that relate to their highest needs, such as aggression, attitudes, skills, AODA, school and family issues. All the above-mentioned tools are evidenced based.
5. To better define and quantify success in youth justice, the team will discuss, identify, and define the elements of success pertaining to youth justice involved families. This will be a multi-step process to create a roadmap to measuring successful programming and YJ family experiences. ***This goal is in progress and will continue into 2023.*** The team had various discussions on this topic in 2022, laying a great foundation to continue and complete this goal in 2023.
6. To keep our purpose at the forefront, our team will create and display a vision board in our work region. ***This goal was attained.*** A small committee was formed to design the board and present to the team, and the board was approved and completed in spring 2022. The team is excited to expand the vision work by stenciling our vision statement on the wall and displaying each team member's "why" in the region.
7. To ensure high and moderate risk youth are offered evidenced based services that match to their identified areas of need, two more e-Carey Guide licenses will be granted to additional members of the YJ Team. ***This goal was attained and exceeded.*** All 8 Youth Justice Workers were provided with an e-Carey Guide Tools on Demand license in 2022 after being awarded a new DCF Youth Innovation grant. Furthermore, all workers are now fully trained in administering the Carey Guides to fidelity.
8. Each member of the team will continue to work toward achieving proficiency in Motivational Interviewing, as evidenced by the submission of a tape or tapes that are coded to proficiency or demonstrate improvement. ***This goal was attained and will continue into 2023.*** All Youth Justice Workers have been trained in Motivational Interviewing and were provided additional training options through the MILLS in 2022. Motivational Interviewing is infused into weekly supervision and team meetings and is at the forefront of our practice with families. It blends well with FFCM, and our workers demonstrate a high level of skill in Motivational Interviewing.

Goals for 2023:

Key Outcome Indicator: 90% of youth who receive Youth Justice services will be placed in home, in a relative's home or in the home of a "like kin" caregiver.

1. To continue fidelity to the model and achieve proficiency in all workers, cases will be staffed using the FFCM consultation format at every team meeting and rated using a quality assurance tool.
2. To better define and quantify success in youth justice, the team will discuss, identify, and define the elements of success pertaining to youth justice involved families. This will be a multi-step process to create a roadmap to measuring successful programming and youth justice family experiences.
3. To increase understanding and awareness of diversity issues, a different team member will facilitate an interactive transfer of learning activity once a month.
4. To build our incentives and creative programming budget, the Youth Justice Team will coordinate a minimum of two fundraising events during the year.
5. To fill a service gap related specifically to parents and caregivers of our youth, identified members of the team will receive training in an evidence-based, trauma informed parenting program designed for this population and develop a training plan to launch and sustain the service.
6. To improve educational outcomes for our youth, the Youth Justice Team will explore the implementation of a new, innovative truancy program.
7. To build new community connections and increase our partnerships with stakeholders, the Youth Justice Team will design and facilitate educational presentations on our programs and philosophy to be delivered via a "lunch and learn" format.

8. To increase awareness and community safety, the Youth Justice Team will seek additional training in gang related issues and trends.
9. Each member of the team will continue to work toward achieving proficiency in Motivational Interviewing, as evidenced by the submission of a tape or tapes that are coded to proficiency or demonstrate improvement.

ECONOMIC SUPPORT DIVISION

*~Providing benefits and coordinating resources to strengthen our community's
Individuals and families~*

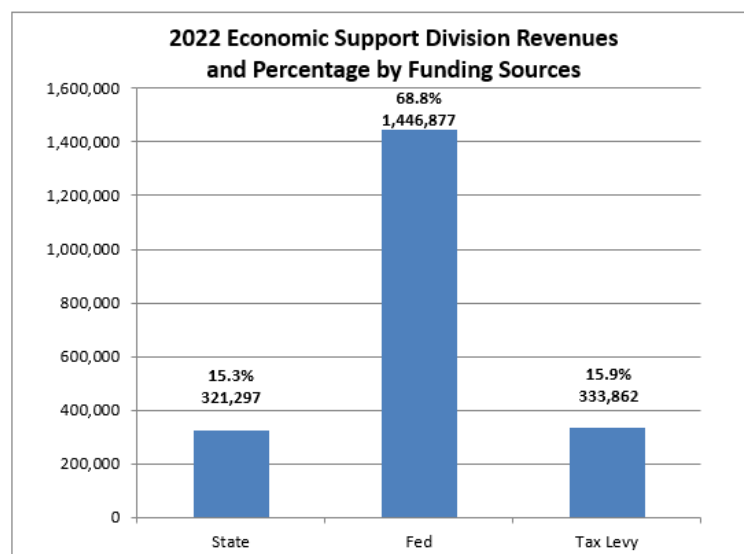
The Economic Support Programs for Jefferson County are administrated at the Workforce Development Center (WDC). Our location at the Workforce Development Center provides staff with the ability to coordinate the services of the on-site providers: Job Service, the Division of Vocational Rehabilitation (DVR), the WORKSMART Program and New Beginnings. Our community partnerships continue to result in effective service coordination. Our partners include Community Action Coalition (CAC), Goodwill Industries, Salvation Army, Forward Services, local food pantries, St. Vincent de Paul, and 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 current job listings, job fairs, labor market data, and resources available to meet your workforce needs, the websites of www.jobcenterofwisconsin.com and www.worksmartnetwork.org are the key sites. The unemployment rate for Jefferson County in December of 2022 was 2% and remains unchanged from December of 2021 per the www.jobcenterofwisconsin.com/wisconsin/query website.

The Economic Support Division of Jefferson County Human Services facilitates customer access to financial assistance programs. The case managers assist the customers in applying for benefits, they also determine eligibility, update changes, explain program requirements, assess for possible fraud, and coordinate referrals to other resources. All Economic Support staff process Healthcare and FoodShare benefits, and select staff also specialize in reviewing and authorizing WI Shares Child Care, Long Term Care, and the Children's First program. Jefferson County is a member of the seven-county Southern Consortium which includes Crawford, Grant, Green, Iowa, Jefferson, Lafayette, and Rock counties. The Southern Consortium's monthly caseload for December 2022 was 53,458 households which is 6.48% of the statewide caseload. Jefferson County comprises 18.16% of the Southern Consortium caseload. As a consortium, we coordinate job functions, manage the entire workload, determine program eligibility, and implement consortium-wide policies to increase efficiency. The Consortium operates the Southern Consortium Call Center (SCC) at 1-888-794-5780. Contacting the SCC connects the customer to an Economic Support case manager located within the seven counties who has access to their case specifics and is readily available to assist.

Jefferson County has twenty-one Economic Support case managers and one administrative staff within our division.

The Division's revenue comes from federal, state, and county funds and is reflected in the graph to right. The contract funding is directed to Rock County, the Consortium Lead County, and then disbursed to each county based upon their caseload percentage.

The Division's overall goal is to enhance and maintain a successful income maintenance consortium and meet mandated performance standards. The key indicators of our success are measured by our ability to meet timeliness, accuracy, and customer satisfaction performance standards established by the State of Wisconsin. Daily workload dashboards in coordination with



quarterly, monthly, and weekly reports specifically address each aspect of these key indicators and are reviewed and monitored continuously. Based upon the data obtained and consortium staff training, procedural changes are developed to assure we consistently meet these standards.

ECONOMIC SUPPORT

The Economic Support Division determines household eligibility for programs designed to improve financial stability and healthcare access. Often our programs are necessary to meet emergency needs such as job loss, medical concerns, or homelessness. Each program serves a specific population and incorporates different income guidelines and requirements.

With the onset of the COVID-19 Public Health emergency in 2020, our Economic Support Division quickly acclimated to a new setting for our benefit issuance and service delivery systems while agents worked from home, proving that our staff can successfully work at home as needed. As COVID cases decreased we were able to transition staff back into the office starting July 2021. Many of our partner agencies, have adopted a hybrid schedule working partially at home as well as in the office, as needed. As of April 2022, the majority of the Economic Support workers and Job Service staff have returned to the office.

Due to the Federal COVID Emergency Order, numerous program eligibility requirements became suspended for the duration of the Public Health Emergency (PHE). This suspension was done to provide needed additional support to our customers who have a lower household income, however regular practices will be reinstated during the unwinding period, which was originally anticipated to begin during the summer of 2022, but has been delayed until the end of the public health emergency effective May 11, 2023. Currently the annual reviews for healthcare programs remain suspended, however, for the FoodShare program interviews and collection of required verification previously resumed in July 2021. It is important to note that all Medicaid recipients, as of March 18, 2020, could not be terminated of their medical coverage unless they explicitly requested to end coverage, or if the eligible person passed away or moved out of the state of Wisconsin. This temporary policy remains in effect until the “unwinding” of the Health Emergency, and which time healthcare renewals will be completed over a 14-month period. During the unwinding all healthcare cases will be staggered for renewal, and during the renewal each member will be reviewed for financial and non-financial criteria to correctly determine eligibility, effectively ending coverage for those who no longer qualify. Eligible FoodShare recipients have been receiving emergency benefits during the pandemic, supplementing their eligible allotment to provide them the maximum amount for their household size. This supplemental benefit saw its final issuance in February of 2023. Pandemic Temporary Food Benefits (P-EBT) began in 2020, and continued through 2021, to be issued to families of children who normally received free or reduced meals at school but who were unable to eat at school due to virtual learning at home full or part-time. These additional benefits will also be discontinued with the end of the Public Health Emergency.

We have been able to continue to achieve accuracy, timeliness, and quality customer service in the call center despite the physical separation of our division and consortium staff. We have been able to accommodate two full time staff members who remain working from home for non-COVID related reasons, and they have successfully proven working from home is an option long-term, if and when necessary.

Jefferson Caseloads - December Point in Time

2022 – 9,712 households 2021 – 9,160 households 2020 – 8,184 households

Requests for program benefits can be initiated by contacting the Southern Consortium Call Center at 1-888-794-5780, applying online at www.access.wisconsin.gov, contacting the Economic Support Division at 920-674-7500, or by coming into the agency and requesting to speak to a lobby services case manager. The customer may also use the MyACCESS mobile application where they can check benefits, get reminders, and submit required documents.

SOUTHERN CONSORTIUM CALL CENTER (SCC) – Our call center is comprised of Economic Support Case Managers from seven counties- Crawford, Green, Grant, Iowa, Jefferson, Lafayette, and Rock Counties. There

are 10 consortiums in the State of Wisconsin. The call center is the focal point for the customer’s questions, change reporting, and completion of applications and renewals. In 2022, the Southern Consortium Call Center agents answered and helped 32,527 callers in the first quarter—28,952 callers in the second quarter—33,388 callers in the third quarter and 31,764 callers in the fourth quarter for an annual total of 126,631 customer calls, an increase of 30,977 (32.38%) calls from 2021. The decrease in call volume over the previous years occurred because of continued Federal COVID Emergency rules. These rules prevented the termination of healthcare benefits, postponed annual renewals, provided monthly maximum FoodShare benefits, and did not require customers to provide otherwise normally requested verification. Accordingly, the customers had fewer questions and did not need to reapply for benefits as frequently. In 2022, previously waived processes and verification requirements returned to normal practice for the FoodShare program. As FoodShare interviews were reinstated, verifications again required for new applications and renewals, the incoming calls to the Southern Call Center returned to a more “normal” (pre COVID) call volume. Additionally, there has been a large push through social media campaigns and through our partners, such as Covering Wisconsin, who largely assists with referrals to the Federally Funded Marketplace (FFM), for clients to provide updated contact information. Call center agents must meet state established performance standards in the timeliness of calls answered, the average length of each call, customer wait (on hold) time, and the accuracy of benefit processing. The Jefferson County staff answered a monthly average of 17.74% of all the calls taken by our consortium. This volume was accomplished with an average speed to answer of 1.68 minutes (.89 minutes in 2021) and a call average answer rate of 95.22% (98.47% in 2021). Incoming calls must be answered within 10 minutes of arriving in the queue and the Southern Consortium has an outstanding average in speed to answer incoming calls. The Southern Consortium carries top ratings in answer rate, average speed to answer, and average handle time in the state.

**The chart displays the Southern Call Center statistics from
January 2021 through February 2022:**

Statistics



SCC Statistics (previous 12 months)

Month	Calls Offered	Calls Answered	Answer Rate	Average Speed of Answer/Mins	Average Talk Time/Mins	Average Handle Time	Longest Waiting Call /Mins
November	10,946	10,571	96.57%	1.95	11.05	11.33	18.42
December	9,956	9,235	92.76%	2.49	10.61	11.14	17.63
January	12,108	10,871	98.78%	3.09	10.67	11.15	
February	10,038	9,319	92.84%	1.43	10.63	11.09	
March	10,381	9,904	95.41%	0.86	10.01	10.47	28.47
April	9,423	8,887	94.31%	1.24	10.04	10.47	30.90
May	9,241	8,884	96.14%	1.10	10.10	10.99	23.15
June	10,288	9,920	96.42%	1.33	10.40	11.37	43.23
July	9,921	9,529	96.05%	1.50	12.50	11.03	21.58
August	12,259	11,446	93.37%	2.25	10.15	10.54	44.62
September	11,208	10,559	94.21%	2.18	10.44	10.88	24.55
October	11,093	10,384	93.61%	2.29	10.68	11.10	24.18
November	10,528	10,037	95.34%	1.59	10.95	11.36	21.82
December	10,143	9,757	96.19%	1.28	10.56	10.93	21.90

*Longest Waiting Call/Mins is not available for January & February 2022 due to change in call center software implemented December 2021.

MEDICAL ASSISTANCE – is a State and Federally funded program that provides low-income customers comprehensive and affordable healthcare. Numerous individual programs are included in the umbrella of Medical Assistance: BadgerCare, Medicaid, Medicaid Purchase Plan, Family Planning Waiver, Medicare Savings, Family Care, and Long Term Care programs. Each program has individual financial and non-financial criteria for eligibility. The Forward Health card verifies coverage. Most Medical Assistance customers also participate in a Health Management Organization. On the Medicaid website <http://www.dhs.wisconsin.gov/health-care-coverage> you can access information on the individual program benefits and requirements.

BADGERCARE – is a State and Federally funded program for low-income adults, pregnant women, and children. Eligibility for BadgerCare is determined using IRS tax filing guidelines and household information which is aligned the guidelines used for the Federal Marketplace. Applications completed through the online ACCESS system will provide the customer with an immediate eligibility determination if all required verifications can be done using existing data exchanges. The site is <https://access.wisconsin.gov>

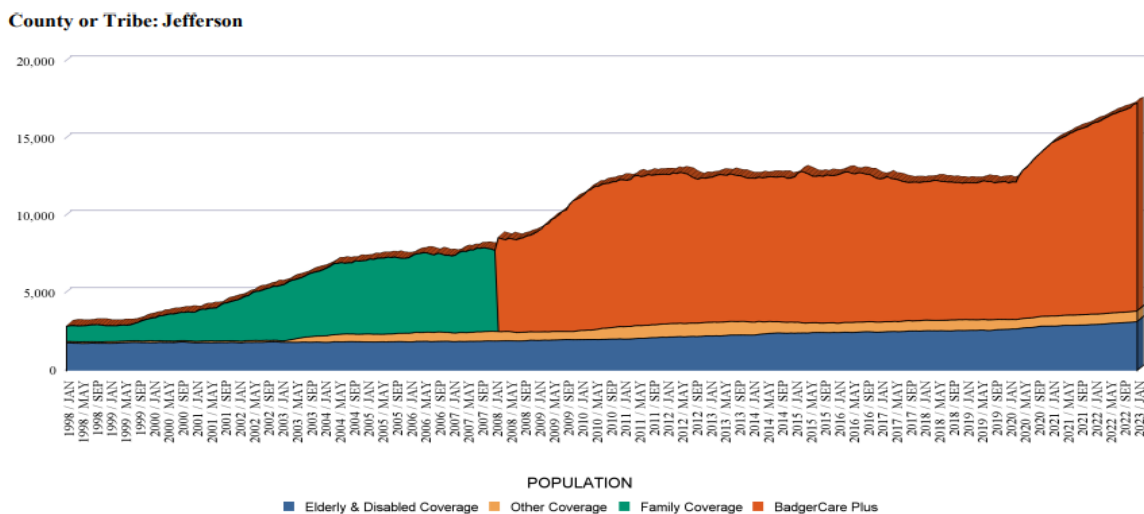
The chart displays the AVERAGE number of individual customers receiving benefits from specific Medicaid categories in Jefferson County from 2018 to 2022. In 2022, the amount paid to medical providers for Jefferson County Residents was \$157,711,697. Due to the Federal COVID Emergency Order all customers eligible for Medicaid as of March 18, 2020, will remain eligible until the Federal Emergency Order ends despite any changes in their income or household composition. This factor influences the increase in recipients. This number will be adjusted over the next 14-months as healthcare renewals are reinstated during the “unwinding” process, and a review of all financial and non-financial criteria will be conducted to determine ongoing eligibility for Medicaid healthcare programs.

Recipients of Medical Assistance - 2018 to 2022

Average Monthly Caseload	Families	Nursing Home	Elderly Disabled	Totals
2018	9,394	137	2,689	12,220
2019	9,343	117	2,741	12,201
2020	10,311	118	2,846	13,275
2021	12,264	98	2,994	15,356
2022	13,384	99	3,119	16,602

The graph displays the consistent increase of certified Medicaid individuals for Jefferson County

Wisconsin Medicaid
Members Certified by County/Tribe and Coverage Type for Each Month and Year



FOODSHARE-(SNAP) Is a Federal Program funded by the USDA that provides a monthly allotment to low-income households to purchase food. Eligibility is based upon income, household composition, shelter

expenses, and other criteria. The eligible customer receives a QUEST debit card to purchase food. Customers are able to make both in store and online food purchases from community businesses as well as Walmart and Amazon. Depending on the location, some FoodShare consumers can have their grocery items delivered from Walmart and Amazon to their residence in order to better serve those who may be homebound. The use of their EBT card continues to help support our local economy as well by being able to use their benefits at the local farmers markets, and in many cases the markets participate in providing \$2 of local produce for every \$1 spent using their FoodShare benefits. The number of FoodShare households receiving benefits increased steadily in 2020 and 2021 due to COVID, but is holding steady with only a slight decrease in the average number of monthly participants in Jefferson County. Beginning in April of 2020, households received additional emergency FoodShare benefits each month, up to the maximum allowed per household size, and this continued through 2022, with the final month of additional FoodShare allotments issued in February 2023. This increased the monthly average issuance of benefits for 2020 through 2022, averaging \$1.75 million annually in FoodShare for 2021 & 2022. This allotment will decrease for 2023 now that the additional benefits will no longer be funded and will return to being issued based on the current FoodShare policy and budgeting criteria for each household. The FoodShare website is <http://www.dhs.wisconsin.gov/foodshare>.

FoodShare Year	Average Monthly Recipients	Average Monthly Groups	Average Monthly Total Issuance
2019	6,123	3,102	\$610,733
2020	6,839	3,548	\$1,089,572
2021	7,795	4,105	\$1,763,617
2022	7,068	3,728	\$1,749,103

WISCONSIN SHARES- CHILD CARE - is a Federal and State funded program that provides child care subsidies for low-income working families to assist in their payment of child care expenses. Staff establishes authorizations for each child and our customers receive a MyWICchildcare debit card containing their monthly subsidy. The customer makes their subsidy payment directly to the provider and is responsible for any remaining balance. We contract our child care certification program to 4C (Community Coordinated Child Care) as they have access to extensive resources including a resource library and connections to their food program. Specific child care eligibility criteria and program information is located at <https://www.dcf.wisconsin.gov>. Following is the recipient data for the Jefferson County Wisconsin Shares program for 2020, 2021, and 2022.

***2020** – 223 families received authorizations for 354 unduplicated children. **The average yearly payment per child was \$3,798.78.** Payments were made to 65 childcare providers of \$1,344,766.68. There were 289 children under the age of six and 117 children over the age of six served.

***2021** -- 220 families received authorizations for 346 unduplicated children. **The average yearly payment per child was \$3,949.** Payments were made to 67 child care providers of \$1,371,395.01. There were 290 children under the age of six years and 113 children over the age of six served.

***2022** -- 185 families received authorizations for 309 unduplicated children. **The average yearly payment per child was \$3,342.55.** Payments were made to 74 child care providers of \$1,236,745.17. There were 240 children under the age of six and 104 children over the age of six served.

BIRTH TO 3 CHILD CARE PILOT PROGRAM – is a pilot program that provided funding to families to support the cost of child care for children participating in the Birth to 3 Program administered by the Department of Health Services (DHS). This initiative is funded by the American Rescue Plan Act (ARPA), and the funding is time-limited and encompasses June 2022 through June 2024. The initiative is not part of the Wisconsin Shares Child Care Subsidy Program and has fewer eligibility requirements. The Southern IM Region (which includes Jefferson County) participated in the pilot program beginning June 2022, prior to its full implementation in August 2022 when the program was then rolled out statewide. A child cannot be eligible for both Wisconsin Shares subsidy and the Birth to 3 program, but they may choose the program which provides the best fit or

most benefits. Referrals to the program are made by the local Birth to 3 program and handled by the Wisconsin Shares child care workers at the local agency. The workers establish the authorizations to pay daycare providers for both WI Shares and Birth to 3. This program will continue to pay funds to daycare providers through June 2024, however no new authorization for the Birth to 3 program will be created after June 30, 2023 since this program was temporarily funded through ARPA, and authorizations are built with a 12 month duration. Data was only able to be compiled for the entirety of the program through the current month. Information included consists of data including June 2022 – March 2023. Jefferson County has received referrals for 38 children (from 36 families). Authorizations have been created for 17 children (from 16 families). Funds spent total \$95,688.08 to date. More information about this program is available at www.dcf.wisconsin.gov/childcare/birth-3-pilot.

CHILDREN FIRST- is a State funded program that provides employment case management services to noncustodial parents who are not currently meeting the required financial support for their children. Participation in the program is court-ordered. The Children First case manager assesses the customer's employment barriers and assigns activities to connect them to stable employment and consistent payment of their child support. Program funding is based upon the number of customers served in the county's Child Support caseload. Each participant must complete a drug screen. **2018- seven participants and four gained employment **2020 – We had funding for 10 participants however due to the continued Public Health Emergency during COVID we did not receive any requests for assistance. **2021 – We had funding for 15 participants however due to the continued Public Health Emergency during COVID we did not receive any requests for assistance. **2022 – we had funding for 14 participants, received 7 referrals, and 2 successfully completed the program. One (1) participant obtained employment (started self-employment) and successfully made three consecutive payments. The other participant completed the full 16-week Children First program. The 2022-2023 contract provides funding for 10 participants. Program information is at <https://dcf.wisconsin.gov/cs/children-first>

THE JEFFERSON ST. VINCENT DE PAUL SOCIETY - provides our division access to local funding for the customer's emergency needs when living in the Jefferson School District. These include rent, hotel vouchers, utilities, emergency expenses unmet by other programs, clothing, and necessary home furnishings. In past years, a household was able to receive a maximum amount of \$300 in a two-year timeframe, however effective mid-2022 St. Vincent De Paul graciously offered to increase the allotment to \$500 in a 2-year period, to provide much needed assistance and relief, especially to those needing immediate (although temporary) lodging at local hotel/motels. Due to a change in management mid-way through 2022, Jefferson's Hilltop Motel was no longer available to provide temporary, emergency lodging. Although several attempts were made to reach out to other local establishments, we were unable to find another reasonably priced hotel or motel within the Jefferson School District that would accept vouchers through St. Vincent De Paul. Even with the loss of this establishment, St. Vincent De Paul continues to show great generosity in helping families and individuals of the Jefferson School District. Following is the data for households served in 2020, 2021, and 2022.

****2020-** 168 households received \$27,804.22. This amount included \$6,829.00 for rent, \$17,350.74 for local hotel vouchers, and \$1,383.05 for utilities and \$2,241.43 for other needs.

****2021-** 158 households received \$27,070.34. This amount included \$3,382 for rent, \$18,090 for local hotel vouchers, \$1,697.48 for utilities and \$3,900.86 for other needs.

****2022-** 104 households received \$14,238.85. This amount included \$1,800.00 for rent, \$8,120.00 for local hotel vouchers, \$2,242.08 for utilities and \$2,076.77 for other needs.

WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP) - is a Federal and State funded program that provides payment during the Wisconsin heating season to low-income customers who need help paying their heating costs. Their payment is made directly to their fuel provider on behalf of customers. Clients who meet the criteria may also receive additional Crisis funding.

Effective 07/01/2021 the Division transitioned the processing of WHEAP applications to Energy Services Inc. (ESI), and our agency is no longer involved in processing payments for this program. Data for the WHEAP program is no longer available to us.

FRONT END VERIFICATION AND FRAUD - Jefferson County continues to implement mandated strategies to investigate potential fraud and reduce the abuse of taxpayer dollars. Jefferson County and the Southern Consortium utilize an Error-Prone Profile to dictate specific circumstances when the case managers are required to complete enhanced verification or additional investigations to determine if accurate benefits are being issued. Our division receives approximately 800-1000 discrepancy matches per quarter from the State Wage Income Collection Agency (SWICA) and other income discrepancy reports. These are reviewed for unreported income and/or increases in income that may have caused benefit overpayments. For employment discrepancies, the case manager gathers the actual wages from the customer and/or employer and compares the actual wages to reporting requirements and previously reported wages. If a benefit overpayment exists, a claim is established, and recoupment is initiated from ongoing benefits. Individuals who are no longer receiving benefits are required to make monthly payments or are referred for IRS recovery. However, the income reports were suspended in 2020 due to the COVID Emergency Order with a reinstatement of 1st quarter of 2022. With wage matches being reinstated and are addressed and worked on to update cases with current and correct ongoing employment and income information. The volume of future matches may also change due to an increased number of customers who have had changes in their employment status during the pandemic.

The Benefit Recovery Tracking System (BRITS) is a state web-based system that tracks our investigation referrals for customers. The system reduces workload, creates efficiencies in data collection, increases program integrity and facilitates overpayments or potential prosecutions. Fraud Investigator Training is provided to have staff understand the benefit recovery process in its entirety. Staff training includes fraud prevention, completing desk investigations, proving intent, preparing for administrative hearings, writing comprehensive reports and all aspects of the overpayment calculation process.

In 2021, Jefferson County initiated 187 investigations that resulted in \$209,810.00 in overpayment claims and \$102,507.00 in future savings. In 2022, Jefferson County initiated 251 investigations that resulted in \$90,779.42 in overpayment claims and \$25,008 in future savings. In 2022, 20 external investigations were completed. External referrals included 7 completed by the Office of the Inspector General (OIG) at the State level and 13 completed by Central States Investigations (CSI), our consortium contracted investigative agency. The above statistics include investigations completed by all their agencies and the overpayment claim and cost savings data reflect and incorporate SWICA discrepancy resolutions. The investigations, overpayment claims, and cost savings remain at a minimum with the suspensions of previously required verifications and the postponement of quarterly SWICA matches in 2020 & 2021. However, staff continued to monitor benefits for accuracy with an increased focus on preventing future overpayments. Staff also continued to review individual eligibility to determine any Intentional Program Violations (IPV), which is a penalty that prohibits the customer from receiving future benefits for a minimum of one year. There were zero IPV sanctions applied in 2022 due to COVID.

With the Public Health Emergency ending in 2nd quarter of 2023, we anticipate the number of overpayments and SWICA matches to return to levels seen prior to 2020.

2022 GOALS- TO MEET MANDATED PERFORMANCE STANDARDS AND FACILITATE PROGRAM ACCESS

1. Key Outcome Indicator- To determine eligibility on applications/reviews within 30 days of receipt. Mandated Performance Standard 95%.

- The Southern Consortium processed applications at an average monthly rate of 99.27%
- The Southern Consortium processed reviews at an average monthly rate of 99.64%
- The Southern Consortium processed priority service FoodShare applications at an average monthly rate of 99.63%.

- Jefferson County processed priority service FoodShare applications at an average monthly rate of 99.78%.
- Monthly summary reports show that Jefferson County achieved application processing timeliness above 99% for all months, including 2 months at 100%.
 - Staff will monitor team dashboard daily, assign and fully complete tasks by the due date
 - Continue development of internal efficiencies, review of division processes, training
- Refresh skills or regular policies and processing procedures during the unwinding process of the Public Health Emergency.

2. Key Outcome Indicator- The Southern Consortium Call Center (SCC) and Jefferson County will answer 100% of the incoming calls within 10 minutes. Mandated performance Standards 95%.

2. The Southern Consortium took 126,631 calls in 2022, a 32.38% increase from 2021.
- Average number of calls taken per month was 10,553, an increase from 7,971 in 2021.
 - The Southern Consortium average monthly answer rate was 95.22%
 - The Southern Consortium average speed to answer was 1.68 minutes
 - The Southern Consortium average talk time was 10.95 minutes

3. Key Outcome Indicator- Staff will strive for 100% accuracy in eligibility processing

- Consortium FoodShare Average Active Error Rate was 6.37% (FY2022) State 4.53%
- Jefferson County FoodShare Average Active Error Rate was 0% (January 2022 – December 2022)
- Consortium FoodShare CAPER (denials/procedural) Error Rate was 35.90% (down from 2021 at 62.50%).
- Jefferson FoodShare CAPER (denials/procedural) Error Rate was 33.33%.

4. Key Outcome Indicator - To resolve and complete all discrepancies received quarterly from DHS within in mandated 45 days of receipt.

- Discrepancies were previously suspended to the COVID emergency but were reinstated for 2022. The total number of State Wage Income Collection Agency (SWICA) matches received remains low, however 100% of the matches were processed timely and resolved within the 45 day processing timeframe.
- Each team responsible for their discrepancies, requesting actual income, comparing actual to reported income, reviewing notices and timeframes to determine potential overpayment in benefits
- Detailed spreadsheets are completed to gather and track all discrepancies received
- Supervisor enhanced monitoring and mentoring of staff completing overpayment calculations
- Staff completed training on past overpayment calculations, increased usage of BRITS data entries, and tracking

OUR 2023 GOALS- TO MEET MANDATED PERFORMANCE STANDARDS AND FACILITATE PROGRAM ACCESS

1. Key Outcome Indicator- To determine eligibility on applications/reviews within 30 days of receipt. Mandated Performance Standard 95%.

- 100% of program requests will be processed within 30 days
- 100% of FoodShare expedited benefits will be processed timely within seven days
- FoodShare on Demand applications processed within 48 hours
- Staff will monitor team dashboard daily, assign and fully complete tasks. Shared workload
- Continue development of internal efficiencies, review of division processes, training
- Refresh skills or regular policies and processing procedures during the unwinding process of the Public Health Emergency.

2. Key Outcome Indicator- The Southern Consortium Call Center (SCC) and Jefferson County will answer 100% of the incoming calls within 10 minutes. Mandated performance Standards 95%

- 100% of calls answered timely as monitored by daily DHS SCC statistics and call center supervisor review
- Maintain monthly team calendars of call center assignments and plans to meet emergency needs

- Using a “one touch” model, all documents and requests for benefits processed during initial customer contact when possible
 - Provide quality customer service verified by customer self-reporting and satisfaction surveys
- 3. Key Outcome Indicator- Staff will strive for 100% accuracy in eligibility processing**
- Lead workers maintain responsibilities for specific monthly reports
 - Discussion and monthly review of Second Party and Quality Control Errors
 - Bi-weekly training by Consortium trainer. Discussions at agency staff meetings to ensure full understanding
 - Reinstate quarterly on-site visits from consortium trainer for staff refresher training
 - Completion of mandated and refresher training on DHS/DCF Training site
 - Staff will participate in refresher training and micro-learning to be prepared as suspended eligibility rules are reinstated
- 4. Key Outcome Indicator- To complete and resolve all discrepancies received quarterly from DHS within the mandated 45 days of receipt. To complete overpayment determinations within six months.**
- Team members will consistently and timely resolve discrepancies by collecting wage information and updating benefits
 - Staff will consistently and actively explain reporting requirements to customers
 - New staff will be fully and trained in correct handling and processing of State Wage Matches and overpayment process
 - Supervisor will monitor completion of discrepancies, BRITS referrals, overpayments and assign fair hearings
 - Designated staff attendance at Office of Inspector General training
 - Overpayment liaison designated for Jefferson County overpayment calls/questions to the call center for proper direction of questions and timely responses to customers
- 5. Key Outcome Indicator- To increase staff knowledge and awareness of resources to enhance staff and customer's self-development skills**
- Staff to gain a greater understanding, learn, explore personal wellness techniques, and improve customer interactions through MyStrength, compassion resilience, mindfulness, diversity training, cultural competency
 - Participate in consortium wide trainings for self-care and increasing morale to increase employee satisfaction and retention with the anticipated workload increase during the “unwinding” of the Public Health Emergency (PHE)
 - Develop stronger relationships with our partners both in the building and the community by scheduling meetings, trainings, and social interactions for Economic Support and our partners
 - Promote a positive culture and work environment to increase worker satisfaction, wellness, and employee retention
 - Continue WDC all partner staff meetings to share program resources

2022 was a year of anticipation and unexpected challenges. With each quarter we anticipated the end of the public health emergency, and with each quarter it continued to be delayed until recently when the ending the Public Health Emergency was announced, officially ending the emergency in May of 2023. During this upcoming year we anticipate a large increase in call volume due to reinstatement of policies and procedures as they are written, no longer waiving reporting requirements or using minimized verification procedures. It will be difficult at times, but we are working hard to maintain a positive atmosphere and remind those around us that we can rise to the occasion and provide excellent customer service to the residents of Jefferson County while still showing compassion and taking care of our own here in Economic Support.

“The strength of the team is each individual member. The strength of each member is the team.”

~Phil Jackson~

INFORMATION & ACKNOWLEDGEMENTS

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

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT

1541 Annex Rd, Jefferson, WI 53549

Phone Number: 920-674-3105

Fax Number: 920-674-6113

TDD Number: 920-674-5011

Website: www.jeffersoncountywi.gov

AGING & DISABILITY RESOURCE DIVISION

1541 Annex Rd, Jefferson, WI 53549

Phone Number: 920-674-8734

Toll Free: 1-866-740-2372

ECONOMIC ASSISTANCE

Workforce Development Center

874 Collins Rd, Jefferson, WI 53549

Call Center: 1-888-794-5780

Phone Number: 920-674-7500

Fax Number: 920-674-7520

Report Prepared by:

Brent Ruehlow, Director

Kelly Witucki, Office Manager

Statistics and Program Reports by:

Mary Behm

Brian Bellford

Elizabeth Boucher

Kathy Busler

Tiffany Congdon

Anna Falci

Jessica Godek

Mary Jurczyk

Erica Lowrey

Holly Pagel

Kim Propp

Brent Ruehlow

ReBecca Schmidt

Jessica Schultze

Nicole Singsime

Andrea Szweg

Marj Thorman

Laura Wagner

Dominic Wondolkowski