

A large, light gray number '2023' serves as the background for the entire page. The numbers are bold and have a slight drop shadow.

# **ANNUAL REPORT**

JEFFERSON COUNTY  
HUMAN SERVICES DEPARTMENT

SERVING THE RESIDENTS OF JEFFERSON COUNTY

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**JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT**  
**Serving the Residents of Jefferson County**  
**1541 Annex Rd, Jefferson, WI 53549-9803**  
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April 2024

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 extreme honor to present the Jefferson County Human Service Department's 2023 Annual Report. The past year provided several transitions in key leadership roles as we grew and evolved as a department. We experienced program growth yet provided innovation across our programming.

The Department attended to key issues, responded to the arising trends, and met all statutory mandates with a focus on meeting the needs of the community.

In 2024 the Department's key focus will be:

- Our Administrative Services Division will provide fiscal leadership for the Department while delivering all foundational services such as contracting, billing, state/grant reporting, maintenance, and vehicles.
- The Aging and Disability Resource Division will continue to deliver high quality services for the growing number of people over the age of 60 and for people with disabilities through the Aging & Disability Resource Center, Benefit Specialist, Transportation and Senior Dining programs.
- The Behavioral Health Division will continue to expand the service delivery increasing capacity in the Comprehensive Community Services and Community Support Programs, along with operationalizing the Youth Crisis Stabilization Center.
- The Child and Family Division will further enhance the well-being of children, from birth to adolescence, while remaining family based and assuring for child safety and permanence. The Division continues to implement the Family First model, while assuring for community safety.
- The Income Maintenance Division, in partnership with the Southern Income Maintenance Consortium, will determine eligibility for public benefits and provide access to needed resources. The Division continues to surpass all of the mandated performance standards.

The following report provides detail on each of the five divisions and subsequent teams, as we strive as a department to meet your expectations.

I extend great thanks to our County Board of Supervisors, the members of our Human Services Board, and our County Administrator, for the ongoing support and guidance during difficult times. Our ability to provide quality services to the citizens of Jefferson County is a product of the support we receive and the dedication and work from our talented staff.

Respectfully submitted,

Brent Ruehlw  
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
<b>ADMINISTRATION</b>			
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
<b>AGING &amp; DISABILITY RESOURCE CENTER (ADRC)</b>			
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 disabilities and rides to department appointments.	85.21	100% of qualifying individuals who request a ride receive one
<b>BEHAVIORAL HEALTH DIVISION</b>			
Community Support Program	Integrated services for people with severe and persistent mental illness	51 63	72% of all treatment plan goals are met

Program Title	Program Description	Mandates and/or References	Key Outcome Indicator
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 36	72% of all treatment plan goals are met
Emergency Mental Health	24/7 mobile response to all crisis calls	51	Giving consideration to lethality and acuity, maintain diversion rate to least restrictive setting
Outpatient Integrated Behavioral Health Clinic	Treatment services for substance use including opioid addictions	75	Decrease Brief Alcohol Monitoring Scores
Outpatient Integrated Behavioral Health Clinic	Provide mental health counseling	51 75	PHQ 9 score will improve by 2%
<b>CHILD &amp; FAMILY DIVISION</b>			
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 the Family Teaming Coordinator will offer and schedule Family Team Meetings with parents on all out-of-home cases quarterly, post Disposition
CST Wraparound	Multi-disciplinary approach to building community-based MA funded programing for youth.	46	To enhance knowledge of the program and increase community-based referrals, the CST team will share information regarding wraparound services to a minimum of one community partner agency each month
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	90% of youth who receive YJ services will be placed in home, in a relative's home, or in the home of a "like kin" caregiver
<b>ECONOMIC SUPPORT DIVISION</b>			
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 resigned 09/2023

**NUTRITION PROJECT COUNCIL**

Frankie Fuller, *Chair*  
 Barbara Schmitt, *Vice Chair*  
 Carol Battenberg  
 Bonnie Bull  
 Lisa Krolow  
 Mary Roberts

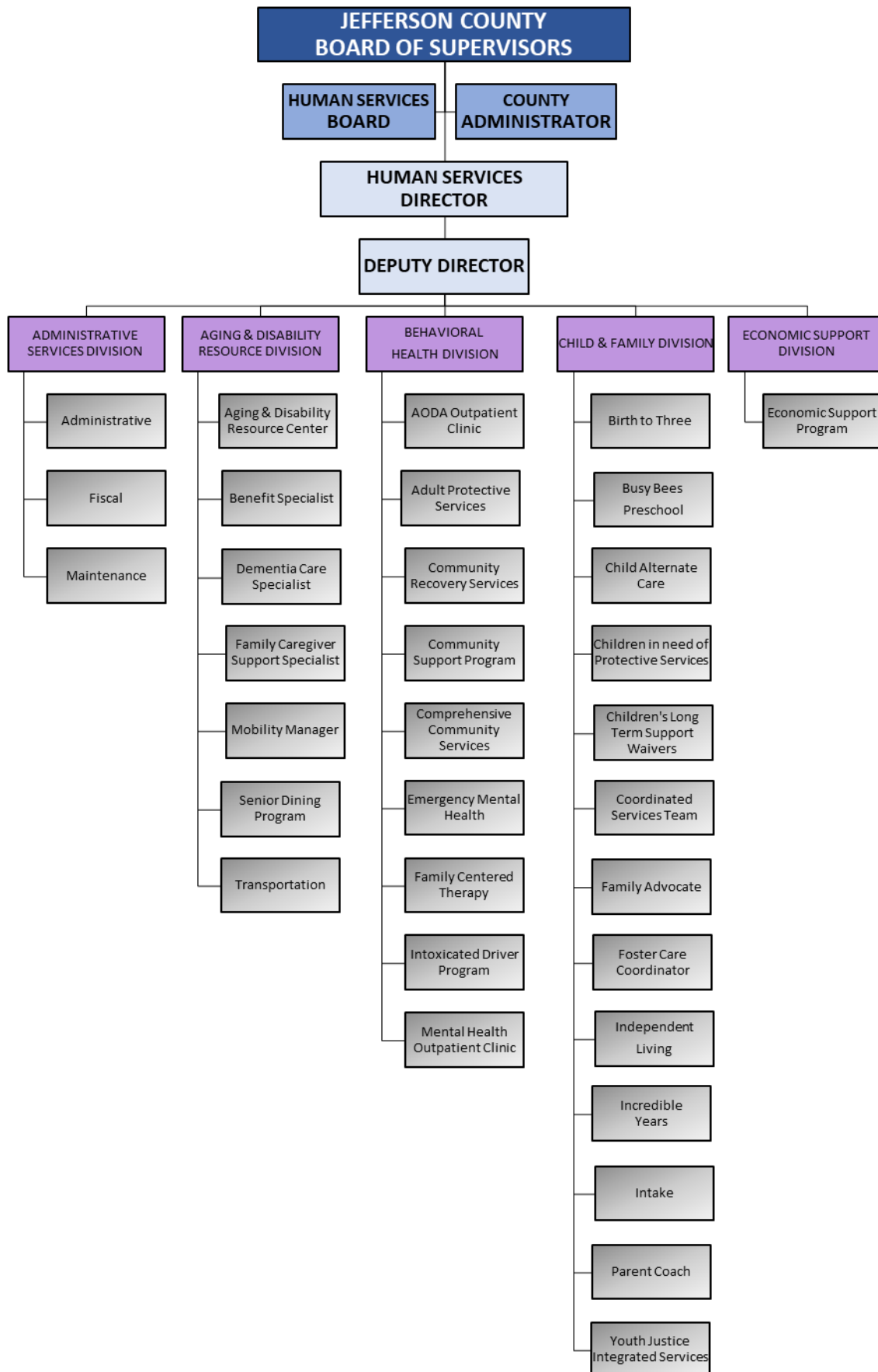
Patricia Rabay – Resigned 7/2023

Carol O'Neil – Term Ended 7/2023

**AGING AND DISABILITY RESOURCE CENTER ADVISORY COMMITTEE**

Michael Wineke, *Chairperson*  
 Frankie Fuller, *Vice Chair*  
 Katie Dixon  
 Sira Nsibirwa  
 Carol O'Neil  
 Mary Roberts  
 LaRae Schultz  
 John Donahue  
 Todd Weidenhoeft

ReBecca Schmidt, *Staff*  
 Tatiana March, *Staff*  
 Dominic Wondolkowski, *Staff*  
  
 Alice Mirk resigned 09/2023  
 Jeanne Tyler – Term Ended 7/2023



## **ADMINISTRATION**

**Director, Brent Ruehlow**  
**Deputy Director, Brian Bellford**

**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, Tatiana March  
Transportation Supervisor, Michael Hansen

**Behavioral Health Division Manager, Holly Pagel**

Community Support Program, Marj Thorman  
Compliance Officer, Nicole Singsime  
Comprehensive Community Services, Tiffany Congdon  
Emergency Mental Health, Kim Propp  
Lueder House, Terri Jurczyk  
Medical Director, Mel Haggart, M.D. – (Contracted)  
Mental Health/AODA Manager, Anna Falci

**Child & Family Division Manager, Laura Wagner**

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, Heidi Gerth  
Parents Supporting Parents Coordinator, Andrea Szwec  
Youth Justice Integrated Services, Jessica Godek

**Economic Support Division Manager, Jessica Schultze**

Supervisor, Kathy Busler



## TEAMS & STAFF

(as of April 1, 2024)

<p><b><u>ADMINISTRATION</u></b>  Brent Ruehlow, Director  Brian Bellford, Deputy  Director/Manager</p> <p><b><u>Administrative</u></b>  Kelly Witucki, <i>Office Manager</i>  Jonathan Carrizales  Marcia Doubek  Chris Hunkins  Brooke Kopps  Carlee Pekrul  Amy Schroeder  Dianna Schultz  Meloney Thorman  Terrence Trzebiatowski</p> <p><b><u>Fiscal</u></b>  Kristie Dorn, Supervisor  Mary Jurczyk, Supervisor  Cathy Swenson, Supervisor  Holly Broedlow  Mary Klein  Penny Klement  Barb Mottl  Max Schmelling  Alyson Schmidt  Dawn Shilts  Suzanne Smith  Mary Welter</p> <p><b><u>Compliance</u></b>  Nicole Singsime, <i>Supervisor</i>  Lisa Degrandt  Caitlin Jurczyk  Dane Luebke  Terrence Trzebiatowski</p> <p><b><u>Maintenance</u></b>  Elizabeth Garlock  Cecilia Good  Kiara Kostroski  Greg Miller  Todd Pooler  Lee Schroeder  Paul Vogel</p> <p><b><u>ADRC DIVISION</u></b>  ReBecca Schmidt, <i>Manager</i>  Dominic Wondolkowski,  <i>Supervisor</i>  Tatiana March, <i>Supervisor</i>  Michael Hansen, <i>Supervisor</i>  Donna Abel</p>	<p><b><u>... continued</u></b>  Emma Borck  Tim Christian  Joy Clark  Richard Crosby  Alan Danielson  Thomas Dixon  Kristin Draeger  Sharon Endl  Randall Frohmader  Kimberly Herman  Patti Hills  Erika Holmes  Betty Jaeckel  Lola Klatt  Karen Koenigs  Wayne Kofler  Mary Kralj  JaNae Kreul  Karla Nava  Carmen Nightfall  Jolie Palmer  Wendy Pettitt  Rick Pfeifer  Kevin Purcell  Jose Rodriguez  Tonya Runyard  James Schultz  Julie Schultz  Dale Schweitzer  Gina Serna  Michael Solovey  Erica Stockfish  Yvonne Torres  Sue Torum  Jackie Unke  Shelly Wangerin  Jacquelyn Ward  Mary Weber  Charles Wedl  Leisa Zirbel</p> <p><b><u>BEHAVIORAL HEALTH DIVISION</u></b>  Holly Pagel, <i>Division Manager</i>  Dr. Mel Haggart, MD  Mary Bonaccorsi, APNP</p> <p><b><u>Adult Protective Services</u></b>  Kim Propp, <i>Supervisor</i>  Melissa Goodearle  Shelly Theder</p>	<p><b><u>Community Support Program</u></b>  Marj Thorman, <i>Supervisor</i>  Anna Bedford  Chris Blakey  Austin Bourdo  Candace Burchard  Cindy Crouse  Kaia Fowler  Martin Groth  Maxwell Groth  Carol Herold  Julie Johnson  Mardy Juhl  Claire Kuehl  Angelina Lochner  Megan Meskan  Ryan Peterson  Madelyn Raatz  Jasmine Richter  Nancy Schneider  Amy Spies  Sarah Vincent Dunham</p> <p><b><u>Comprehensive Community Services</u></b>  Tiffany Congdon, <i>Supervisor</i>  Brittany Long, <i>Supervisor</i>  Stacey Palermo, <i>Supervisor</i>  Jamie Tegt, <i>Supervisor</i>  Jenna Aalsma  Britt Asbach  Sean Arient  Aaron Bakewell  Laura Bambrough  Alexa Blank  Lori Brummond  Matthew Dove  Kasey Elmer  Sierra Eno  Steven Ganser  Cecilia Good  Emily Green  Jesse Gundacker  Ashley Hernandez  Leah Jesse  Kari Kuffer  Samantha Kunstmann  Betsy Lane  Jessi Lawrence  Nicole Lemanski  Dane Luebke</p>	<p><b><u>... continued</u></b>  Kellyjo Messier  Stacey Palermo  Susan Powers  Sadie Raduenz  Courtney Regnier  Sandra Schug  Kenny Strege  Morgan Van Der Ploeg  Brian Weber  Brett Wenzel  Tracy Wittwer  Bao Yang  Bee Yang</p> <p><b><u>Crisis &amp; Lueder House</u></b>  Kim Propp, <i>Supervisor</i>  Terri Jurczyk, <i>Supervisor L.H.</i>  Lauren Vergenz, <i>Supervisor L.H.</i>  Terry Bolger  Cynthia Bray  Casey Crandall  Sandra Gaber  Amber Gilles  Rebecca Gregg  Susan Hoehn  Art Leavens  Kelly Lueck  Michelle Metz  Larissa Miles  Jennifer Rhodes  Samantha Sims  Brandi St. Peter  Michelle Stone  Jason Thurmond  Hailey Volmar  Megan Weinschenk</p> <p><b><u>Mental Health &amp; AODA</u></b>  Anna Falci, <i>Supervisor</i>  Michele Bahl  Matt Baumann  Heather Bellford  Rabecca Cole  Krista Doerr  Marcia Doubek  Jeannine Eng  Krystal Fredrick  Emily Green  Alex James  Brooke Kysely  Beth Lane</p>
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## ... continued TEAMS & STAFF (as of April 1, 2024)

<p><u>... continued</u></p> <p>Amy Porter Michelle Rushton Amanda Sass Amy Schroeder Katie Schultz Emily Stout Jennifer Wendt Brianna White Sara Zweg</p> <p><b><u>CHILD &amp; FAMILY DIVISION</u></b></p> <p>Laura Wagner, <i>Manager</i></p> <p><b><u>Birth to Three</u></b></p> <p>Elizabeth Boucher, <i>Supervisor</i> Tonya Buskager Carolina Drayna Steffani Evans Jennifer Hoppenrath Leah Reimer Molly Willgrubs</p> <p><b><u>Child Welfare &amp; Wraparound</u></b></p> <p>Erica Lowrey, <i>Supervisor</i> Stephanie Briones Brittany Cheek Kelsey Clothier Clayton Coleman Tadd Douglas Beckie Enyeart Ashley Green Brittany Hagen Nicole Hilgen Darcy Lalimo Maggie Messler Taylor Schultz Bill Wallace Eliza White-Pentony Jenny Witt</p> <p><b><u>Children's Long-Term Services</u></b></p> <p>Mary Behm, <i>Supervisor</i> Audra Bakalars Sarah Billeb Joanna Bredlau Janis Carpenter Carissa Davis Chelsee Dinamarca Kristine Feggestad Paul Gephart Brooke Helt Amy Junker</p>	<p><u>... continued</u></p> <p>Meghan Kehoe Mary Lenz Monica Liceaga Tara Montoya Lorena Pavon-Alvarado Laura Rolerat Cory Roloff Lindy Schrader Tracy Warner Brianna Wright Darci Wubben</p> <p><b><u>Parents Supporting Parents</u></b></p> <p>Andrea Szwec, <i>Supervisor</i> Samantha Copus Alyssa Hake Jessica Manogue Natasha Rettschlag</p> <p><b><u>Foster Care Coordinator</u></b></p> <p>Cherilyn Emond Katie Schickowski</p> <p><b><u>Intake</u></b></p> <p>Heidi Gerth, <i>Supervisor</i> Kiyena Beatty Abbey Buelow Hannah Dohner Jenifer Eilert Darci Lalimo Emilie Metzler John Mock Bridget Schwantes Mackenzie Seeber Elizabeth Shropshire Noelle Sopotnick Ashley Timmerman</p> <p><b><u>Youth Justice</u></b></p> <p>Jessica Godek, <i>Supervisor</i> Dominic Alvarez Jessica Breezer Rebecca Brown Leann Cornell Christina Czappa Nichole Doornek Jason Eiler Kelly Ganster Chad Hrobsky Kevin Huddleston Brooke Kopps Courtney Regnier</p>	<p><u>... continued</u></p> <p>Lindsey Slatter William Wallace</p> <p><b><u>ECONOMIC SUPPORT DIVISION</u></b></p> <p>Jessica Schultze, <i>Manager</i> Kathy Busler, <i>Supervisor</i> Susan Brodd Jennifer Coote Autumn Dankert Berenice Delgado Dana Dietschweiler Carrie Fischer Lea Flores Susan Folts Lindsay Gonzalez Manuela Gratz Kathy Green Meghan Harris Melissa Jung Michael Last Adam Meyers Katie Rogers Katie Rojas Kaity Schmear Moises Sequeira Becca Snyder Tammy Spitzer Sarah Stanton Jan Timm Ieshia Wiggins</p>
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## ADMINISTRATION SERVICES DIVISION

*~Providing fiscal and maintenance oversight for the Department~*

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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 twelve full-time employees and a part-time employee in 2023. 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 two Account Specialist and a part-time Accounting Assistant.

The **Maintenance team** consist of four full-time employees – including a lead maintenance worker, a maintenance worker, 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. In 2024, another position was added to the Administrative team to support our Psychiatric Nurse Prescriber.

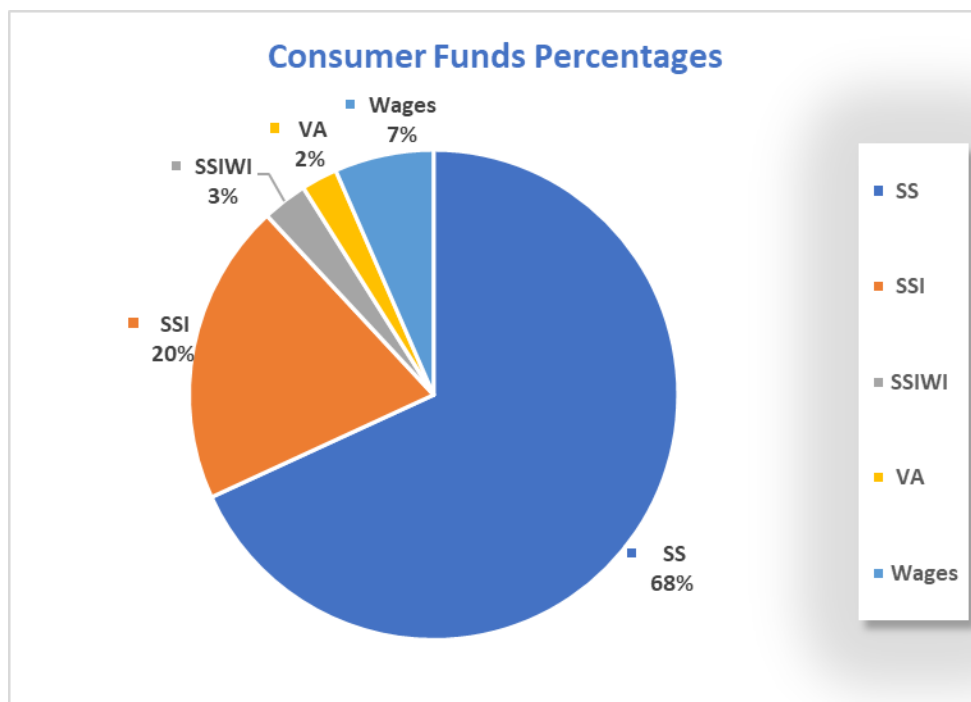
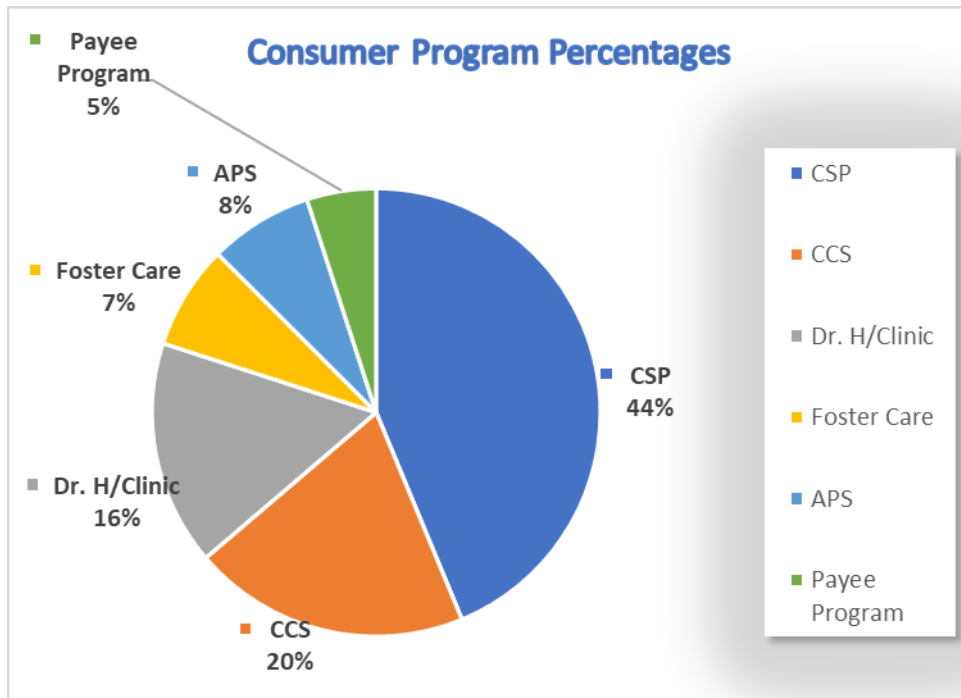
### FISCAL TEAM

*~ 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 80 people, 73 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 \$58,901 in 2023 to help offset the room and board costs the county pays toward their placements, while the children in the program contributed \$18,881 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: 44% in CSP, 20% in CCS, 16% in the Clinic, 8% in APS; 7% in Foster Care, and the remaining 5% are only involved with the Payee Program.

Throughout the year we lost 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. We also gained new participants throughout the year.



Fiscal Statement Summary  
December Final, 2023  
(Unaudited)

We had a positive fund balance of \$1,671,405 at the end of 2023. This included \$332,070 of prepaid expenses. Of the remaining \$1,339,335 of spendable fund balance, \$46,079 lapsed to the general fund, and \$1,293,256 was approved to be carried over into 2023.

**Major Classifications that Impacted the Favorable 2023 Balance**

**Summary of Variances:**

**Federal/State Revenue:** Overall, State revenues were unfavorable by \$53,995. Many State grants are reimbursement based. Our expenditures in several grants were lower than expected, so the revenue was lower, as well.

**CCS revenues were \$5,440,432.** This revenue is from billing MA and increased approximately 40% from last year because of increased hours/staff, more billable hours per staff, and the WIMCR settlement. In 2023, we received a WIMCR settlement over \$1,273,574, because our costs and billing rates exceed the interim MA reimbursement rate.

**CLTS revenue was over budget by \$639,547. Conversely, CLTS expenses were over budget by \$647,128.** Our 2023 CLTS revenue budget was for \$5,474,411. Our 2024 budget is for \$5,768,195.

**WIMCR revenue collections were more than budgeted.** We received \$2,383,779 from WIMCR, compared to \$1,686,923 last year and \$698,247 in 2021. In 2023, we budgeted \$1,012,000. The increase this year is due to the CCS program. We budgeted for \$1,900,386 in 2024.

**We received an enhanced income maintenance payment of \$122,387 in December 2023, and additional Random Moment Sampling (RMS) funding of \$53,470 during the year. We also received ARPA funding from the Consortium in the amount of \$61,090. Finally, we received Unwinding funding in the amount of \$23,193.**

Type	2023	2022	2021	2020
RMS	\$53,470	\$91,245	\$58,758	\$41,516
Enhanced	\$122,387	\$135,745	\$152,872	\$184,487
ARPA	\$61,090	\$41,069	\$0	\$0
Unwinding	\$23,193	\$0	\$0	\$0
Total	\$260,140	\$268,059	\$211,630	\$226,003

**Children Alternate Care expenses were under budget by \$472,243.** This includes Shelter and Detention costs. It does not include Kinship payments, which are funded through State revenue.

**Hospital/Detox was unfavorable on a net basis by \$39,914:**

	2022 Actual	2023 Actual	2024 Budget
Revenue	\$306,270	\$551,193	\$330,000
Expenditures	\$1,289,228	\$1,431,107	\$1,170,000
Net	\$(982,958)	\$(879,914)	\$(840,000)

We were able to bill costs for the Dane County Care Center to MA in 2023. Recovering \$9,009 of the \$57,500 of costs incurred.

**Nutrition Expenses were over budget by \$71,373.** The GWAAR contracts for nutrition expenses allow for flexible funding between the nutrition programs. The variance in 2023 was because of ARPA revenue, which we budgeted for in 2023 but used up in 2022. We did see an increase in participant contributions and MCO payments. Our 2024 GWAAR budget is similar to that in 2023.

**CRS and adult alternate care costs were \$227,766 and \$157,549 over budget, respectively.** These costs have increased dramatically recently. This is due to one large placement that has been fluctuating between CRS and hospitalizations.

**The Outpatient Clinic billing increased 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 (including an APNP), Open Access, contracted billing, telehealth rules, and internal insurance initiatives.

Description	2023	2022	2021	2020	2019	2018
Total Revenue	\$725,983	\$607,279	\$508,451	\$466,153	\$308,853	\$274,618

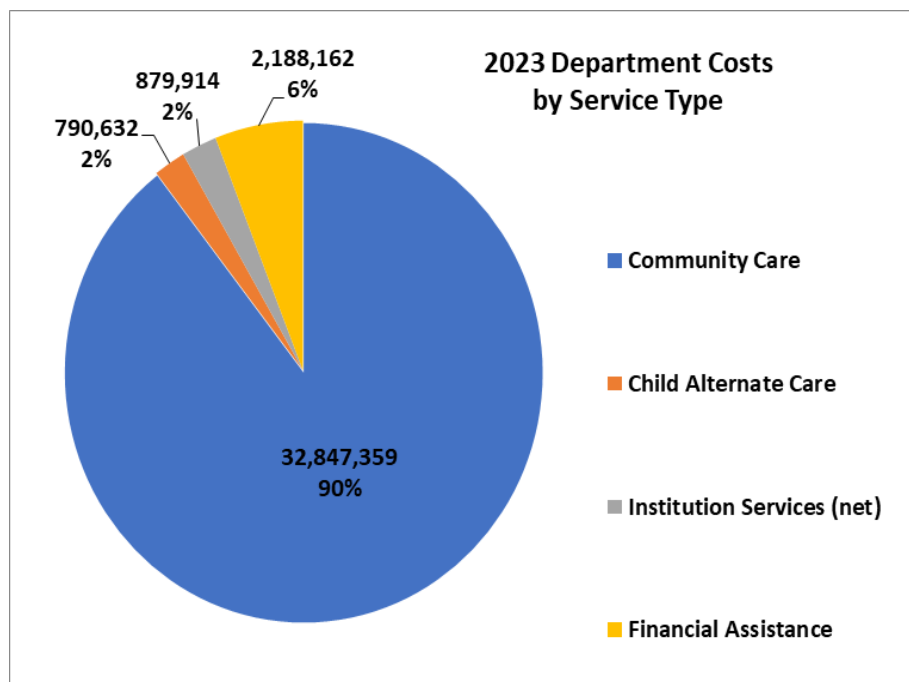
**We did not spend any of our \$650,000 Operating Reserve in 2023.** In 2019, the County Board created an Operating Reserve for the Human Services fund. This reserve was initially set at \$650,000. To date, we have not spent any of this reserve. We requested carrying over \$650,000 into 2024.

**Total 2023 expenditures are shown in the chart below.**

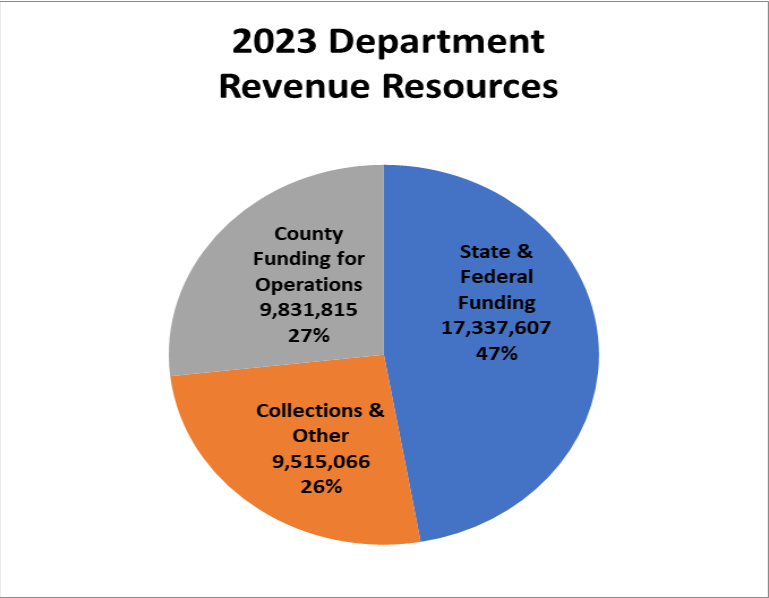
	Dollar	Percent
Community Care	32,847,359	89.5%
Child Alternate Care	790,632	2.2%
Institution Services (net)	879,914	2.4%
Financial Assistance	2,188,162	6.0%
<b>TOTAL</b>	<b>36,706,067</b>	<b>100.00%</b>
* Does not include depreciation and county indirect costs. Depreciation was \$567,222 and County indirect costs were \$700,525.		

In 2023, expenditures increased \$6,072,318 or 19.8% from 2022. Hospitalization/detox (net) expenses and child alternate care expenses decreased 10.5% and 35.1%, respectively. Community care expenses increased 24.8% due to staffing increases and demand for services.

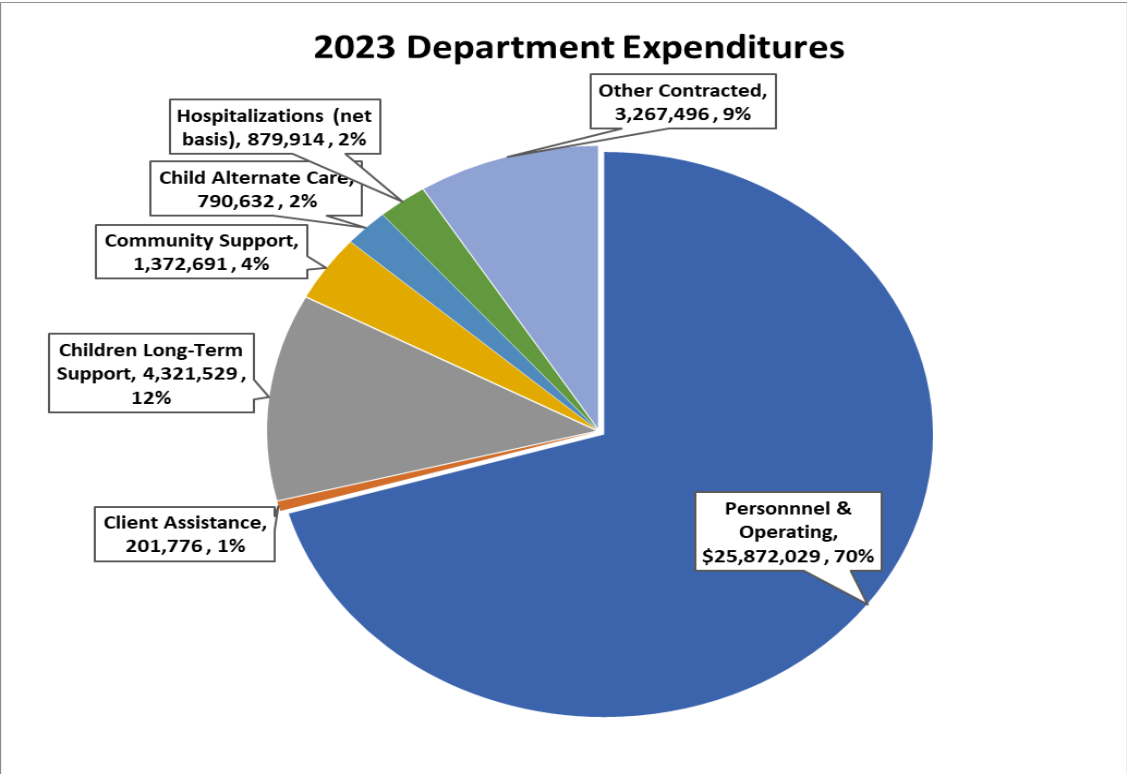
Costs by major service categories are shown below.



Total revenue resources were \$36,684,488 in 2023. This is an increase of \$6,998,536 or 23.6% from 2022. Revenues by Funding Source are shown below. The largest increase belongs to State and Federal Funding.



Total expenditures were \$36,706,067 in 2023, as shown below. This is an increase of \$4,542,742 or 21.3% from 2022. Personnel and Operating cost increased by \$6,072,318 or 19.8%, 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 decreased from 2022, because of collections from MA. 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 2023, including the County tax levy, were \$36,684,488. Total expenditures were \$36,706,067.

### 2023 Resources & Expenditures (unaudited)

RESOURCES:	2022 ACTUAL	2023 ACTUAL	2023 BUDGET	2023 VARIANCE
State & Federal Funding	\$ 14,357,240	\$ 17,337,607	\$ 17,391,602	\$ (53,995)
Collections & Other	7,641,092	9,515,066	9,349,771	165,295
County Funding for Operations	7,687,620	9,831,815	9,831,815	0
Total Resources	<u>\$ 29,685,952</u>	<u>\$ 36,684,488</u>	<u>\$ 36,573,188</u>	<u>\$ 111,300</u>

EXPENDITURES:	2022 ACTUAL	2023 ACTUAL	2023 BUDGET	2023 VARIANCE
Personnel & Operating	\$ 21,329,287	\$ 25,872,029	\$ 26,524,710	\$ 652,681
Client Assistance	208,269	201,776	242,205	40,429
Medical Assist. Waivers	3,336,524	4,321,529	3,674,401	(647,128)
Community Support	1,144,319	1,372,691	1,390,435	17,744
Child Alternate Care	1,218,368	790,632	1,532,875	742,243
Hospitalizations (net balance)	982,958	879,914	840,000	(39,914)
Other Contracted	2,414,024	3,267,496	3,105,345	(162,151)
Reserve Fund	-	-	650,000	650,000
Total Expenditures	<u>\$ 30,633,749</u>	<u>\$ 36,706,067</u>	<u>\$ 37,959,971</u>	<u>\$ 1,253,904</u>

SUMMARY	2022 BALANCE	2023 BALANCE	2023 PERCENT of BUDGET
Surplus from operations	\$ (947,797)	\$ (21,579)	-0.06%
Prior Year Carry Forward	\$ 3,085,858	\$ 1,692,981	
Total Net Surplus	<u>\$ 2,138,061</u>	<u>\$ 1,671,402</u>	4.40%
Lapse to Other Funds	<u>\$ (445,080)</u>	<u>\$ (46,078)</u>	
Remaining Balance	<u>\$ 1,692,981</u>	<u>\$ 1,625,324</u>	

Depreciation	567,222
County Indirect Cost	700,525
	<u>1,267,747</u>

We ended 2023 with a net surplus of \$1,674,402 or 4.40% of total budgeted expenditures. Of this surplus, \$46,078 lapsed to the general fund and the rest was carried forward in 2024.

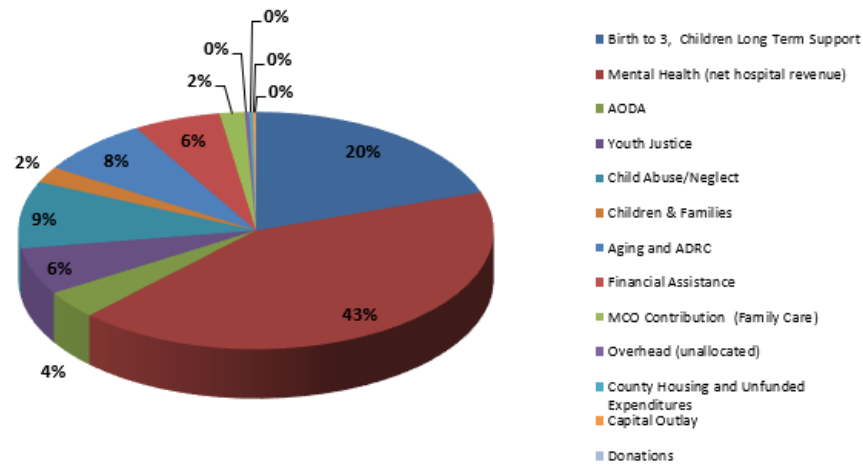


## 2023 Expenditures, Collections, Funding Streams, and Costs

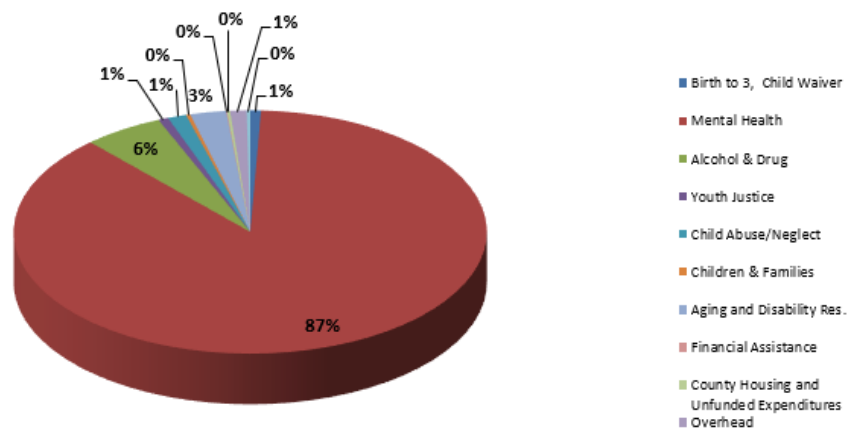
(does not include Depreciation & County Indirect Costs)

Total Expenditures		Collections & Donations	
Birth to 3, Children Long Term Support	7,252,835	Birth to 3, Child Waiver	69,544
Mental Health (net hospital revenue)	15,630,602	Mental Health	8,321,110
AODA	1,401,962	Alcohol & Drug	520,019
Youth Justice	2,351,653	Youth Justice	65,911
Child Abuse/Neglect	3,352,862	Child Abuse/Neglect	121,386
Children & Families	802,746	Children & Families	27,318
Aging and ADRC	2,819,812	Aging and Disability Res.	234,378
Financial Assistance	2,188,162	Financial Assistance	5,550
MCO Contribution (Family Care)	625,097	County Housing and Unfunded Expenditures	19,490
Overhead (unallocated)	106,546	Overhead	106,595
County Housing and Unfunded Expenditures	89,755	Donations	23,764
Capital Outlay	71,902		
Donations	12,133		
<b>TOTAL</b>	<b>36,706,067</b>	<b>TOTAL</b>	<b>9,515,065</b>

**Total Expenditures by Program**



**Collections & Donations by Program**



### Net Costs (Total Expend less Collections)

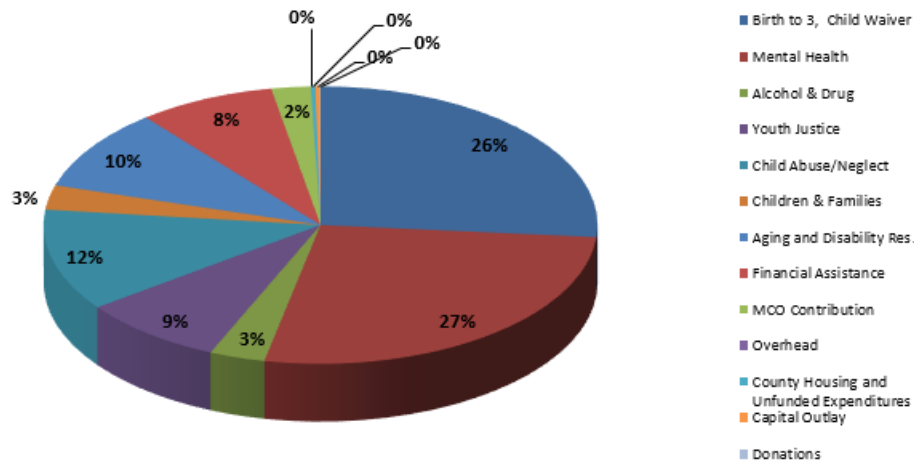
Birth to 3, Child Waiver	7,183,291
Mental Health	7,309,491
Alcohol & Drug	881,944
Youth Justice	2,285,742
Child Abuse/Neglect	3,231,476
Children & Families	775,428
Aging and Disability Res.	2,585,434
Financial Assistance	2,182,612
MCO Contribution	625,097
Overhead	-49
County Housing and Unfunded Expenditures	70,265
Capital Outlay	71,902
Donations	-11,631
<b>TOTAL</b>	<b>27,191,002</b>

### State & Federal Funding

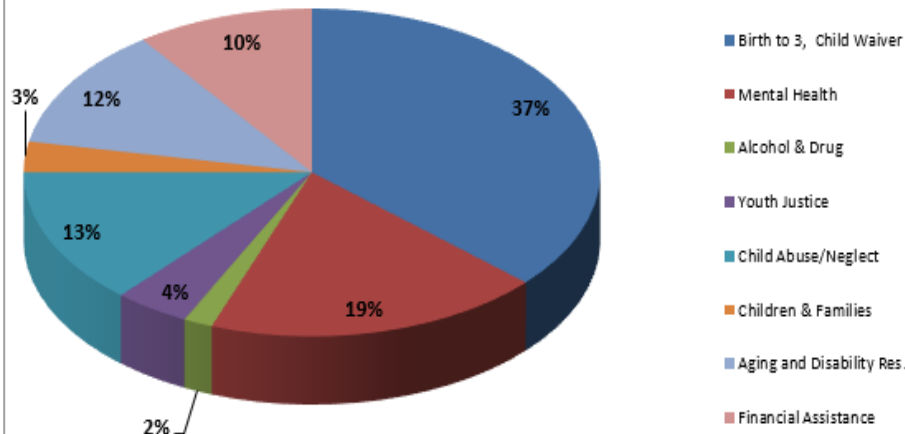
Birth to 3, Child Waiver	6,365,658
Mental Health	3,282,724
Alcohol & Drug	283,591
Youth Justice	733,579
Child Abuse/Neglect	2,335,089
Children & Families	524,373
Aging and Disability Res.	2,078,597
Financial Assistance	1,733,997
<b>TOTAL</b>	<b>17,337,608</b>

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

**Net Costs (Total Expenditures less Collections) by Program**

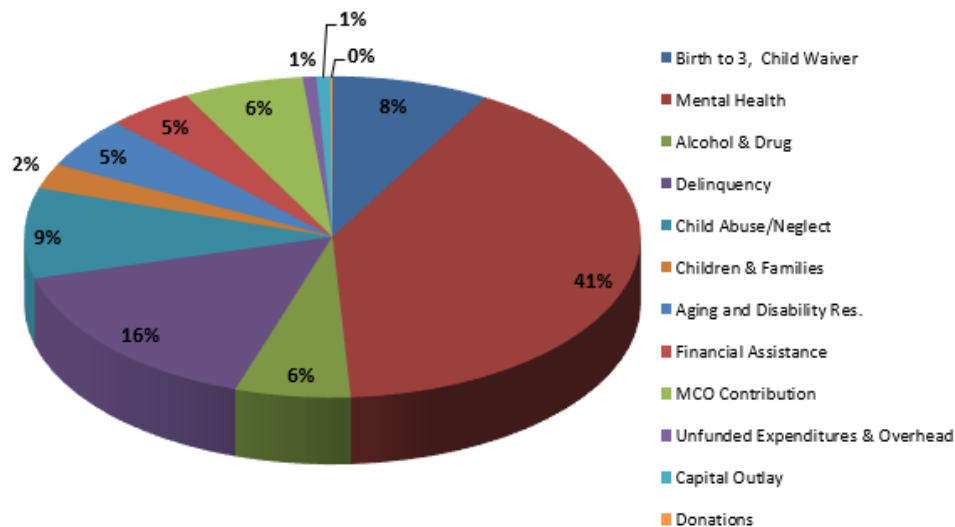


**State & Federal Funding by Program**



Net County Cost		NOTE Calculation of Levy	
Birth to 3, Child Waiver	817,633	Tax Levy Transfer to Human Services Fund	9,831,815
Mental Health	4,026,767	Less: Net Positive (Negative) Balance from Operations	(21,579)
Alcohol & Drug	598,353	<b>Tax Levy from Operations</b>	<b>9,853,394</b>
Delinquency	1,552,163		
Child Abuse/Neglect	896,387	Net Positive (Negative) Balance from Operations	(21,579)
Children & Families	251,055	Carryforward from Prior Year	1,692,981
Aging and Disability Res.	506,837	Balance Returned To General Fund	-46,078
Financial Assistance	448,615	2023 Request Approved to be Carried Forward to 2024	<b>1,625,324</b>
MCO Contribution	625,097		
Unfunded Expenditures & Overhead	70,216	<b>Tax levy from Operations</b>	<b>9,853,394</b>
Capital Outlay	71,902	Depreciation & Loss on Asset Disposal	567,222
Donations	-11,631	County Indirect Cost	700,525
<b>Tax Levy for Operations</b>	<b>9,853,394</b>	<b>Total Tax Levy</b>	<b>11,121,141</b>

**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
2023	\$46,079
2022	\$455,080
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
<b>TOTAL</b>	<b>\$6,411,814</b>

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 2023. It includes various community fundraisers and donations from private individuals and corporations.

DONATIONS AND GRANTS RECEIVED IN 2023		
DONATIONS	Amount	Program
RBS Activewear	\$ 174.59	Child Abuse Prevention
Piggly Wiggly	\$ 3,500.00	Child Abuse Prevention
Various Internal Fundraisers	\$ 413.16	Child Abuse Prevention
Culvers of Johnson Creek	\$ 257.42	Child Abuse Prevention
Staff Silent Auction	\$ 307.00	Child Abuse Prevention
St. Matthew's Education Account	\$ 154.06	Foster Parents
St. John's Lutheran Church	\$ 600.00	Foster Parents
QPS Employment Group	\$ 500.00	Foster Parents
Various Internal Fundraisers	\$ 671.75	Youth Justice
Staff Silent Auction	\$ 307.00	ADRC
Private Individual Donation	\$ 95.00	ADRC
Tomorrow's Hope	\$ 1,000.00	ADRC
Various Internal Fundraisers	\$ 156.40	Edler Abuse
Various Internal Fundraisers	\$ 340.73	Mental Health Recovery
EZ Promotion and Apparel	\$ 1,309.61	Mental Health Recovery
Culvers of Johnson Creek	\$ 281.42	Mental Health Recovery
Private Individual Donation	\$ 152.00	Mental Health Recovery
Jefferson Community Foundation	\$ 2,649.00	Zero Suicide
Private Individual Donation	\$ 400.00	Zero Suicide
Auxiliary Unit - Reinhard- Windl Post No. 164	\$ 47.00	Zero Suicide
Various Internal Fundraisers	\$ 28.44	Zero Suicide
<b>Total Donations</b>	<b>\$ 13,344.58</b>	
GRANTS	Amount	Program
United Way of Jefferson & Walworth Counties	\$ 1,035.00	Incredible Years
United Way of Jefferson & Walworth Counties	\$ 2,124.96	Pillar Grant
Greater Watertown Community Health Foundation	\$ 7,285.00	Safe Space
Greater Watertown Community Health Foundation	\$ 1,009.90	ASQ Hub
<b>Total Grants</b>	<b>\$ 11,454.86</b>	
<b>Total Donations &amp; Grants</b>	<b>\$ 24,799.44</b>	

## 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 2010-2018	2019	2020	2021	2022	2023
Total Mileage	\$269,112	141,770	122,782	50,192	42,852	70,382	67,588
Gas/Diesel	16,464	37,209	49,911	25,730	46,785	76,424	73,421
Non Capital & Capital Auto	8	30,909	58,798	0	0	0	0
Vehicle Parts & Repairs	5,837	19,942	25,163	14,847	16,757	18,878	32,360
Total Expense	\$291,421	229,830	256,654	90,770	106,395	165,684	173,369
Savings Compared to Base Year		\$ 61,591	\$34,767	\$200,651	\$185,026	\$125,737	\$118,052
<b>Average Saving Since 2009</b>							<b>\$ 90,547</b>
Savings Compared to 2019				\$165,885	\$150,259	\$90,970	\$83,285
<b>Average Saving Since 2019</b>						<b>\$135,705</b>	<b>\$122,600</b>

### Review of 2023 Goals:

- 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.  
**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 2023 was completed by early 2024. Significant revenue gains were seen in the Outpatient Clinic and CLTS. A significant work effort by the Billing Team was required for EMH billing, because of various changes to that program. Additionally, we had to implement changes to the CCS billing to account for new Qualified Treatment Trainee contractors.
- 2. Complete the 2022 capital projects for Human Services on time and under budget.** Our 2022 budget **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.  
**GOAL RESULT:** We hired a new Accounting Specialist for the CLTS program in 2023. This staff member has improved our workflow and made the CLTS fiscal process much more efficient.
- 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.  
**GOAL RESULT:** We made numerous changes to the 2024 as a result of identified cost saving and revenue growing measures. This changes included consolidated staffing in some areas, expanding CLTS, CCS, and Compliance staff; creating a Lead EMH worker to assist with the Youth Crisis Stabilization Facility; reducing the HOPE program; and using supplemental grant funding where available.

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.

**GOAL RESULT:** We were able to successfully open the facility in January 2024. We have accepted several admissions. We have contracted with and sent bills to other County partners. We used grant funding from DHS to get the facility operational. We hope to continue to be able to use DHS grant funding to continue operations.

**Goals for 2024:**

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.
2. **Transition to a new third-party administrator for the CLTS program.** DHS has contracted with WPS to be the third-party administrator (TPA) for the CLTS program for many years. In 2025, a new contractor will take over. As a result, we will have to work to implement many system and policy changes to ensure we are able to authorize, bill, and collect for our CLTS services.
3. **Expand the operations of our Youth Crisis Stabilization Facility.** We currently have contracted staff to provide four beds. We hope to expand to eight beds during 2024. We also want to expand the number of County contracts we have in place. We would like to apply for and continue to receive DHS grant and work toward fiscal sustainability.

## **MAINTENANCE**

### ***~Updating Capital for Long-Term Sustainability~***

In 2023, the County undertook several capital projects at the Human Services buildings, including expanding generator capacity, expanding video storage capacity, purchasing a new broom for snow removal, new sewage lift pumps, new doors and door swipes at the Workforce and Human Services buildings, a new office area for the Compliance team, and several improvements to the County-owned housing.

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. We did not make any vehicle swaps in 2023 to our fleet program; however, we did acquire two new wheelchair van for the Transportation program. These vans were funded, in part, by assistance from the Wisconsin Department of Transportation.

The fleet cars ensure 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 385,098 miles in 2023 compared to 364,158 miles in 2022. 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 are working in the office on a far more regular basis than in prior year. Additionally, we have significantly more staff than in prior years. Moreover, pneumatic controls were replaced with electrical controls. Finally, as a staff safety measure, we had new lights installed in the parking lot, which accounted for a lot of the Hillside increase.

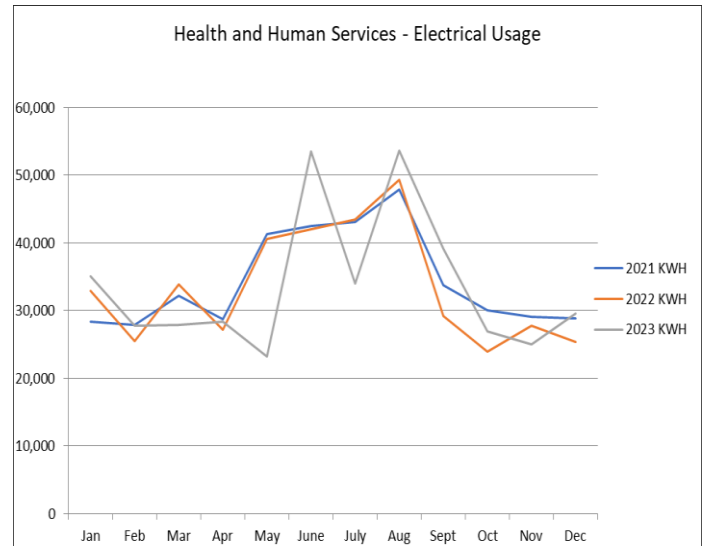
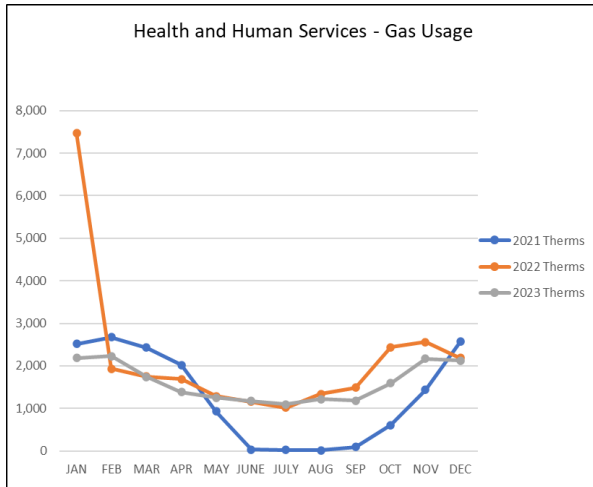
Gas usage has also increased because of the boiler system. The boiler must be left on during the year, to control the heat and offset the air conditioning, as needed.

### **2023 UTILITY USAGE FOR HEALTH & HUMAN SERVICES BUILDINGS**

Health & Human Services - Gas Usage - Therms					
Month	2019 Therms	2020 Therms	2021 Therms	2022 Therms	2023 Therms
JAN	3,384	2,295	2,515	7,465	2,184
FEB	2,392	1,952	2,671	1,934	2,231
MAR	1,936	1,521	2,431	1,745	1,745
APR	1,022	1,113	2,023	1,688	1,383
MAY	472	216	926	1,287	1,251
JUNE	276	22	28	1,157	1,171
JULY	269	22	24	1,018	1,097
AUG	398	22	15	1,344	1,218
SEP	520	160	97	1,489	1,185
OCT	1,393	680	606	2,440	1,592
NOV	2,180	1,305	1,432	2,564	2,170
DEC	2,451	2,481	2,570	2,184	2,123
<b>TOTALS</b>	<b>16,693</b>	<b>11,789</b>	<b>15,338</b>	<b>26,315</b>	<b>19,350</b>

Health & Human Services - Electric Usage - KWH					
Month	2019 KWH	2020 KWH	2021 KWH	2022 KWH	2023 KWH
Jan	19,760	19,760	28,400	32,960	35,040
Feb	18,000	18,000	27,920	25,520	27,760
Mar	17,280	20,880	32,240	33,840	27,920
Apr	18,880	12,160	28,720	27,200	28,320
May	21,440	23,440	41,360	40,640	23,200
June	30,720	21,520	42,560	42,080	53,520
July	32,880	28,000	43,120	43,440	34,000
Aug	27,920	21,920	47,920	49,280	53,600
Sept	28,240	19,360	33,760	29,200	39,200
Oct	10,080	22,080	30,080	23,920	26,942
Nov	24,320	29,840	29,120	27,760	24,997
Dec	18,000	27,600	28,800	25,360	29,531
<b>TOTALS</b>	<b>267,520</b>	<b>264,560</b>	<b>414,000</b>	<b>401,200</b>	<b>404,030</b>

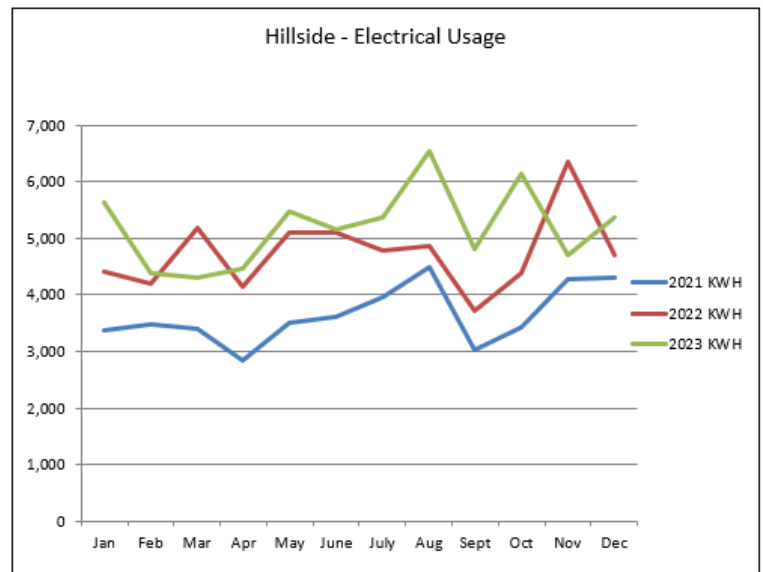
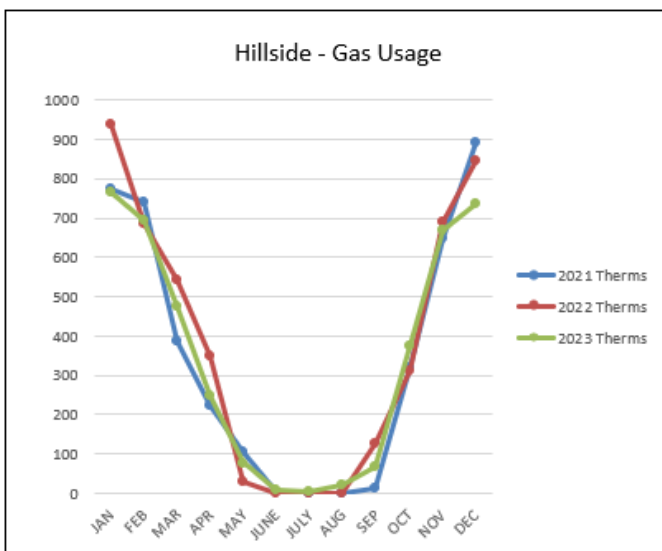




## 2023 UTILITY USAGE FOR HILLSIDE BUILDING

Hillside Office - Gas Usage - Therms					
Month	2019 Therms	2020 Therms	2021 Therms	2022 Therms	2023 Therms
JAN	1033	867	772	937	763.8
FEB	879	719	741	687	694.1
MAR	501	494	387	543	477.1
APR	290	333	224	349	248.8
MAY	92	24	105	31	78
JUNE	0	0	4	0	9.5
JULY	0	0	0	0	4.8
AUG	0	0	0	0	22.7
SEP	38	0	12	128	69.4
OCT	399	189	321	313	375.6
NOV	774	493	647	688	666.7
DEC	875	894	893	845	734.5
<b>TOTALS</b>	<b>4,881</b>	<b>4,013</b>	<b>4,106</b>	<b>4,521</b>	<b>4,145</b>

Hillside Office - Electric Usage - KWH					
Month	2019 KWH	2020 KWH	2021 KWH	2022 KWH	2023 KWH
Jan	4,720	4,440	3,380	4,402	5,644
Feb	4,400	4,280	3,478	4,196	4,393
Mar	3,840	3,920	3,390	5,189	4,295
Apr	4,120	2,720	2,850	4,138	4,467
May	3,600	2,880	3,517	5,096	5,471
June	4,080	3,640	3,600	5,097	5,162
July	4,520	3,960	3,956	4,772	5,361
Aug	3,680	3,361	4,493	4,872	6,536
Sept	4,120	2,974	3,026	3,728	4,809
Oct	3,800	3,496	3,433	4,385	6,132
Nov	3,760	3,199	4,268	6,349	4,694
Dec	4,120	3,359	4,302	4,703	5,382
<b>TOTALS</b>	<b>48,760</b>	<b>42,229</b>	<b>43,693</b>	<b>56,927</b>	<b>62,346</b>

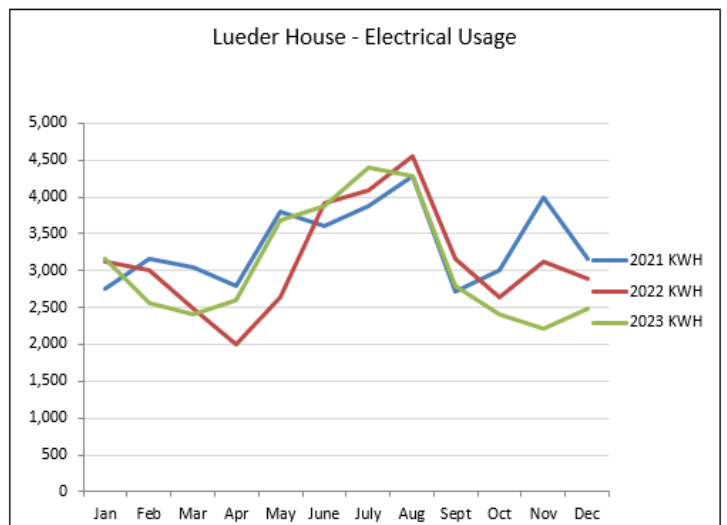
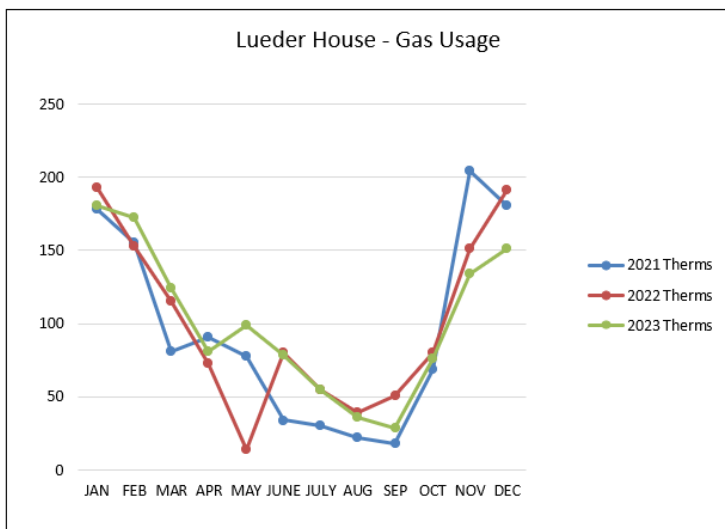




## 2023 UTILITY USAGE FOR LUEDER HOUSE

Lueder House- Gas Usage - Therms					
Month	2019 Therms	2020 Therms	2021 Therms	2022 Therms	2023 Therms
JAN	197	153	178	193	180.9
FEB	176	128	155	153	172.1
MAR	104	86	81	115	123.9
APR	57	53	91	73	81
MAY	41	59	78	14	99.2
JUNE	27	61	34	80	78.3
JULY	28	41	30	55	54.9
AUG	29	34	22	39	35.8
SEP	31	51	18	51	28.3
OCT	58	128	69	80	76.3
NOV	127	90	204	151	134.2
DEC	157	172	181	191	151.4
<b>TOTALS</b>	<b>1,032</b>	<b>1,056</b>	<b>1,141</b>	<b>1,195</b>	<b>1,216</b>

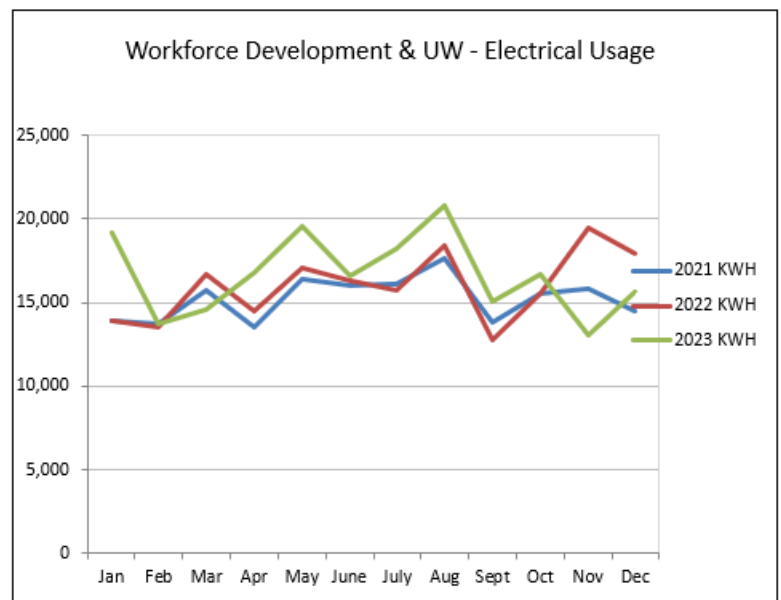
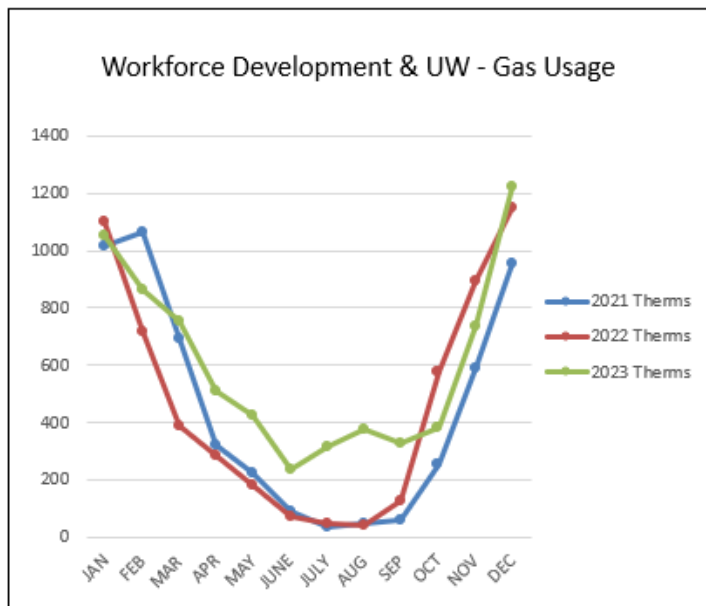
Lueder House - Electric Usage - KWH					
Month	2019 KWH	2020 KWH	2021 KWH	2022 KWH	2023 KWH
Jan	3,560	3,560	2,760	3,120	3,160
Feb	3,200	3,320	3,160	3,000	2,560
Mar	2,920	3,280	3,040	2,480	2,400
Apr	3,360	2,400	2,800	2,000	2,600
May	3,640	2,840	3,800	2,640	3,680
June	4,160	3,760	3,600	3,920	3,880
July	4,360	4,080	3,880	4,080	4,400
Aug	3,960	3,440	4,280	4,560	4,280
Sept	4,120	3,400	2,720	3,160	2,800
Oct	2,920	3,520	3,000	2,640	2,398
Nov	3,120	3,240	4,000	3,120	2,215
Dec	3,440	2,920	3,160	2,880	2,483
<b>TOTALS</b>	<b>42,760</b>	<b>39,760</b>	<b>40,200</b>	<b>37,600</b>	<b>36,856</b>



## 2023 UTILITY USAGE FOR WORKFORCE DEVELOPMENT CENTER

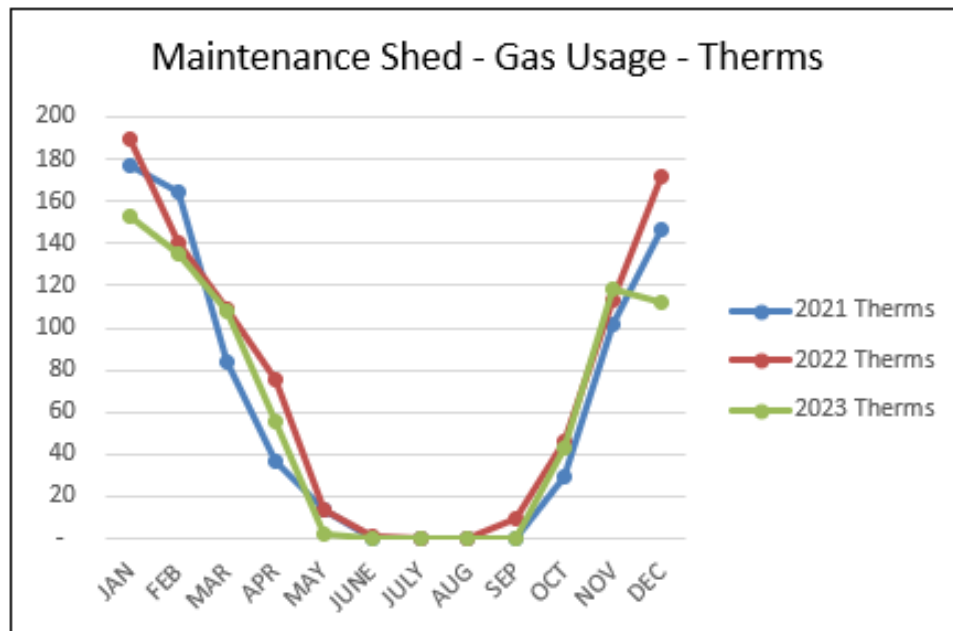
Workforce Development & UW - Gas Usage - Therms					
Month	2019 Therms	2020 Therms	2021 Therms	2022 Therms	2023 Therms
JAN	1333	772	1013	1101	1051.7
FEB	1342	632	1064	718	863.8
MAR	734	434	694	392	756.2
APR	309	386	324	286	510.7
MAY	123	173	223	183	428.5
JUNE	98	8	90	71	235.8
JULY	201	6	39	46	313.7
AUG	268	6	48	41	378.6
SEP	195	29	58	127	328.4
OCT	400	451	255	580	380.4
NOV	636	702	589	894	733.2
DEC	768	1229	955	1151	1222.9
<b>TOTALS</b>	<b>6,407</b>	<b>4,828</b>	<b>5,352</b>	<b>5,590</b>	<b>7,204</b>

Workforce/UW - Electric Usage - KWH					
Month	2019	2020	2021	2022	2023
Jan	14,080	14,320	13,920	13,920	19,200
Feb	13,040	14,240	13,760	13,520	13,680
Mar	12,800	13,840	15,760	16,640	14,560
Apr	14,480	10,080	13,520	14,480	16,800
May	14,240	12,880	16,400	17,040	19,520
June	19,600	14,240	16,000	16,320	16,560
July	22,000	14,720	16,080	15,760	18,240
Aug	20,480	13,360	17,680	18,400	20,800
Sept	19,120	12,480	13,840	12,800	15,040
Oct	13,920	12,800	15,520	15,550	16,682
Nov	12,880	14,080	15,840	19,440	13,045
Dec	15,120	14,160	14,480	17,920	15,672
<b>TOTALS</b>	<b>191,760</b>	<b>161,200</b>	<b>182,800</b>	<b>191,790</b>	<b>199,799</b>



**2023 UTILITY USAGE FOR  
MAINTENANCE SHED**

Maintenance Shed - Gas Usage - Therms					
Month	2019 Therms	2020 Therms	2021 Therms	2022 Therms	2023 Therms
JAN	132	109	177	190	153
FEB	113	147	164	140	135
MAR	63	96	84	109	108
APR	35	64	37	75	56
MAY	7	91	14	14	2
JUNE	5	-	-	1	-
JULY	-	-	-	-	-
AUG	-	-	-	-	-
SEP	-	-	-	10	-
OCT	31	52	29	46	43
NOV	81	72	102	113	118
DEC	100	157	147	172	112
<b>TOTALS</b>	<b>567</b>	<b>788</b>	<b>754</b>	<b>870</b>	<b>726</b>



## **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  
Remodeled and replaced playground 2023

### **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  
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  
New sewage lift pumps 2023  
Expanded generator capacity 2023  
Door controls in the Health labs 2023  
Replaced broom for snow removal 2023  
Expanded video storage capacity 2023

**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  
Three new card readers in CLTS area 2023  
New door in CLTS area

**Lueder House/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, Rogers 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  
Tree removal 2023  
Installed security cameras and lights 2023

**Review of 2023 Goals: All goals were met. Capital projects completed on time and within budget.**

**Goals for 2024:**

1. Complete capital projects, including numerous safety improvements to facilities.
2. Continue to use the fleet management program to expand and improve our fleet.
3. Work with the Facilities Manager to ensure maintenance and custodial services are provided effectively and efficiently across all County buildings, not just at Human Services.

## **Compliance Program**

### ***Compliance: paving the way to growth***

The Compliance Program is placed in the Division of Administrative Services and 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. In 2023, we successfully created the Compliance Committee. We met quarterly, as we discuss and update policies within the Agency. We updated and released the Agency Texting policy for both staff and consumers and are working on a Memo of Understanding for Confidentiality between the Behavioral Health and the Children and Families Teams. The Compliance Officer has been working closely with the Outpatient Clinic to update the Agency's Drug Testing Policy for consumer's that are prescribed controlled substances in correlation with Administrative Code DHS 75. In 2023, the Compliance Officer and DHS Area Administration helped create a Statewide Compliance Committee to bring together other Human Services Compliance Officers to network and discuss ongoing compliance concerns within our respective Agencies.

Currently, the Compliance Program consists of 4 full time employees. The Compliance Officer and 3 full time Administrative Specialists. Each Administrative Specialist is assigned to a specific Team within the Behavioral Health Division to help assure compliance needs are met within that program. In 2023, the Compliance Program was successful in implementing an Administrative Specialist for all the Behavioral Health Teams.

#### **Highlights of 2023**

- A new full-time position was added in 2023 to address our continued growing compliance needs.
- The Compliance officer began meeting with all new employees to complete Code of Conduct and Civil Rights training. She also met with several Departments within the agency to update them on the Code of Conduct.
- The Comprehensive Community Support (CCS) program was successfully recertified
- The Compliance Committee was successfully started and was able to update the Agencies texting policy.
- The Compliance Officer was also successful in helping start a Statewide Compliance Committee to help network and work on growing compliance issues within other Human Service Agencies throughout the State.
- The Compliance program monitored over 10,000 notes per month and completed 100's of chart reviews throughout the year. They also continued to monitor for HIPAA violations and the anonymous link line.

#### **Review of 2023 Goals:**

**All goals met.**

- **Creation of an internal Compliance Committee and Update policies as needed**
  - The compliance committee was created and met quarterly in 2023 and we successfully updated our Agency Texting Policy and began updating our Agency Confidentiality Policy.
- **Expand the Compliance Program within JCHS and Hiring of additional staff to help address the growing compliance need**
  - We hired an additional staff member, which allowed us to start growing compliance in other Behavioral Health Team including EMH, CSP, Lueder House, and the Outpatient Clinic
- **Statewide Compliance Network Group**
  - The Statewide Compliance Network Group was successfully stated in the Summer of 2023, and we have been able to meet quarterly since.

#### **Goals for 2024:**

- Hire additional staff to continue to address the growing need of Compliance among the behavioral health teams.
- Update agency policies
- Continue to expand the Compliance Program within other departments
- Create a Lead Compliance position to help with the growing needs of the Compliance Program.



## 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. ~***

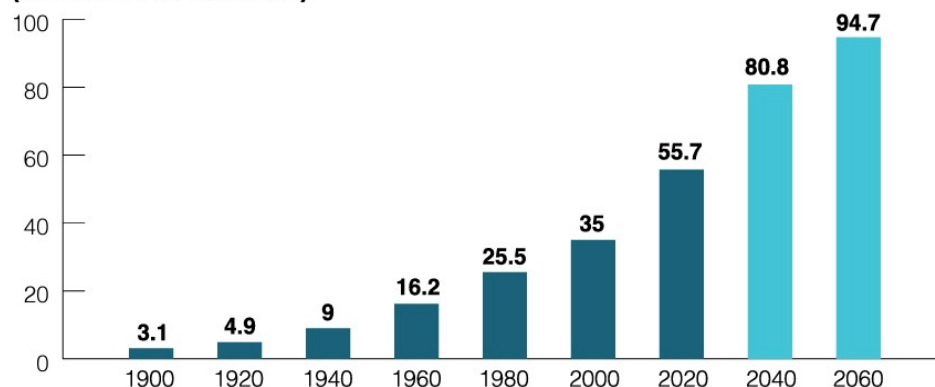
The Aging & Disability Resources Division (ADRC) of Jefferson County Human Services encompasses many programs and funding streams that provide services and supports to seniors, adults with disabilities, children with disabilities as they transition into adulthood, and persons with Alzheimer's disease 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.

Wisconsin is the birthplace for ADRCs. The long history of ADRC development started in the 1990s as people in Wisconsin came together to develop the concept of an ADRC. The first ADRCs in Wisconsin began operation in 1998 and expanded to cover the entire state in 2013. Across the country, people can get help to learn about services available in their area because ADRCs in Wisconsin blazed the trail.

Here at the Jefferson County ADRC, 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 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.

**Number of Persons Age 65 and Older, 1900-2060  
(numbers in millions)**



*Note: Lighter bars (2040 and 2060) indicate projections.*

*Source: U.S. Census Bureau, Population Estimates and Projections*

**Aging & Disability Resource Center Advisory Committee**

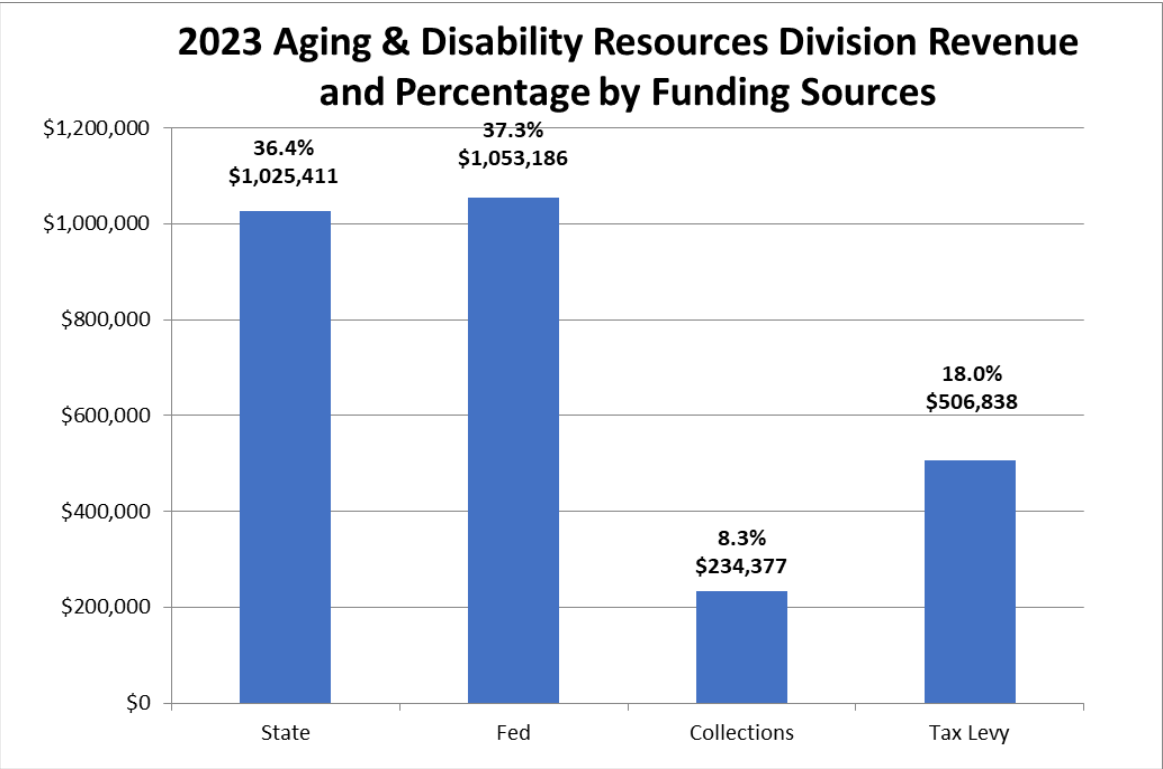
ADRC Advisory Committee Members are ambassadors of the ADRC. These committee members act as a conduit between the ADRC and the community members it serves. The committee members help to “spread the word” about the ADRC and about the services the ADRC provides, as well as to bring identified needs from 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 Supervisor 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 and 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”*

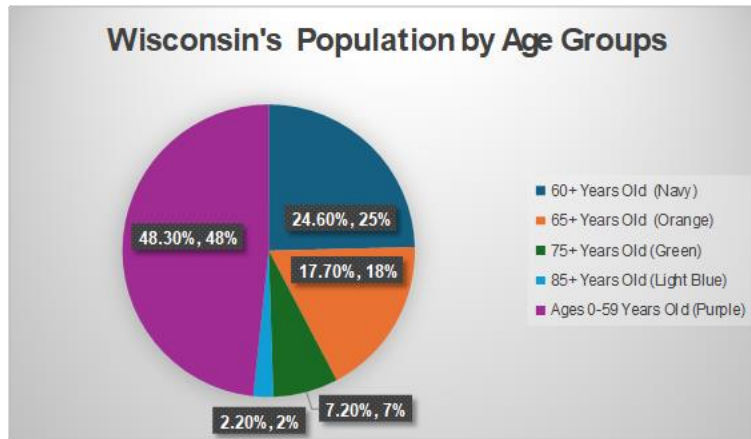


The Aging and Disability Resource Center of Jefferson County (ADRC) is a welcoming and accessible place where older adults, people with disabilities, transitioning youth, families, caregivers, and professionals alike can receive unbiased, reliable information and guidance on a wide variety of topics 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 are 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 federal reimbursement dollars. The 2023 ADRC State contract was \$652, 828. With 100% time and task reporting, staff were able to capture a federal reimbursement rate of 42.97% in additional dollars to support all ADRC operations. Despite this great federal reimbursement rate, the ADRC overspent all ADRC contract dollars by \$85,079.52. During the year, our fiscal department kept the ADRC well informed of the deficit. There are several causes for the overspending including the addition of a 5<sup>th</sup> Resource Specialist position in budget years 2022 and now 2023, hourly wage and position step increases, and the rising cost of health care insurance. Some ADRC’s have underspending and in years past, when they do, DHS will offer these funds to other ADRC’s in need. The plan will be for the ADRC of Jefferson to submit a request if underspend funds become available.

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. In 2017, the ADRC Reallocation Stakeholder Advisory Group 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. The Governor’s 2021-23 budget did not include the above requested GPR increase. However, the 2023-25 budget did include an increase of \$11 million annually for ADRC’s. None of these funds were distributed to ADRC’s in 2023, but it is anticipated the funds will be released in 2024.



Per WI. Department of Health Services (P-01213A) updated 01/2024 with source U.S. Bureau of the Census, American Community Survey, 2018-2022 five-year estimates, Wisconsin's estimated population is 5,882,128. Of that nearly 6 million people, 24.6% are 60+ years old and 17.7% (or 1,038,620) are persons 65+ years old. From the same source but P-01623, Wisconsin has another 9.7% (342,633 individuals) ages 18-64 with a disability for a total aging and disability population of nearly 1.39 million people. Many of these individuals will need long term care options counseling and the number will continue to grow as the "baby boomer" population ages. Data indicates more than 10,000 people turn 65 every day in the United States, and people are living longer, healthier lives. Healthy lifestyles, planning for retirement, and knowing your options for health care and long-term care are more important now than ever before. Our disabled population has grown, and it is for this and many other reasons, why ADRC's are so needed and an important community partner.

In 2023, the ADRC of Jefferson County was again, a very busy place. ADRC staff documented 8,087 unduplicated calls with 2,694 unduplicated callers. In addition to the increase in workload, staff retention remains a challenge. In 2023, the 5<sup>th</sup> Resource Specialist, the split Benefit Specialist and the Administrative Assistance positions were vacant and required the hiring and training of new staff. To remain competitive with today's workforce, several staff continued to work a mix of office (primary) and remote work (1-2 days/week) as allowed in the personnel ordinance for Telecommuting and Remote Work Policy and Procedure.

#### ADRC 2021-2023 Contacts Summary

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
<b>Total Calls 2021</b>	419	468	688	635	651	801	613	755	662	734	698	573	<b>7697</b>
<b>Total Calls 2022</b>	652	682	804	649	642	703	608	746	725	727	660	662	<b>8260</b>
<b>Total Calls 2023</b>	613	618	745	582	615	792	615	746	780	736	687	558	<b>8087</b>

Public benefits for long-term care (LTC) programs is the most common conversation ADRC staff have with our callers (the topic was documented 4,540 in 2023). 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 2023, RS staff administered 245 functional screens and enrolled 235 individuals into Family Care, Partnership, or IRIS (I Respect, I Self Direct) programs. The target group for those 236 customer enrollments includes 105 Frail Elder, 70 Physically Disabled and 61 Intellectual or Developmentally Disabled (IDD). Each year, the ADRC facilitates quarterly meetings between the Managed Care Organizations (MCO's), IRIS Consultant Agencies (ICA's) and Income Maintenance (IM) to address any customer discrepancies and to maintain open lines of communication. In 2023, ADRC staff also assisted callers with other public benefits such as Food Share, low-income housing, and SSI-E Exceptional Expense supplement certifications.

<b>Contact Types:</b>	<b>ADRC Contacts Summary January - December 2023</b>
Incoming Phone Call	3,388
Outgoing Phone Call	1,599
Office: Appt. at ADRC	164
Office: Walk-in at ADRC	276
Home Visit	516
Nursing Home Visit	75
Hospital Visits	12
Residential Setting- RCAC/CBRF/ AFH	51
Other	301
Email / Electronic	1,703
Video Conference	4
Consumer Age 17 - 21	555
Consumer Age 22-59	1,857
Consumer Age 60-99	5,562
Consumer Age 100-150	4
Consumer Age Unknown	109
Alzheimer's/Dementia	730
Developmental Disability	945
Elderly: Age 60 or Older	4,521
Physical Disability	1,876
Mental Health	889
Substance Use/AODA	38
Caregiver	61
Unknown	851
<i>*Note: Consumer may have</i>	<i>more than one identified disability</i>
<b>Total # of Unduplicated Calls</b>	<b>8,087</b>
<b>Total # Unduplicated Callers</b>	<b>2,694</b>

### Initiatives and Highlights of 2023:

2023 was another unique year, as we found ourselves working in a new era of public benefits post pandemic with COVID-19. Although the ADRC and other county operations were business as usual, during the pandemic, those individuals receiving public benefits were not subject to “reviews” to maintain their benefits. By mid-2023, the Centers for Medicare and Medicaid Services issued notice that recipients of public benefits would be required to complete reviews. For many of these individuals and ADRC staff alike, “reviews” were uncharted waters and created a new learning curve. As we move into 2024, there is an increase in the number of individuals contacting the ADRC for assistance with their benefit or case reviews.

There are fourteen required “core services” in the 2023 contract between DHS and ADRC’s. Information and Assistance is by far our largest service category with 4,364 documented contacts in 2023. Another core service, options counseling is a person-centered interactive decision-supported process that typically includes a face-to-face interaction and is more than providing a list of service providers or programs for people to choose from. 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 core service provided to customers who have been found to be eligible for and are considering enrolling into publicly funded long-term care. In 2023, staff documented providing Options Counseling 787 times, assistance with MA applications 467 times, and Long-Term Care Functional Screen 452 times. Maintaining an adequate skill level in these roles is important and thus, ADRC supervisors/managers are required to observe staff perform either options or enrollment counseling or provide information and assistance one time per year. This requirement was met for 2023.

Transitional Services to assist young people transition from high school into the adult service systems is another important core service. In 2023, there were 555 documented contacts for the age group of 17-21. ADRC staff work closely with the Children Long Term Care Services program regarding referral, LTC eligibility and disability benefits counseling. The Youth Transition Coalition facilitated by the ADRC, supports students and young adults with disabilities by sponsoring events open to the public. In March 2023, multiple students, teachers, and volunteers from various school districts attended the “Job Olympics” at MATC –Watertown campus. The event teaches students basic employment activities.

Marketing and Outreach is another core service that contributes to the long-term sustainability of the ADRC and serves the community with public education. 2023 marketing highlights include:

- 4.29.23 Children's Fair at Fort Atkinson High School
- 5.10.23 Watertown Care Fair at Watertown Senior Center
- 5.19.23 Older Americans Month, ADRC celebration at Stoppenbach Park
- 8.2.23 National Night Out at Jefferson Fair Grounds
- 9.23.23 Women's Expo Fair at Christ United Methodist Church, Watertown
- 10.19.23 Veterans Regional Benefits Expo at Watertown Elks Lodge
- August Appearances at the Fort Atkinson, Watertown, and Lake Mills Farmers Markets.



### **Review of 2023 Goals:**

#### ***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. If there is a delay in determining functional eligibility, the ADRC will notify the customer in writing with the reason for the delay.

- **Goal met at 99.6%.**
  - 244 out of 245 FS were calculated per KOI guidelines in 2023.

### **Additional 2023 Goals:**

#### **1. 100% compliance with the State Contract.**

- **Goal primarily met.**
  - Compliance monitored through regular case reviews, data analysis, and staff training. New in 2023, staff were required to have Client Service Agreements signed. When reviewing cases, we discovered that a few of these were not completed when they should have been. We have re-trained staff on this requirement and will continue to monitor to make sure they are being completed consistently across all cases.

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

- **Goal met.**
  - 56 surveys were returned and 52 indicated they would recommend the ADRC to others (in 4 surveys, the question was not answered).

#### **3. Provide one or more community outreach events aimed at marketing to the Spanish speaking population.**

- **Goal met.**
  - 8.6.23: Jefferson's 1<sup>st</sup> Fiesta Latina. Two staff, one bilingual marketed, the ADRC and had 43 individual contacts.
  - 8.20.23: La Morenita Mexican Grocery-Fort Atkinson. Two bilingual staff marketed, the ADRC and had 10 individual contacts.
  - 9.9.23: Fort Fall Fiesta -Two bilingual staff marketed the ADRC, staff and had 33 contacts.

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

- **Goal Met.**
  - Work Equity and the ADRC Resource Manual projects were completed in 2023.

The Q.I. Project team identified two needs within day-to-day operations of the ADRC, namely (1) work equity among the Resource Specialists (RS) and (2) when staff turnover occurs, the need to create and have one resource manual for all RS to follow, especially new workers, to promote faster learning and have improved consistency with process within the ADRC. RS tracked the total number of calls per phone shift, appointments scheduled from those calls, and the number of customers that required a LTCFS and/or assistance with MA application. Two months of data was collected and analyzed. The team's conclusion, there were no clear findings or patterns with work inequity and so, the team decided to stop tracking and focus on the second identified need, the creation of an in-house ADRC Resource ("How To") Manual. The following actions were completed by the change leader: (1) several electronic folders were updated and re-organized for more user-friendly application; and (2) several informational "how-to-do" sheets were created and/or updated. These documents were included in the ADRC Resource Manual and uploaded in the in-house database. In summary, the ADRC Resource Manual is a tool created with the intent to increase learning/professional development so our staff can be more efficient and provide our customers with the best possible unbiased information and assistance. The impact of this project has been very positive.

#### **Goals for 2024:**

##### ***Key Outcome Indicator:***

100% of all initial in-person appointment requests (i.e., home, office, hospital, SNF or CBRF visit) shall be scheduled and conducted within ten (10) business days following the customer's request unless another time (date greater than 10-days) is preferred by the customer.

#### **Additional Goals for 2024:**

##### **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, Outreach and Public 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 2024, the ADRC will continue to facilitate the monthly Jefferson Co. Youth Transition Coalition meetings. The ADRC supervisor will also complete one options or enrollment counseling observation and record review per staff by 12.31.24.

##### **2. 90% of all Customer Satisfaction Surveys returned will have a favorable opinion.**

##### **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.

##### **5. TV in waiting room program running.**

- A video promoting ADRC services and events will be run daily on the TV in the ADRC lobby.



## 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 living 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 2023, 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 Cafes

A Memory Café is a social gathering for those who are experiencing early-stage dementia, mild memory loss, or mild cognitive impairment (MCI) to attend with a family member, friend, or care partner. Topics range from butterflies to baseball. A Memory Café is a safe place to have fun, share experiences, and stay socially connected.

In 2023, 7 Jefferson County libraries were involved in the Bridge's Library Memory Project. This project offered Memory Cafés as part of their programming. The Dementia Care Specialist of Jefferson County has worked closely with the libraries to offer and encourage our residents to attend these fun and interactive events. Together with the Watertown Dementia Awareness Coalition, 3 opportunities to attend a Memory Café occur each month around Jefferson County.



### Memory Camp

Memory Camp is a supported summer camp experience for those with mild to moderate dementia, their care partners, and/or families, which is held at Moon Beach, Camp AWESOME, in St. Germain, WI. The Dementia Care Specialist collaborated with Jefferson's non-profit organization, Tomorrow's Hope, to send two families to this special camp in 2023. These campers had their camp fees, gas, and snacks to get there, provided through donations to Tomorrow's Hope. Our campers shared wonderful stories of valuable time spent together enjoying the outdoors. This was the second year attending for one of our families.



## Community Awareness

In 2023, the Dementia Care Specialist focused on outreach and awareness in Jefferson County. Several community events were attended by our Dementia Care Specialist: Lake Mills Farmer's Market, Whitewater Farmer's Market, Jefferson's National Night Out, Watertown Senior Care Fair, Hoops for Hope, Veterans Benefits Expo, just to name a few. At each event, an information table is set up to share all about the Dementia resources available through the ADRC. Our animated pets are always a big hit with visitors of all ages, bringing lots of people by to learn more about the valuable services and resources we offer.



## Purple Tube Project

The Dementia Care Specialist in collaboration with the Dementia Friendly Community Network and Tomorrow's Hope, with the help of several sponsoring local businesses launched the Purple Tube Project in December of 2023. The kickoff began with a community-wide event featuring native Tony Rocker – Elvis Tribute Artist. Almost 100 people attended the event and were educated on this project. The purple tube project is an effort to identify individuals living with dementia to our first responders such as, police, EMS, and firefighters. Everyone receives a purple tube containing forms to fill out with important information about health issues, emergency contacts, personal likes and dislikes, medications, etc. The tubes are stored on the top shelf of the refrigerator. In the event of an emergency at a person's home who, first responders will be alerted when entering the individual's home that they have a dementia diagnosis and will have vital information available in their purple tube in the refrigerator.

**ENTIRE COMMUNITY INVITED!**



**Purple Tube Project Kickoff!**


**Sunday, December 3  
1 - 4 p.m.**

**Fairview Sports Bar & Grill  
711 W Racine St, Jefferson**

**Tony Rocker performing from 1:30 - 3:30 p.m.**

**The Dementia Friendly Community Network (DFCN) of Jefferson County, the ADRC and Tomorrow's Hope are partnering up with local law enforcement and first responders to provide information regarding how to keep individuals with dementia in Jefferson County safe by starting the Purple Tube Project.**

For additional information contact the ADRC of Jefferson County at 920-675-4035



## Caregiver Events

Several Community events occurred in 2023 in support of Dementia awareness and caregivers. The Jefferson pedestrian bridge was lit up in purple lights for the entire month of November in honor of National Family Caregiver Month as well as National Alzheimer's Awareness Month. Tomorrow's Hope sponsored the event, and the Dementia Care Specialist dedicated the lighting to a crowd of community members who attended the event.



The Dementia Care Specialist and the Family Caregiver Support Specialist teamed up to provide two events for family caregivers in 2023. In June, there was a caregiver picnic at Dorothy Carnes Park in Fort Atkinson where caregivers learned about urban poling while respite was provided to their loved ones. In November there was a Caregiver Pamper Day offered at the Holiday Inn Express in Fort Atkinson. This event was held in honor of National Family Caregiver Appreciation Month. At this event free massages were available as well as education on journaling and other ways to promote self-care. At both events, free respite was provided so that caregivers could get a little time away from caregiving to connect with other caregivers, learn something new, and get a well-deserved break while their loved one is safe and entertained. We have had overwhelmingly positive feedback about these events and the relationships caregivers are forming with each other.

### **Review of 2023 Goals:**

#### ***Key Outcome Indicator***

Complete 50 Memory Screens

- **Goal met**
  - Total of 78 memory screens were completed

### **Additional 2023 Goals:**

**1. Increase the number of Dementia Friendly Community trained organizations by 2 in 2023.**

- **Goal met**
  - 3 new business/nonprofit organizations trained

**2. Provide 12 Dementia Live Experiences – (Aging Plan) in 2023.**

- **Goal met**
  - 13 Dementia Live Experiences provided

### **Goals for 2024:**

#### ***Key Outcome Indicator***

Train 2 additional area businesses as Dementia Friendly Businesses in Jefferson County.

### **Additional 2024 goals:**

1. Offer 2 new in-person support groups
2. Offer 2 SAVVY Caregiver sessions
3. Offer 4 Community Engagement Events
4. Expand collaboration with libraries
5. Offer 2 6-week PTC sessions



## **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 2023, 331 individuals were assisted directly with 475 case issues. This is a decrease of 8 individuals assisted and 7 case issues from the previous year. There was a total of 472 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 \$2,752,523 in federal dollars compared to \$336,043 in State, for a total of \$3,088,788, which is an increase of \$948,481. There was an increase in economic outcomes for Jefferson County despite the lack of needed Medicaid renewals due to the ongoing Public Health Emergency (PHE). During this PHE health care could not be negatively affected, therefore, participants were not subject to annual renewals. Renewals did begin again in May of 2023. 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 3 to 5 months prior to 2020 to 5 to 7 months in 2021 to 9 to 12 months in 2022, towards the end of 2023 to length of time for Social Security case processing began to come back down slightly.

### **Review of Disability Benefit Specialist Program Goals for 2023:**

#### ***Key Outcome Indicator:***

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

- **Goal Met**
  - 4 Welcome to Medicare workshops were held in 2023 with a total of 22 participants.

#### **Additional 2023 Goals:**

##### **1. Continue to develop and enhance the information on the DBS portion of the ADRC website.**

- **Goal partially met**
  - Limited updates were made to the website; goal will continue for 2024.

##### **2. DBS staff work with ADRC Supervisors to develop best practice case referrals for the half -time DBS staff.**

- **Goal Met**
  - Half-time staff were given fewer cases to allow for additional training time.

#### **Goals for 2024:**

#### ***Key Outcome Indicator:***

Increase number of attendees at Welcome to Medicare workshops by 20%; 21 total Jefferson County participants in 2023.

#### **Additional 2024 DBS Goals:**

- 1. Continue to develop and enhance the information on the DBS portion of the ADRC website**
- 2. Provide at least one internal presentation to ADRC staff regarding public benefit updates**

## 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 programs 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.



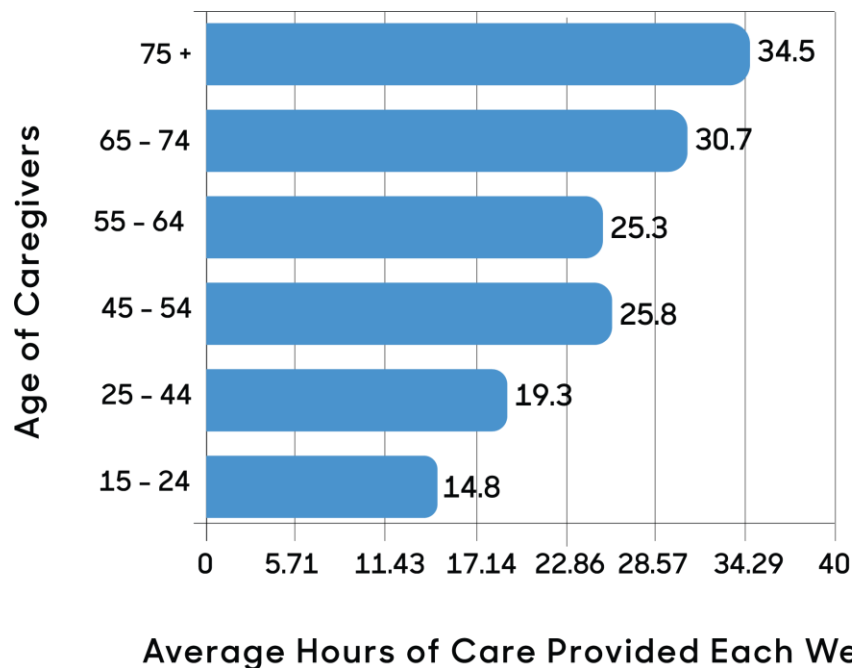
## CAREGIVER SUPPORT PROGRAMS

In 2020, the National Alliance on Caregiving (NAC) and AARP released their list of U.S. caregiving statistics. The report revealed that 53 million people in the U.S. characterize themselves as caregivers. This is up from 43.5 million in 2015, meaning that nearly one-fifth of the U.S. population now cares for a loved one. At this rate of growth, the numbers of people providing in home caregiving supports today is staggering.

Here are some more facts and stats from that report:

- 61% of caregivers are women, and 39% are men.
- 24% of family caregivers care for more than one person.
- 26% expressed difficulty coordinating healthcare.
- 26% of caregivers provide care for someone with Alzheimer's disease or dementia. This is up from 22% in 2015.
- 23% say that being a caregiver has made their own health decline
- 21% characterizing their health as fair to poor.
- 61% of caregivers work in addition to providing care.
- 45% have been impacted financially by caregiving.

The Caregiver Support Specialist position is designed to coordinate and facilitate the Alzheimer's Family Caregiver Support Program, the Older Americans Act (OAA) Title III E - National Family Caregiver Support Program, and OAA Title IIIB- Support Services programs. The table below demonstrates the average number of caregiving hours provided each week to a loved one. It is clear from this table that as people age their caregiving responsibilities tend to increase significantly. Supporting these caregivers is vital to assist aging individuals to remain in their homes and living as independent as possible for 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 2024 is \$40,500, 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 total GWAAR funding allocation for 2024 is \$39,806 with a required minimum match of \$13,269. The program helps families sustain their efforts to care for older relatives by providing them with supports and services. This program serves grandparents raising grandchildren as well. This past year 7 new families have been supported under this program in which grandparents over the age of 60 are receiving supports to assist them in caregiving for grandchildren.

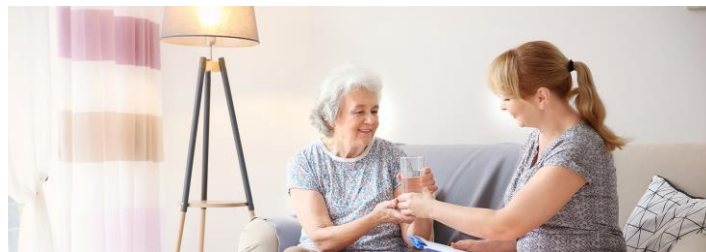


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### **Title IIIB - Supportive Services Program**

Older Americans Act (OAA) Title III B funds provide supportive services to enhance the well-being of elders and to help them live independently in their home environment and the community. These funds are designated for legal services, access assistance, and in-home support services.

Individuals aged 60 or older are eligible for OAA Title III B services. Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders, individuals with Limited English Proficiency, and individuals residing in rural areas. Supportive Services are the second-largest funding category under Older American's Act (OAA). The total GWAAR funding allocation for 2024 is \$78,332 with a required minimum match of \$8,704.



### **Review of 2023 Goals:**

#### **Key Outcome Indicators:**

Increase enrollment in title 3B, Supportive Services Program by 5 families

- **Goal met**

Increase enrollment in NFCSP by 5 families.

- **Goal met**

#### **Additional 2023 Goals:**

1. Educate ADRC staff on advocacy resources
  - **Goal met**
2. Community Resource Guide for Supportive Services and avenues to advocacy
  - **Goal met**
3. Identify providers with bi-lingual personal care workers
  - **Goal met**
4. Distribute Community Resource Guide in Spanish, to Spanish Speaking locations
  - **Goal not met**

5. Increase attendance at the caregiver event by 10%
  - **Exceeded Goal, 75% increase in attendance**
6. Quarterly articles on self-care in the newsletter
  - **Goal met**
7. Enroll 3 new families in the Relatives as Parents Program (RAPP)
  - **Exceeded Goal, 7 RAPP families enrolled**

**Goals for 2024:**

***Key Outcome Indicators***

Participate in 2 community engagement events throughout the year.

**Additional 2024 Goals:**

1. Educate Aging staff Unit on advocacy resources
2. Distribute Community Resource Guide to Spanish Speaking locations
3. Creative Ways to Respite – brochure in English and Spanish
4. Volunteer Connection – Add creative way to experience respite brochure
5. Quarterly articles on caregiving/caregivers in the newsletter
6. Collect feedback from the caregiver event participants and incorporate their suggestions as much as possible into the next caregiver event.
7. Caregiver survey

## SENIOR NUTRITION PROGRAMS



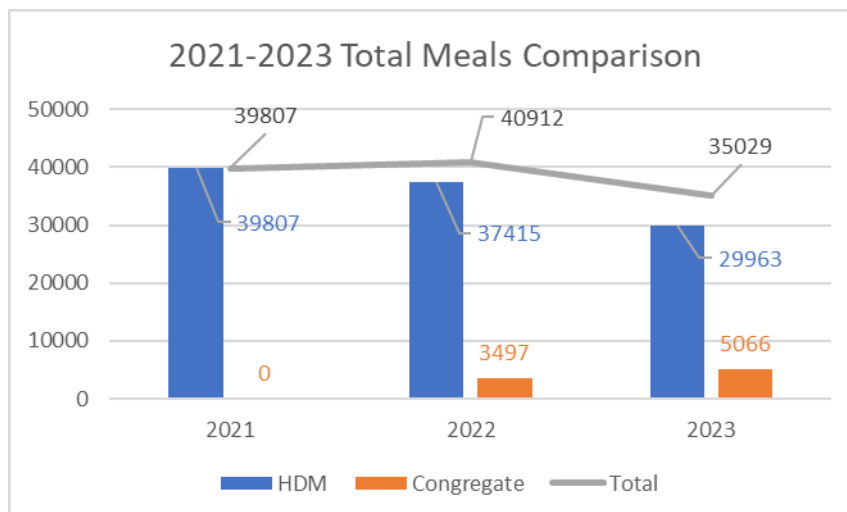
The Senior Nutrition Program, enacted by Congress in 1972, is a section of the Older Americans Act (OAA) that provides grants to support nutrition services for older adults throughout the country. The objectives of this program are to improve the dietary intake of participants, provide nutrition education, and offer participants opportunities to form new friendships and informal support networks.

The Senior Nutrition Program consists of the Home Delivered Meal (HDM) Program and the Congregate Dining Program, also known as Senior Dining or in-person dining. The HDM Program provides a well-being check, nutrition education, and a hot- nutritious meal delivered to a participant's home. The Senior Dining Program offers meals, nutrition education, and the opportunity to socialize with others at in-person dining meal sites throughout Jefferson County.

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.

In 2023, the Nutrition Program served 29,963 home delivered meals to 326 unduplicated participants. The Nutrition Program served 5,066 in-person (congregate) dining meals to 312 unduplicated participants. 2023 was the first year the Nutrition Program was back to fully in-person dining since the 2020 COVID pandemic. As of April 2023, carry out meals are no longer provided. Below is a 2021 to 2023 comparison of the total Home Delivered and Congregate Meals served by the Nutrition Program.



The Senior Nutrition Program is funded by a combination of federal and state funds, local public and private funds and participant contributions. Senior Nutrition Programs receive Title III-C-1 funds, from the State, for the congregate meal program and Title III-C-2 funds, from the state, for the home delivered meal program. The Nutrition Services Incentive Program (NSIP) is a resource that allows the program additional grant monies, if OAA Law and Federal Regulation Requirements are met.



NOAA or “Not Older Americans Act” are meals that are provided to clients who do not fall under the eligibility requirements for use of Title III funding, more specifically, those who are under 60 years of age. Senior Nutrition Programs must recover the full cost of the meal for any client who receives a meal from the Senior Nutrition Program and is under the age of 60. Long-Term Care (LTC) Programs can contract with the Senior Nutrition Program to provide meals to long-term care program clients. The Senior Nutrition Program must recover the full cost of these meals from the LTC program, as Title III funds must not be used to subsidize these meals. NOAA and LTC meals are not included in the NSIP meal counts. Below is a breakdown of the total meals served by the three different care programs in Jefferson County for 2023.

	HDM	Congregate	Total Meals
Title III	28,299	5,052	33,351
NOAA	0	14	14
LTC	1,664	0	1,664
<b>Total</b>	<b>29,963</b>	<b>5,066</b>	<b>35,029</b>

The Senior Nutrition Program is the largest program, in terms of dollars spent, under the Older Americans Act. Funding for the program in 2024 is estimated as follows: Title III C-1 (Congregate) estimate of \$168,684 and participant contributions of \$18,000. Title III C-2 (Home-Delivered) estimate of \$80,654, \$20,000 of program income from Long Term Care Programs, and \$95,000 of participant contributions. Senior Community Services Program (SSCS) funds will also be used for the senior nutrition programs, that amount is \$7,986. The NSIP estimate for 2024 is \$22,072.

The Home Delivered Meal Assessor (HDM Assessor) provides an in-depth assessment of nutritional risk, food insecurity, 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 community programs and 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, per the grant requirement. 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.

### **Volunteer Recognition Banquet**

In 2023 we hosted a Volunteer Recognition Banquet to honor all the wonderful volunteers that work with our Senior Nutrition Programs, Elder Benefit Program and Transportation Programs. 380 invitations were sent out to volunteers from around the county, 135 volunteers replied and attended the event. This year’s theme was a Variety Show, with acts including a high school swing choir, a ukulele band, and other talented performers. A catered meal is also provided with opportunities for each program’s leadership to share their appreciation and a few stories from over the year. Very positive feedback was received from the attendees and entertainers.



## **Review of 2023 Goals:**

### **Key Outcome Indicator:**

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

- **Goal met January 2023 – September 2023. Not met October & November 2023. Met December 2023:**

Goal was not met October & November 2023 due to HDM Assessor retirement and transition to new assessor.

### **Additional 2023 Goals:**

1. 95% of seniors completing satisfaction surveys report that they are not experiencing hunger or food insecurity.

- **Goal not met.**

- The *Hunger Vital Sign* two-question screening tool is a nationally accepted, validated tool that is used in clinical settings to assess food insecurity. This tool is used as part of the assessment process for HDM participants and Congregate Dining participants. In 2023, this questionnaire was added to the nutrition program satisfaction surveys to screen participants.
- There were 77 total surveys completed. 90% reported they never worried whether their food would run out before they had money to buy more. 89% reported they never experienced their food running out before they had money to buy more.
- Because the goal was not met, the Nutrition Program plans to send out Jefferson County food resource guides to participants as part of the 2024 Nutrition Education plan.

2. By July 1, 2023, complete survey of Jefferson County residents, aged 60 and older, to determine resident preferences for the Nutrition Program and a My Meal, My Way model.

- **Goal met.**

- Questions were included on the Congregate Satisfaction Surveys sent in July 2023.
- 36 total surveys were received.
- Of those 36 surveys,
  - 27 said they would consider eating at a local restaurant that partnered with the Jefferson County Senior Nutrition Program.
  - Participants were asked to list restaurants they would consider dining at if the nutrition program partnered with one. Various responses included:
    - Watertown: Main St. Café, Rose Garden, Zweig's, China Towne, Dominos, Pizza Ranch, Culvers, Stoll's Olde 109
    - Johnson Creek: Pinecone
    - Fort Atkinson: Paddy Coughlin's Pub, Soups on Family Restaurant, Fort Family Restaurant.

3. 95% of qualifying home delivered meal requests are served.

- **Goal met.**

- 119/119 (100%) of HDM requests in 2023 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.

4. 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.

- **Goal met.**

- Sent survey to all participants who were on the HDM program in July 2023. Approximately 60 participants responded requesting Shelf Stable Meals at that time.
- 250 (125 BBQ Chicken and 125 Chili) meals were ordered in September 2023.
- 2 meals for each participant were packaged and distributed in October 2023.
- Extra shelf stable meals are distributed if participants request additional meals, as well as, to participants who start home delivered meals during the winter months.



5. By December 31, 2023, increase community engagement/interactions for program participants with completion of a minimum of 4 serving-learning projects.

○ **Goal met.**

- Johnson Creek School's second grade class made Winter theme greeting cards for HDM participants in Johnson Creek.
- Johnson Creek Public Library Family Fun night crew decorated brown lunch bags for HDM participants with Winter and New Year's theme.
- The Senior Nutrition Program supervisor attended the Fort Atkinson Senior Center Breakfast and spoke to participants about the Nutrition Program.
- Rock River 4H Clovers—created Holiday Placemats and made greeting cards for participants.
- St. Paul's Janesville, 1<sup>st</sup> grade class made Thanksgiving cards for HDM participants.
- Community Member Barb B. handmade winter theme cards for participants in Jefferson to give to loved ones.

6. By December 31, 2023, establish a pilot location for the My Meal My Way restaurant model in Jefferson County.

○ **Goal not met.**

- Nutrition Program Supervisor and ADRC Division Manager will meet with State Representative to talk about Voucher program policies before reaching out to prospective restaurants. This goal has been moved to 2024.

**Goals for 2024:**

***Key Outcome Indicator:***

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

**Additional 2024 Goals:**

1. By December 31, 2024, implement a Gift Certificate Program that will allow community members to purchase meals as gifts for Congregate Diners.
2. By December 31, 2024, provide two shelf-stable meals to interested Senior Nutrition Program participants for emergency preparedness.
3. By December 31, 2024, increase community engagement/interactions for program participants with completion of a minimum of 4 serving-learning projects.
4. Maintain active quality control log for contracted caterer per the updates to the 2024 Catering Contract.
5. By December 31, 2024, establish a pilot location for the My Meal My Way restaurant model in Jefferson County.
6. By December 31, 2024, distribute flyer to Congregate meal participants and HDM participants on obtaining vaccinations that are recommended for older adult populations.
7. Increase number of volunteers by coordinating outreach recruitment efforts within the community.

## HEALTH PROMOTIONS

Health promotion is the process of enabling people to increase control over, and to improve their own 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. County aging units are required to provide disease prevention, health promotion, and informational programs at appropriate locations.

At the national level, many priorities focus on maintaining good health and preventing or managing illness or injury. The 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 2024 our estimated GWAAR budget will be \$5,809 for prevention programs to be provided. We will also receive an additional \$9,148 in ARPA funding for this program to be used by September 30<sup>th</sup>, 2024.

### **Review of 2023 Goal:**

#### ***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.

- **Goal partially met:** The following 4 Health Promotion courses were offered in Jefferson County in 2023:
  - Eat Smart, Move More, Weigh Less
  - Time Slips
  - Music & Memory
  - Powerful Tools for Caregivers

### **Goals for 2024:**

#### ***Key Outcome Indicator:***

The Aging and Disability Resource Center of Jefferson County will offer 6 Evidence-Based Health Promotion Disease Prevention Educational programs throughout 2024.

#### **Evidence Based Health Promotions to be offered in 2024:**

- Powerful Tools for Caregivers - A program designed to provide family caregivers with tools necessary to increase their self-care and confidence. The program improves self-care behaviors, management of emotions, self-efficacy, and use of community resources.
- Savvy Caregivers - A program designed specifically for family caregivers of persons with Alzheimer's disease or other forms of dementia that reduces caregiver burden and caregiver stress.
- Eat Smart, Move More, Weigh Less (ESMMWL) - A 15-week online healthy eating program that uses strategies proven to work for weight loss and maintenance. ESMMWL is delivered in an interactive, real-time format with a live instructor. Administrator – NC State University.
- Stepping On - A program intended for community-residing, cognitively intact, older adults who are at risk of falling, have a fear of falling or have fallen one or more times per year. The program offers strategies and exercises to reduce falls, increase self-confidence in making decisions, and change behavior in situations where older adults are at risk of falling.
- Strong Bodies - A workshop that increases muscle mass and strength, improves bone density, improves self-confidence, improves sleep, and reduces risk for osteoporosis and related fractures, diabetes, heart disease, arthritis, depression, and obesity. Was Strong Women-Strength Training Exercise Program. Administered by UW-Madison Division of the Extension
- ONE ADDITIONAL NEEDED - TBD

## TRANSPORTATION SERVICES

Jefferson County Provides transportation services to the elderly and persons with disabilities through the s85.21 Specialized Transportation Program. Persons seeking access to medical care are given priority, as well as those needing help in meeting their nutritional needs. Our transportation budget for 2024 is \$693,639 in total expenses. This will be funded by the 85.21 transportation program contract, which is \$223,356 in 2024 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 2024, we will receive \$70,322 from the Enhanced Mobility of Seniors & Individuals with Disabilities 5310 Grant Program for the Mobility Manager Programs.

In addition, in 2024 Jefferson County was awarded a 5310 Vehicle Operating Grant. This grant will provide the County with \$53,113 toward the purchase of an additional vehicle for the transportation program. The County will contribute \$10,623 of a local match from County Human Services funds.

### **Specialized Transportation Program**

In 2023, Jefferson County Driver Escort program provided 12,314 one-way trips for residents who are elderly and persons with disabilities through the s85.21 Specialized Transportation Program. The Driver Escort Program employs one full-time coordinator, 14 part-time driving staff and 6 volunteer drivers. In 2023, our staff and volunteer drivers provided 14,159 hours of driving 266,235 miles for this service.



## Driver / Escort Ridership

Quarter	2017	2018	2019	2020	2021	2022	2023
Q1	1,051	1,305	1,154	2,371	1,804	2,292	3,147
Q2	1,160	1,302	1,829	1,329	1,958	3,060	3,129
Q3	1,080	1,063	1,956	1,404	2,241	3,086	3,052
Q4	1,150	1,352	2,056	1,592	2,651	3,406	2,986
Total	4,441	5,022	6,995	6,696	8,654	11,844	12,314
Y-to-Y Change (%)		13.1	39.3	-4.3	29.2	36.9	4.0

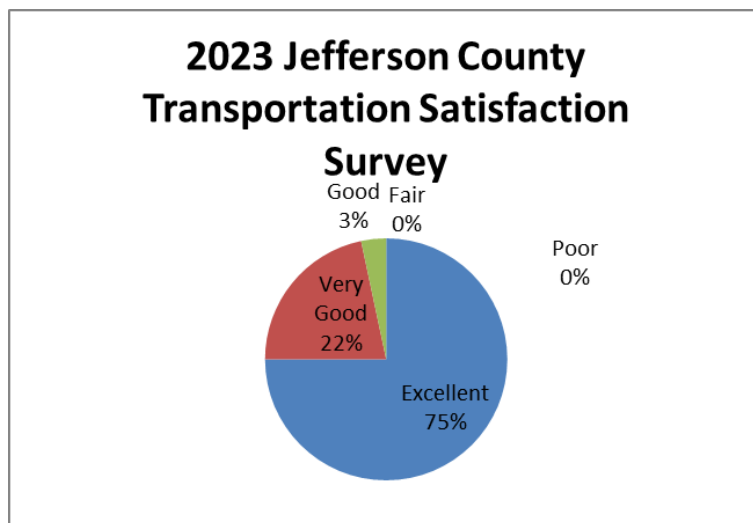


The ADRC of Jefferson County also coordinates transportation services for Jefferson County Veterans who need to go to nearby VA hospitals and clinics. Vehicles for this service are provided by the Jefferson County VA office. In 2023, the VA transportation service had a 37.4% decrease from the previous year.

## VA Van Ridership

Quarter	2017	2018	2019	2020	2021	2022	2023
Q1	134	139	310	253	118	162	154
Q2	208	156	247	16	126	231	174
Q3	193	230	259	68	190	269	123
Q4	160	210	249	89	174	288	144
<b>Total</b>	<b>695</b>	<b>735</b>	<b>1,065</b>	<b>426</b>	<b>608</b>	<b>950</b>	<b>595</b>
<b>Y-to-Y Change (%)</b>		<b>5.8</b>	<b>44.9</b>	<b>-60.0</b>	<b>42.7</b>	<b>56.3</b>	<b>-37.4</b>

At the end of 2023, rider satisfaction surveys were distributed to clients to gather information on the overall customer experience. 100% of the consumers surveyed rated our transportation service as “Good”, “Very Good, or “Excellent”.



### Review of 2023 Specialized Transport Goals:

#### **Key Outcome Indicators:**

95% of qualifying medical ride requests are provided

- **Goal Met**

#### **Additional 2023 Specialized Transport Goals:**

1. Greater than 95% of surveyed riders would recommend our transportation service to others
  - **Goal Met**
2. Provide opportunities (group rides or group events) for at least 75 consumers each month to have meaningful social interaction
  - **Goal Met**
3. 100% of unmet qualified medical ride requests were be tracked to monitor community needs throughout 2023.
  - **Goal Met**

4. Consumers were surveyed at the end of 2023 to gauge satisfaction with services and to gather information about unmet needs.
  - **Goal Met:** 100% of the consumers surveyed rated our transportation service as “Good”, “Very Good, or “Excellent”.
5. Provide Weekday Evenings & Weekend Service Hours for our Driver Escort/Volunteer Program.
  - **Goal Met**
6. 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).
  - **Goal Met**

The Shopping Van project provided 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 provided 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 was to help individuals to have an active and social lifestyle all year round. The locations of the day trips was selected to appeal to a variety of interests, but also to provide educational and cultural experiences.



In 2023, Jefferson County expanded its transportation services for the elderly and those living with disabilities by adding 2 additional wheelchair-equipped vehicles. Jefferson County Transportation Services was able to provide nearly 100% of all requested rides for clients who use a wheelchair or mobility device.



#### **Specialized Transport Goals for 2024:**

##### ***Key Outcome Indicators:***

95% of qualifying ride requests are provided.

##### **Additional Specialized Transport 2024 Goals:**

1. Greater than 95% of surveyed riders would recommend our transportation service to others.
2. Provide opportunities (group rides or group events) for at least 75 consumers each month to have meaningful social interaction.
3. 100% of unmet ride requests will be tracked to monitor community needs throughout 2024.
4. Consumers will be surveyed at the end of 2024 to gauge satisfaction with services and to gather information about unmet needs.
5. Provide Weekday Evenings & Weekend Service Hours for our Driver Escort/Volunteer Program.
6. Provide 1000 recreational/nutritional (non-medical) one-way trips by end of 2024 using designated 85.21 project funding (Shopping Van Project, Day Trip Project, and Corridor Van Service).
  - 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.
  - The Corridor Van Service will provide interurban transportation mobility options by providing Highway 26 Corridor bus routes to cities with connections to local city cab services.
7. In 2024, Jefferson County will continue to expand its transportation services for the elderly and those living with disabilities by adding additional vehicles and drivers.

#### **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 2023 Mobility Manager Goals:**

1. The Transportation Supervisor will provide information to seniors and people with disabilities on the transportation options to accommodate their needs.
  - **Goal Met**
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
  - **Goal Met**
3. The Transportation Supervisor will initiate activities with other agencies to promote mobility, health, and wellness with a focus on seniors and those living with disabilities.
  - **Goal Met**
    - In 2023, a “Wednesday Walks” program was organized to promote mobility and wellness for seniors.



4. 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.
  - **Goal Met**



**Mobility Manager Goals for 2024:**

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 will initiate activities with other agencies to promote mobility, health, and wellness with a focus on seniors and those living with disabilities.
4. The Transportation Supervisor will also pursue these specific activities:
  - a. In 2024, a “Wednesday Walks” program will again be organized to promote mobility and wellness for seniors.
  - b. In 2024, the Transportation Manager / Mobility Manager will again lead & coordinate the Shopping Van Project and the Day Trip project to promote healthy living activities for seniors and those living with disabilities.
  - c. Develop and implement a Volunteer Recruitment plan to obtain a new volunteer every quarter on average.
  - d. Research new ride sharing software to possibly purchase/lease in 2025.
  - e. Increase interurban transportation mobility options by partnering with local agencies to provide weekly Hwy 26 corridor Bus routes for shopping before 2025.

## ELDER 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 2023, the program served 404 unduplicated clients, 220 of those clients were new to the EBS program. EBS opened 960 cases and closed out 924 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 2024 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 \$2,893,343 in federal dollars compared to \$196,652 in State and \$15,570 in “other” dollars for a total of \$3,107,565.

In 2023 the Elder Benefit Specialists assisted people navigating the Medicare Part D Open Enrollment process. Educational letters were sent out to all clients seen by the benefit specialists over the past year. The ADRC website was updated with information and step by step directions for how to complete this important task. Individuals that needed more assistance were invited to come into our office to work through the process directly with the Benefit Specialists. This year about 100 people came in for 1 on 1 assistance with the Open Enrollment process over an 8-week enrollment period. Feedback provided shared that this additional service to the Jefferson County community is greatly appreciated.



### **Review of 2023 Goals:**

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

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

### **Additional 2023 Goals:**

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

- **Goal met** Over course of 2023, EBS emailed Income Maintenance teams to resolve eligibility issues for 30 clients resulting in less delays and lapse in eligibility issues.

### **Goals for 2024:**

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

### **Additional 2024 Goals:**

Increase number of attendees at Welcome to Medicare workshops by 20%; 21 total Jefferson County participants in 2023.

The Aging and Disability Resource Center (ADRC) of Jefferson County provides information about resources and support on all aspects of life related to aging or living with a disability. The ADRC is a one-stop shop for older adults, people with disabilities and their caregivers and families. ADRC staff are unbiased and knowledgeable professionals who listen to concerns, help clarify options and direct people to appropriate resources. The ADRC is also the access point for information about long-term care options and applying for public benefits. Services provided by the ADRC are free and available to all Jefferson County residents regardless of income or assets.



## 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~*

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In 2023 the Behavioral Health Division worked to find their new norm, in a post covid world, responding to the increased mental health needs of our community. Mental health and substance use services were offered in person and via telehealth, matching consumers' needs. In 2023 we were able to meet the increased needs of the community by offering high quality evidence-based practices. We continued offering branch outpatient clinic services in seven school districts by providing school based mental health services and opened a clinic branch location for outpatient services in the City of Watertown.

While we have experienced a slight improvement with recruiting, challenges continued in hiring qualified clinicians. This has continued across the field 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 2023 initiatives as well as funding summary. A detailed report from each of the team 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 2023 all Division employees were trained in Team Cognitive Behavioral Therapy as well as continued training in motivational interviewing and other key evidence-based practices such as Dialectical Behavior Therapy, the Matrix Model, Family Centered Treatment and Cognitive Based Interventions for Substance Use.

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 2023 we added County crisis workers embedded with two local police departments. In 2024, we will open 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 opened a branch outpatient clinic in Watertown, WI and will offer group treatment services in 2024.

**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 and offer Family Center Treatment as well as other evidence-based practices. We continued to add specialty providers to our treatment roster.

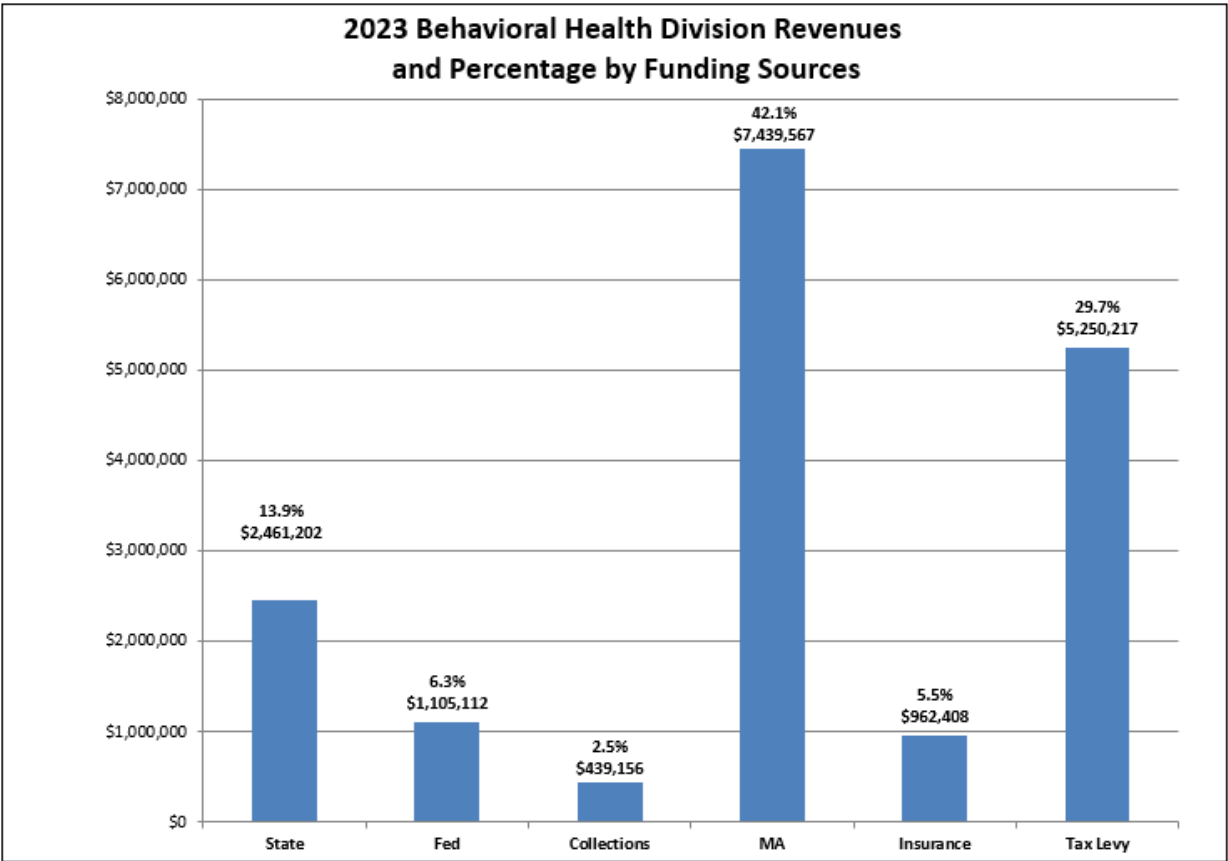
**Community Support Program (CSP):** CSP serves people who have a severe and persistent mental illness. This a mobile team that offers an array of services in the community for consumers. The CSP team includes Peer Support Specialists as well Bachelor and Master level clinicians. In 2023 the CSP hired a full-time nurse, working towards building an Assertive Community Team.

Our Medical Director is a licensed adult and child psychiatrist and addictionologist. He is on site Monday through Friday and available after hours and weekends. He oversees all treatment programs and authorizes all necessary services. We are also fortunate to have a full-time psychiatric nurse prescriber.

We prevail in responding to the needs of all county residents. To do so, we believe it is imperative to partner with community stakeholders. In 2023 the Watertown branch location clinician, funded in part by the Greater

Watertown Community Health Foundation, began seeing consumers in The Collective office in Watertown. In 2024, clinicians will offer group therapy options in this location. We have crisis workers embedded in the Watertown, Jefferson, Fort Atkinson, and Lake Mills Police Departments. We will offer and coordinate the 14<sup>th</sup> Crisis Intervention Training in Jefferson County for Law Enforcement Officers. In 2024 we will continue to work closely with community partners on our Zero Suicide team, the creation of a suicide prevention team, and continue to offer trainings and resources to our community. Lastly, 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:



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 DHS 34 in October of 2007. Persons who need EMH services are defined under Wisconsin Administrative code DHS 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, regardless of age.

2023 was a year of changes for the EMH program. Due to changes at the state level, updated staff training was essential to ensure adherence to the new codes and documentation requirements. Our MIS department also worked to update programming to reflect these changes. This was a transition year as staff learned the new processes.

The crisis team consists of nine full time crisis workers and one full time crisis outreach worker. We have four crisis workers embedded with law enforcement jurisdictions either part time or full time. In doing so we can respond quicker to mental health crises and be able to help that individual in need. All of the crisis 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. Twenty-three surveys were returned last year, 91% had a positive rating, 4.5% of a neutral rating, and 4.5% of a negative rating to the above information. There were several positive comments included in the surveys:

- “Thanks for being there for me and my son.”
- “Very professionally done”
- “Excellent service in time of need.”
- “Art did his job well. Thanks, Kim, for all you all do.”
- A person commented on the wonderful support they get from Sandra, Rebecca, and Jennifer when they call.

## 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.

Year	2022	2023
Total # Assessments	353	297
Total # Emergency Detentions	75	73
Total # Diversions	278	224
Percentage of Diversions	79%	75%

## 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 has decreased and remained low over the last two years. Our emergency detentions for adults and youth have decreased from last year. Part of the decrease for youth would be attributed to using youth crisis stabilization facilities. One of our goals for this next year would be to continue to decrease the youth being hospitalized due to opening the Matz Center a youth crisis stabilization facility in Watertown.

	2021	2022	2023
Participating in County Mental Health Services	33	24	18
Youth Emergency Detention (ED)	18	14	12
Adult ED	99	61	61
Adults at Winnebago Mental Health (WMHI)	39	36	22
Youth at WMHI	11	12	7
Individuals ED' d from Family Care, Partnership, or IRIS (FC,P, I)	10	11	4
Individuals at WMHI from FC,P,I	7	9	2
Adults Returned to More Restrictive (RTMR)	35	24	30
Youth RTMR	2	0	5
Adults RTMR at WMHI	6	13	12

	2021	2022	2023
<b>Youth RTMR at WMHI</b>	2	0	2
<b>Individuals ED from the Jail</b>	10	3	3
<b>Revocation of settlement agreements</b>	6	3	6

### CRISIS INTERVENTION TEAM TRAINING

In 2023 we held our sixth youth focused Crisis Intervention Team (CIT) Training for law enforcement. Crisis Intervention Team training is a community initiative designed to improve the outcomes of police interactions with people living with mental illnesses. CIT programs are local partnerships between law enforcement, mental health providers, local NAMI chapters and other community stakeholders. Jefferson County is part of the southeastern NAMI chapter. CIT programs provide 40 hours of training for law enforcement on how to better respond to people experiencing a mental health crisis. Effective CIT programs are based on strong relationships between law enforcement, mental health care providers, families and people living with mental illness. CIT is a long-lasting, evolving partnership based on mutual goals.

### YOUTH CRISIS SERVICES

Jefferson County participated, along with other counties, in the Children's Crisis grant which has allowed us to fund Dialectical Behavior Therapy training and attendance at the State Crisis Conference. This past year the grant allocated funds toward in home crisis stabilization services and the Mind Right app for youth. Through this grant we have been able to collaborate with other counties to problem solve and provide better youth crisis services and supports.

The chart below shows data for 2022 and 2023 regarding assessments and diversions for youth under 18 years of age. Our assessments decreased again this year in part due to our two school psychotherapists who can provide individual psychotherapy 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 2023 we have continued to see youth at greater risk for suicide and more complex needs which is a reason for the continued 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 will also have the Matz Center open in 2024 which will provide a local diversion facility. We are also working on prevention through the school social workers, DBT Steps A in schools, and through community education and awareness.

	2022	2023
<b>Total # Assessments</b>	93	70
<b>Total # Emergency Detentions</b>	14	12
<b>Total # Diversions</b>	79	58
<b>Percentage of Diversions</b>	85%	83%

### Review of 2023 Goals:

**Key Outcome Indicator:** Maintain current emergency detention diversion percentage, whenever possible, by continuing to review and improve voluntary options. **Our diversion rate in 2023 was 75% which was down from 79% the year prior. For youth, our diversion rate was within 2% of last years. We will be implementing and emergency detention review team to learn from past emergency detentions and look at what else could have been offered or done to divert the individual to a less restrictive outcome.**

- Complete a NIATx project to improve services and outcomes within our Mental Health Crisis unit by December 2023.
  - In 2023 the focus was on changing SPC's, documentation, and billing to meet the new requirements for crisis.**
    - This goal was met.**
- Provide CIT training for Law Enforcement Officers serving in Jefferson County by December 2023.
  - We held the CIT training 10/30-11/3/2023 and provided training to 12 officers.**
    - This goal was met.**

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.
  - **The team continues to analyze the data and provide resources and information to the residents of Jefferson County. The number of individuals who died by suicide in 2023 was about 22 which is the highest it has been. There will be goals for next year revolving around suicide prevention and what more can be done.**
    - **This goal was met.**
4. The Zero Suicide team will hold a wellness fair in Fort Atkinson in May 2023.
  - **The team was able to hold a wellness fair on May 6<sup>th</sup> at the Fort Atkinson club. We had about 10 vendors and lots of door prizes.**
    - **This goal was met.**
5. Reduce admissions to Winnebago Mental Health Institute by December 2023.
  - **We were able to reduce both adult and youth admissions to WMHI for 2023. The youth admissions due to emergency detention were almost reduced by 50%.**
    - **This goal was met.**
6. Open a youth crisis stabilization facility in Watertown by December 2023.
  - **The youth crisis stabilization facility opening had to be pushed back due to construction and certification delays. It was able to open in early 2024.**
    - **This goal was met.**
7. Continue to build programming around crisis workers being embedded with local police departments.
  - **We have crisis workers embedded with Watertown Pd, Fort Atkinson PD, Lake Mills Pd, Jefferson PD, and the Jefferson County Sherriff's department.**
    - **This goal was met.**
8. Launch crisis co-responding with a peer support specialist in 2023.
  - **We were able to have meetings and discussions regarding having a peer support co-responder with safer communities and plan to continue this goal in 2024.**
    - **This goal was met.**

#### **Goals for 2024:**

1. Key Outcome Indicator: Maintain current emergency detention diversion percentage, whenever possible, by continuing to review and improve voluntary options.
2. Provide CIT training for Law Enforcement Officers serving in Jefferson County by December 2024.
3. Track diversion rates for youth and compare to the number of admissions to the Matz Center by December 2024.
4. Create a committee to review deaths by suicide and use the information to help with suicide prevention measures. This goal will be ongoing.
5. For each emergency detention a review will be conducted by crisis and team members to look at what changes if any could be made and what resources are needed to divert emergency detentions. This will be an ongoing goal.
6. Start taking male youth by June 2024, at the Matz Center.
7. Continue to build programming around embedded crisis workers with law enforcement including but not limited to policies, procedures, job expectations, and MOUS.
8. Continue to develop crisis co-response with a certified peer specialist.

## LUEDER HOUSE

The Lueder House serves as our adult 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 hours a day, 7 days a week, 365 days a year by a manager and six full time crisis stabilization workers. Lueder House is serves as an important resource, allowing for stabilization when hospitalization is not necessary.

In 2023, there were 77 admissions at the Lueder House and of those, 38 were homeless when they were admitted. The average length of stay for consumers was 21 days. We had 60 individuals that were served by the Lueder House in 2023, as several were admitted more than once for crisis stabilization services. Of the 77 admissions, 14 admissions were between 30-153 days. The average length of stay for those admissions was 66.14 days. The Lueder House continued to provide menu planning and cooking, daily goal sheets, sleep protocol, exercise group, and DBT skills coaching to individuals staying there. They also assisted people in applying for benefits, housing, and employment.

In 2023, we billed Medicaid \$410,512.00 for stabilization services at the Lueder House and received \$127,550.00 in reimbursement.





## **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 2023 are the basis of the statewide report: Wisconsin's Annual Report on Abuse, Neglect, and Financial Exploitation of Adults at Risk. In 2023, 112 WITS reports were completed locally.

In 2024 the state is ending the use of WITS and going to a new system known as, Wisconsin Reporting for Adult Protective Services- (WRAPS). According to Department of Health Services, WRAPS will collect similar data on APS investigations but has been updated to improve the user experience and to better align Wisconsin data collection with national standards for Adult Protective Services programs. The new reporting system will also include different user roles and tools to assist counties in managing caseloads and exploring local data. APS data collection is both statutorily required and extremely important to capture program activity and prevalence rates of abuse and neglect reported to APS units in Wisconsin.

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:

- 1,267 incoming calls throughout 2023
- 14 new guardianships
- 4 Emergency guardianships and protective placements
- 7 successor guardianships – guardian in place was removed or withdrew as guardian and a new one needed to be appointed.
- 8 Emergency Detentions converted to guardianship/protective placements
- 9 protective placements

The Adult Protective Services department is a department of two APS Social Workers with 327 open cases they oversee. In addition to open cases, new calls come in 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.



June 15, 2023, we recognized world elder abuse day by having information and stickers in the lobby/front desk area, kitchen areas, ADRC lobby/front desk area. We also put a banner at the Annex Road entrance. The APS team also did a fundraiser by selling coffee travel mugs as picture below. One of the APS workers also put an article in the agency newsletter to create more awareness.



In 2023, we started tracking successor guardianships as we were noticing an increase. In 2024 we will continue to refine the data we are tracking. We will also continue to cultivate more contracts with corporate guardians as this is a need across the state.

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 \$26,314 and \$60,177 in 2023, respectively. Additionally, in 2023, DHS provided an additional \$14,205 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.

### **Jefferson County I-(Interdisciplinary) Team**

#### **Mission statement**

The mission of the Jefferson County I-team is to improve the lives of elders and vulnerable adults in the community by coming together to reduce financial exploitation, sexual abuse, physical abuse, and neglect through the collaboration of community members and agencies. These individuals and agencies will pool their expertise to help problem solve the increase in financial exploitation and abuse and neglect of elders and vulnerable adults within Jefferson County. They will also strive to find or put together resources for the trends that are seen with the elder and vulnerable adult population.

#### **Vision Statement**

Our vision is a community where elders and vulnerable adults are supported and valued for their contributions and knowledge. A community that will take care of them and stop abuse and neglect of these valued citizens.

The I-Team meets quarterly, as an interdisciplinary team to improve response to victims of abuse, neglect, and exploitation. The team reviews trends effecting the elderly and vulnerable adults in our county and works together to create ideas and resources to assist in combating the trends we are seeing.

The I-Team consists of a wide array of individuals from a variety of disciplines including but not limited to:

- Adult Protective Services
- Aging and Disability Resources
- Hospital Staff
- Mental Health
- Financial Institutions
- Law Enforcement
- Managed Care Organizations

### Financial Exploitation Investigations 2023

Month of Referral Sent to Adult Protective Services	Estimated Dollar Amount Lost by Victim
January	\$2,000
January	\$2,000
January	\$17,000
February	\$11,000
March	\$200,000
March	\$400,000
April	\$1,000
May	\$50,000
May	\$17,000
May	\$3,000
May	\$39,000
June	\$200,000
June	\$3,000,000
August	\$200.00
August	\$300,000
September	\$400.00
October	\$100.00
November	\$10,000
November	\$2,000
December	\$30,000
<b>Total:</b>	<b>20</b>
	<b>\$4,284,700</b>

#### Review of Goals for 2023:

1. APS will track the number of successor guardianships that are done each year. **We were able to put this in place and had 7 successor guardianships. Moving forward we will have pertinent data and will be able to compare this information annually.**
  - This goal was met.
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. **As stated above we were able to do this. We continue to refine data tracking to demonstrate the specific numbers and types of cases APS is working on each year.**
  - This goal was met.

#### Goals for 2024:

1. APS will learn the new WRAPS system and input the required data into the system for 2024.
2. APS will continue to meet to discuss data, specifically; what data is being collected, data trends, and tracking the needs of the program.

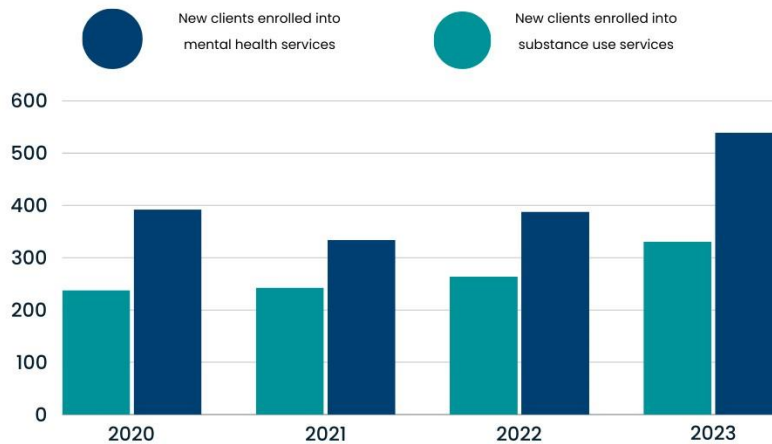
## OUTPATIENT INTEGRATED BEHAVIORAL HEALTH CLINIC

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

The Outpatient Integrated Behavioral Health Clinic serves Jefferson County residents with mental health and substance use concerns. The clinic offers same day, walk-in and virtual services for community members in need of support. In 2023, there were 539 **new** clients entered into mental health treatment and 331 **new** clients entered substance use treatment with 106 **new** children enrolled into services.

## NEW ENROLLMENTS

Number of **new** clients enrolled into treatment



As the chart below indicates, the clinic provided mental health services to 1045 individuals and substance use services to 596 individuals. In addition to services through the Outpatient Integrated Behavioral Health Clinic, staff also provided therapy to 29 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 2023, 1,340 individuals were seen by the Psychiatrist and Nurse Prescriber.

In 2023, 206 children were seen for mental health treatment through the outpatient clinic and an additional 32 children through the Comprehensive Community Services Program (CCS) ranging from elementary school-aged children to high school.

### Total Number of Clients Enrolled

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
<b>MH Clinic</b>	332	478	541	615	690	661	718	802	774	930	1,381	937	880	893	1,045
<b>AODA Clinic</b>	207	217	225	288	334	327	393	406	447	547	680	598	538	534	596
<b>Totals</b>	539	695	766	903	1,024	988	1,111	1,208	1,221	1,477	2,061	1,535	1,418	1,427	1,641

Participants of the clinic are offered same day, walk-in or virtual “open access” enrollment services. 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. All clinic staff are trained in evidenced based practices to support clients with ongoing mental health and/or substance use needs. 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.

The clinic staff consists of a Medical Director/Psychiatrist, a Psychiatric Nurse Prescriber, fifteen full-time Psychotherapists, one full-time intake Psychotherapist, as well as a Community Outreach Worker and the Clinic Manager. Three of these psychotherapists are providing school based mental health services. Staff are dually trained to provide mental health and substance use treatment. Clinic staff provided mental health and or AODA services to an average of 684 people per month in 2023.

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. Approximately 35 of those individuals were ordered under WI § 51.45.

In 2023 clinic staff provided individual psychotherapy services in eight schools throughout Jefferson County. Locations included, Fort Atkinson High School, Fort Atkinson Middle School, Watertown High School, Watertown, Middle School, Johnson Creek School District, Waterloo High School and Whitewater Middle School. In addition to individual psychotherapy, clinic staff supported 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.

The clinic maintains is certification under Wisconsin Department of Health Services (DHS) 75.50 – Outpatient Integrated Behavioral Health Treatment Provider. The clinic opened a new branch location in Watertown which has allowed for multiple staff to provide ongoing mental health and substance use services to clients located in Watertown.

#### **Review of 2023 Goals:**

1. Clinic staff will continue providing open access services and will expand open access hours to include an evening option.
  - *Outcome:* The clinic provided ongoing evening open access services and expanded walk-in mental health and substance use services to four days a week through the implementation of a clinic intake coordinator. This allowed for children and adults to be enrolled into treatment via walk-in or telehealth services. Time slots were offered throughout the morning, afternoon, and evening, including four ongoing evening slots.
    - ***This goal was met.***
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.
  - *Outcome:* The clinic facilitated and hosted a two-part training called, “Integrating Tobacco Use Disorder Treatment into Behavioral Health Services” This training series addressed best practices to screen, treat, and support clients who use tobacco. Clinic staff attended this training to increase knowledge around treatment of tobacco use.
    - ***This goal was met.***
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.
  - *Outcome:* The clinic continues to partner closely with the EMH team to address consumer needs. Ongoing training focused on the above continues to be offered to all clinic staff and is part of the orientation and training process for all staff.
    - ***This goal was met.***
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.
  - *Outcome:* The clinic continued to participate in STAR-QI with DHS. The clinic successfully completed their yearlong change project to support with the implementation of DHS 75 standards.
    - ***This goal was met.***

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.
  - *Outcome:* The clinic continues to offer DBT treatment to children, adolescents, and adults. Clinic staff attend weekly DBT consultation groups, in accordance with fidelity treatment and have attended several trainings through UW-Green Bay, Behavioral Tech and The Pauquette Center, where all trainings focused on further developing DBT skills.
    - ***This goal was met.***
6. Clinic staff will offer DBT groups. This will include adult DBT groups as well as DBT groups for children/adolescents/families.
  - *Outcome:* The clinic offered several groups in 2023, including two DBT skills group and a DBT Emotion Regulation Skills System group. The clinic continues to make strides towards the implementation of child, adolescent, and family groups.
    - ***This goal was met.***
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.
  - *Outcome:* The clinic holds weekly consultation to ensure fidelity and implementation of DBT-C.
    - ***This goal was met.***
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.
  - *Outcome:* The clinic trained three staff in TF-CBT and continue to provide ongoing consultations for TF-CBT staffing.
    - ***This goal was met.***
9. Clinic staff will continue to utilize Eleos to support with clinical documentation. Staff will attend internal and external trainings as applicable.
  - *Outcome:* Due to changes, the Behavioral Health Division no longer utilizes this program. Staff did attend internal and external meetings to become trained.
    - ***This goal was met.***
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.
  - *Outcome:* Clinic staff continue to attend bi-weekly TEAM-CBT consultation groups. All new staff members are trained in TEAM-CBT.
    - ***This goal was met.***
11. The clinic will open a satellite office in Watertown.
  - *Outcome:* The clinic has a licensed branch location in Watertown that is fully operational.
    - ***This goal was met.***
12. The clinic will continue to provide psychotherapy services in the licensed satellite locations within districts in Jefferson County.
  - *Outcome:* The clinic provided services in eight different schools throughout Jefferson County.
    - ***This goal was met.***
13. The clinic will continue to support the implementation of DBT-STEPS A throughout schools in Jefferson County.
  - *Outcome:* The clinic continues to provide services in eight schools throughout Jefferson County. The clinic supported school staff with the implementation of DBT-STEPS A throughout the 2022-2023 school year.
    - ***This goal was met.***
14. The clinic will participate in Wisconsin Department of Health Services, Division of Care and Treatment services Qualified Treatment Trainee (QTT) program.
  - *Outcome:* The clinic participated in the QTT program and met all DHS and DCTS requirements.
    - ***This goal was met.***
15. The clinic will implement a Community Outreach Support Professional position in 2022 to address needs related to opioid use disorder, treatment, and recovery.

- *Outcome:* The clinic hired for this position and has been able to address the acute needs of those in our community impacted by opioid use. This has been a vital position to the clinic and allows for staff to respond in the community to those in need of immediate care both within the community and in office.

- *This goal was met.*

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.

- *Outcome:* The clinic successfully implemented a maternal infant therapy group in partnership with the health department. Clinic Psychotherapist facilitated processing groups to support new mothers experiencing post-partum depression. The clinic will continue to partner with the health department to assess community needs and provide this resource as needed.

- *This goal was met.*

### **Evidenced-Based Practices Utilized in 2023**

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](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](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 dyscontrol. 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 2024:**

1. Clinic staff will become trained in EMDR and implement this evidenced based practice to support adults who have experienced adverse and traumatic events.
2. The clinic will implement a new Clinic Supervisor position to support with clinic needs, including clinical supervision, program development, staff development and implementation of evidenced based programming.
3. The clinic will continue to provide same day open access services to community members in need of immediate mental health and/or substance use treatment. Clinic staff will track data and increase open access spots as needed.
4. The clinic will maintain branch location in Watertown and will expand services offered at this location.
5. The clinic will apply for and provide Intensive Outpatient Programming to meet the complex needs of community members who require more intensive services to support their mental health and/or substance use symptoms.
6. The clinic will provide ongoing substance use groups focusing on relapse prevention, harm reduction and increasing recovery-based community supports.
7. The clinic will continue to partner with Jefferson County Human Services Student Cohort to provide ongoing internship opportunities to advanced standing, clinical graduate students.
8. The clinic was awarded the QTT Culturally Responsive Grant and will identify agency needs and implement best practices to ensure the clinic is meeting all culturally and linguistically appropriate standards (CLAS).
9. The clinic will continue to provide psychotherapy services throughout the DHS 75 licensed satellite locations within the school districts in Jefferson County.
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. Clinic staff will offer DBT groups. This will include adult DBT groups as well as DBT groups for children/adolescents/families.
12. 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.
13. 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.
14. Clinic staff will continue to implement evidenced based practices for children, including, TF-CBT, DBT-C and CBT. Ongoing consultation, professional development and training will be provided to support clinic staff with implementation of these treatment modalities.
15. The clinic will align with best practices for providing substance use treatment outlined by SAMSHA. Including, the utilization of drug testing in a therapeutic setting and ongoing recovery focused groups.



## 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 driver in completing an assessment and education and/or treatment services that address the person's inclination to drive under the influence so that the client may regain safe driving capability.

Only an intoxicated driver assessor (IDP-AT) may conduct the OWI assessments and develop driver safety plans. The principal method for the assessment is 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.

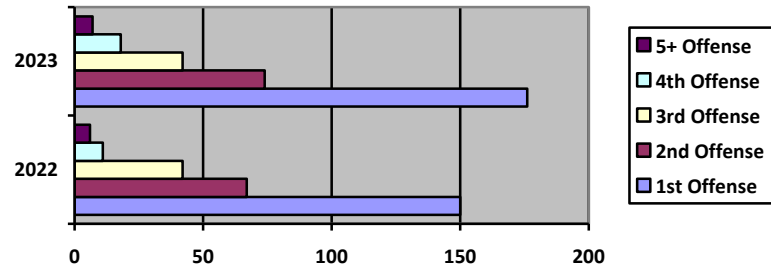
Assessment findings are documented on the Order for Assessment and Driver Safety Plan Report identifying the WAID criteria supporting the finding along with a description of the evaluation instruments applied during the assessment. The assessment findings include irresponsible substance use, irresponsible 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.

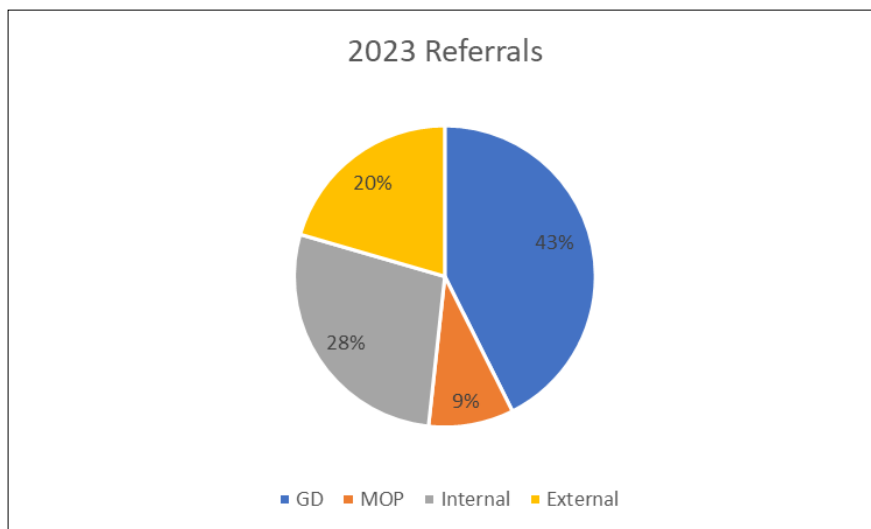
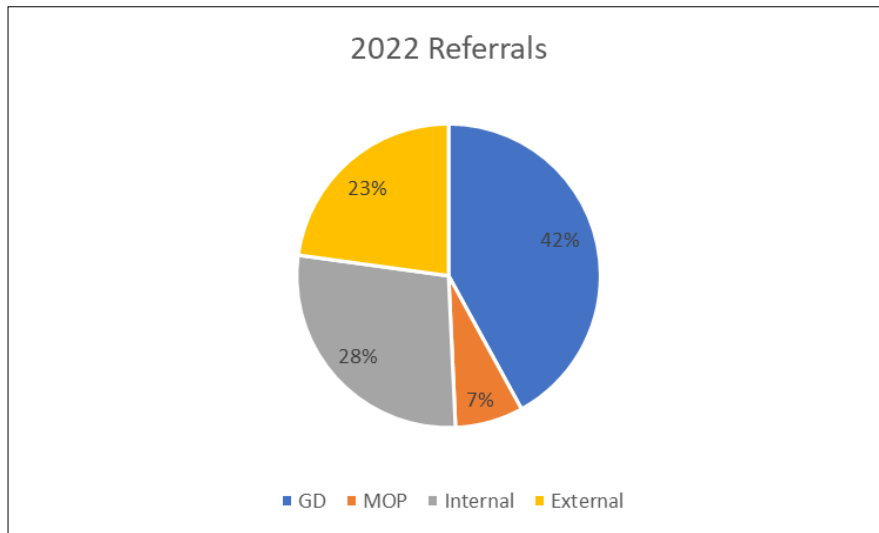
If substance use treatment is recommended, the individual shall be referred to a provider that is DHS 75 approved which may entail short term outpatient substance use or substance use treatment (DHS 75.49), or outpatient integrated behavioral health treatment services (DHS 75.50). The individual is responsible 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 2023, Jefferson County's IDP program completed 317 assessments and developed the same amount of Driver Safety Plans. Of the assessments completed, 176 individuals were first time OWI offenders which accounts for 55.5% of the assessments completed. 74 individuals had their second OWI offense, 42 had three lifetime OWI offenses, 18 had four lifetime OWI offenses, and 7 had five or more lifetime OWI offenses.

OWI	2022	2023
1 <sup>st</sup> Offense	150	176
2 <sup>nd</sup> Offense	67	74
3 <sup>rd</sup> Offense	42	42
4 <sup>th</sup> Offense	11	18
5 <sup>th</sup> Offense or more	6	7
<b>Total</b>	<b>276</b>	<b>317</b>



In 2023, 135 consumers were referred to Group Dynamics (GD) and 29 consumers were referred to the Multiple Offender Program (MOP). A total of 153 individuals (48% of completed assessments) were referred to outpatient substance use treatment with 65 individuals (20%) being referred to a private outpatient clinic in the community that is DHS 75 Licensed, and 88 individuals (28%) were referred to Jefferson County Human Services Outpatient Integrated Behavioral Health Clinic.



## **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 seventeenth 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. During 2023, The Division of Quality Assurance Behavioral Health Certification Section began issuing non-expiring certificates. Continued certification will be based on compliance with the administrative code. Biennial on-site surveys will continue to be conducted.

### **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 2023, 269 consumers ranging in age from 6 to 73 received services. This is an increase of eighteen in the number of people served in 2022. Throughout 2023, 77 new consumers were admitted, and 59 consumers were discharged. Of the consumers admitted to the program, 50 were children and 27 were adults. Of the consumers discharged, 30 were children and 29 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), twenty-one full time CCS service facilitators, two full time CCS family centered treatment psychotherapists, four full time psychosocial rehabilitation providers, one full time LPN, one full time administrative assistant and two full time administrative specialists.

### **Key Outcome Indicators:**

For the 2023 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 2023 was 84%. 81% of the objectives for children were accomplished and 86% 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 2023, there were 181 eligible consumers for these surveys of which we received 118 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 67 adult respondents out of 86 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 94% 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	4.5	4.5	4.4	4.5	4.4	3.8	3.8	3.9
% of consumers with a domain average greater than 3.5	94%	94%	94%	97%	96%	74%	72%	74%

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 44 Youth respondents out of 83 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 89% 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	4.3	4.4	4.5	3.8	3.8	4.3
% of consumers with a domain average greater than 3.5	89%	89%	89%	91%	92%	68%	70%	89%

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 9 family respondents out of 12 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 3.2 along with 89% 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	4.4	4.4	4.4	4.6	3.2	3.3	4.3
% Of consumers with a domain average greater than 3.5	89%	89%	89%	78%	86%	33%	33%	89%

## **ADMINISTRATIVE**

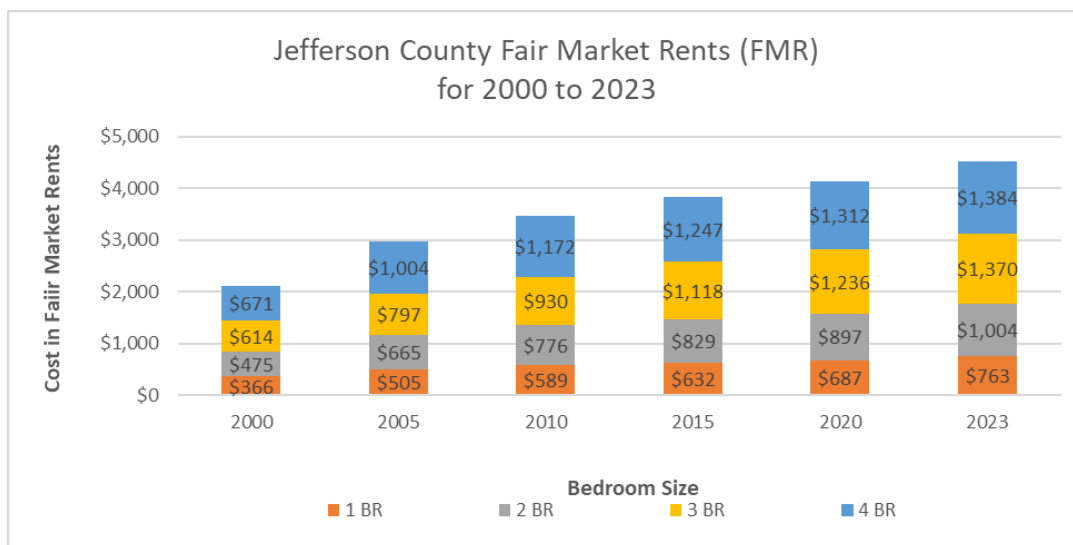
In 2023 the CCS program was reimbursed \$4,181,682 from Medicaid for services provided to consumers. This is an increase of \$993,196 from 2022. CCS also recovered \$1,273,574 in 2023 from the WIMCR reconciliation from the 2022 year. In addition, CCS paid back \$15,928 to MA in 2023 for services provided in 2022 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 2023. 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.

## **HOUSING/HOMELESSNESS**

One of the biggest challenges consumers reported this year is the increased costs of rent post-COVID. We are all too familiar with these challenges across America, and Jefferson County is no exception. In working to support individuals experiencing homelessness, one of the many challenges we have encountered are the fair market rent limit requirements within the homelessness assistance programs. A person or family may be eligible to receive assistance but must find rental property within those monthly rent limits. Fair market rent (FMR) is calculated by the US Department of Housing and Urban Development (HUD). Below is a graph that shows what the Fair Markets rents have been from years 2000 to 2023.



You will see in the chart above, in just 23 years the Fair Market rent for a 1 Bedroom increased by 108%, a 2 Bedroom by 111%, while a 3 Bedroom increased 123% and a 4 Bedroom increased 106%.

In November of 2023, CCS staff raised awareness to Jefferson County Human Services Department and the community by decorating the display board within the agency and providing a visual display on Wisconsin Drive in Jefferson. The visual display documented one sock for every individual experiencing homelessness throughout Jefferson County on any given night in November. These numbers were provided by those receiving services from CCS programming, Community Action Coalition (CAC) of Southern WI, Homeless Coalition of Fort Atkinson, House of Peace, and those being services through Jefferson County Human Services Department. There was a total of 346 socks! In addition to our displays of awareness, CCS sold stickers and presented a documentary about homelessness in Wisconsin as a fundraiser with proceeds benefitting CCS consumers. Those who provided a donation also received a small bag of information they could share with family members. CCS staff also sent out regular updates as to how staff and community members could engage to combat this growing challenge in our community and provided trivia information about Jefferson County homelessness. The display board in the agency also provided new socks available for consumers who needed them. Overall, these projects were great successes!

## **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 empathetic in our practice. We strive to provide quality and evidence-based mental health care.*

In 2023, the CCS program served 138 children, ages 6 to 17; of these children, 76 were males and 62 were females. 50 children were admitted to CCS and 29 were discharged. Of the 29 discharged, 15 children moved out of the county, 7 children chose to withdraw from the program, 2 refused services for more than 3 months, and 5 children met their discharge criteria.

During 2023, 1 adolescent was under a mental health commitment order and the order did not expire in 2023.

There was a total of 30 children admitted for psychiatric hospitalizations, 10 children were admitted more than once. 25 of the children had voluntary admissions. There were 9 children who were admitted involuntarily to the hospital via emergency detentions.

In 2023, the average number of children/adolescents who were interested and looking for work throughout the year were 21 per month. 4 consumers volunteered for at least one month out of the year. The number of children/adolescents who held a part time job in 2023 was 12 per month. The number of children/adolescents who held a full-time job in 2023 was 2 per month. Employment is sought and tracked for youth due to the reduction in negative symptoms assisted with gaining employment.

## **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 works 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-eight Jefferson County families in 2023. In 2023 there were sixteen discharges. The FCT team is comprised of one supervisor and two FCT psychotherapists with a total of three staff implementing the FCT model with families. The FCT team also has a Service Facilitator and a social work intern from UW Whitewater, supporting the FCT team in implementation for FCT. The FCT team currently has 3 vacant psychotherapist positions that can be filled in the future as the program needs change. The FCT program also continues to focus on training and implementation of the Family Centered Treatment model with all three staff providing services. The FCT Supervisor currently holds an FCT Level I certification, FCT Supervisor certification, and is in the process of completing her Level two certification, to allow her to provide training feedback in the field to staff completing their level one certification.

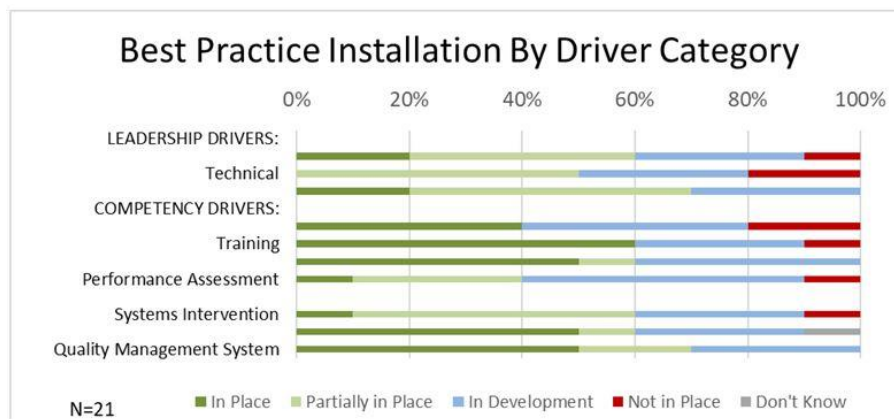
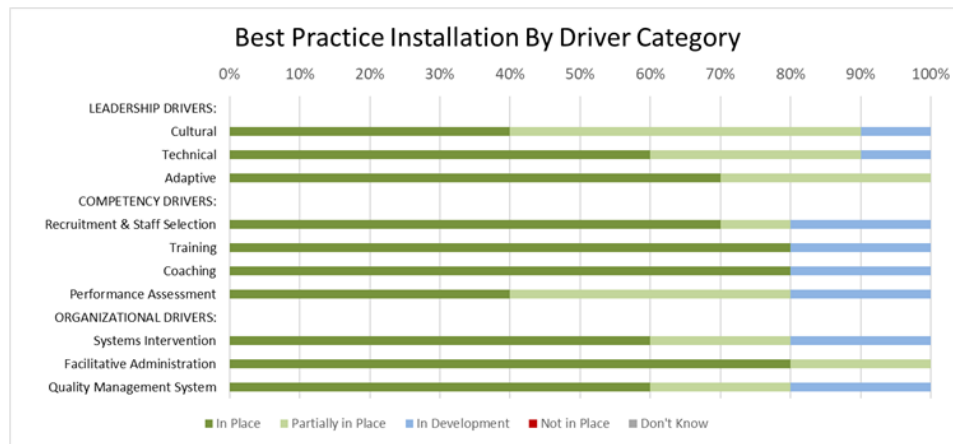
## Jefferson County FCT 2023 Program Development

### Family Centered Treatment Title Definitions

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

Staff in the process of completing training 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 March of 2023, the following was reviewed: 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. Jefferson Counties FCT program improve best practices across all categories measured, with the most noticeable gains in training, coaching and recruitment and staff retention.



## **ADULTS/OLDER ADULTS**

**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 2023, the CCS program provided services for 133 adults/older adults aged 18-73. Out of these 133 consumers, 8 were considered elderly. Of this adults/elderly population, 49 were males and 84 were females.

In 2023, 27 adults/elderly were admitted to CCS and 29 were discharged. 11 individuals moved out of county, 12 individuals withdrew from CCS, as they did not want to continue receiving this level of intense involvement; 3 individuals were discharged for successfully meeting discharge criteria; 1 consumer was incarcerated, and 2 consumers passed away.

During 2023, 4 adults were under a chapter 51 mental health commitment order. No orders were able to expire in 2023.

There were 22 voluntary psychiatric admissions. There were 3 emergency detentions. There were no adults returned to more restrictive environments.

Out of the total adult/elderly consumers enrolled in CCS in 2023, an average number of adult/elderly consumers looking for employment was 26 monthly from January 2023 to June 2023. The average number of consumers looking for employment during the second half of the year (July 2023 to December 2023) was 26 per month. 2 consumers volunteered in 2023. The average number of adult/elderly consumers who held a part time job in 2023 was 11 consumers monthly. The average number of adult consumers who held a full-time job in 2023 was 6 monthly.

### **Service Plans/Reviews as it pertains to all CCS consumers:**

Consumer service plans are reviewed every six months. There were 335 service plan reviews for the 2023 year. 84% of consumer objectives were met. One hundred percent of the objectives were met for 168 of these service plans reviews.

The children met 81% of their objectives throughout 2023. There was a total of 125 children service plan reviews for the 2023 year. One hundred percent of the objectives were met for 78 of these service plans reviews.

The adults/elderly met 86% of their objectives throughout 2023. There was a total of 132 adult service plan reviews for the 2023 year. One hundred percent of the objectives were met for 83 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:**

The Jefferson County CCS program along with our regional partners, Rock and Walworth counties, contracted with 61 organizations throughout 2023. Eight of these organizations were new CCS contracts in 2023. Jefferson County CCS utilized 18 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 2023, 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, 2022 annual report information, and Quality Improvement Plan during the year.

### **CCS Jefferson, Rock & Walworth (JRW) Regional Coordinating Committee:**

During 2023, 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, along with other provider organizations.

### **NIATx 2023:**

The aim statement of the 2023 project:

"By September 2023, create a higher level of staff satisfaction".

**C:** Create positivity!

**C:** Center your Priority's

**S:** Strive for better

This project focused on increasing job satisfaction and improving individual balance between work and home, with an emphasis on decreasing staff turnover within the CCS team. A baseline and follow up survey were sent to all CCS staff, including leadership (three supervisors, one manager) to provide feedback and input. This project sparked a number of great conversations, from all levels, about what all staff, need and want, in their work. The passion for this project carried over to 2024, even without it being the identified NIATx project.

### **Review of 2023 Goals:**

1. Key Outcome Indicator: Meet 72% of all service plan objectives.
  - **Goal was met**
2. All CCS staff will be trained in Motivational Interviewing
  - **Goal was met**
3. Regularly administer, document, and track PHQ9/PHQ9A assessments.
  - **Goal was partially met**
4. Facilitate Enhanced-Illness Management and Recovery group for adults.
  - **Goal was met**
5. Facilitate Interpersonal Effectiveness group for adults.
  - **Goal was met**
6. Facilitate DBT skills groups.
  - **Goal was met**
7. CCS will implement a full time LPN.
  - **Goal was met**
8. All master level clinicians trained in DBT will attend a DBT consultation group and track outcomes for consumers receiving this treatment.
  - **Goal was met**
9. All FCT newly hired clinicians will complete their level I FCT certification within one year.
  - **Newly hired FCT staff are working on their level I certification.**
10. Master level staff will identify one TEAM CBT consultation group to participate in and will track outcomes for consumers receiving this treatment.
  - **Goal was met**

11. Work collaboratively with the Jefferson County MIS team to develop CCS Electronic Client Health Records
  - **This goal was not met. MIS team resources were needed elsewhere.**
12. Develop contracts to support identified treatment needs.
  - **Goal was met**
13. Participate in State NIATx learning collaborative.
  - **Goal was met**

**CCS Goals for 2024:**

1. Key Outcome Indicator: Meet 72% of all service plan objectives.
2. All CCS staff will be trained in Motivational Interviewing.
3. CCS staff trained to provide DBT treatment, will continue to enhance their DBT knowledge by attending consultation group, as well as internal and external trainings.
4. CCS staff trained to provide TEAM-CBT treatment, will continue to attend scheduled TEAM-CBT consultation groups to enhance their knowledge.
5. All CCS staff will be trained in the administration of Narcan.
6. Facilitate DBT Skills groups for adults.
7. Facilitate Enhanced-Illness Management and Recovery group for adults.
8. Facilitate Emotion Regulation Skills System group for teens.
9. Facilitate a youth social skills group.
10. The CCS Diversity/Inclusion/Equity book & movie club will meet quarterly to discuss our shared knowledge of viewpoints that may be different than our own.
11. All FCT staff will be FCT level One certified within one year of their hire date.
12. Develop contracts to support identified treatment needs.
13. Participate in the 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 programs, 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 arose in 2023 for consumers in CSP as the pandemic and some government supports that were available to them were ended. People found their Foodshare benefits reduced, and eligibility reviews began again for other benefits such as Medicaid. Telehealth services became a routine service for psychiatry. This year also continued to bring challenges in staffing. As in much of the rest of the country, there was difficulty recruiting qualified staff and the program had openings throughout much of the year. Services continued without interruption to CSP consumers despite these challenges.

In 2023, the CSP program served 124 individuals. There were eight new admissions and sixteen discharges. Discharge reasons are as follows: four people passed away, seven consumers moved out of county, one individual went to an intensive outpatient program, one person was discharged due to being sent to Mendota for legal issues, the final three individuals were able to move to less intensive services. The number of people served was slightly lower than in past years as the team had three staff vacancies for the second part of the year due to difficulty in hiring qualified applicants. The team included a psychiatrist, CSP Manager, Clinical Coordinator, five bachelor level CSP professionals, seven 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 older adults.

For the year of 2023, there were 34 psychiatric hospitalization and 23 admissions for physical health. There were 69 emergency room visits by consumers in CSP. There were 17 Lueder House admissions. Hospitalizations remained higher than diversions to the Lueder House due to the continued COVID restrictions in place that at times increased barriers to utilize the services there. 23 consumers were employed for at least some part of 2023. These areas will begin to be tracked as outcome measures in 2024.

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 2023.
6. Cognitive Behavior Therapy for Psychosis (CBT-p): An evidence-based practice that helps individuals experiencing psychosis to help manage the thoughts they are experiencing.

In 2023, the CSP continued to implement a consumer satisfaction survey offered by the state that will compile and track data 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 64 adult respondents out of 126 who were eligible this year. This is a sharp increase from the 29 people that responded last year. New ways of distributing the survey were implemented this year as well. Below is the means 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.

**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	4.3	4.4	4.4	4.3	4.4	4.1	4.1	4.2

In 2023, all areas of satisfaction improved with the overall means score improving from a 4.0 to a 4.3 on the five-point scale. It is possible this could be related to a fulltime return to all in person services except for the psychiatry appointments.

#### **Review of 2023 Goals:**

##### **1. Develop the full-time nursing role and duties at CSP to continue to improve fidelity to the ACT model.**

In January of 2023, a full-time nurse was hired and began working in CSP. She was able to develop a medication check in and distribution process as well as procedures for controlled substances. She began assisting the psychiatrist in managing prescriptions and medication changes. She became involved in the care of people with complex medical needs and coordinating physical and mental health needs.

- This goal was met.

##### **2. Implement the ACT treatment planning process with a segment of the CSP consumers to increase fidelity.**

Changes were made to the treatment planning process so that staff completed the plans two weeks prior to the due date to review them more closely with supervisory staff.

- This goal was met.

##### **3. Train a portion of the new staff in DBT treatment and provide opportunities to use skills.**

A DBT learning collaborative was held for an hour and a half on Mondays from June through September to train staff in the components of therapy.

- This goal was met.

##### **4. Train the whole team in Enhanced Illness Management and Recovery.**

This goal was changed to training the team in Cognitive Behavior Therapy for Psychosis as the state launched a training initiative for CSPs. Jefferson county was one of the counties that participated in the intensive training. The clinical coordinator completed the intensive training and the consultation groups following. She has shared information with the team. The entire team participated in 12 hours of training on the Behavioral Health Partnership Training website.

**5. Continue to offer a Team CBT consultation group and provide CBT in at least 25% of treatment plans that are appropriate.**

Two consult groups were provided, a learner's group and a more advanced group for consultation for therapists providing the treatment. Therapists included the materials in treatment plans that were appropriate.

- This goal was met.

**6. Review and expand the CSP orientation checklist.**

Trainings were added to the CSP orientation checklist including the Bucket Approach for Tobacco Cessation, CBT-p, and risk assessments.

- This goal was met.

**7. Continue to expand the Policies and Procedures for the CSP program**

New policies were created regarding medications, the permanent telehealth policies, and documentation and note monitoring.

- This goal was met.

**8. Offer monthly MI training opportunities to the team**

The clinical coordinator and CSP Manager created MI teaching contact on the first Friday team meeting of the month. Topics included things like a basic MI conversation, rolling with resistance, having an MI conversation as a team, and others. Educational material was presented, and team members were given an opportunity to practice as well. One staff completed the 4-day Motivational Interviewing 101.

- This goal was met.

**9. Help CSP consumers meet 72% of their treatment plan objectives.**

The team assisted the consumers in meeting 71.25% of their goals. Shifting of consumers to new people and the need to develop rapport with new consumers impacted some staff meeting the goal in some situations leading to a slightly lower overall success rate.

- This goal was not met, due to shifting of consumers to new staff who needed to develop rapport with new consumers. This impacted some staff meeting the goal in some situations leading to a slightly lower overall success rate.

**Goals for 2024**

1. Continue to provide MI training in team meetings on the third Friday of the month.
2. Coach and code at least one client interaction from each staff member.
3. Supervisory staff will accompany all staff to a sampling of sessions to monitor quality and provide coaching feedback as needed.
4. Participate in the ACT NIATx project with the state to run quality improvement projects to increase our fidelity to the ACT model.
5. Dedicate one team meeting per month to ongoing training in topics such as benefits, medical assistance billing, person centered planning, etc.
6. Form a work group to look at staff onboarding and training procedures.
7. Form a new consumer council and assist them in plans for activities and fundraising.
8. Continue to train the team in CBT-p and begin implementing in treatment plans for some of the individuals who experience psychosis.
9. Have a monthly meeting focused on diversity issues, complete a transfer of learning activity and problem solve ways to improve access and experience for everyone in CSP.
10. Track outcome measure for ACT fidelity outcomes of consumers employed, hospital admissions, Lueder House admissions, and emergency room visits and work on improving these outcomes.
11. Assist the consumers in meeting 72% of goals throughout the year.

## **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 via 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 2023:**

- Sixteen consumers were served in 2023 (9 admission and 3 discharge).
- One consumer discharged to go to an IMD and did not return as there were legal issues.
- One consumer moved to his own apartment and began working in another county.
- One consumer shifted their funding to the Conditional Release Program through Corrections.
- More staff from Community Comprehensive Services (CCS) were trained to assist consumers in being admitted to the program and how to receive services through CRS.

### **Review of 2023 Goals:**

1. Community Living Staff to learn and review material with consumers from Enhanced-Illness Management and Recovery (EIMR) and Dialectical Behavior Therapy (DBT).
  - Willow Winds and Daybreak read and reviewed parts of this with consumers.
2. Explore the possibility of adding peer support specialist services as part of the CRS program.
  - One consumer was open to CRS to receive peer support services. Meetings were held with the state personnel and staff attended trainings to provide peer support services in CRS as a new service offered by Jefferson County.
3. Develop and train one new placement provider to offer CRS residential services.
  - We added Productive Living Systems in Whitewater as a Service provider.
  - We added Blackberry Hill in Tomah, Wisconsin as a service provider.

### **Goals for 2024:**

1. Move at least three people out of placement services into a more independent living situation.
2. Open at least six more people to peer support services that are in the Community Support Program.
3. Train a supplementary staff to assist in the provision and monitoring of CRS services.



## CHILDREN, YOUTH & FAMILIES DIVISION



The Children, Youth and Families (CYF) Division of Jefferson County Human Services is comprised of the following teams that provide interventions, services, and programming to children, youth, and families in our community that are preventative, state mandated, voluntary, or court ordered:

- ❖ Intake Unit
- ❖ Children In Need of Protection or Services (CHIPS) Ongoing Team
- ❖ Youth Justice (YJ) Ongoing Team
- ❖ Alternate Care
- ❖ Parents Supporting Parents (PSP) Program
- ❖ Coordinated Services Team (CST) Program
- ❖ Children's Long Term Support (CLTS) Program
- ❖ Birth To Three Program
- ❖ Busy Bee's Preschool

While each of our Division's teams has a very different and specialized area of focus, we work collaboratively and collectively with the shared mission, vision, and values of:

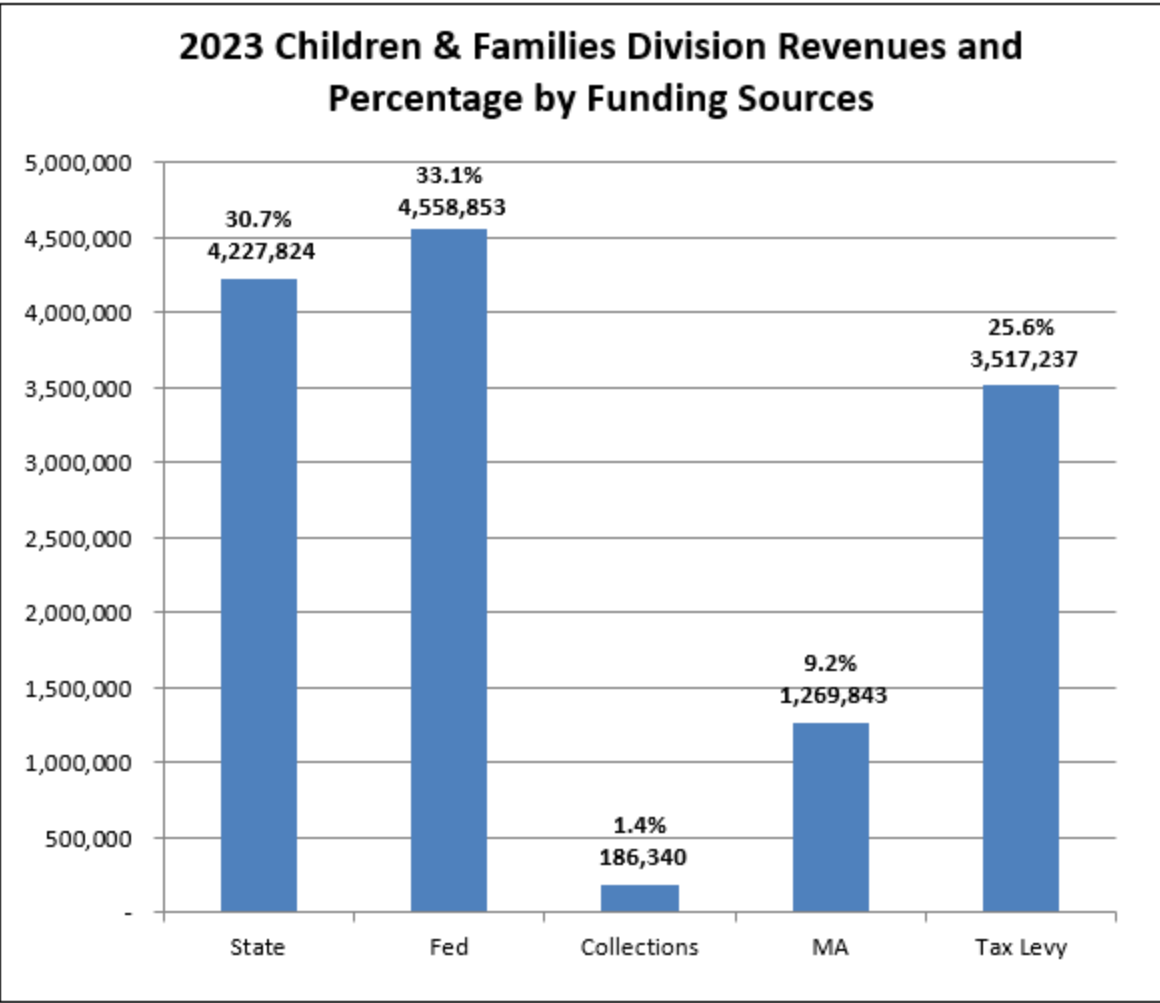
- ❖ Children and youth deserve to be safe and loved members of thriving families and communities
- ❖ Provide family-focused, collaborative, and strength-based services to families
- ❖ Keep families together and provide in-home services and resources when possible

Our CYF Division takes pride in our work together and strive to partner with our other Divisions across the Agency, as well as with our community and legal stakeholders. The interventions, services, and programming provided by our Division are guided by Wisconsin Department of Children and Families (DCF) and Wisconsin Department of Health Services (DHS) and we continue the longstanding tradition of participating in opportunities and initiatives offered by both these sectors, which have included:

- ❖ Targeted Safety Support Funding
- ❖ Judicial Engagement Team (JET)
- ❖ Youth Justice Innovations Grant
- ❖ Foster Parent Grant
- ❖ Parents Supporting Parents Innovations Zone
- ❖ Citizen Review Panel
- ❖ Promoting Safe and Stable Families
- ❖ Infant Mental Health

Not only have these opportunities and initiatives increased our array of services and resources, but they also provide funding support that has been instrumental in offsetting costs. As noted in last year's Annual Report, in 2018, Jefferson County began priority-based budgeting for all Departments utilizing a three-point scale, measuring mandates, reliance, cost recovery, demand, and the population being served. The Children, Youth, and Families Division continues to receive the highest rating on this scale. Our Division's revenue comes from

county tax levy, as well as state and federal funding, as denoted in the following graph. Stable and affordable housing, mental health, and substance use continue to be the highest areas of need with the children, youth, and families we serve, and our most significant expenses continue to be alternate care costs, as well as staff wages and benefits.



We are honored to serve Jefferson County and to be able to offer a variety of services and programming. Our ability to meet families where they are, and to provide support to help children, youth, and families thrive, allows us to have positive impacts and change lives. We are proud of the meaningful work we carry out and the following section of this Annual Report will provide overviews and highlights specific to our Children, Youth, and Families Division that we hope is informative and impactful.

## **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.*

Every child learns and grows at their own pace. How a child plays, learns, speaks, acts, and moves can show if they are reaching important developmental milestones. One of the most important things a caregiver can do to care for a child's health and growth is to track their developmental milestones and act early if they notice signs of a delay or disability. If a caregiver, healthcare provider, or childcare professional notices a child is behind in their development, early intervention programs such as the Jefferson County Birth to Three Program can help.

#### **What is early intervention?**

Early intervention is the term used to describe the services and supports that are available to infants and toddlers with developmental delays and disabilities and their families. It is a special education program that supports a child's development through a variety of trained and qualified staff.

The Birth to 3 Program is Wisconsin's early intervention special education program. The Jefferson County Birth to Three Program serves families with children under the age of 3 who have delays or disabilities. A team of service providers partners with families to support growth and learning. Family culture, beliefs, and individualized outcomes help shape what and how services are provided.

#### **Partnering with an early intervention team to support child development**

When a child is found eligible for the Birth to Three Program, the child's family is supported by a full team that helps the child learn, interact, and thrive at home, in childcare, and during other everyday activities like going to the library, store, or park. The early intervention team may include:

- A service coordinator
- An early childhood special education teacher
- A speech, occupational, and/or physical therapist
- Other professionals or service providers as necessary

#### **How the Birth to Three program supports families**

The Birth to Three Program supports families as the child's first and best teacher. Families learn about:

- Communicating about their child's needs
- Helping their child learn and grow
- Knowing and exercising their rights as their child's parent
- Maintaining a healthy, early, and strong relationship with their child

### Referrals

Referrals to the Birth to 3 Program can be made by anyone concerned about a child's development. Jefferson County has developed a referral network that is dedicated to helping you, your child and your family access services that will best promote your child's development.

### Initial Visits

Your first meeting with staff is an opportunity to share information about your child's development and any concerns you have. Staff will provide you with an overview of the Birth to 3 program and support you in starting the process.

### Evaluations

Birth to Three staff will gather information on all areas of the child's development by talking with you about what your child is doing well and what areas your child needs support in. Staff will also provide opportunities for your child to demonstrate skills through play-based activities.

### Eligibility

You and Birth to 3 staff will review the information that has been collected about your child's development to determine whether your child is eligible for services through the Birth to 3 Program. If your child is determined to be eligible for services staff will support you in developing an Individualized Family Service Plan. If your child is not eligible for services, a rescreen may be offered.

### Individualized Family Service Plan (IFSP)

Once your child is found eligible for Birth to 3 services, staff will guide you through the process of developing an a plan that will best meet your child's developmental needs. This plan is unique to your families concerns, priorities and circumstance.

Your child will receive services as they are outlined in the plan.

### IFSP Reviews

Your IFSP must be reviewed at least every six months. You may request to meet and update the IFSP if there are changes in your child's or family's needs or if your child's outcomes have been achieved.

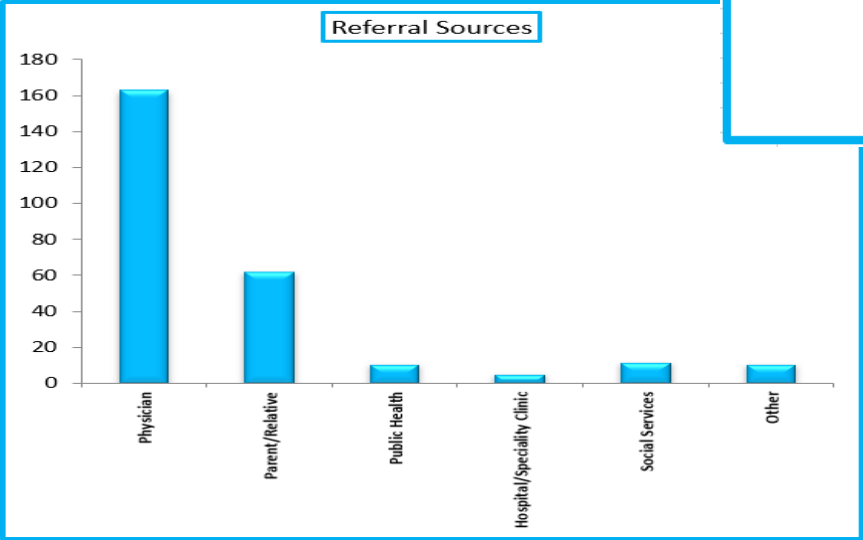
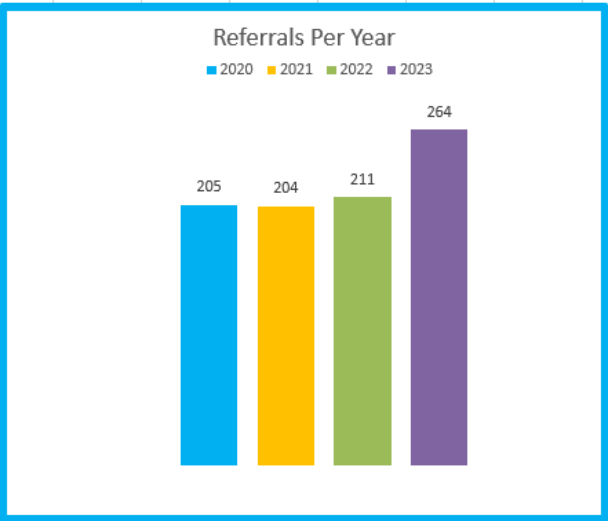
### Transition Planning

Birth to 3 staff will support your child and family in moving into whatever changes services and/or programming best fits your child's and family's needs. Transitions plans may include turning three and entering school district programming, moving, extended hospital stays, achieving all outcomes.

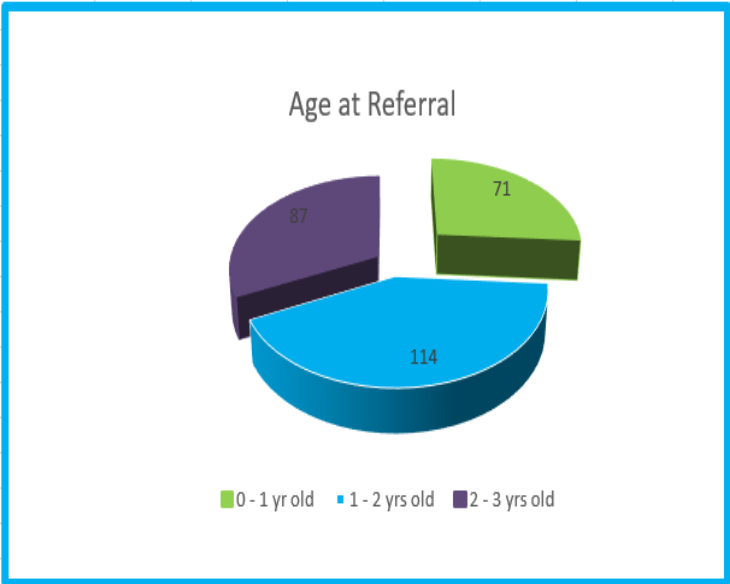
**Referral**

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.

There was a significant increase in the number of referrals received by the Birth to Three program in 2023. The majority of the referrals came from medical providers.

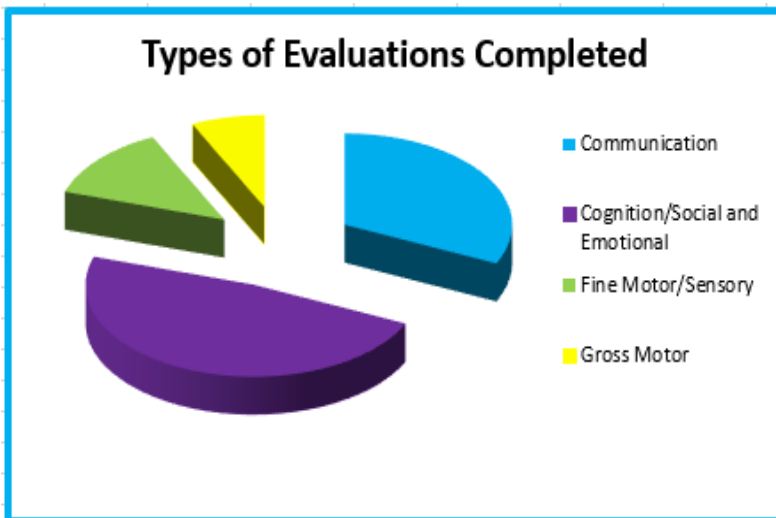


Referral data shows that efforts to stress the “early” in early intervention during the 2023 outreach campaign paid off with a 7% increase in the number of children referred before the age of one compared to 2022 referral data.



Referral Trend		
Children are being served earlier		
Age at referral	2022	2023
0-1 yr. old	20%	27%
1-2 yrs. old	48%	42%
2-3 yrs. old	30%	26%

## Evaluation and Assessment



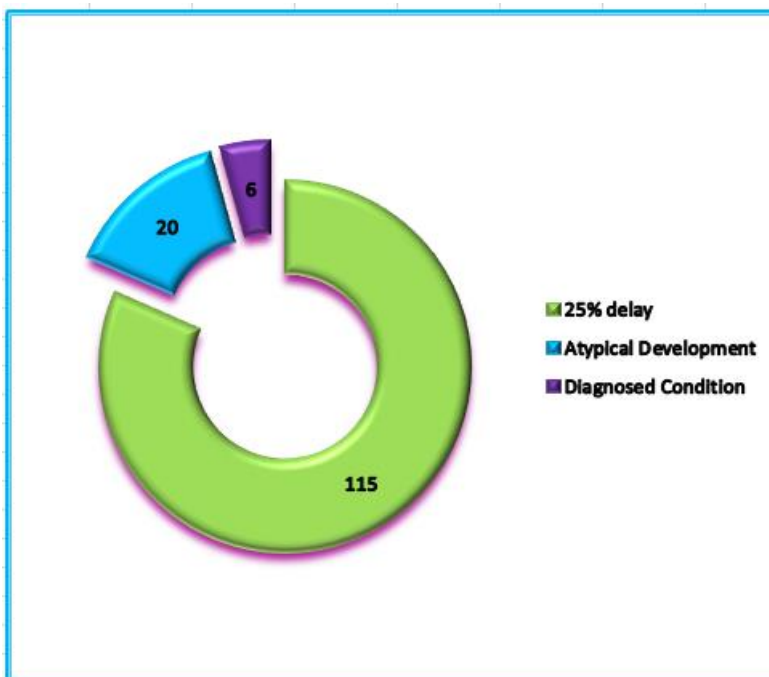
Birth to Three evaluations combined with the family assessments provide a comprehensive view of how a child functions within the context of their family and everyday routines.

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.

369 evaluations were completed by Birth to Three staff in 2023.

This was an increase of 125 evaluations from the 244 evaluation completed by Birth to Three Staff in 2022

## Eligibility



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

- Significant (25% or more) delay in any area of development
- Atypical behaviors that are negatively impacting development
- A diagnosed condition likely to result in developmental delay

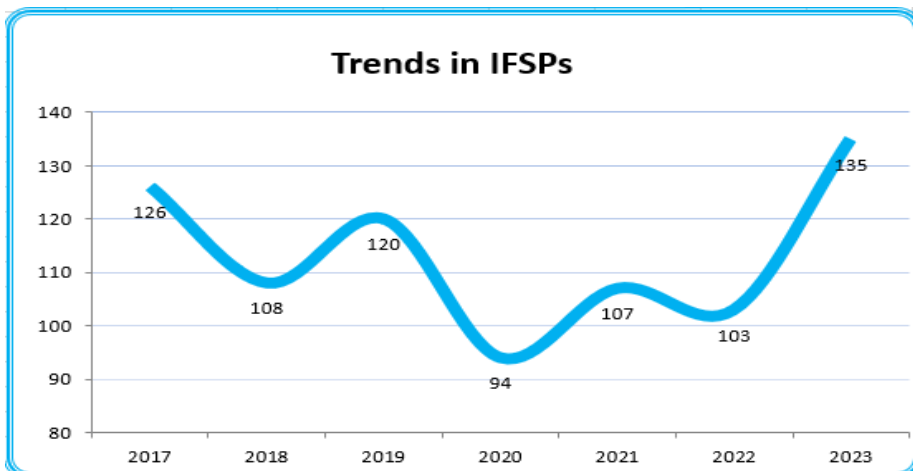
There was a 20% increase in the number of children found eligible for Birth to Three services in 2023 compared to 2022.

141 children were found eligible for Birth to Three services in 2023.



### **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**

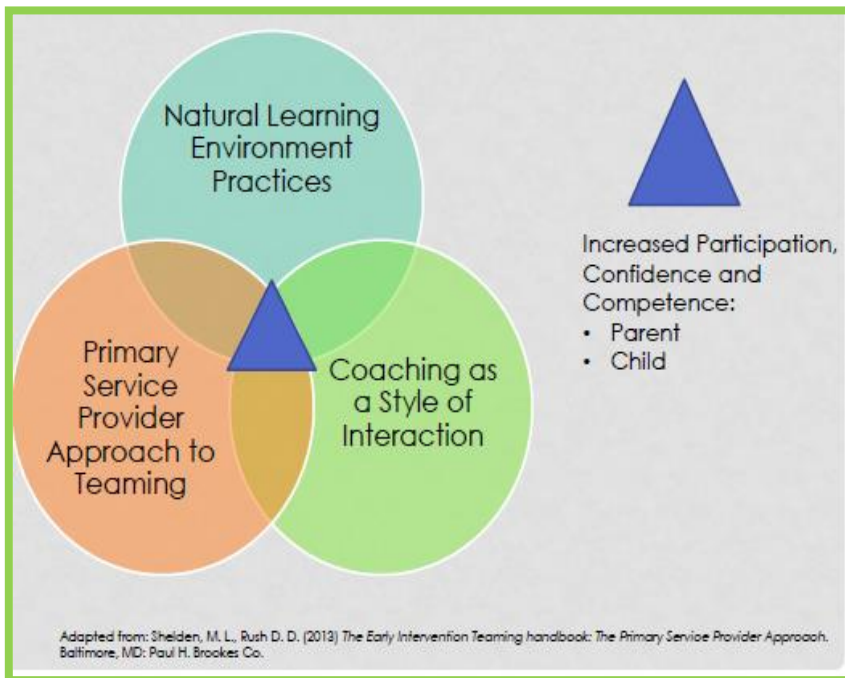
Jefferson County Human Services employs six staff

269 families received ongoing services in 2023 compared to 209 in 2022.  
151 IFSP were reviewed in 2023 compared to 120 in 2022.

to facilitate Birth to Three programming. One program supervisor oversees five full-time service coordinators that have multiple roles. Service coordinator roles include intake and ongoing service coordinators, point of referral, early childhood educators, and coaches for the TalkReadPlay home visiting program. 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. 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.

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 the Office of Special Education (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.





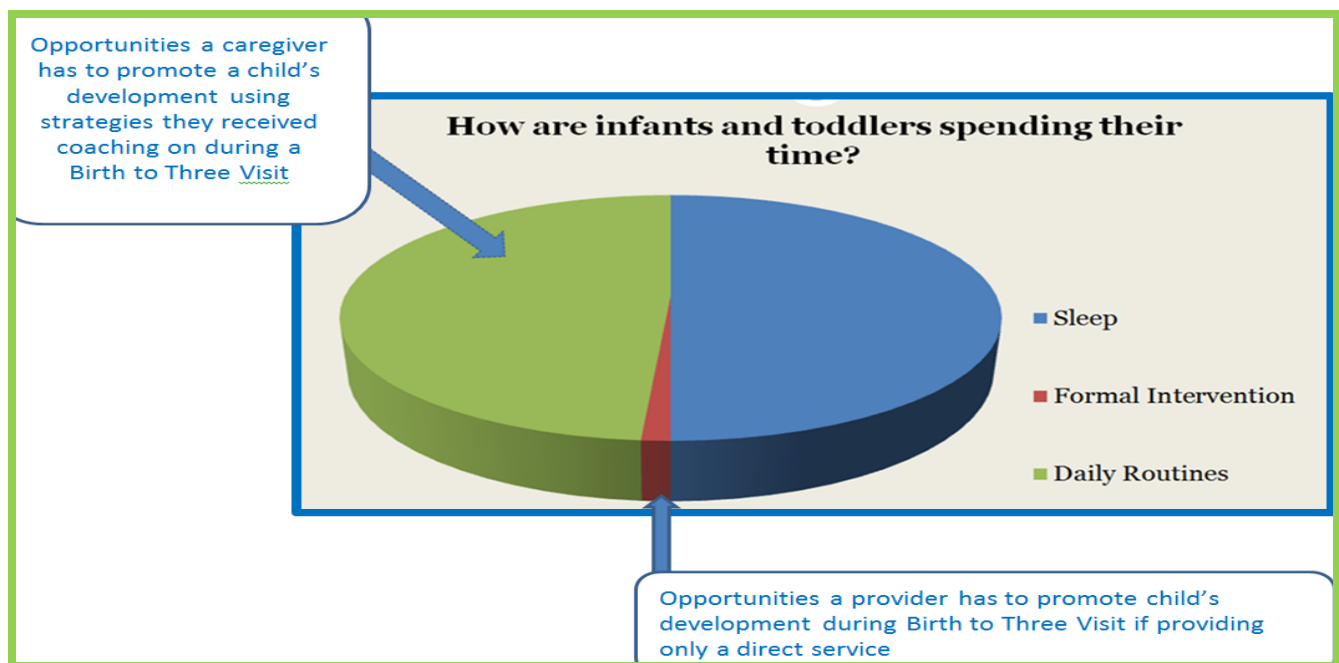
## Natural Learning Environments

Research shows that children learn best when they are doing things that interest them within their everyday routines and activities with their caregivers. This may include family's homes, community spaces, and other places they go in their day-to-day life. Natural environments are not only the places but also include the people, activities, toys, and other objects that are part of the child's everyday life. Sticking with what is familiar to children means they are ready to learn right away because they don't need to get comfortable or used to the situation first.

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

## Caregiver 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 or caregiver 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 support.

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.

### **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:**

64% were transitioned into an early childhood setting to continue services.

36% were not in need of early childhood programming beyond Birth to Three.

### **Birth to Three Initiatives in 2023**

#### **Jefferson County Birth to Three Infant, Early Childhood, and Family Mental Health Initiative Grant**

The Jefferson County Birth to Three program was awarded a Child and Family Focused Pandemic Recovery Grant in June of 2022. Due to the 18-month grant cycle, many grant activities extended into or took place in 2023. 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 support, enhance protective factors, cultivate resilience, and promote positive outcomes for children and families. Grant funding 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 that carried over to Fall 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. In the past six months, the IECMH consultant provided monthly reflective practice for the full team (county and therapy staff). She also provided support through multiple case-based consultations during teaming. She directly supported six families through child specific observations with joint visits.

Grant activities have supported ongoing professional development related to infant and family mental health for both county and contracted staff. Membership for eight providers to the Wisconsin Alliance for Infant Mental Health (WIAIMH) has been maintained to support their competencies in infant, early childhood, and family mental health as recognized by receiving endorsement through WIAIMH in both 2022 and 2023.

Grant funding was used to enhance support 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. Subscriptions to the Autism Navigator Curriculum were renewed in 2023 to ensure continued access to this resource for all providers. Autism Navigator is an online curriculum that offers evidence-based intervention strategies and support for social communication, active engagement, and addressing challenging behaviors.

Infant and TalkReadPlay groups were developed for Summer of 2023 to enrich the program's ability to support families in recovering from the effects of COVID. Six playgroups were run that included activities for parents and children to participate in together. Each playgroup was designed to address common themes of interest for families such as having outdoor fun, encouraging children to use words, or successful family outings in the community. Each group offered multiple activities that promoted positive child-caregiver relationships and

child development. At each group families received a take home kit to extend the learning from the group into their daily routines and activities. Families also received gas cards each time they attended groups to help eliminate barriers to access. The grant afforded the program the opportunity to have both county and contracted providers available to support families as they played and learned together.

Grant activities have served the 400 families that have connected with Jefferson County Birth to Three since the grant started in July of 2022. All 12 of the county providers had the opportunity to strengthen their competence and confidence in supporting families through the various professional development activities that were offered.

### **Infant Massage and TalkReadPlay Home Visiting**

Jefferson County Birth to Three is proud to continue offering Infant Massage under the TalkReadPlay Home visiting service array of the Family Education and Family Counseling component of Birth to Three service provision. In 2023, the infant massage programming was expanded by enrolling two more providers into the Infant Massage USA certification program. Infant massage enables families to spend quality time with their infants 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.

#### **Families who received TalkReadPlay Home Visiting:**

2019: 12  
2020: 21  
2021: 57  
2022: 65  
2023: 69

### **Program Outcomes**

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 eight 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.

#### **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	2021-2022	2022-2023
Positive social/emotional skills	56%	61%	63%
Acquisition and use of knowledge and skills	59%	70%	68%
Use of appropriate behaviors to meet their needs	61%	79%	82%

#### **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	2021-2022	2022-2023
Positive social/emotional skills	37%	44%	39%
Acquisition and use of knowledge and skills	27%	24%	27%
Use of appropriate behaviors to meet their needs	39%	42%	56%

### Birth to Three Indicators

The Birth to Three Indicators have been identified by the federal government as the essential components for implementing high-quality Early Intervention 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, timeliness of services, and program effectiveness.

**The Jefferson County Birth to Three Program was recognized for  
100% compliance with Federal Indicators in 2023!**

### 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 2022: 30  
Revenue from TCM in 2022: \$19,352  
Average # of families receiving MA per month in 2023: 49  
Revenue from TCM in 2023: \$24,745

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.

2023 revenue from Parent Cost Share: \$6737

### Review of 2023 Goals:

**Key Outcome Indicator: The Birth to Three Program will be issued a notification of 100% compliance with the Federal Compliance Indicators by DHS based on the annual data review.** Birth to Three received a notification of 100% compliance with the Federal Compliance Indicators in 2023. ***This indicator was met.***

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. ***This goal was attained.*** Birth to Three county and contracted providers began an interactive, web-based professional development course designed to increase the capacity of early interventionists in better serving infants and toddlers who are at risk for autism and their families. The Autism Navigator course allows for ongoing learning and the application of scientifically-based strategies and best practice for ASD in early intervention. Grant funding has been dedicated to ensuring access to the course for providers through 2024.
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. ***This goal was attained.*** The Jefferson County Birth to Three program developed an outreach video to inform potential referral sources about the importance of referring early. Birth to Three outreach materials were distributed to medical providers, school districts, Head Start, and childcare. Trends in referrals in 2023 showed that children were being referred at an earlier age than the three previous years.

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. ***This goal was attained.*** In April of 2023, the Infant, Early Childhood, Mental Health Consultant began providing reflective practice groups with the full team of county and contracted providers monthly. She also continued the monthly reflective practice groups with the county staff that had been established in 2022.
4. Ensure that the Birth to Three staff 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. ***This goal was attained.*** All Birth to Three direct service staff who had completed the initial MI 101 training completed the ongoing MI taping process in 2023. All staff developed a goal for enhancing MI skills that was included on their annual performance reviews.

**Goals for 2024:**

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

1. Ensure that the TalkReadPlay Home visiting program is responsive to the needs of the children and families we serve by expanding on the family education and counseling component of Birth to Three services. The team will seek out opportunities to build the array of services under the TalkReadPlay Home visiting umbrella by adding to the Parents as Teachers curriculum.
2. Ensure high quality service provision through regular communication with families and team members as evidenced by an increase in monthly documentation of collateral and family contact as billable targeted case management or TCM.
3. Continue to support high quality services that promote the social and emotional health and wellbeing of families participating in the Birth to Three program by having 75% of direct service staff maintain Infant Mental Health Endorsement through the Wisconsin Alliance for Infant Mental Health through 2024.
4. Ensure that programing aligns with state identified best practices by transitioning to the use of one of the two recommended evaluation tools. By Fall of 2024, Jefferson County Birth to Three will have identified and successfully put into practice a common evaluation tool for qualifying children for services.
5. Ensure that Birth to Three 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 2024 annual performance reviews.

# BUSY BEES PRESCHOOL

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



## **Busy Bees' Preschool Philosophy**

At Busy Bee's, staff believes every child can succeed in engaging learning environments with the support of teachers who understand the child's abilities and how to promote his or her learning through open-ended questions, guidance, and scaffolding. The unique abilities of the children in the preschool are celebrated through rich learning experiences that build on their unique skills. Teachers support learning by getting to know each child's interests and strengths.

At Busy Bee's preschool, teaching staff recognizes that strong relationships between the teacher, the child, and the family are the foundation for enhancing a child's development. Families are encouraged to participate in their child's learning experience through daily communication, observation opportunities, family projects, and home visits.

## **Busy Bees' Preschool Teachers**

The preschool is staffed by three educators with over 30 years of combined experience working with young children. All of the preschool teachers hold a bachelor's degrees in education. The teachers are also part of the Wisconsin Registry for Educators. In addition, licensed speech therapists, an occupational therapist, a physical therapist, and a social-emotional specialist support students who require intervention in order to provide a positive and productive early educational experience at Busy Bees Preschool.

## **Busy Bees' Preschool Learning Experience**

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

The preschool classroom is licensed for 15, two- and three-year-old children with at least two teachers guiding learning experiences. Preschool is on Tuesday and Thursday mornings from 9:00-11:30 a.m. It runs from September through May. The children enrolled are a grouping of peer models and children enrolled in the Jefferson County Birth to Three Program.

Busy Bees Preschool provides activities following developmentally appropriate practices (DAP) in a seasonal thematic manner. The preschool day is presented within a consistent routine for the young children who attend. Activities emphasize language and concept development through free play, music, finger plays, books, gross and fine motor activities, art experiences, and daily living skills, including a snack time and bathroom routine. Lesson plans address all developmental domains and follow the Wisconsin Model Early Learning Standards.

## **What does 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.

## **One-on-one Interactions**

Free-play time allows for 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 teachers help 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 Bee's 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 and Cozy Area

Gross Motor Area

Math/Small Manipulatives/Puzzles

Music

Art

**10:00-10:15** Clean Up, Group Time-Name Recognition, I Love You Rituals, Songs

**10:15-10:45** Outside Time

**10:45-11:00** Art Activities, Bathroom Break

**11:00-11:20** Snack Time

**11:20-11:30** Clean up, Backpacks, Sing Goodbye



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### **Busy Bees' Preschool Environment**

The Busy Bees' classroom environment is designed to inspire exploration and inquisitive play. Learning centers are intentionally planned each month around learning themes to create developmentally appropriate play opportunities for the preschoolers. The children's unique abilities are supported while engaging in learning experiences with their teachers and peers in the different interest areas in the classroom and on the playground.

#### **Interest Areas**

Sensory Tables  
Science/Exploration  
Dramatic Play/Housekeeping  
Blocks/Construction  
Library and Cozy Area  
Gross Motor Area  
Math/Small  
Manipulatives/Puzzles  
Music  
Art

### **Busy Bees' Preschool 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.

### **Initiatives in 2023**

#### **Enhancing DAP on the Playground**

Childcare Counts funding was used to purchase equipment that enhanced DAP on the playground. Playground enhancements included new learning stations that capitalize on children's already inquisitive nature by offering more variety in their outdoor play. In addition to a new main structure, complete with slides and a climbing wall, the playground was outfitted with a music station and playhouse. The playhouse helps children develop skills such as cooperation, creative problem solving, and empathy. The music station inspires creativity while enhancing fine and gross motor skills.

#### **Family Engagement**

Preschool staff sought to be more intentional about family engagement in 2023. Staff wanted to offer the opportunity for families to provide feedback about their experience with programming. They also wanted to offer more opportunities for families to engage in programming with their child. Family surveys and playgroups were the two strategies identified for enhancing family engagement in 2023.

Families participating in the 2023-2024 school year were given a survey asking about their experiences as the caregiver of a child in the Busy Bee Preschool program. The survey also asked about the child's developmental progress while in the program. Family feedback indicated that preschool programming supported the healthy growth and development for preschoolers.

In the summer of 2023, Busy Bees ran a parent-child playgroup rather than usual summer programming.

Families were invited to six playgroups hosted by Busy Bees and Birth to Three therapy staff. Each group was themed and offered families the opportunity to engage in learning activities with their preschoolers. Families connected with one another and got take-n-make bags to take home.

#### **Playgroup Themes**

Get You Child to Use Word During the Day  
Outdoor Fun  
Reading with Your Young Child  
Messy Play  
Sleep Routines and Potty Training  
Successful Family Outings

### **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. Busy Bees began the rating process in 2023. The final observation is scheduled for March of 2024.

### **Review of 2023 Goals:**

***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.*** One hundred percent of family feedback surveys collected indicated that preschool programming supported healthy growth and development for preschoolers. ***This indicator was met.***

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. ***This goal was attained.*** All families participating in the 2023-2024 school year received a survey requesting their feedback about programming.
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. ***This goal was attained.*** Busy Bee staff began the rating process with Shine Early Learning's YoungStar services in 2023 including developing a quality improvement plan. The process will be completed in Spring of 2024.

### **Goals for 2024:**

***Key Outcome Indicator: Busy Bees Preschool will be fully enrolled with five community children and ten Birth to Three invited children by June 30, 2024.***

1. Enhance classroom management by building Conscious Discipline practices for Infants and Toddlers into preschool programming. Classroom staff will complete the Conscious Discipline course for Infants and Toddlers over the 2024-2025 school year. Staff will choose at least two strategies to implement in the classroom as part of this professional development opportunity.
2. Maintain high quality preschool programming as evidenced by an increase in the current Busy Bees Shine Early Learning YoungStar rating of three stars.

[illegible]

## Who We Are:

Our Foster Care Coordinator recruits and licenses foster homes, as well as helps facilitate placements in these homes and other placement settings, such as group homes and residential care. Our Foster Care Coordinator also facilitates respite in order to preserve in-home placements and provide short reprieves for parents and caretakers when stressors are playing out within the home.

Our Coordinators are very passionate about the work they do and support our foster parents and relative providers in many ways. Since 2019, our Foster Care Coordinator has been awarded the Foster Parent Grant which supports the retention of foster parents, foster parent training, and improving normalcy opportunities for children in out-of-home care. One of the most notable activities our Foster Care Coordinator hosts is an annual Christmas Party for our foster families and children in care. The event has interactive games, pizza, gifts, and time with Santa. This past year was the fifth year of putting this event on and truly shows our Foster Care Coordinator's passion and commitment to our foster families here in Jefferson County.

As of the fall of 2023, our Alternate Care Team, as well as other staff across the Children, Youth and Families Division, became part of Campus Guardians of Wisconsin, which is a Jefferson County based charitable organization established to support and encourage the educational dreams of young adults who have aged out

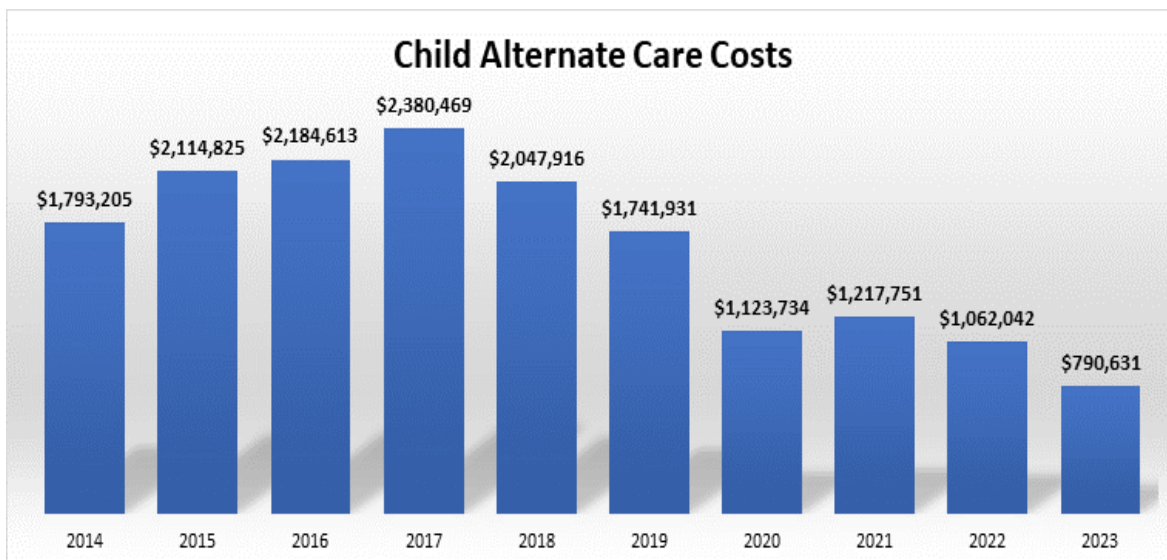
of the foster care system and are pursuing higher education. These young adults are confidentially identified and contacted by our staff at which time they are offered the opportunity to receive mail and care packages from Campus Guardians. These care packages are personalized and sent at the beginning of each semester, for birthdays, holidays, and graduations. The goal of Campus Guardians is to remind these students that they matter, someone always cares, and they are supported in pursuing their educational dreams.

#### **Noteworthy Data:**

Our efforts to keep families together and reduce the proportion of children and youth served outside their community or in congregate care settings continues to be evident in our alternate care data. The graph below shows the number of children and youth placed in alternate care since 2017 and provides a breakdown of the types of placements. As the data shows, the number of residential care, group home, foster care, and detention/shelter care placements have steadily decreased the past seven years, while the number of voluntary kinship care placements continues to increase.

	2017	2018	2019	2020	2021	2022	2023
<b>Residential Care Centers</b>	9	7	9	4	4	5	2
<b>Group Home</b>	16	6	8	7	6	2	1
<b>Foster Care</b>	106	104	114	107	91	77	74
<b>Foster Care (Out of County)</b>	8	1	5	1	6	0	1
<b>Supervised Ind Living</b>	2	0	0	1	0	0	0
<b>Kinship (Court Ordered Only)</b>	20	15	25	23	14	7	10
<b>Detention/Shelter</b>	14	11	15	11	10	6	7
<b>Hospital/Institutions</b>	0	2	3	0	0	1	1
<b>Kinship (Voluntary)</b>	30	31	32	38	46	50	46

These outcomes also have a direct correlation to the alternate care budget and the graph below shows the steady decrease in alternate care costs the past five years, which is quite noteworthy. Despite increasing costs and decreasing the alternate care budget, 2023 marks the sixth consecutive year spending was under budget.



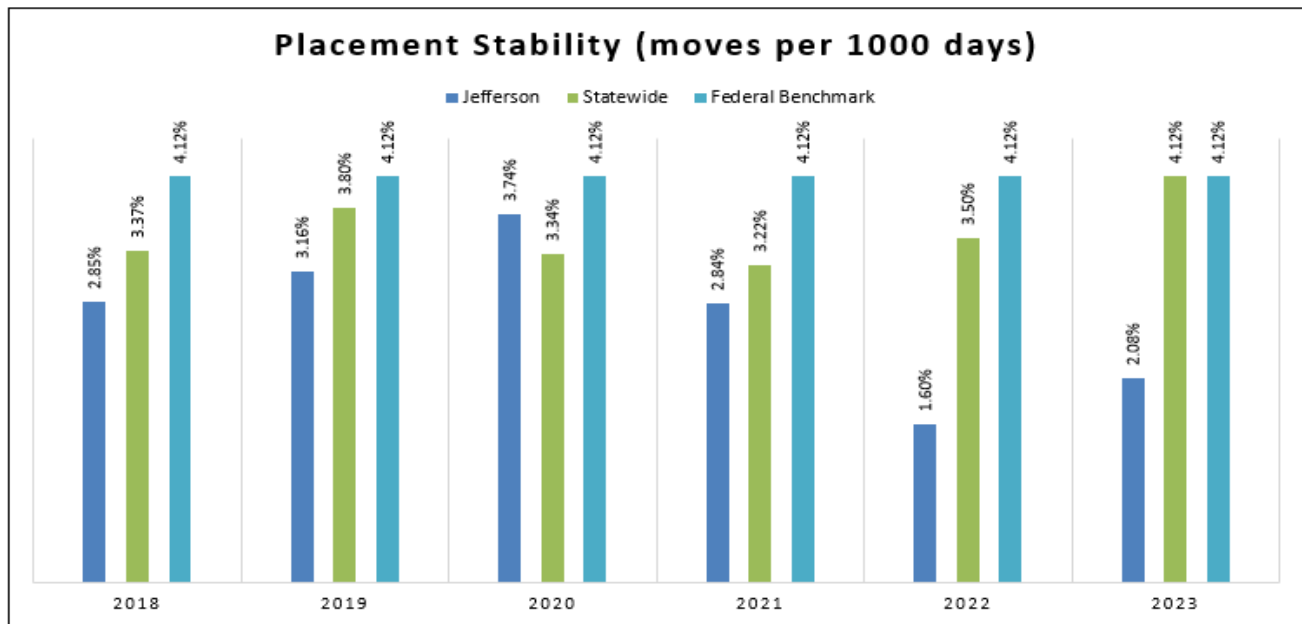
A funding source that has been instrumental in offsetting alternate care costs is through Children's Long Term Support (CLTS) Waiver Programming. When a child or youth that is enrolled in CLTS is placed in foster care, the Waiver Program is able to provide funding support, which as the data below outlines, has historically been over half the cost of these alternate care costs.

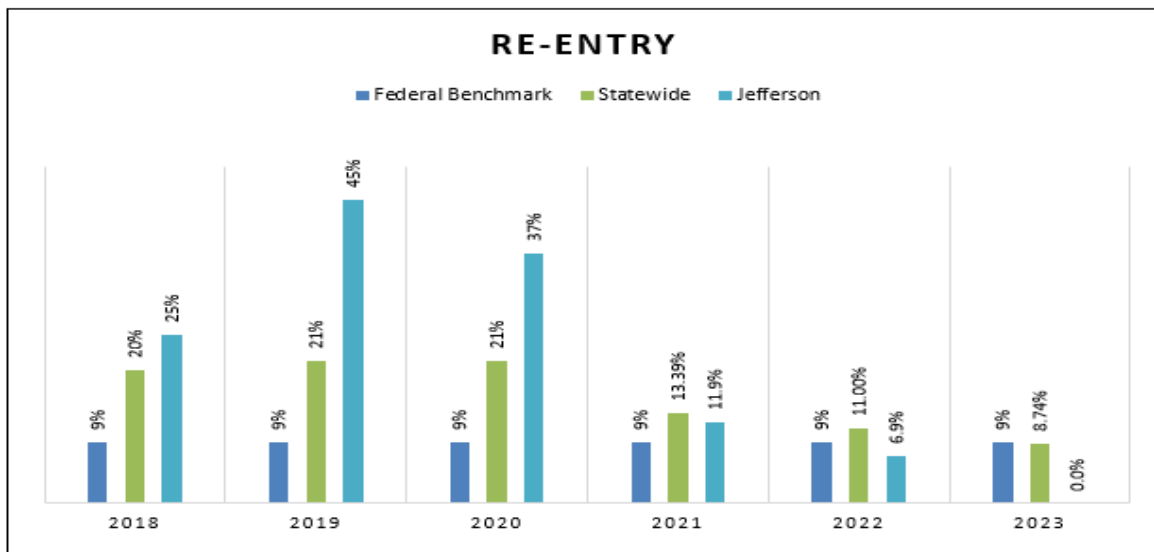
Year	CLTS Placements	Alternate Care Cost	CLTS Funded	Percentage Support
2017	6	\$97,698	\$56,665	58%
2018	12	\$115,728	\$67,122	58%
2019	14	\$147,221	\$86,860	59%
2020	14	\$125,248	\$73,896	59%
2021	19	\$234,507	\$143,063	66%
2022	17	\$292,489	\$181,580	62%
2023	21	\$335,185	\$200,154	60%

#### **Performance Scorecard:**

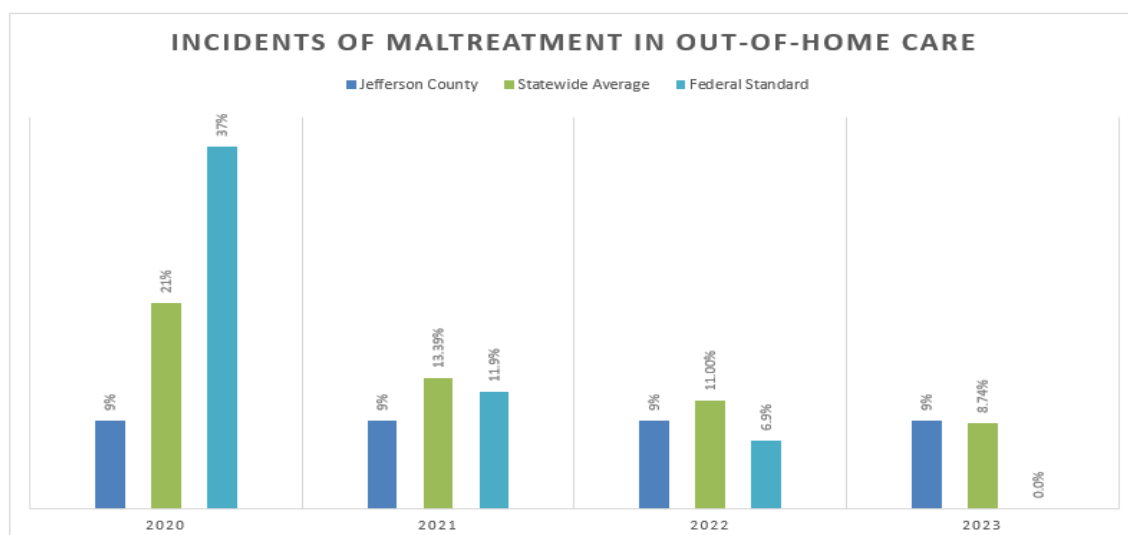
Additionally, the Wisconsin Department of Children and Families (DCF) measures each county in placement related performance areas that are directly related to the Federal Child and Family Services Review (CFSR). These include 1) Placement Stability, 2) Reentry Into Out-of-Home Care, and 3) Incidents of Maltreatment in Out-of-Home Care:

1. 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 we continue to keep this ever-important number below both the state average and the federal benchmark. In 2023, Jefferson County had 2.08 moves per 1000 days while the state average was 3.69.





2. Reentry Into Out-of-Home Care is a federal benchmark that tracks the reentry 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 that have achieved reunification will reenter alternate care within 12 months. We are pleased to report that this number once again decreased for the fourth consecutive year, and we had no out-of-home placement reentries in 2023. This is a remarkable statistic as even just one day in an alternate care placement is considered a reentry into out-of-home care.
3. Incidents of Maltreatment in Out-of-Home Care is a federal benchmark that tracks substantiated maltreatment of a child while placed in out-of-home care at a rate of 8.5 or less. It should be noted that all types of maltreaters are counted within this data, and not just those that are primary out-of-home care providers. Jefferson County did not have any substantiations of maltreatment of any child in out-of-home care for the past two years, which is a testament to our efforts in placing children and youth in safe and appropriate environments.



Our Alternate Care Unit's ongoing support and collaboration with agency staff, community partners, foster parents, and relative care providers have led to the many successes that are highlighted above. Our Foster Care Coordinator and Kinship Care Coordinator look forward to the initiatives and opportunities that 2024 will provide.

## 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.~*

### **An Overview of the CHIPS Team**

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. Many 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 ensures 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, eight ongoing case managers and two-family development workers. 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) main role and assistance to case managers comes through facilitating supervised family interactions, assisting with transportation needs, and providing parent coaching. 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. Previously, there was a case aide on the CHIPS team who handled courtesy supervision cases from other counties, subsidized guardianship cases, and facilitated training, among other tasks. Over the course of the year and through discussions with the team, when the person in this position left the county, it was determined that the most benefit would be gained by making that position a case manager position, as it was previously.

The following is a statement from one of the new Case Managers who was hired in 2023:

*"I am fairly new to CPS, and new definitely to Jefferson County Human Services, and received my first case in December 2023, the children were placed out of home. The Initial Assessment Worker worked very closely with me, helping me with a lot of questions, and together we built a strong support system and good relationship with the biological parents, foster parents, other supports, and the children. Moving forward, we were able to ask the Judge for the children to return home at the Dispositional Hearing, and follow along with them, along with all those supports built up, to monitor their well-being for a year. This was a very wonderful day, seeing how happy and dedicated the parents were, and the tears of joy, even from the foster parents who attended the hearing. Seeing the children since, they are very excited to be home, and even the 4-year-old told me when I picked him up from daycare that he is very happy to be home with Mom and Dad! This makes my job very fulfilling!!"*



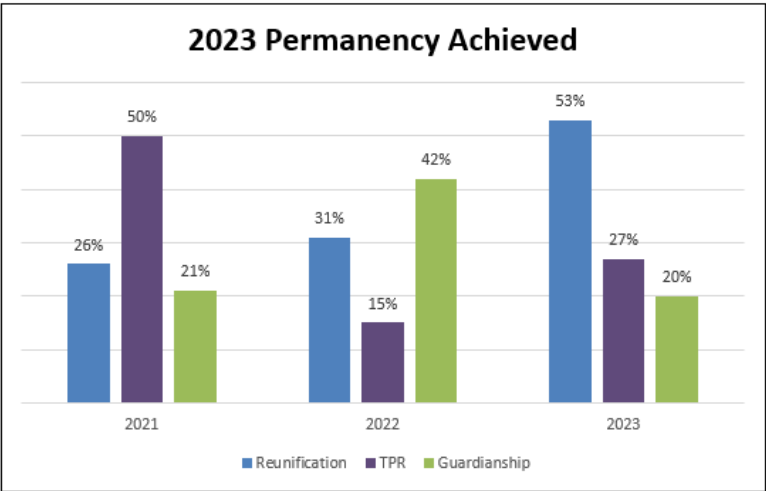
Once a case is transferred to the Ongoing CHIPS team, an ongoing case manager is assigned and a treatment plan for the child(ren) and parents is developed. Each case is unique with overriding factors such as poverty, domestic abuse, unmet mental health treatment needs, medical concerns for the child 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 2023, the number of children placed outside of their home remained steady when compared to the previous year. This is in part due to efforts made from the very start of a case with safety planning and the use of the families’ own informal 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.

**Noteworthy Trends and Data**

Throughout 2023, the number of open cases did not demonstrate much fluctuation, at the low end there were 51 open cases and the high end saw 60 open cases. This number has shown little deviation from similar numbers over the last few years and gives case managers the ability to spend more time on each individual case and manage the safety plans effectively. Regarding out-of-home care, the CHIPS team was responsible for 48 children placed in out-of-home care at the start of 2023 and 49 children placed in out-of-home care at the end of the year. This number again had little fluctuation throughout the year with 56 as the high and 47 as the low. The CHIPS team oversaw 50 children subject to in-home orders at the start of 2023 and there were 37 children subject to in-home orders at the close of the year, this number fluctuating between a low of 36 and high of 51.

In 2023, the CHIPS team helped 30 children who had been placed in out-of-home care find permanence. Eight children were the subject of Termination of Parental Rights (TPR) proceedings that were finalized in 2023. All were successfully adopted or are in the process of being adopted at the start of 2024. Sixteen children were reunified with one or both biological parents, which is double the number from 2022. Six children found permanency via Guardianship in accordance with their Permanency Plans, and in 2023 there were zero youth who “aged out” or found Permanency via OPPLA, meaning they turned 18 while still placed in care. The graph below shows the permanency trends over the last 3 years. As a matter of note in 2021, the percentage of TPR’s was significantly higher than typical years due to the backlog of proceedings from the COVID pandemic.



## Success Stories

The following is a success story of reunification occurring between parents and their child:

*I worked with a family who had a newborn baby we became involved with on an informal agreement due to the mother's drug use when the baby was born. Both mother and baby were doing well on an in-home safety plan. The mother was attending methadone treatment and testing negative for Illicit substances. A few weeks prior to the agreement ending, there was a domestic incident that was reported to the department and the father of the baby was showing signs of untreated mental health. The ongoing case manager talked with the family prior to the case closing about extending the agreement for a few more months to offer domestic violence resources to the mother and mental health services to the father.*

*When the Ongoing Case Manager discussed the extension with the family, both parents became escalated requiring the assistance of law enforcement, and the department ended up taking temporary physical custody of the baby who was then eight months old. Because of this, the mother relapsed and was using heroin, cocaine, and fentanyl at lethal levels. The father was not taking his medication for Bipolar Disorder or meeting the services required of his mental health treatment.*

*Over the next six months the mother continued to engage in heavy substance use. Ultimately, she ended up being required to enter drug treatment court for a little over a year. She successfully progressed through all stages of the treatment court and was able to graduate. The mother has tested negative for all Illicit substances for over a year. The mother also has stable housing and full-time employment and is doing well. The father of the baby continues to work to maintain his mental health and be a positive figure in his daughter's life. After over a year and a half of out of home placement, their two-year-old daughter was able to be successfully reunified and return to their care.*

The following is a success story of permanency through adoption:

*In 2019, an Ongoing Case Manager was assigned a case involving a newborn testing positive for methadone, marijuana, opioids, and benzodiazepines. There were also concerns of physical abuse to another child in the home, as well as concerns of extensive alcohol use and domestic violence occurring within the home by the parents. Because of the safety concerns, the baby was placed in a licensed foster home while continuing to be under the care of several medical providers.*

*Ongoing reunification efforts were attempted with the parents but were ultimately unsuccessful and both parents faced charges of felony child abuse and failure to protect. In 2022 a Termination of Parental Rights Petition was filed for both biological parents. The case was litigated for just short of a year prior to the actual trial being held in 2023 where both parents' parental rights were terminated following a two-day trial. Typically, after a termination of parental rights the adoption can occur within three to six months pending any appeals. The biological father did file an appeal that was litigated for approximately a year, however, later in 2023 the Circuit Court of Appeals affirmed the Circuit Court's original order terminating the parental rights.*

*This baby spent 1,633 days in foster care but was finally able to reach permanency and was adopted by his foster parents. The Ongoing Case Manager was able to attend the adoption hearing and was extremely touched and humbled by the foster parents true appreciation and absolute love for that little boy.*

### **Noteworthy Initiatives and Accomplishments**

The key outcome indicator used by the CHIPS team in 2023 was the same from the last two years. The goal was for the case managers to hold a full disclosure meeting with families whose children are placed out of the home 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. The meetings also included staff from other JCHS teams involved with a family, including Parents Supporting Parents, Birth To Three, CCS, etc. 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. The increase of reunifications shows the benefit of these meetings as well as the continued collaboration amongst the team members in working toward the same goals for the families.

The CHIPS team works closely with many internal and external service providers to achieve desirable case outcomes. The CHIPS team enjoys the support of having 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 Prevention 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 expectation 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 engaging respectfully with 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 at 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 (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 continue 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.

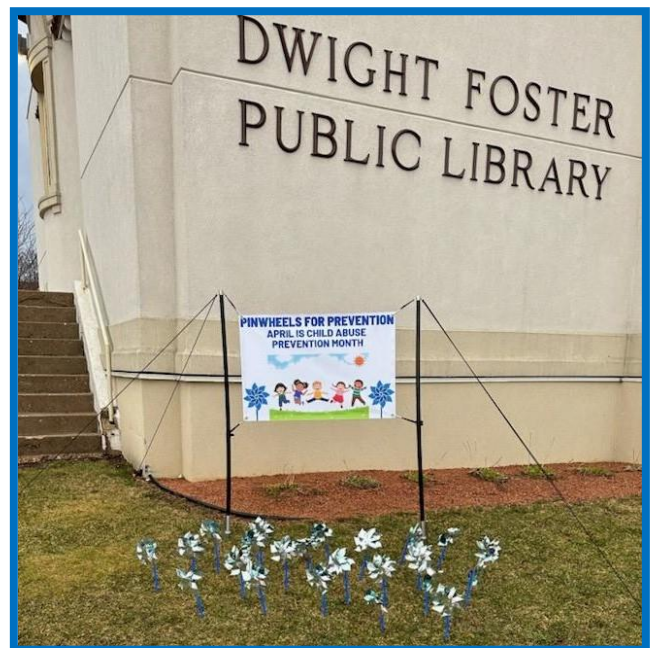
In 2019 Jefferson County received additional funding as part of the 2019/2020 biennium budget in the form of an increase to the Child and Family Allocation from DCF. One of the ways in which we chose to utilize that funding was to hire a psychotherapist specifically attached to the CHIPS team, for both 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. This position continues to be an invaluable asset to the CHIPS team and families with whom we work.

Over the course of the last five 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 goal of the JET program is to engage parents early 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 (GAL), 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. In 2023 Jefferson County took part in a Tailored Dispositional Order collaborative, partnering with Special Prosecutor Henry Plum, Corporation Counsel, participants from the CCIP, Parents Supporting Parents representatives, and



several other legal parties, including Guardian ad Litem and counsel appointed to parents. The Intake and Ongoing CPS units, as well as PSP staff at JCHS took upon rewriting the Court Ordered Conditions to make them easier to understand and less intimidating to parents. We have recently begun using these in our court orders and look forward to full implementation in 2024.

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. CAPS month proves to be a fun, though busy month every year with the hard work paying off through smiles and gratitude of the families we serve throughout the year. Below are some pictures from Child Abuse prevention month activities in April of 2023, including the Children's Share and Care Fair, one of several pinwheel displays throughout the county, and at the Round Up event at the Piggly Wiggly in Watertown.



## Looking Forward

The challenges we look forward to in 2024 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 2024.

### Review of 2023 Goals:

**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. During 2023 there were 12 cases that would require a full disclosure meeting, and 11 of them were held within the stated timeframe. The 12<sup>th</sup> meeting was scheduled, and the parents did not meet with the case manager and refused the meeting. ***This indicator was met.***

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. ***This goal was attained.*** Throughout 2023 the CPS team members collectively participated in more than 23 different trainings, collaborative workgroups, or committees.
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. ***This goal was unmet.*** Due to significant turnover and required training for new staff this goal was met at 50%, with a staffing occurring in both April and September.
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. ***This goal was attained.*** There were 5 of these sessions held throughout the year, with a great collaboration of diverse staff at the table, and case movement occurring.
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 2023.

### Goals for 2024:

**Key Outcome Indicator:** Case managers and the Family Teaming Coordinator will offer and schedule Family Team Meetings with parents on all out-of-home cases quarterly, post Disposition.

1. The CPS team will have, and document contact with non- custodial parents monthly and use the contact form for such purposes on each individual case.
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 expansive 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."*



### **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.*

### **What is the Children's Long-Term Support (CLTS) Waiver Program?**

The Children's Long-Term Support (CLTS) Waiver Program helps children with disabilities and their families with long-term care needs through supports and services that help children grow and live their best lives in their home and community. This is a home and community-based service waiver which uses Medicaid waiver to fund services for children with disabilities. This home and community-based waiver allows the use of Medicaid to fund additional non-medical services and supports not normally offered by Medicaid. The CLTS Program aims to keep children at home instead of out of home care or at an institution. In 2022, the federal government renewed the CLTS Program for five more years.

### **What are the primary values for the CLTS Waiver Program?**

Primary values of this program support 1.) individual choice; 2.) enhancing relationships; 3.) building accessible, and flexible service systems; 4.) achieving optimum physical and mental health for the youth; and 5.) promoting presence, participation, optimal social functioning, and inclusion in the community. The CLTS Waiver Program seeks to ensure the enrolled child or youth along with their family are treated with respect, work to build on their strengths, enhance individual self-worth, and supply the tools necessary to achieve maximum independence, empowerment, and community participation.

### **How are these services provided?**

CLTS services are delivered at the county level, while the Department of Health Services (DHS) provides the administration and funding for the waiver program. CLTS provided support and services for a child and their family depends on their specific needs and goals:

- Be a part of their home and community
- Complete daily living tasks
- Learn new skills and develop new interests
- Live their best life

### **How is a referral made to the CLTS Waiver program?**

Anyone with a concern for a child or youth with a significant disability and their family can make a referral to the CLTS Waiver Program. Parents often contact our program directly to begin the referral process. Referrals are also received from law enforcement, hospitals, schools, as well as Jefferson County Human Services mental health programs and youth-based programs.

### **How is a child determined eligible for CLTS services?**

Once a referral is received, the Access and Eligibility worker will arrange a visit with the family/guardian and identified child. During this visit a comprehensive assessment is begun and information is collected through parent interview and child observation. Additional information is often obtained from medical providers and educators. Program Eligibility is based on their “functional limitations” and not specifically a diagnosis. This includes a physical, mental, or emotional limitation that impacts their ability to carry out daily living activities.

To be eligible for the CLTS Waiver Program, the child or youth must meet all of the following:

- Be a Jefferson County resident and U.S Citizen
- Be younger than 22 years old
- Be able to get safe, required care at home or in the community
- Be eligible for Wisconsin Medicaid
- Have a diagnosis of a developmental disability, physical disability, and/or mental health disability
- Requires a level of care typically provided at:
  - A psychiatric hospital
  - A nursing home
  - An institutional care facility for developmental disabilities

### **What are CLTS supports and services after program enrollment?**

Once a child or youth and their family are enrolled in the CLTS Waiver Program they begin to work with their team, which includes:

- Their enrolled child or youth
- Their family (parents, caregivers) and others that are chosen by the family to be involved
- Wisconsin Department of Health Services (DHS)
- Their CLTS Support and Service Coordinator (SSC)
- The child’s provider(s)
- The team helps to apply for and get the right supports and services. Everyone works to support the child with their needs. Each member plays a role

Support and services for a child and their family are individualized and based on their specific needs and identified outcomes. The CLTS program provides a broad range of supports and services that are based on the child and family’s specific needs and goals.

Children and families in the CLTS Program have access to a range of support and services in the areas of:

#### **Support Services**

Respite care  
Personal Supports  
Childcare  
Day services  
Community competitive/integrated employment  
Discovery and career planning  
Participant and family directed goods and services  
Transportation

#### **Teaching and skills development**

Counseling and therapeutic services  
Health and Wellness  
Daily living skills training  
Safety planning and prevention  
Empowerment and self-determination supports  
Family/unpaid caregiver supports and services  
Grief and bereavement services  
Mentoring

### **Management and coordination**

Community integration services  
Financial management services  
Participant and family-direction broker services

### **Housing related**

Home modifications  
Housing support services  
Relocation services  
Children's foster care  
Adult family home

### **Physical Aids**

Personal Emergency response systems  
Specialized medical and therapeutic services  
Vehicle modifications  
Assistive technology  
Communication assistance for community inclusion  
Virtual equipment and supports

### **Bringing Families and CLTS Waiver program to life:**

Sharing of family's stories will bring to life how the CLTS Waiver program plays an impactful role in supporting their children to remain living at home and active in the community. These stories show the "why" behind the role for CLTS Waiver program.

In order to be served by the CLTS Waiver Program, applicants must meet the eligibility criteria as determined by a comprehensive assessment for at least one of three target groups. Target groups supported by the CLTS Waiver Program are:

- Developmental disability
- Physical disability
- Mental Health disability

A child or youth with a developmental disability that is being served by the CLTS Waiver program would generally have permanent intellectual and/or developmental disabilities or a related condition, resulting in substantial functional limitations and a need for active treatment.

Family Spotlight:



This teen and her mom were excited to share their photo and story. The family began working with Jefferson County CLTS Program following their move from another county in November 2022. The family received CLTS Waiver services through their prior county and the case was transferred when they moved. Her long-term goal for herself is to become more self-sufficient and independent and to eventually find employment following high school. In working towards this goal, she used an iPad to improve her ability to use recipes, follow a hygiene routine and manage her time. Over time, the iPad became unusable as it was no longer functioning. The iPad was replaced with CLTS funding as it was a tool used as she worked on self-reliance skill

development. It was also shared that she wanted to improve her ability to access the community on her own, so the CLTS Waiver Program funded a community-based program that works with youth with similar abilities and goals. Through this service, her comfort and ability to maneuver her home community improved. The CLTS Waiver Program helps children and youth with disabilities and their families through supports and services to live their best lives. It was shared by her mom that recently learned she was recommended for a Leadership camp this summer to be held at Edgewood College. She would like to learn how to be an advocate for others with special needs.

For a child or youth with a physical disability receiving services with the CLTS Waiver Program, they would generally have a long-term medical or physical condition that significantly diminishes their functional capacity and interferes with their ability to perform age-appropriate activities of daily living at home and in the community.

This is one family's story as shared by their Support and Service Coordinator (SSC):

A youth with significant physical disabilities began with the CLTS Waiver Program around the age of 7 and will be leaving the program in 2025 at the age of 18 to begin receiving services through the adult waiver program. Throughout this youth's life, the CLTS Waiver Program was there to help. As different needs developed and as the youth grew and mastered more self-care skills, their home needed to physically change. Initially, modifications to the family home were required to support the parents in caring for their young child. Part of the SSC role is to address the parent's limitations and abilities in their emotional and physical role as caregiver. A ceiling-mounted track and harness system was installed to allow parents to physically move their child into areas of their home that a traditional Hoyer lift would not fit. A bathroom modification was completed to allow the parents to safely bathe their child. Over the years, a second bathroom modification was needed to support the now teenager's physical size and growing independence. The SSC worked with parents and their durable medical equipment provider to access a medically needed hospital bed which was funded under Medicaid. Parents installed their child's first ramp prior to enrollment into the CLTS Waiver Program. Eventually, the wooden ramp needed to be replaced. The SSC worked with the parents to select the company that would install their CLTS funded ramp. The family van was also modified to make it wheelchair accessible for their child. Their SSC worked with the parents in partnering with school staff to ensure necessary accommodations were provided. This youth's parents are a great support and advocate. They explored their youth's different interests and ways to make it happen. From camping to ice fishing, the family enjoyed the outdoors. The parents found ways to enjoy activities together regardless of any physical barriers. As the youth nears age 18, the SSC partners with the family through each step as they transition from the CLTS Waiver Program to working with the ADRC and eventually on to their selected adult long term care program. This family's story conveys how the CLTS Waiver program supported the family with the ever-changing needs for their family.

A mental health disability for a child or youth has a long term, severe mental health disability diagnosed typically by a psychiatrist, psychologist, physician, licensed clinical social worker, or licensed professional counselor; demonstrates persistent behaviors that create a danger to self or others; and requires ongoing therapeutic support in order to live at home.

A family's story shared by their Support and Service Coordinator (SSC):

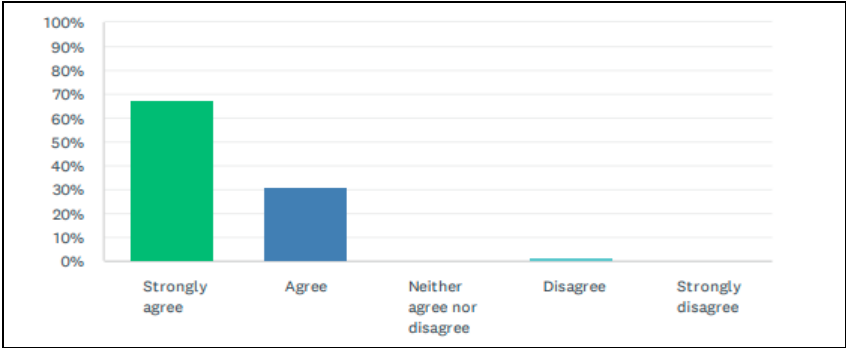
The family and their SSC explored and developed individualized supports and services for use during times the youth would struggle with their significant mental health and resulting challenging behaviors. This included connecting the family to supportive respite providers to provide the much-needed breaks for the parents. A primary part of the SSC's role is to address health and safety needs for the youth and family. Their home was made safer for the youth and family through CLTS funded items such as motion sensor cameras, door and window alarms and lock boxes to secure household sharp items. An important part of the Support and Service Coordinator role is providing support, collaboration, and connection to resources for the family. This family

learned about various community resources including mental health counseling agencies and received support to develop a partnership with their youth’s educators to ensure school-based supports were provided.

**How are we doing?**

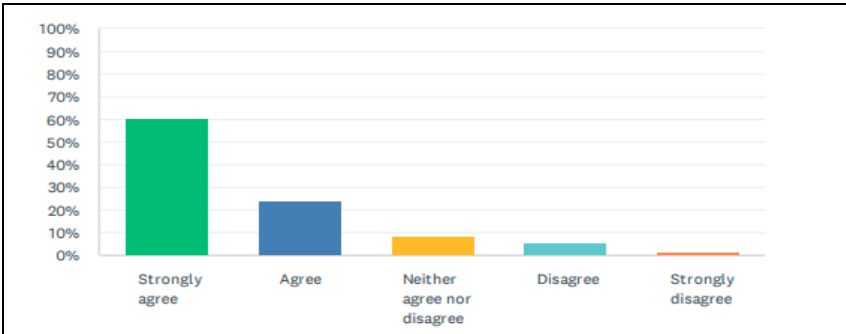
In a continuous effort to provide high-quality meaningful service, the CLTS Program surveyed families in January 2024 to determine the program’s strong suits and any areas in need of improvement. The survey resulted in a return of 58 surveys, which is 14.72% participation. The following is our survey results.

**Question 1. I am involved in the discussion and planning of my child’s services and outcomes.**



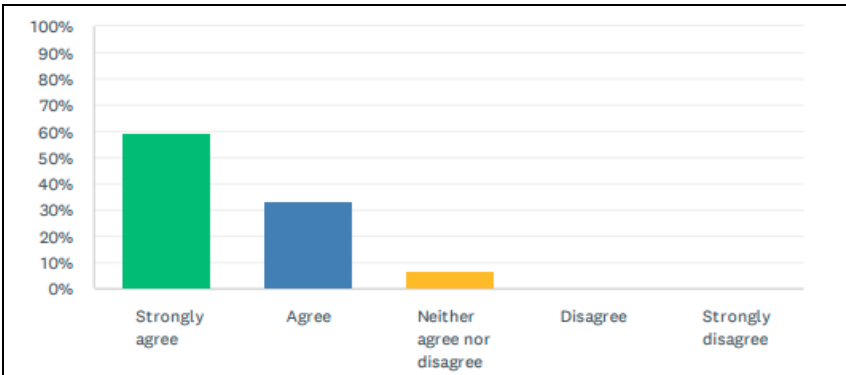
**~98.27% of families strongly agree or agree they are involved in the discussion and planning of their child’s services and outcomes.**

**Question 2. I am satisfied with the frequency of contact I have with my Support and Service Coordinator and their availability to my family.**



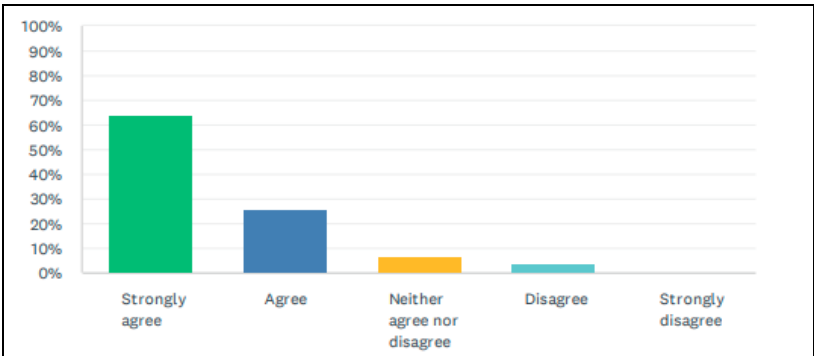
**~84.48% of families strongly agree or agree they are satisfied with the frequency of contact they have with their Support and Service Coordinator and their availability.**

**Question 3. The services my family receives from the Waiver program are an important part of my family’s support system.**



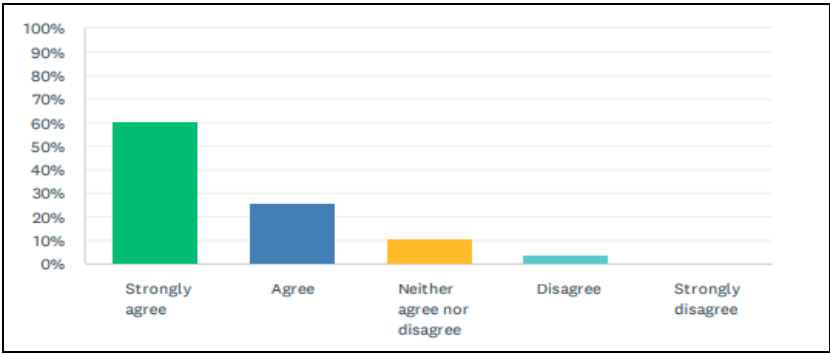
**~92.98 of families strongly agree or agree the services their family receives from the CLTS Waiver program are an important part of their family’s support system.**

**Question 4. My Support and Service Coordinator is easy to talk to about concerns and needs I have for my child.**



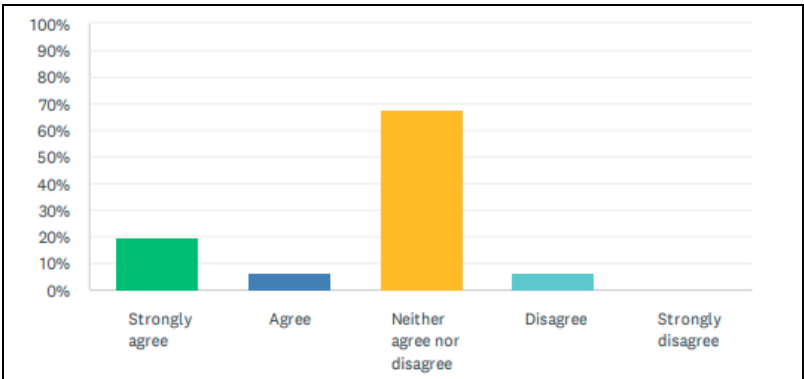
**~89.65% of families strongly agree or agree their Support and Service Coordinator is easy to talk to.**

**Question 5. My Support and Service Coordinator helps advocate for my child’s health, safety, and community inclusion.**



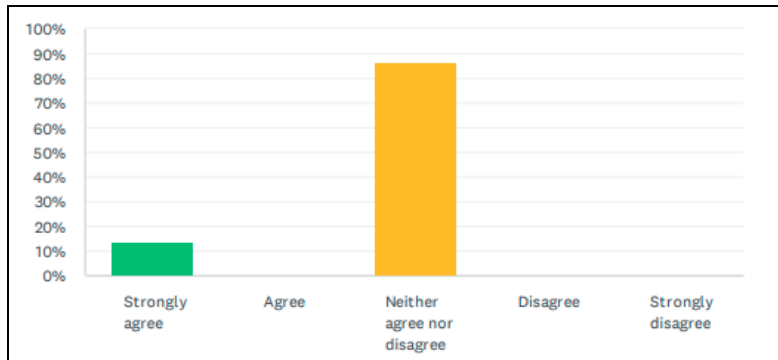
**~86.20% of families strongly agree or agree their Support and Service Coordinator helps advocate for their child’s health, safety, and community inclusion.**

**Question 6. For youth 14 or older, my service coordinator has begun sharing the steps for the transition process to adult programming. This could include initial information on supportive decision making, guardianship, adult programming, and/or employment and ongoing education goals. Select N/A if this does not apply to your youth.**



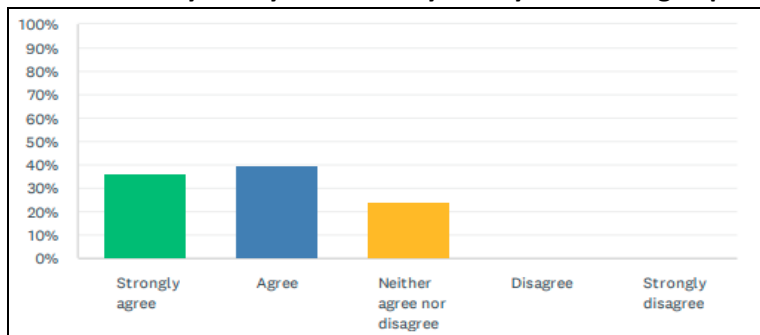
**~26.09% of families strongly agree or agree their Support and Service Coordinator has begun discussing the process of transition to adult services once their child turns age 14. 67.39% of families neither agree nor disagree which indicates this question does not apply to them.**

**Question 7. For youth 17 or older, my service coordinator has assisted me in the transition process to adult programming by making a referral to the ADRC and assisting with guardianship or supportive decision making. Select N/A if this doesn't apply to your youth.**



**~13.64% 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. 86.36% of families neither agree nor disagree which indicates this question does not apply to them.**

**Question 8. My family's overall day-to-day functioning improved after we started to receive CLTS services.**



**~75.87% of families strongly agree or agree their family's overall day-to-day functioning improved after they began to receive CLTS services. This percentage reflects the impact experienced by families when there is a narrow field of available CLTS funded service providers.**

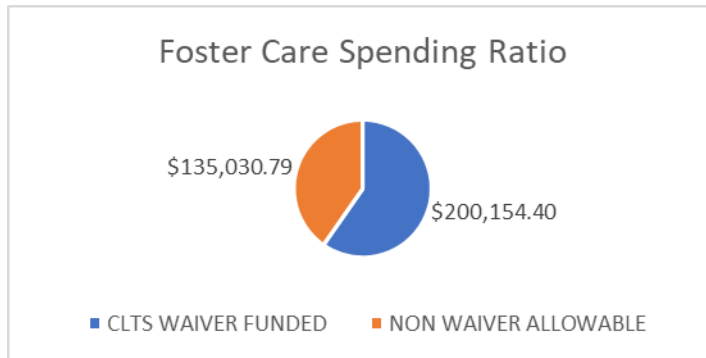
**Jefferson County CLTS families shared their thoughts on how CLTS services have impacted their family:**

- ❖ Helping my son to have ways to get movement and manage his emotions is huge for getting through our daily life.
- ❖ I cannot even express how grateful I am for these services. Us as parents have learned so much that we have used what we learned into our child's everyday life. A few examples are reward charts, respite care, sticking to the consequences of our child's behavior and continuing to follow through on a daily basis. We have also learned a lot just listening to stories about other families and what they do for rewards or consequences.
- ❖ Our service coordinator has been extraordinary in her assistance, creativity, and partnership. We have seen an overall improvement in our kids.
- ❖ Respite staff has changed our life for the better.
- ❖ Services have increased my daughter's access to supports that facilitate her involvement (and thus our family's involvement) in the community. Just as importantly, services have reduced the stress experienced by our family.
- ❖ It has empowered the family to be more involved with our son in ways we would not have otherwise. We now do things with him instead of for him. We know him better as who he is with the exposure to so many different activities and programs.
- ❖ Respite care has been a mental health life saver for our family.



- ❖ Having a very supportive program coordinator was extremely helpful as she gave all the support we needed.
- ❖ Our service coordinator is amazing to work with and she always has the most upbeat personality. Our family enjoys working with her.
- ❖ Although we came into the program at 14 y/o, I can't say enough how much we have gained in many aspects of our son's life. Thanks to all that advocate for such programs. Kudos to our coordinator!

#### **Foster Care Spending Ratio**



Twenty-one (21) children who resided in foster care throughout 2023 received Children's Long Term Support services. As illustrated on the above graph, the annual cost for these 21 children to reside in out-of-home placement was a grand total of **\$335,185.19**. Of this amount, the Children's Long Term Support waiver program funded **\$200,154.40**. The remaining amount of \$135,030.79 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.

#### **A Year in Review for 2023**

Through DHS continuous enrollment initiative, which was implemented in 2022, the CLTS Waiver Program enrolled **114** new children in 2023, providing support and services to a total of **522** children and their families throughout the year. This total includes families that may have moved out of Jefferson County, or disenrolled from the program. Continuous enrollment is a process that helps children join the CLTS Waiver Program faster as there is no longer waiting lists. They are served on a first come, first served basis. During 2023, DHS modified enrollment timelines from 30 days to 45 days following the initial eligibility determination.

The chart below shows the growth for the program over the past 3 years. The total served column reflects the total number of children served throughout the year.

Year	Enrolled	Total Served during year
2021	103	342
2022	142	445
2023	114	522

As the need for CLTS Waiver services continued to grow, so did the CLTS Waiver team to meet the growing need. Throughout 2023, additional staff and positions were added. Four additional SSCs joined the team with one SSC replacing another SSC who moved on to start their own business. The CLTS Lead position was added to provide additional support to the growing team and provide one-to-one training for all new staff. At the end of 2023, the CLTS Waiver Program consisted of a program supervisor, an Administrative Specialist, an Administrative Assistant, and fourteen Support and Service Coordinators (SSC). Two SSCs had a dual role as point of contact for families and referral sources in Access and Eligibility. One SSC also served in the CLTS Lead position. One SSC is a bi-lingual service coordinator.

In May 2023, the CLTS team also saw the Federal Government declare the end to the COVID-19 Public Health Emergency. Along with all other Medicaid funded programs, this began the DHS "unwinding" policy process.

Over the next several months, CLTS policies changed from temporary policies that were utilized during the public health emergency and returned to new and updated permanent program policies. This included a return to in-person contacts with families and completion of the annual functional screen assessments to determine program eligibility. During the public health emergency, all functional screen assessments were put “on hold” and children were not disenrolled from CLTS. Support and Service Coordinators (SSC) worked closely with their families to provide direction and understanding with program changes and as families reapplied for other Medicaid funded services and Medicaid coverage. The SSCs partnered closely with Economic Support program and Katie Beckett Medicaid program to support CLTS families for their Medicaid coverage.

One part of this year’s CLTS Waiver Program goals was to develop a plan with the intention to build community partnerships and increase awareness with local educators, medical providers, and the general public. The CLTS program organized and hosted the Fort Atkinson Children’s Share and Care fair along with participating at the Watertown children’s fair and Watertown Police Department sensory friendly open house. The monthly CLTS family newsletter expanded to include English and Spanish language versions as well as the community based CLTS newsletter that is shared with local schools and can be found on the Jefferson County Facebook page and Instagram. These community-based connections allow the CLTS Waiver Program to share information on the program, services, and promote CLTS provider recruitment as well as connecting to those who serve families and children with disabilities.

#### **Review of 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. Effective from the beginning of October, enrollment must now occur within 45 days. Based on an internal audit our CLTS team met the DHS Activity Timeline expectation for 8 of the 12 months. ***This indicator was partially attained.***

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 through internal audit. Participant-focused Assessments (aka 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 60 days of the consumer’s enrollment in the CLTS program. ***This goal was attained.*** Based on an internal audit, Participant-focused Assessments were completed within the DHS timeframe of 60 days at 100%.
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 through internal audit. 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. ***Both parts of this goal were attained.*** Based on an internal review, 87.34% of incident reports were reported to DHS timely (within 3 business days of notification). Based on an internal review, 89.87% of incident reports were completed in time (completed within 30 calendar days). Incident Reporting compliance will continue to be a focus for the CLTS Program in 2024.
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. ***This goal was attained.*** A return to in-home visits for annual recertifications and services plan reviews began on June 1<sup>st</sup>. Through monthly auditing, this goal was met 100%. Compliance with in-person visits will continue to be a focus for 2024.
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. ***This goal was attained.*** Based on the 2022 outreach

plan, the CLTS program has expanded their monthly CLTS newsletter to be shared with local school districts, Jefferson County social media pages as well as CLTS families in both English and Spanish languages. Coordination of the annual Fort Atkinson Care and Share Children's Fair along with participation at the Watertown Children's Fair and partnering with the Watertown Police Department sensory friendly open house. These events allow for promotion of CLTS provider recruitment and outreach materials to be shared. This goal will continue for 2024 for the CLTS program to continue building community partnerships.

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. ***This goal was attained.*** CLTS program staff completed a MI recording and coaching session. Each program staff identified an individualized MI development goal they focused on throughout the year.

#### **Goals for 2024:**

***Key Outcome Indicator:*** CLTS program will meet enrollment timeframes (DHS Activity Timeline) 86% of the time. All children are considered in enrollable status when determined functionally eligible and when entered in PPS. Enrollment into CLTS must occur within 45 calendar days. The Support and Service Coordinator has a maximum of 45 days to:

- ***Meet all CLTS eligibility criteria.***
- ***Place an end date in the participant's record in PPS.***
- ***Enroll participants in EES.***

1. CLTS program staff will achieve 86% or higher in the area of Incident Reports were Completed Timely as evidenced by the 2024 audit conducted through internal audit. Incident reports are required for identified incidents that occur at any location and with any provider: home, school, paid or unpaid. Incident reports are completed for actual or alleged abuse, neglect or exploitation, medication error-based hospitalization, psychiatric hospitalization, law enforcement contact or investigation involving the participant, unapproved use of restrictive measure, or death of the participant. 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.
2. CLTS program staff will provide in-person visits with the participant and parents or guardians for bi-annual service plan reviews at 86% or higher as evidenced by the 2024 audit conducted through internal audit.
3. The CLTS program strides to be a resource to the families they serve. To better address free and low-cost disability-related community resources available in Jefferson County and the surrounding areas, the CLTS team will research and compile a resource guide to be shared with the CLTS families.
4. To continue building community partnerships and awareness goal for 2024, the CLTS program will connect with local educators and medical providers to promote the CLTS services and program.
5. An ongoing goal for the CLTS program staff is to continue building their Motivational Interviewing (MI) skills, through submission of a MI recording for coding and coaching prior to their annual performance review. The CLTS team will engage in MI skill building activities quarterly during CLTS team meetings.

## 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, also known as Wraparound, 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 2023, CST provided Care Coordination to 24 youth (11 of those were enrolled in 2023) and had 20 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, one community outreach worker and is supervised by the Youth and Family Services Supervisor. 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 from the Wraparound Holiday Youth Event 2023.

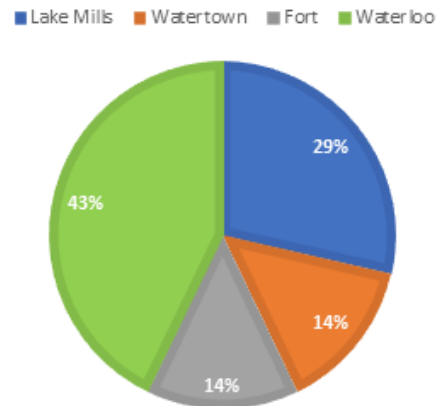


These little gals are having a great time  
decorating cookies at the 2023  
Wraparound Holiday Part held in  
December

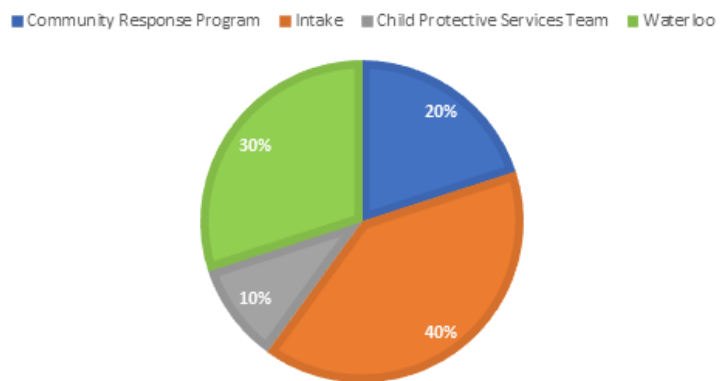
## Referral Source

Referrals are received from internal programs and external sources. As you can see in the graph below, half our referrals came from internal partners (Intake, CRP, CPS) and the other nearly half of referrals came from our school partners. We did receive one referral from a hospital. This year we received referrals from four different school districts throughout the county: Watertown, Fort Atkinson, Waterloo, and Fort Atkinson. This is the same as last year, showing that our outreach efforts are making a difference. All referrals are received and screened, utilizing a Family Centered approach that relies on parent participation. The CST/Wraparound team is dedicated to delivering the program message of hope and help to different members of the community and is committed to increasing the number of community-based referrals moving forward, meaning originating from outside of Human Services and the school districts.

**School Based Referrals**



**2023 Internal CST/Wraparound Referrals**

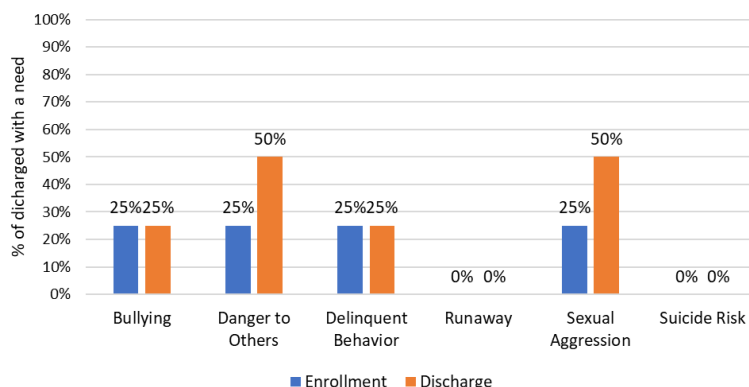


## JEFFERSON COUNTY COORDINATED SERVICE TEAM CANS ASSESSMENT OUTCOMES FOR 2023

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 Department of Health Services 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 as outlined on the next three pages describe youth with moderate to high needs and youth with moderate to high-level strengths. The percentage of youth with

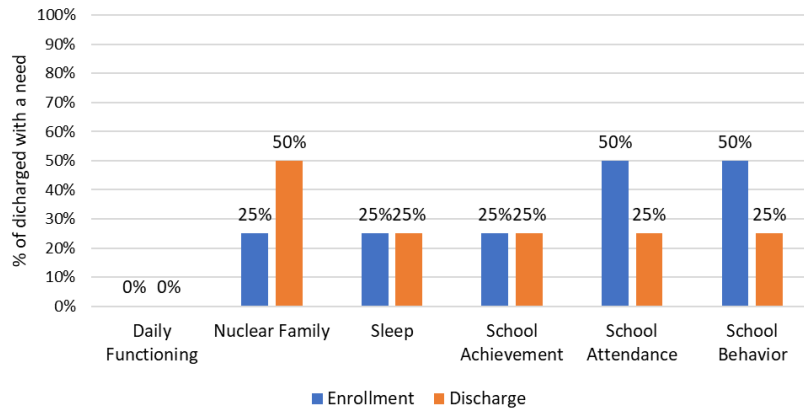
needs and strengths at enrollment and discharge are displayed to illustrate improvements made by youth in the Jefferson CST.

**Change in Risk Behaviors for 2023 (n=4)**



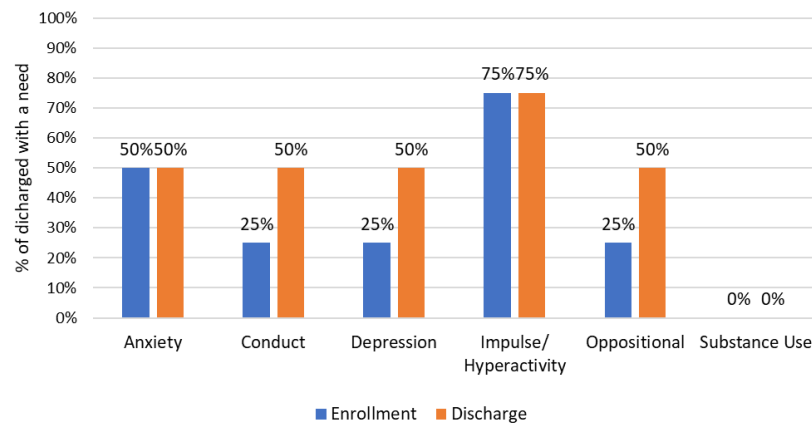
The Jefferson County Coordinated Service Team (CST) Initiative reported 31 youth as participating in 2023 of which 4 were disenrolled in 2023. Complete data was reported to the State Department of Health Services for all 4 of the youth who were disenrolled. The chart to the left reflects data obtained from the CANS assessment and shows that, of the four youth discharged from programming, there were no differences or a higher level of risk behaviors.

**Change in Functional Needs for 2023 (n=4)**



The chart to the left show that, although no change to school achievement, there were improvements in school attendance and school behavior in youth served and discharged in the CST program.

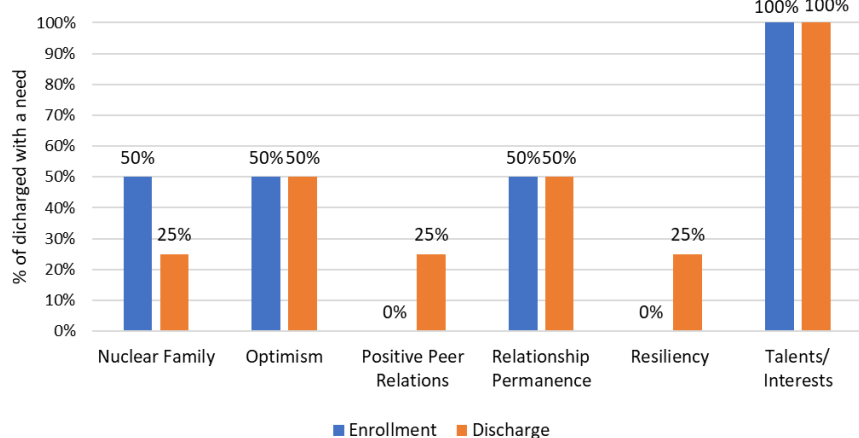
**Change in Mental Health Symptoms for 2023 (n=4)**



The second graph depicts positive changes in certain mental health symptoms, in youth served and discharged from the CST program, namely conduct, depression and oppositional behaviors.

The chart to the right shows steady, high numbers of strengths in the areas of optimism, relationship permanency and talents, as well as an increase in strengths in the areas of positive peer relationships and resiliency.

**Change in Youth Strengths for 2023 (n=4)**



### **Review of 2023 CST 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. **Goal not attained.** Due to the high levels of youth with significant behaviors and needs, 53% of youth in the program met this key outcome indicator.

1. To ensure that the CST team is making progress toward proficiency in MI, each team member will submit a recording for a coaching opp. Additionally, CST team member will participate in any agency-wide professional development activities. **Goal attained.** All members of the Coordinated Services Team submitted a tape that displayed Motivational Interviewing skills in 2023. The tapes were coded, and the workers received a coaching session from an internal MI coach.
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 meetings. **Goal attained.** Six sessions were offered in 2023. Informational groups were held or offered on 2/28/23, 4/25/23, 6/13/23, 8/23/23, 10/19/23, and 12/12/23. Unfortunately, attendance was low, both for these meetings as well as parent voice in the Coordinating Committee.
3. At least six youth in the COW 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 COW. These activities will be based on giving back to the community and may be either individual or group projects. Need help on this one. **Goal attained.** Meetings occurred in January, February, March, April, May, June, July, August, September, October, November and December, and a minimum of two youth attended each group.

### **Goals for 2024:**

**Key Outcome Indicator:** To enhance knowledge of the program and increase community-based referrals, the CST team will share information regarding wraparound services to a minimum of one community partner agency each month.

1. The Coordinated Services Team will host at least 2 Family Fun Nights throughout the year to provide an opportunity for youth and their families to spend quality time together as well as to increase parent engagement in the CST process.
2. The Coordinated Services Team will teach an evidenced-based Strong Kids curriculum to improve the social emotional learning of CST youth of the appropriate age as evidenced by an average score of 80% on the final knowledge test.
3. To increase youth voice in programming, the Coordinated Services Team will acquire youth feedback on a variety of topics and integrate at least three ideas to continue to create an environment where youth feel valued and heard.
4. 75% of eligible youth will complete a program satisfaction survey by October 31, 2024.
5. To keep Diversity, Equity and Inclusion and Belonging as a priority and ensure it is infused in programming, the Coordinated Services Team members will take turns delivering transfer of learning activities at least monthly to each other in team meetings and share learning experiences at quarterly Coordination Committee meetings, which will be reflected in the meeting minutes.
6. To ensure that the Coordinated Services 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.



# **INCREDIBLE YEARS PARENTING PROGRAM**

## ***Incredible Years Parenting Series Program and Incredible Years Social Skills Group***

### **Incredible Years Parenting Class and Program Description**

The Incredible Years (IY) Parenting Series Program and Incredible Social Skills Group consist of evidence-based interventions for parents, children, and educators, with a focus on addressing behavior challenges in children while enhancing their social, emotional, and academic abilities. Supported by extensive research spanning over three decades, the program is designed to be culturally and economically inclusive. In Jefferson County, there are eight distinct parenting classes covering various age groups and topics, ensuring residents' needs are met. Additionally, Social Skills classes are available to children enrolled in limited services at Jefferson County Human Services and in select elementary schools across Jefferson County.

Both the parenting classes and social skills classes are coordinated by the CST/Wraparound staff. The parenting program offers Incredible Years classes to community members and court-ordered individuals. Barriers to participation, such as childcare, transportation, and meals, are removed through collaborative efforts among Human Services staff. Additionally, this program would not be possible without strong community partnerships. Whereas the social skills program partners with area school districts to deliver classes that enhance the social and emotional competence of the children selected to participate, both programs have partnerships with community stakeholders that contribute to the programs' successes by supplying support in various forms, including but not limited to venue arrangements or financial contributions.

The Incredible Years program staff took the program up a notch more in 2023 when one of the primary facilitators applied for and underwent a demanding process to become certified in two of the age groups offered. This is not easy, but we are excited to offer this high level of fidelity to this evidenced-based parenting program. The goal is to continue with this process until achieving certification in all age groups.

### **Funding Source:**

The Incredible Years Parenting Class and Children's Social Skills group is funded through United Way of Jefferson and North Walworth Counties.

### **Incredible Years Parenting Series:**

The parenting classes, facilitated by the CST/Wraparound team and Community Response Programming (CRP) staff, are tailored to specific age groups, ranging from 0 to 12+ years. In addition, there are dedicated classes focusing on autism, advanced parenting (emphasizing co-parenting and communication skills), and a supporting child's education class. These sessions typically extend over a period of 10 to 18 weeks, with weekly classes lasting two hours each.

During classes, parents are equipped with essential positive parenting skills, including encouraging and developing bonding and attachment, effective communication, emotion, and social coaching skills, setting boundaries and limits and developing, implementing routines within the home environment, and handling misbehavior. By promoting the adoption of these skills and giving the parents confidence in using the positive parenting tools, the program aims to reduce reliance on harsh disciplinary measures and foster healthier parent-child relationships, ultimately mitigating the need for more intensive interventions and promoting positive outcomes for families.

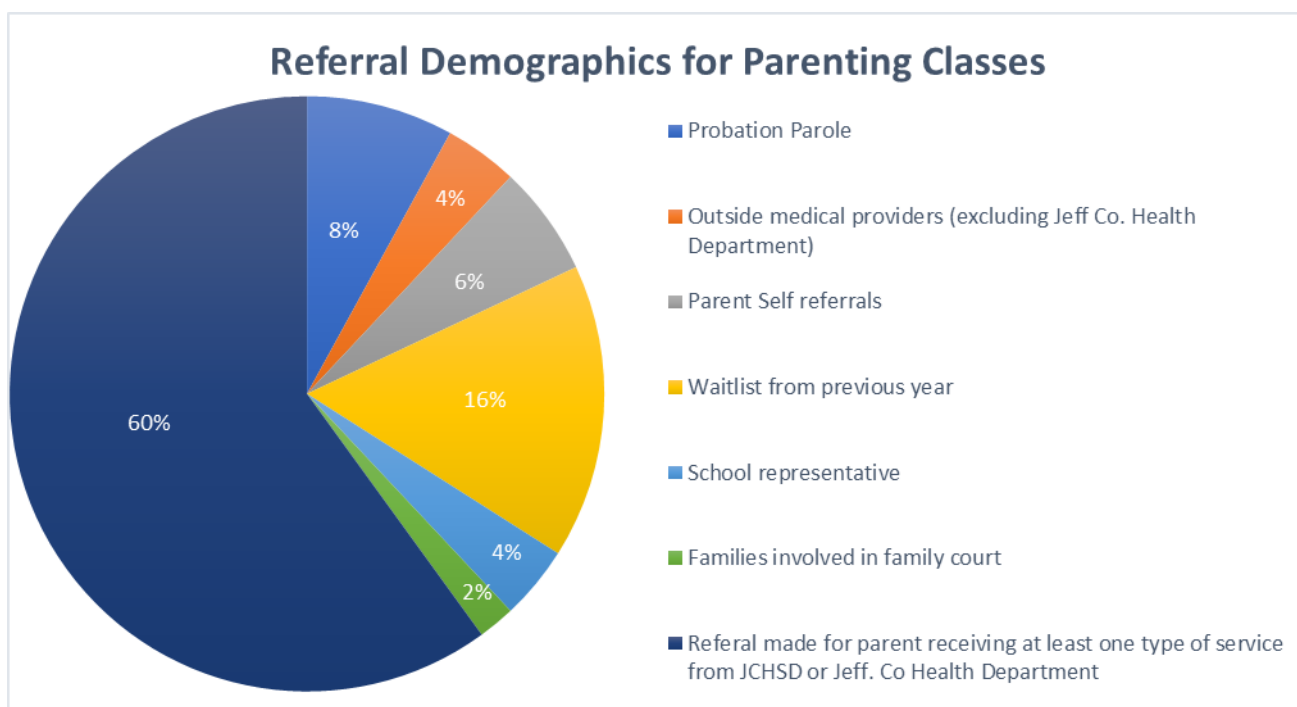
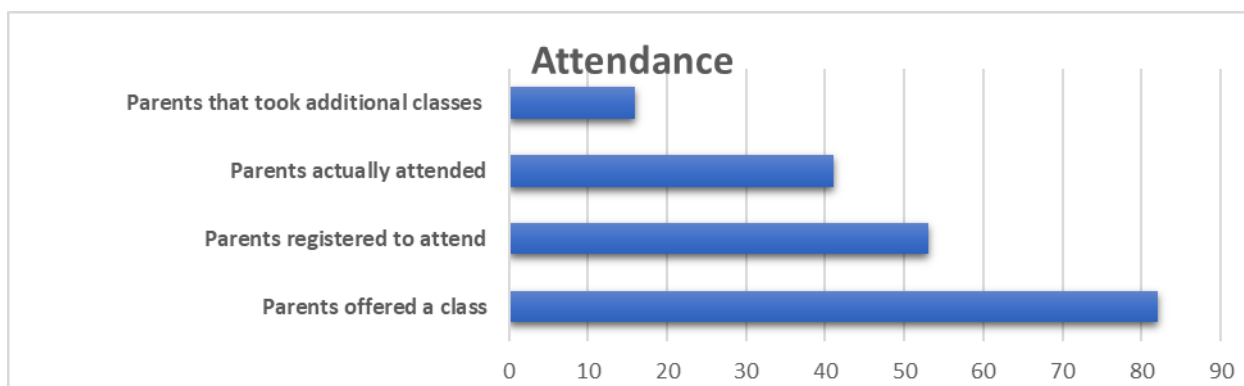
In 2023, all classes were held in person for the first time since 2020. The CST and CRP teams effectively addressed transportation and childcare challenges with support from Human Service Staff and local volunteers. As a result, numerous parents could participate in multiple parenting classes throughout the year. Compared to previous years, 2023 saw the highest rate of parents voluntarily returning for additional classes after completing their initial classes. Moreover, 34 children received childcare services in 2023. Among parents using childcare, 36% observed improvements in their children's behavior, while 21% of children with initially challenging behaviors showed positive changes in behavior by the end of the session. Ninety-two percent of

parents attending IY classes cited transportation costs as a hindrance to consistent attendance. To alleviate this, these parents were provided with gas cards to aid in commuting to and from class each week, marking a 5% increase in parents identifying transportation costs as a barrier to accessing the classes.

**Incredible Years 2023:**

When classes were held	What classes were offered	Demographics of classes held
January	Finish 3–6 year Class	This class was a carryover from 2022
February	Offer a 6-12 year class in partnership with Jefferson School District Elementary schools	This class did not take place due to low interest. 2 parents interested in the class were offered a class later in the year.
March -June	Hosted a 1-3 years Toddler Class	19 parents offered the class 12 parents registered to attend the class 10 parents registered attended
March - June	Hosted an Advanced Class	18 parents were offered the class 16 parents registered to take the class 8 parents registered attended the class
April	Offered 0-1 year baby class in partnership with Watertown Family Connections	This class did not take place due to low interest
May-June	Hosted small group 0-1 Baby class	6 parents offered the class 6 parents registered to attend the class 3 parents attended
July-November	Hosted 6-12+ years Class	39 parents were offered the class 19 registered to take the class 15 parents registered attended
September-October	Hosted one – on- one Baby in home class	This class was for a couple who participated in one-on-one instruction due to extenuating needs
October	Offered 0-1 year baby class in partnership with Watertown Family Connections	This class did not take place due to low interest

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



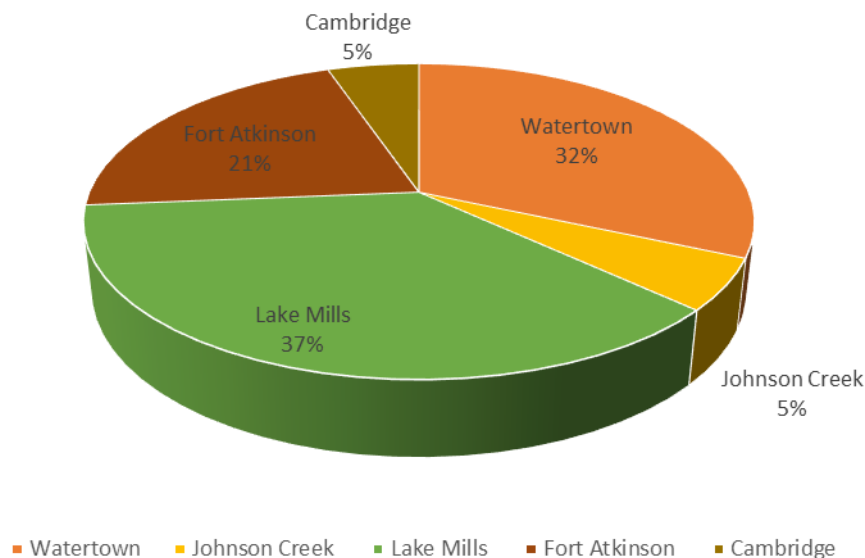
#### **Incredible Years Social Skills Group**

The Incredible Years Children’s Social Skills group is a comprehensive, interactive, video-based curriculum provided in a small group setting. In a group, children learn social skills, problem-solving, and develop strategies to manage emotions in a healthy way. This enables children to have reduced behavioral issues, a decrease in the need for interventions, and enables them to become emotionally competent. Group leaders offer the class in various schools within Jefferson County. Group leaders communicate weekly with each student’s parents, teacher, and school social worker to promote the transfer of learning both at home and in their classroom. There were two classes held within Jefferson County schools in 2023. Douglas Elementary School in Watertown hosted an IY Social Skills Group as well as Lake Mills Elementary. Group leaders also hosted a community based IY Social Skills Group in Fort Atkinson at the Fort Atkinson Public Library during the summer months. A total of 19 youth participated in 2023, which was comprised of ten boys and nine girls. Of the 19 participants, 6 were from Watertown, 7 were from Lake Mills, 1 was from Johnson Creek, 1 was from Cambridge and 4 were from Fort Atkinson. This is reflected in the following graphs.

## IY SOCIAL SKILLS FOR CHILDREN: GENDER



## IY Social Skills for Children: City of Residence



### Review of 2023 Incredibly Years Parenting Class and Social Skills Group Goals:

1. IY facilitators will offer at least two classes in partnership with Watertown Family Connections (WFC) and the Jefferson School District. **Goal was partially attained.** Classes were offered in partnership with WFC in April and in October. Unfortunately, there was not enough parent interest in the Watertown or surrounding areas to host either class at their location. A baby class was offered in Jefferson County as result for residents closer to the southern half of the county.
2. IY facilitators will reach out to community organizations to gain at least one collaborative partnership to assist in childcare for IY classes. **Goal was partially obtained.** Community organizations and schools were approached regarding childcare. County school districts offered high school juniors and seniors that needed hours volunteering or were looking at a career in childcare the opportunity to sign up for hours.

This did result in student interest unfortunately, the day the class was offered conflicted with other school obligations and the volunteer was unable to help. Grants were also investigated as a way help with childcare. Other organizations approached about childcare were UW- Whitewater, MATC, areas churches, Safe Families and Maranatha. Although, those organizations did not generate any support to help with childcare, there was a community volunteer that reached out to support with childcare and was able to attend and assistance with childcare.

3. 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. **Goal attained.** Jefferson School District worked with IY parenting class to offer a 6-12 years class in February of 2023. This class did not have enough parents interested in taking the class. 2 parents interested in the class were offered a class later in the year.
4. 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. **Goal partially attained.** IY facilitators taught two classes within the Jefferson County school district within the spring term. One class was hosted by Douglas Elementary in Watertown and the other was hosted by Lake Mills Elementary School. There was an 11-week session during the summer months held in the Fort Atkinson community at the Fort Atkinson Public Library. There were no sessions offered to school districts during the fall semester due to a vacancy in the co-teacher role.
5. IY facilitators will offer at least two classes in partnership with Watertown Family Connections and the Jefferson School District. **Goal partially attained.** IY facilitators collaborated with the Jefferson School District during the year 2023 with the resulting plan to host an IY Social Skills Group for Children at West Elementary in Jefferson.
6. 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. **Goal Attained.** The Incredible Years Social Skills Group for Children was offered in the Fort Atkinson community for the first time. The group was held at the Fort Atkinson Public Library.

**Goals for 2024:**

1. Incredible Years facilitators will teach two modified eight-week sessions of Social Skills for Children in Jefferson County school districts.
2. IY parenting facilitators will host at least one class in the community.
3. IY parenting coordinator will reach out to at least one new community organization to explore one new alternative option for childcare support.

## 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 Worker, one Family Advocate, one Parent Coach, and the Intake Unit Supervisor.

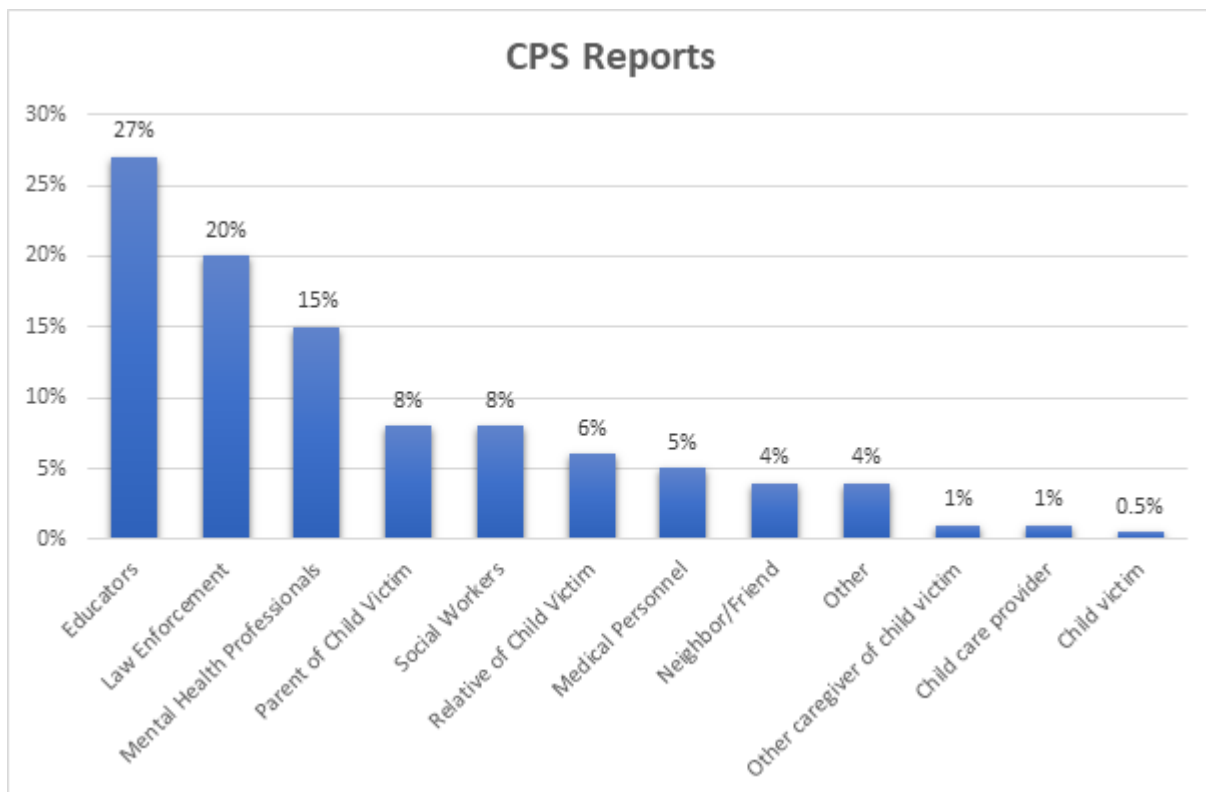
### What We Do

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
- Conducting multi-disciplinary team meetings and mandated reporter trainings in the community

### 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 2023 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. Continuing to follow this data, from 2022-2023 there was a 3% decrease in the amount of CPS Reports made to Jefferson County and a 4% decrease in the amount of CPS Reports that were screened in. One could opine that due to the Community Response Program and preventative efforts that are occurring in Jefferson County are a high contributing factor of less CPS Reports and less severe reports, that do not rise to the level of a CPS investigation.

	2019	2020	2021	2022	2023	Jefferson County	State of WI
<b>Screened In CPS Reports</b>	280	265	279	233	196	27%	29%
<b>Screened Out CPS Reports</b>	546	551	564	522	537	73%	71%
<b>Total CPS Reports Made</b>	826	816	843	755	733	100%	100%

One might question why approximately only a fourth 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 is 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.

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. It is interesting to note the significant increase in powder cocaine as well as methamphetamines. Although heroin is noted as 0 grams, it is reported by drug task force that all heroin seizures contained fentanyl and therefore is noted under fentanyl which also had a significant increase in 2023.



DRUG TYPE	2017	2018	2019	2020	2021	2022	2023
CRACK COCAINE	1.48	3.71	99.37	137.22	26.44	43.11	107.38
POWDER COCAINE	329.61	504.67	2341.74	366.48	225.04	170.27	9,266.58
HEROIN	24.65	1.63	9.87	12.34	143.66	1.05	0
FENTANYL	0.079	0.03	0.69	1081.23	2011.39	43.93	169.707
METHAMPHETAMINE	43.01	15.65	31.13	1402.65	351.86	107.28	377.21
LSD	44.1	0	81.72	93.04	49.71	27.03	0
MARIJUANA	6101.17	8175.38	1157.61	8346.57	31,813.04	11,469.43	11,802.2

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 one-fourth of Initial Assessments completed involve allegations of drug use, alcohol use, and/or exposure to controlled substances by a parent, most of these do not 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.

	2019	2020	2021	2022	2023
<b>Families Enrolled In IHSS/TSSF</b>	20	26	29	35	66
<b>Out-Of-Home Placements Prevented</b>	49	50	62	64	97
<b>Savings In Alternate Care Costs</b>	\$198,000	\$330,000	\$484,344	\$768,000	\$1,047,600

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 ten counties in Wisconsin that was above 95% in completing timely face-to-face contacts on Initial Assessments, and we were only one of 27 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%
<b>2018</b>	99%	80%	1 of 8
<b>2019</b>	97%	80%	1 of 9
<b>2020</b>	97%	80%	1 of 6
<b>2021</b>	97%	80%	1 of 9
<b>2022</b>	98%	79%	1 of 9
<b>2023</b>	99%	79%	1 of 10

Timely IA Completion	Jefferson County	State Average	County Comparison < 95%
<b>2018</b>	100%	69%	1 of 19
<b>2019</b>	100%	68%	1 of 20
<b>2020</b>	100%	73%	1 of 18
<b>2021</b>	100%	75%	1 of 22
<b>2022</b>	100%	73%	1 of 25
<b>2023</b>	100%	75%	1 of 27

### **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 76% 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 70% 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 approximately half 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 decreased by 18% this past year, which is notable and will be monitored in coming years as we do plan to work with our community stakeholders in creating more preventative measures in this area. We began our truancy intervention programming and partnerships with schools and families in 2020, which is showing promise as the number of truancy referrals the past two years have remained low. 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.

	2019	2020	2021	2022	2023
<b>Delinquency Referrals</b>	213	196	238	282	230
<b>Truancy Referrals</b>	68	15	36	20	22
<b>Total Referrals</b>	281	211	274	302	252

The Intake Unit embarked on a new initiative in 2021 and was trained in two different curriculums - those being the Drug, Alcohol & Vaping Curriculum, as well as the Teen Social Media & Sexting Intervention Program. In 2023, our Youth Justice Prevention Worker also became trained in Showing Up-A Truancy Curriculum. Our new Family Advocate in 2023 completed training in the Teen Social Media & Sexting Intervention Program and Drug, Alcohol, and Vaping Curriculum. Both the Family Advocate and the Youth Justice Prevention Worker use these curriculums 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**

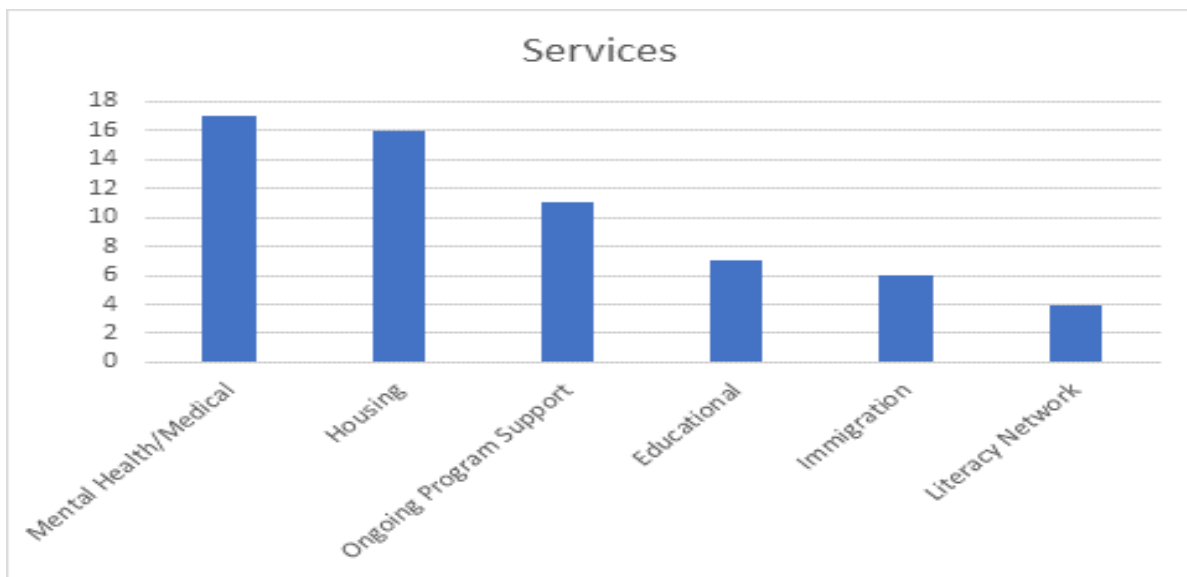
The Intake Unit established its own Community Response Programming in the fall of 2018 and provides voluntary supports to families who have had screened out CPS Reports or that have been referred to CRP at the close of an Initial Assessment. The overall goal of Community Response Programming is to strengthen 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.

It should be noted that the data reflects numbers for 2023, however, from approximately February 2023 to June 2023, CRP was not accepting any new referrals as we had a change in the Family Advocate position and had to go through the hiring process. Despite the brief pause in referrals, approximately one half (57%) 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 to prevent crisis.

	<b>September – December 2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>Referrals Made To CRP</b>	51	109	162	134	132	87
<b>Families Who Accepted Programming</b>	18	40	69	49	60	39
<b>Need For CPS Intervention During/After CRP Participation</b>	17%	7%	26%	7%	10%	8%
<b>Need For Formal Court Involvement During/After CRP Participation</b>	0	0	5	0	0	0

In September 2023, it was determined that the CRP Family Advocate would start tracking the need for specific services to see the trends for Jefferson County. Below shows the data gathered for September 2023 through December 2023. Of the families referred during that timeframe, 6 were Spanish speaking. The Family Advocate is recognizing the need for more services for the Spanish speaking community and feel in the years to come, this number will increase.



#### **Review of 2023 Goals:**

**Key Outcome Indicator: Meet 100% of CPS and Juvenile Justice mandated timelines.** According to DCF reporting, the Intake Unit completed 202 Initial Assessments in 2023. Our performance scorecard for completing Initial Assessments within the mandated 60-day timeline was 100%, whereas the state average was 74.9%. The Intake Unit's performance scorecard for successfully completing initial face-to-face contact on Initial Assessments within the screened in response time was 98.5%, whereas the state average was 78.8%. 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 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. ***This goal was attained.*** Our Family Advocate and Youth Justice Prevention Worker are continuing to provide prevention, awareness, and direct work with youth and families in the areas of drug, alcohol, and vaping, as well as teen social media 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. Along with this, there has also been planning of a 2024 Truancy Pilot with Jefferson High School. The Parenting Coach continues to take a lead in the Incredible Years Parenting Classes. This is done both in a group setting as well as through in-home coaching.
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. 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. ***This goal was attained.*** Multidisciplinary Team Meetings were conducted on a quarterly basis in 2023, which included review of case practice, as well as ongoing review and revisions of the Response Guide. Additionally, there were two new co-chairs of the Children in Crisis Response Guide that took over in 2023. These two co-chairs 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. There were continued efforts put forth towards the organizing of a mini-Drug Endangered Children Conference for Jefferson County. There are hopes that this will occur in 2024.

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 every team member sharing an education transfer of learning at team meetings. ***This goal was attained.*** There is one member of the Intake Unit on the Diversity Committee. During 2023, this member from the Intake Unit was part of Safe Space groups in Jefferson County. Additionally, each member of the Intake Unit led a transfer of learning activity at a team meeting each month in 2023 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 2023. 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 Staff is also an MI coach.

#### **Goals for 2024:**

***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 will continue their efforts in strategic planning, outreach, and implementation. Specifically in the areas of conducting and collaborating with school districts for monthly meetings. As part of outreach efforts, the Community Response Program will connect with community networking to discuss what Community Response Program can offer to families. Along with this, the Family Advocate will continue to gather information about new resources available in the community. Community Response Programming will utilize Targeted Safety Services Funding when applicable in their programming as a source of funding. Community Response Programming Parenting Coach will continue to teach and offer Incredible Years Parenting Classes in the community.
3. The Youth Justice prevention designee will continue their 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. The Youth Diversionary Programming will continue to support the Truancy Pilot with Jefferson High School throughout the next year.
4. 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 and community partners in Mandated Reporter trainings to educate community partners regarding the Children and Crisis Guide.
5. 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.
6. 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.

**What is a Parent Partner Program?** A parent partner program is recognized as a vital approach for supporting parents in navigating the complex child welfare system. This program hires or contracts with 'parent partners' who are parents who have previously experienced the child welfare system and wish to support parents who are newly involved with the system. The goal of a parent partner program is to engage parents more fully in their case planning, provide needed information to help navigate the child welfare system and support parents in working to reunify with their children. Parent partners work collaboratively with caseworkers to help ensure parents have access to a wide range of services that are respectful of cultural, ethnic, and other community characteristics.

### What are the Benefits of a Parent Partner?

A parent partner is a valuable resource and support in:

- Helping parents navigate the child welfare and court systems
- Instilling hope that parents can achieve a positive outcome for their families
- Helping parents access community resources and services
- Supporting parents in developing relationships with caseworkers, service providers, and court personnel
- Helping parents develop their confidence to advocate for themselves and their child(ren)
- Supporting parents in developing and practicing new parenting skills and healthy behaviors
- Assisting parents in learning to manage crises

### What Does the Evidence Show?

- Higher rates of reunification for those parents who have participated
- Lower rates of reentry for children involved in the child welfare system
- Increased participation in services and court hearings

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.

### 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. During their first year of employment, Parent Partners engage in extensive training which includes 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 also participate in Motivational Interviewing training sessions and the Strengthening Families and Systems class offered through Human Services and they access 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 spend time shadowing CPS Intake and Ongoing staff to learn about the child welfare and court process and to learn skills related to parent engagement. 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.

Jefferson County hired its first Parent Partners in February 2021. The PSP Program currently employs two full-time Parent Partners and two part-time Parent Partners. A full-time Parent Partner is able to work with up to 12 parents; a part-time Parent Partner is able to work with up to 6 parents.

The supports provided by Parent Partners to the parents enrolled in the program include goal setting, discussions of progress made, and planning for next steps; support at juvenile and criminal court hearings; encouragement to voice opinions and concerns to caseworkers/attorneys/foster parents; 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.



### **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. The program has accepted some referrals that have not been within this 60-day window. By the end of 2023, a total of 22 parents had been enrolled in the PSP program. An additional two parents were enrolled in January 2024. Five parents have been closed to the program so far.



One closure was the result of lack of engagement by the parent; one closure followed a TPR; one closure followed a guardianship; and two closures followed a parent being reunified with their children.

### **Local Level**

Each PSP site has a Local Advisory Council that promotes outreach and education, and systems change at the local level. The Jefferson County PSP Local Advisory Council was established in Fall 2020. Programs or services that routinely interface with the PSP Program and children and families are represented, including the legal community, schools, 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.

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.

In 2023, the Parent Partners shared information about the PSP program at the Children's Share and Care Fair in Fort Atkinson, shared their personal stories and "destructive decisions"-related experiences with the Fort Atkinson High School junior classes and Deerfield High School junior and senior classes, presented to a group of law enforcement officers as part of the Crisis Intervention Training group, and shared their insights on serving youth with a trauma lens at the Youth Justice Summit.

### **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. The main topics for the meetings in 2023 centered around program expansion in Wisconsin and systems change efforts. A goal for 2024 is to expand the PSP program to include support to parents on a more preventative basis; specifically, to get a Parent Partner involved when there is an in-home safety plan to provide peer support to parents in a way that will help them mitigate the identified safety threats and prevent their child(ren) from going into out-of-home care.

The group of Parent Partners from all four PSP sites in Wisconsin presented at the 2023 Conference on Child Welfare and the Courts in Wisconsin Dells and offered their lived experience voice to the 2023 Building Effective Partnerships Learning Collaborative, a monthly discussion hosted by DCF for child welfare professionals across the state.



Impact statements from those that have experienced Parents Supporting Parents in Wisconsin

### **From parents...**

*"I met [my parent partner] about two years ago, and I was in full blown active addiction, at first I wanted nothing to do with neither parent partners nor the family recovery court program. As time went by, she stayed close to me to let me know she is here to help me with any type of resources i need assistance with, and after a while she became more than that, she became one of my most trustworthy friends and positive supports. Without having my parent partner impact my life, I don't believe I would be where I am today."*

*"Before family team meetings and Parent Partners came along, my family was rapidly devolving and losing family members. Not only were we suffering from bias behaviors in the cps system, but there was also no one to help organize any type of parental support between the parents, the children, and the cps workers to really make sure the needs of the parents and children were being met. Although these programs came too late, I can honestly say that they are the best programs yet to be offered by the county and child welfare and they really saved my youngest daughter from being completely alone in the child welfare system. Thanks to my team leader and my amazing parent partner, my youngest daughter was reunified with me in June of 2023, and I have regained a small percentage of my trust within the child welfare system."*

**From legal professionals...**

*"I had the privilege of working with the Parent Partners in the program's infancy. Although parents were reluctant to volunteer at first, once they did you could see how important the peer support parent was to the success of our JET program. Not only did the child welfare parents open up to the Parent Partners, they became more engaged in the review hearings and focused on the conditions of return. It is natural for parents to distrust the system that has just taken their children from them. Getting the parents to trust and engage is essential to getting the children safely back home."*

Judge, Jefferson County Circuit Court

*"The PSP is an integral part of the court process as they are the only person who has been in my client's position. PSP can offer a realistic and unique prospective of the court process that I am not able to do as their lawyer. I can empathize and relate to some of the issues my clients are dealing with, but I will not have that relatable connection with my client that the PSP does. All my clients assigned to a PSP have expressed the relationship as a positive connection and experience."*

Attorney, Jefferson County

*"Having a parent partner on our Healthy Infant Court cases has been incredibly advantageous. A parent partner not only supports the work we are doing in the court but bridges the gap between the court process and real-life experiences. They are an advocate who allows the parent's voice, experience, and needs to be uplifted in such a natural and supportive manner while also linking the parent with supports that will hopefully long outlive their presence in the system."*

Judge, Milwaukee County Children's Division & Milwaukee County Healthy Infant Court Coordinator

**From system partners...**

*"One of the most remarkable aspects of this program is the sense of hope and empowerment it instills in parents, the parent partners, and the social service workers impacted by this program. Through my interactions with members of the board and the parent partners, I have observed feedback from members of the community describing the increase in family confidence and belief in their abilities to parent. This restoration of hope is the cornerstone of the positive impact Parents Supporting Parents delivers."*

Support Specialist, Wisconsin Family Connection Center

*"I have worked with families that felt unheard and discouraged until they were referred to the PSP program. I believe this program gives families the hope and support that they need during a time that they need it the most. I've seen clients begin to find their voice and feel supported once they began working with a parent partner."*

Family Support Supervisor



#### **Review of 2023 Goals:**

**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. As of mid-July 2023, there were 32 cases that had a child placed out-of-home in a CHIPS case and PSP was serving a parent in 14 of them, which was a service rate of 43.75%. As of the end of December 2023, there were 31 cases that had a child placed out-of-home in a CHIPS case and PSP was serving a parent in 13 of them, which was a service rate of 41.94%. ***This indicator was unmet.***

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. ***This goal was attained.*** The PSP program enters monthly activity tracking data and completes an agency archival records report every six months as requested by the Department of Children and Families. All data reports were submitted to DCF for 2023.
2. PSP Program staff will participate in the bi-monthly statewide advisory council meetings and report program activities and progress toward goals and objectives. ***This goal was attained.*** There were six bi-monthly statewide advisory council meetings held in 2023 and all were attended by PSP program staff. Each meeting included a share out of the Jefferson County PSP program activities and progress towards 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. ***This goal was attained.*** All four Parent Partners have completed Motivational Interviewing Level 1 and Level 2 trainings, and each submitted a recording for coaching in 2023. The PSP Supervisor completed MITI Coding and Coaching training in January 2023. All PSP program staff have at least one identified MI-related goal on their performance reviews.

#### **Goals for 2024**

**Key Outcome Indicator:** At least 50% of CPS cases that involve a child placed in out-of-home care in 2024 will have at least one parent being served by the PSP program.

1. PSP Program staff will work collaboratively with the Department of Children and Families and the Statewide Advisory Council to develop and implement a process to serve parents in in-home, high risk situations in an effort to prevent children from being placed in out-of-home care.
2. The PSP Program will increase the number of PSP referrals for adjudicated fathers who have a child placed in out-of-home care and have more fathers served by the program.
3. 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.
4. 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)

### 2023 Youth Justice Highlights



The Jefferson County Youth Justice team was awarded a Department of Children and Families a Youth Innovation Continuation grant in 2023 to further the work we started in 2022 matching services to needs of youth and families in our program.

As a brief overview and update of our initial grant in 2022, we purchased **eCarey Guide Tools on Demand** for each case manager on the team. Carey Guides are an evidence-based practice that address the areas of a youth's life that are leading to criminal behaviors,

otherwise known as Criminogenic Needs, and are a critical piece of our programming. All case managers can now complete Carey Guides and Brief Intervention Tools with youth via tablet or smartphone, and the software is more easily accessible by the youth. To date, 82 electronic Carey Guide exercises have been completed by our youth.



The original grant also provided additional training to two additional workers in **Aggression Replacement Training**, another evidence-based practice for court involved youth. Having more certified trainers allowed us to provide the full, 10-week curriculum to high-risk youth a total of two times and an abbreviated version in one of our high schools for at risk youth.

Regarding the goal to better assess the core issues leading to school avoidance and chronic truancy, we used grant money to purchase the **JIFF Interviewer software**. Unfortunately, the owner of the tool did not provide any training or technical support to be able to use the tool as originally intended. We did not give up on that goal and were able to find great alternatives to build an even better program to address school avoidance (read on for further details).

The grant also provided additional opportunities for families with private insurance to access our **Family Centered Treatment Program**, an evidence-based program that provides up to 6 hours a week of intensive, skill-based family therapy that happens right in their homes. This matched well with our approach to Youth Justice services and our philosophy that youth are best served within the construct of their families.

The last piece of the original Innovations grant was to train team members 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. In May 2023, two members of the Youth Justice Team and three members of the Child Protective Services Team travelled to Philadelphia to receive this intensive training. The training team continued to work with the “Connect” national consultant and have met several times since coming back from Pennsylvania to properly plan and launch this program in 2024.

## What's New?

The 2023 DCF Innovations Continuation grant offers counties the opportunity to build on what was started the prior year. We chose to focus our continuation grant project on extending the opportunity for families with private insurance to be eligible for Family Centered Treatment, additional training in the “Connect” parenting curriculum to have a wide net of folks trained to teach this class regularly to parents throughout the county who are interested and could benefit from the class, and expanding our truancy efforts through the addition of an evidence-based practice called “Check and Connect,” where trained mentors build relationships with students who struggle with school avoidance due to feelings of disconnection and detachment.

In order to maximize our efforts, we also applied for and received an additional \$63,000 grant from the Department of Justice, Juvenile Justice Commission to expound upon the idea generated when

## More great news!

writing the continuation grant and build a pilot program designed with practices supported by research to truly make an impact on youth who are struggling with chronic absenteeism. The grant includes additional funding for Check and Connect mentor training and payment for contracted services. It provides incentives for students who reach milestones around attendance, grades, school participation and credit completion. It provides funding to pay for tutoring to catch students up from missing so much school. It also provides an alternative, vetted truancy assessment tool, training to ensure competency and compliance with administering and interpreting results of the tool. This tool is an essential piece of the puzzle, allowing the workers to assess for risk level for program placement, as well as to identify the core issues leading to the absenteeism and find services to match to the student’s core needs. Additionally, this grant includes a prevention piece as well, with training provided to therapists based in the schools to in a group intervention to address complex trauma, and a crisis intervention model that will be offered to teachers and paraprofessionals. Mental health and trauma related symptoms can lead to dysregulation and feelings of disconnection and isolation. Left unaddressed, this can result in increased absenteeism and chronic truancy. Jefferson County has partnered with a local school district to pilot this program with an anticipated launch date of March 2024.



## Youth Justice Summit

On December 7th, the Intake Unit and the Ongoing Youth Justice Team hosted our Agency's first ever Youth Justice Summit at Stix Event Center in Jefferson. A full day of content was provided on the "why" behind the work that is done with youth and families served in the Youth Justice system. The summit included presentations by Assistant District Attorney Brookellen Teuber, National Spoken Word Artist Cedric Dale Hoad, and Department of Children and Families Youth Policy Coordinator Alana Peck. The summit also included a panel discussion by our very own staff, which included John Mock, Ashley Timmerman, Jes Breezer, Jason Eiler, as well as a panel discussion by our Parent Partners Jessica Manogue, Alyssa Hake, Natasha Rettschlag,



Pictured above: YJ Supervisor Jessica Godek, Keynote speaker Cedric Dale Hoad, CYF Division Manager Laura Wagner, Intake Manager Heidi Gerth, and ADA/Speaker Brookellen Teuber

and Samantha Copus. The event was attended by community partners, including law enforcement and school staff, as well as by our own Agency staff that work directly with at-risk youth. It took the efforts of many to make this day a success,

## Youth Justice Diversion Programming

The Youth Justice Diversion program is a key piece of our overall 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 system involvement; 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. This program 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 shown in 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 are offered.



# Success Story



A 15-year-old male was referred to the Diversion program on January 10, 2023,

The youth was in the 10th grade in a high school within Jefferson County. The report indicated that he was truant and very credit deficient. He had earned 2.5 credits since being in high school. He was present for 30% of the year 2021 and only 19% in the year 2022. The school that he attended attempted several times to connect with family with no response. A referral was made to the Diversion Program to attempt new interventions.

The Diversion staff received the referral and contact was attempted with the youth's mother, the parent that he lived with and the youth, initially with no success. Diversion staff then contacted the youth's father who was willing and able to engage in services that he thought would benefit his son and family. School staff and Diversion staff formed a Wraparound style team with the youth, mother, and father, to create a plan that worked for their family. The youth committed to getting a high school diploma by attending school, completing the work, and handing the work in and committed to gaining employment. His parents agreed that his education needed to be the priority. The youth's team, which included his mother, father, stepmother, school staff, and the Diversion staff committed to the youth's success by providing what the family identified as needs. The youth finished the 2023 school year passing all his classes. He attended summer school in the summer of 2023 and returned to school in the fall of 2023. He is on track to graduate with his class. He found employment and is still employed.

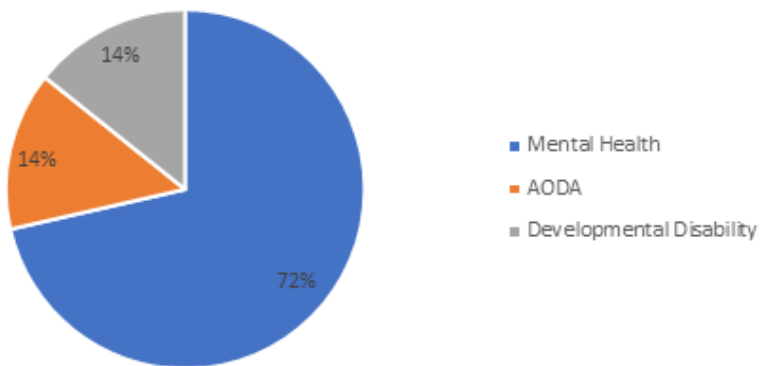
In November of 2023, Diversion staff and the family met to determine if the family was interested in any other services. The family reported that the services they identified and received helped them as a family and no further services were needed.

This is one of many success stories that show how impactful the Youth Justice Diversion program can be. Through support, tenacity, teamwork and hard work, this young man has changed the trajectory of his future and strengthened his family.

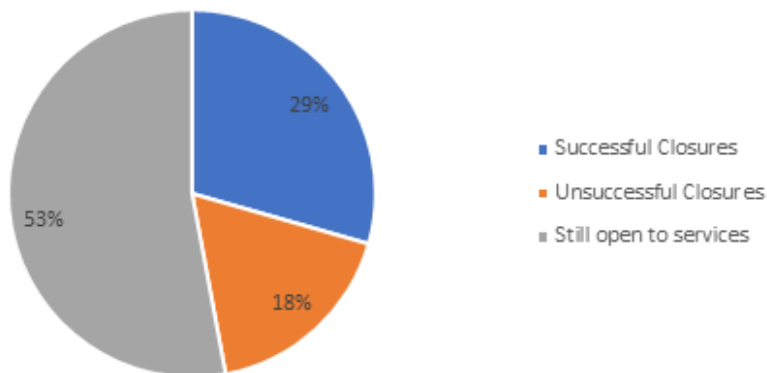


## BEHAVIORAL HEALTH, CASE CLOSURES & RECIDIVISM

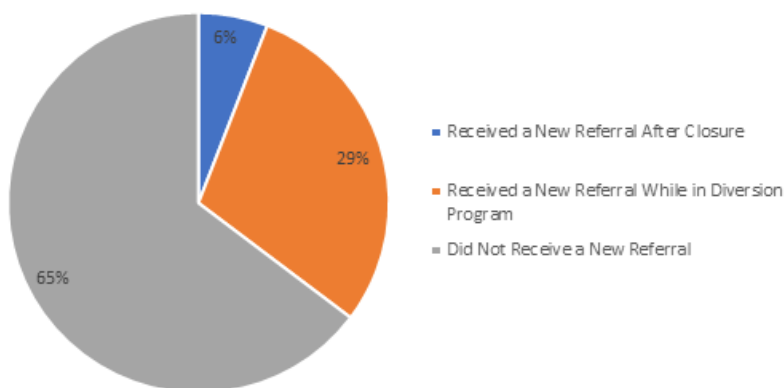
2023 Diversion Youth Behavioral Health



2023 Closure Outcomes in Diversion Youth



2023 Recidivism in Diversion Youth

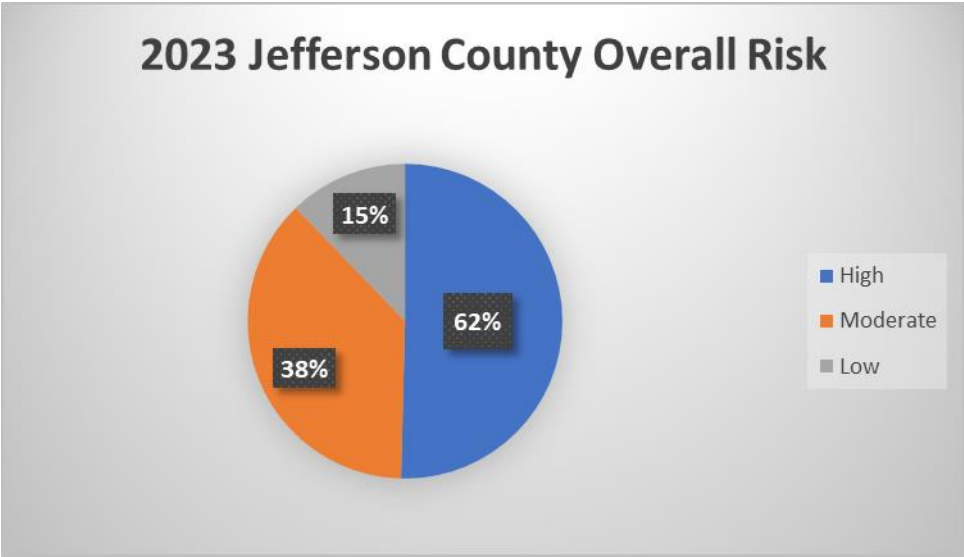


As shown in the following charts, the youth served in the Diversion Program are lower risk to reoffend, however they often still have a high level of needs. 59% of youth served in the Diversion program had a mental health diagnosis, 20% struggled with AODA issues and 20% had a Developmental Disability, such as a cognitive impairment or autism spectrum diagnosis. Regarding case closure data, 82% of Diversion cases have either reached successful closure or are still enrolled in the program. 18% of cases were deemed “unsuccessful” in their closure status, some due to an additional referral that transferred to an ongoing worker, and some due to program dropout. Lastly, 65% of youth served in the program did not recidivate, meaning they did not receive a new referral while in the program or after closure, and less than 1% received a new referral after case closure. This indicates that the Diversion Program is having the desired effect for most youth to keep them out of the formal Youth Justice System.

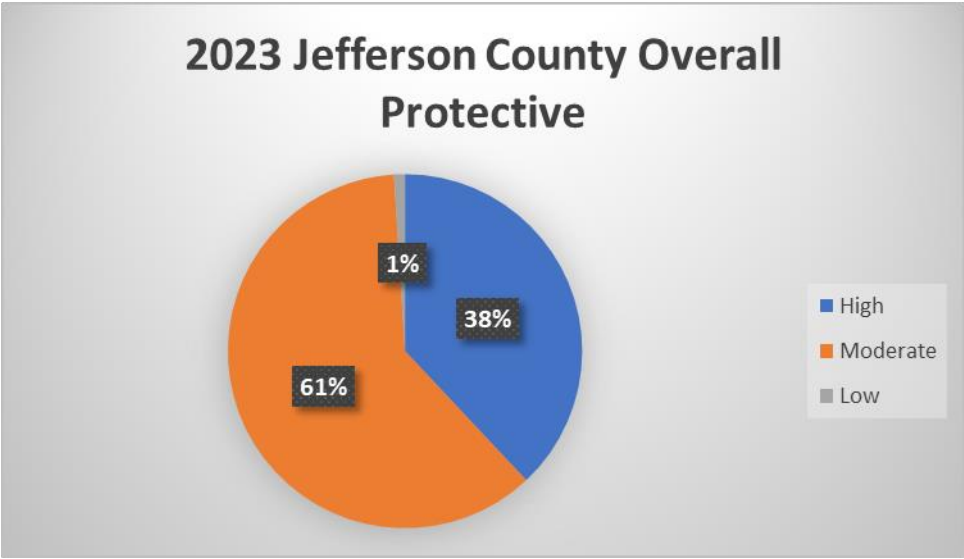
**Youth Assessment Screening Instrument (YASI)**

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 utilizes 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.



Of the youth who were administered full assessments by ongoing YJ workers in 2023, 62% were high risk to reoffend, up from 39% in 2022, and only 15% were low risk. This 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.



The protective factors graph reflects that 62% of youth we served in 2023 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.

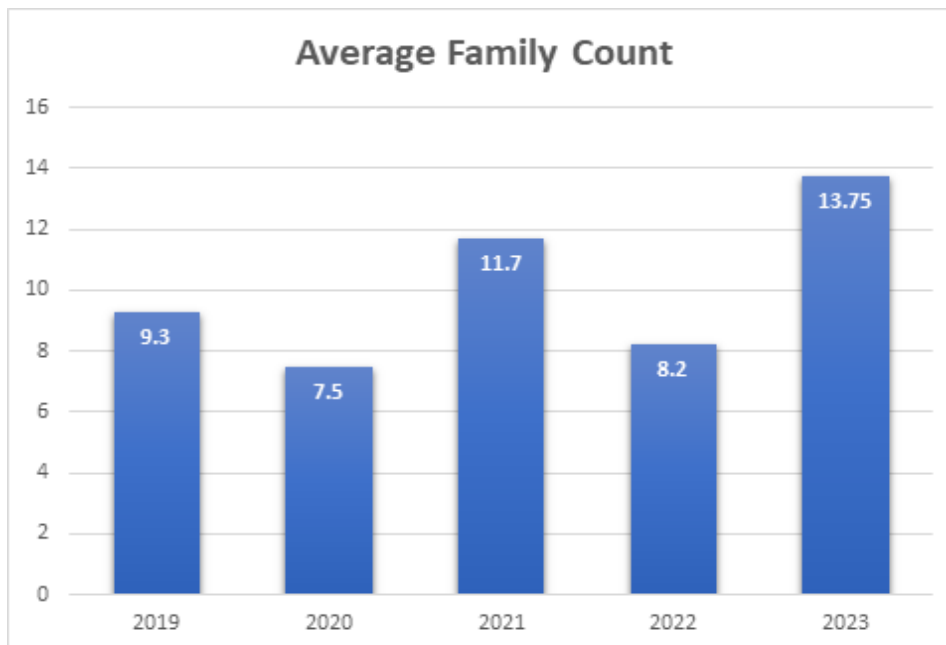
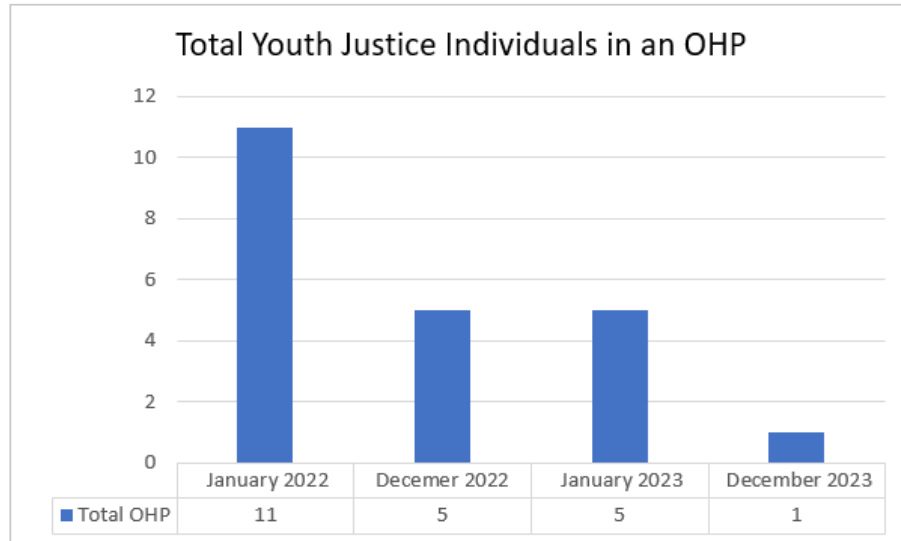
### **Ongoing Service Model – *Fostering Resilient Families Program***

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.

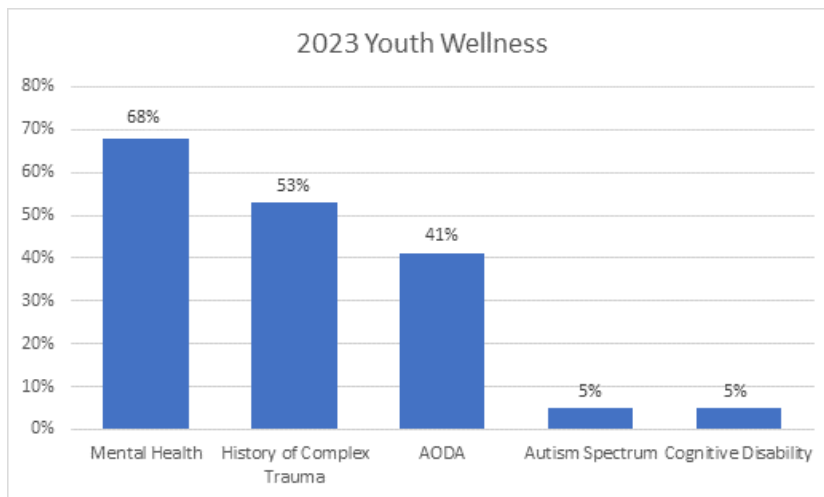


### 2023 YJ Ongoing Year at a Glance



We have been providing the Fostering Resilient Families program, which marries a family/relational based case management model with structured incentives for certain families, 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 placement (OHP) numbers, reducing the number of youth who experience an out of home placement on a youth justice order by 90% since January 2022. 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.

The average caseload size was the highest in 2023 that it has been since 2018, after dipping in 2022. Despite the rise, this number many still 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, FFT, 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.



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.

### Other Trends of 2023

- *Uptick in Dangerous Crimes Containing Weapons*– This is a trend that we started to see in 2022. It continued throughout 2023 and posed growing concerns. This increased the use of detention days, including a placement in an alternative to corrections program, and the electronic monitoring services to keep our youth and the community safe. We continue to match services and responsivity to the risk and needs of these youth and provide programming within the family construct to move the needle in a positive direction.
- *Sibling Sets* – Though our program does provide family-based services akin to Child Welfare case management, 2023 saw more instances of multiple individuals in the family being placed on some level of supervision. When this happens, one family case manager provides all services and supervision necessary to mitigate risk and address the needs identified in the assessment process.
- *Alternative Guardians* – The Jefferson County Youth Justice Team saw a bump in youth served in the program with guardians other than their biological parents. This supports the graph above that 53% of our youth come to us with a history of complex trauma.
- *Higher Number of Expulsions/Expulsion Contracts*– A number of youth we served in 2023 in the Fostering Resilient Families program were on expulsion contracts (they need to follow certain conditions to remain in school and avoid expulsion) or actually expelled. Again, the increase in violent crimes and high-risk youth supports this trend.
- *Continuation of Housing Insecurity 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. Due to several factors, housing issues are common for our families; and 2023 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 2023 Goals:

**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.** Each month more than 90% of youth served in the Youth Justice program were placed in home, in a relative’s home or in the home of a “like kin” caregiver. ***This indicator was exceeded.***

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. ***This goal was attained.*** Each week a different worker would present a case for FFCM consultation and was rated for both adherence and competency by the supervisor.

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. ***This goal is still in progress.*** The team held discussions about this topic to gather ideas and suggestions to form a uniform definition. Additional work will be done to fully attain this goal in 2024.
3. To increase understanding and awareness of diversity issues, a different team member will facilitate an interactive transfer of learning activity once a month. ***This goal was attained.*** These transfer of learning activities occurred at team meetings throughout the year and a member of the Youth Justice Team is a chair of the Agency's Diversity & Inclusion Committee.
4. To build our incentives and creative programming budget, the Youth Justice Team will coordinate a minimum of two fundraising events during the year. ***This goal was attained.*** The Youth Justice Team held two very successful fundraisers during the month of October 2023. The "Snack Attack" cart was a huge hit, as were the Singing Telegrams we delivered to staff around the agency. The funds have already been put to great use, paying for sporting equipment for a youth who otherwise would not have been able to participate in that sport.
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. ***This goal was attained.*** Two members of the Youth Justice Team, as well as three members of the Child Protective Services Team, were trained in the Connect Parenting Curriculum. Connect is an evidenced-based parenting program designed to increase connections and improve relationships of parents who are raising adolescent children. The team has been busy putting together a plan to launch its first class in 2024.
6. To improve educational outcomes for our youth, the Youth Justice Team will explore the implementation of a new, innovative truancy program. ***This goal was attained in 2023 and will continue in 2024.*** An internal team was created to plan this program, and partnerships were developed with a local school district and partner contracted agency to launch the program in spring of 2024.
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. ***This goal was attained.*** The team hosted a "lunch and learn" training on Youth Justice services in October, and approximately 70 individuals from the agency joined the virtual training. Additionally, the team partnered with the Division Manager and Juvenile Court Intake Team to host a one-day Youth Justice Summit for internal and external partners.
8. To increase awareness and community safety, the Youth Justice Team will seek additional training in gang related issues and trends. ***This goal was attained and will continue in 2024.*** The team reached out to multiple law enforcement providers to solicit additional information and training opportunities to reach this goal. Though a formal training did not occur, a local detective is scheduled to come to a team meeting in early 2024 to discuss this topic and the possibility of future training opportunities.
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. ***This goal was attained and will continue in 2024.*** 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 2024:**

**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.
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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

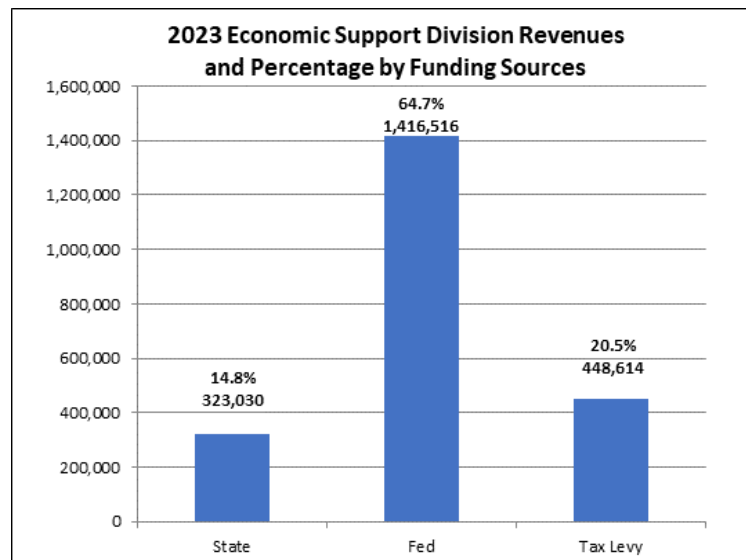
*~Providing benefits and coordinating resources to strengthen our community's  
Individuals and families~*

The Economic Support Programs for Jefferson County are administered 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](http://www.jobcenterofwisconsin.com) and [www.worksmartnetwork.org](http://www.worksmartnetwork.org) are the key sites. The unemployment rate for Jefferson County, as of December 2023, was at 2.5%, which was an increase from 2% in December of 2022 per the Local Area Unemployment Statistics (LAUS) information found per website <https://jobcenterofwisconsin.com/wisconomy/pub/laus>.

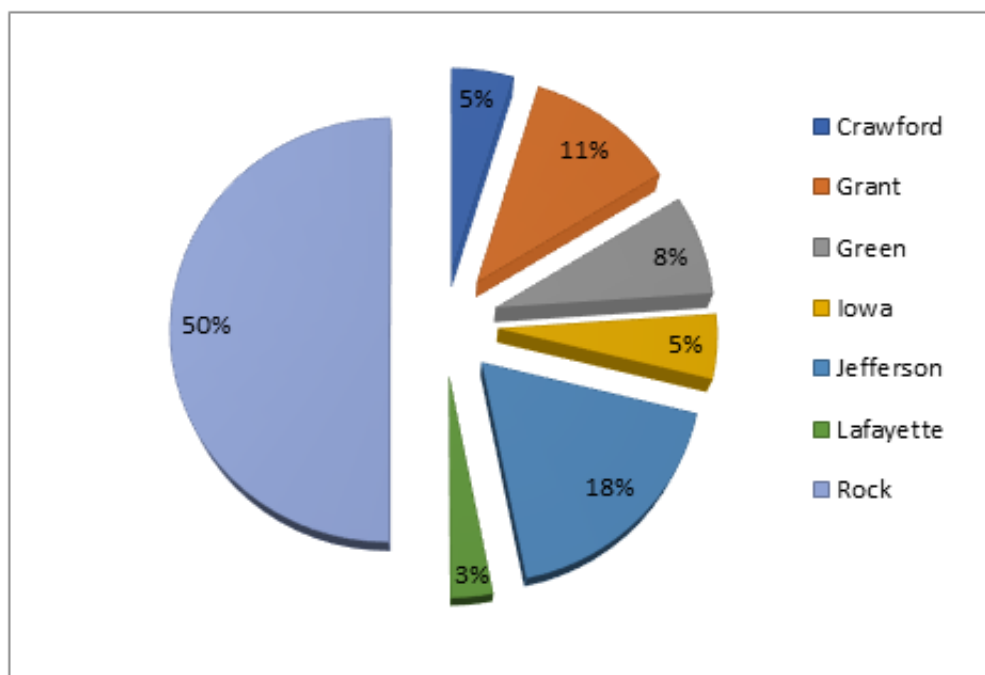
The Economic Support Division of Jefferson County Human Services facilitates customer access to financial assistance programs. The case managers assist the customers in applying for benefits, they also determine eligibility, update changes, explain program requirements, assess for possible fraud, and coordinate referrals to other resources. All Economic Support staff process Healthcare and FoodShare benefits, and select staff specialize in reviewing and authorizing WI Shares Child Care and Long Term Care services. 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 2023 was 49,537 households which is 6.5% of the statewide Wisconsin caseload. Jefferson County comprises 18.02% 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 also 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 any of the seven counties. Each Case Manager has access to their case specifics and is readily available to assist with an array of services including completing applications, renewals for ongoing eligibility, changes, answering questions, and more.

Jefferson County has twenty-two Economic Support staff within our division: 19 case managers (two of which are lead workers with a greater skillset and knowledge base) one administrative staff, a supervisor, and a manager.

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



### **Division of Caseload per County: Southern Consortium**



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.

The Public Health Emergency (PHE) brought a new level of need for families who were unable to work during COVID, and this greatly impacted Economic Support agencies across the nation. The PHE officially ended in May of 2023, and now Economic Support is working through the "unwinding" of healthcare benefits. While the "unwinding" is drawing to a close, there are many residual effects to the cases and families who received Economic Support Benefits. During the Federal COVID Emergency Order, numerous program eligibility requirements became suspended for the duration of the Public Health Emergency, which was done to provide needed additional support to our customers who have a lower household income. With the end of the PHE, regular policies and practices have, for the most part, been reinstated, which poses many new challenges for both the clients and case managers. This is generally due to working with and processing under two different sets of policies and procedures, one set for cases that are still under the PHE guidelines, and one set for cases returning to the regular reporting and processing requirements. This is especially difficult for Jefferson County because approximately 50% of our current Economic Support workers were hired *after* the declaration of the PHE, and while they were briefly trained in regular practices during their training, they have only ever worked or processed eligibility under COVID processing rules and guidelines. For many of the clients who became eligible for one of the programs under Wisconsin Medicaid, or who became eligible for FoodShare, the

transition has been difficult because the “rules” changed for them as well. During the PHE, reporting requirements were reduced and in most cases healthcare benefits remained in place even if there was a failure to submit requested verifications. FoodShare allotments were also issued at the maximum benefit allotment for their household size during the PHE, and it was a difficult transition for households to return to the “regular” allotted FoodShare benefit issuance amounts. While the consortium, the state and many of our partner agencies did an excellent job at providing information to the public through mailings, text messages, and social media campaigns, we found that some still did not know of the need or importance of reporting changes or verifying information, and unnecessarily lost benefits. Of course, whenever possible this was resolved with an explanation and a new application for benefits. May of 2023 was the first time since the start of the Public Health Emergency (PHE), that healthcare coverage could be ended upon renewal, and FoodShare allotments returned to normal issuance. Our Economic Support workers have done an amazing job of deescalating clients losing benefits, restoring lost benefits, managing the increased workload, and nearly always meeting 100% of application and renewal processing timeliness requirements.

**Jefferson Caseloads - December Point in Time**

2023 – 8,930 households      2022 – 9,712 households      2021 – 9,160 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](http://www.access.wisconsin.gov), contacting the Economic Support Division at 920-674-7500, or by coming into the agency and speaking with a lobby services case manager. The customer may also use the MyACCESS mobile application where they can check benefits, get reminders, submit required documents, and even complete some actions such as a FoodShare six-month report forms.

**SOUTHERN CONSORTIUM CALL CENTER (SCC)** – There are 10 consortiums in the State of Wisconsin, and our call center (Southern Consortium) is comprised of Economic Support Case Managers from seven counties: Crawford, Green, Grant, Iowa, Jefferson, Lafayette, and Rock Counties. The call center is the focal point for the customer’s questions, change reporting, and completion of applications and renewals. In 2023, the Southern Consortium Call Center agents answered and helped 128,946 callers, which was a slight increase of 2,315 additional calls from 2022. 2022’s significant increase in call volume was in large part due to the reinstatement of pre-COVID policies such as again having to complete FoodShare interviews and Healthcare renewals. Since then, we have maintained a steady, more “normal” call volume in 2023. The chart below shows a monthly breakdown of call center statistics.

The Jefferson County staff answered a monthly average of 17.3% of all calls taken by our consortium. This volume was accomplished with an average speed to answer of 2.67 minutes (1.68 minutes in 2022) and a call average answer rate of 96.14% (95.22% in 2022). 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 compared to consortiums throughout the state.

**The chart displays the Southern Call Center statistics from  
November 2022 through December 2023:**

## 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	10,528	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
January	11,539	11,118	96.35%	1.34	10.55	10.91	24.87
February	9,487	9,223	97.22%	0.90	10.58	10.93	20.32
March	9,984	9,828	98.44%	0.52	10.40	10.74	37.72
April	8,911	8,740	98.08%	1.00	10.29	10.67	47.73
May	10,619	10,334	97.32%	1.52	10.88	11.27	35.80
June	11,865	11,355	95.70%	3.35	11.22	11.56	81.43
July	11,053	10,408	94.16%	4.44	11.05	11.39	63.40
August	12,638	12,095	95.70%	3.65	10.94	11.24	64.22
September	12,353	11,785	95.40%	3.87	10.57	10.81	57.17
October	12,765	12,342	96.69%	2.54	10.31	10.57	43.13
<b>November</b>	<b>11,086</b>	<b>10,592</b>	<b>95.54%</b>	<b>3.88</b>	<b>11.48</b>	<b>11.78</b>	<b>57.50</b>
<b>December</b>	<b>11,960</b>	<b>11,126</b>	<b>93.03%</b>	<b>5.08</b>	<b>10.89</b>	<b>11.18</b>	<b>57.02</b>

**MEDICAL ASSISTANCE:** MA is a State and Federally funded program that provides low-income customers comprehensive and affordable healthcare. Numerous individual programs are included under the umbrella of Medical Assistance: BadgerCare, Medicaid Purchase Plan (MAPP), Family Planning Only Services (FPOS), Medicare Savings Program (MSP), Family Care, and Long Term Care programs. Each program has individual financial and non-financial criteria for eligibility. The Forward Health card verifies coverage, however 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:** 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>

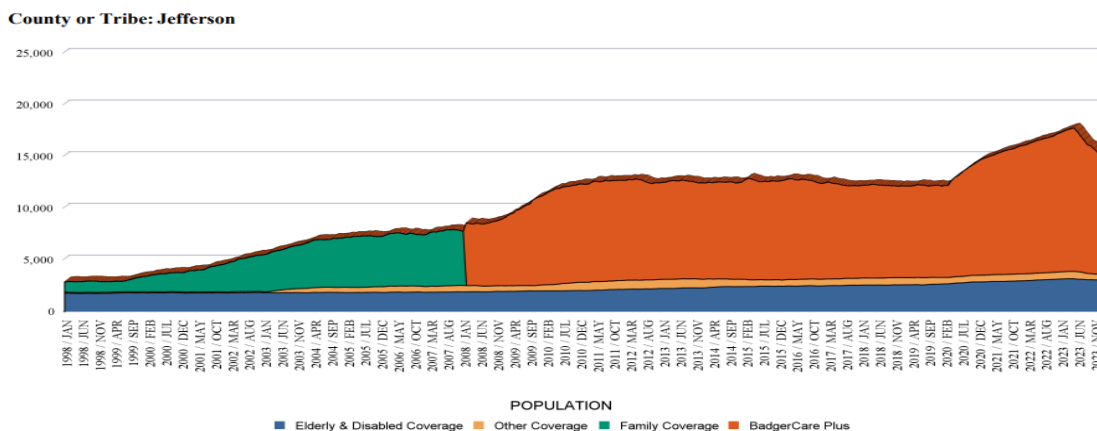
The following chart displays the AVERAGE number of individual customers receiving benefits from specific Medicaid categories in Jefferson County from 2019 to 2023. The most current data available shows that in 2022, the amount paid to medical providers for Jefferson County Residents was \$157,711,697. Due to the Federal COVID Emergency Order, all customers eligible for Medicaid as of March 18, 2020, remained eligible until the Federal Emergency Order ended despite any changes in their income or household composition. This factor greatly influenced the increased number of Medicaid recipients throughout that timeframe. While there was a steep climb in enrollment seen during the health emergency, the number of eligible individuals and families has remained steady without significant fluctuation or decrease thus far through the “unwinding” period. During the “unwinding” period all healthcare recipients have been (or will be) required to complete the review process once again, in which all financial and non-financial criteria will be evaluated to determine ongoing eligibility for Medicaid healthcare programs.

### Recipients of Medical Assistance - 2019 to 2023

Average Monthly Caseload	Families	Nursing Home	Elderly Disabled	Totals
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
2023	13,569	98	3,183	16,850

**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

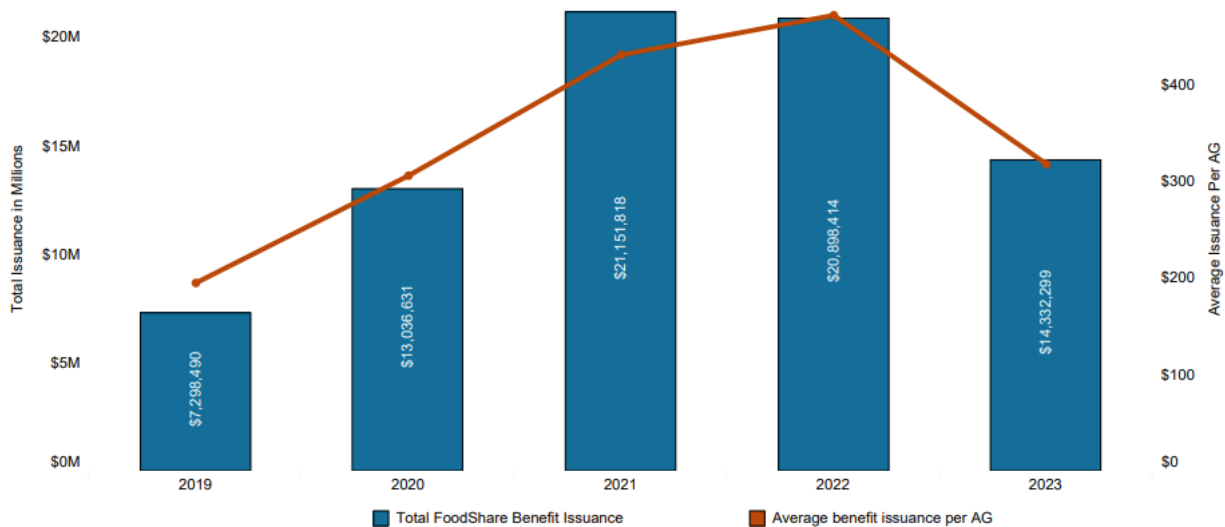


**FOODSHARE-(SNAP):** The Supplemental Nutrition Assistance Program (SNAP), also known as FoodShare in Wisconsin, is a Federal Program funded by the USDA that provides a monthly allotment to low-income households to purchase food. Eligibility is based upon income, household composition, shelter expenses, 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. Many markets also participate in providing \$2 of local produce for every \$1 spent using their FoodShare benefits, supporting local farmers and vendors in the process. For the past few years, the number of FoodShare households receiving benefits increased steadily due to COVID, and even with the end of the Public Health Emergency, benefits continue to hold 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. The monthly average issuance of FoodShare benefits in Jefferson County for 2021 – 2022, averaged roughly \$1.75 million. As expected, Jefferson County saw a significant decrease in issuance of FoodShare benefits for 2023 with the end of the Public Health Emergency despite the number of eligible recipients remaining similar to the previous years. Jefferson County residents (as a whole) received an average of just under \$1.2 million

per month in FoodShare benefits for 2023. This decrease reflects benefits issued based on the regular FoodShare policy and budgeting criteria for each household, as opposed to all households receiving the maximum allotment as they did throughout the Public Health Emergency. The FoodShare website is <https://www.dhs.wisconsin.gov/foodshare/rsdata.htm>.

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
2023	7,127	3,737	\$1,196,066

*In the past 5 years, the average benefit issuance per year was **\$15,343,530**.*



**WISCONSIN SHARES- CHILD CARE:** Wisconsin Shares 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. Specialized child care staff establishes authorizations for each child and the customer receives a MyWIChildCare debit card containing their monthly subsidy. The customer makes their subsidy payment directly to the provider and is responsible for any remaining balance above the subsidy amount issued to the card. 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.

**\*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.

**\*2023** – 157 families received authorizations for 262 unduplicated children. **The average yearly payment per child was \$4,892.82.** Payments were made to 54 childcare providers of \$1,281,920.08. There were 205 children under the age of six and 82 children over the age of six served.

**CHILDREN FIRST:** 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. **\*\*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. **\*\*2023** – We had funding for 10 participants but received no referrals. Without referrals and participants, there were no participants to complete the program. There were, however, remaining referrals from 2022, and those clients carried over into 2023, completing the program. Due to the time commitment and amount of work this program takes for such low enrollment, as well as dwindling referrals, Jefferson County Economic Support ended the contract with the Children First Program at the end of 2023. 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. St. Vincent De Paul graciously provides \$500 in a 2-year period, to provide much needed assistance and relief, especially to those needing immediate temporary lodging at local hotel/motels.

Following is the data for households served through St. Vincent de Paul in 2021, 2022, and 2023:

**\*\*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.

**\*\*2023**- 130 households received \$14,501.91. This amount included \$6,420.00 for rent, \$3,870 for local hotel vouchers, \$2,127.72 for utilities and \$1,984.19 for other needs.

**SALVATION ARMY** – The Salvation Army has been assisting the Jefferson County Economic Support division by providing funds for a small pantry at the Workforce Development Center for many years. Through this pantry we have been able to assist individuals and families within Jefferson County providing grocery items for a variety of reasons including homelessness, temporary lodging with no access for food, and for the short time between being approved to receive FoodShare and when the FoodShare (Quest) card is received by the household.

In February of 2022 Jefferson County began working with The Salvation Army in an additional capacity by providing us with vouchers to assist the entire Jefferson County community. When Jefferson County residents call or come to our office, we will review the need and, if needed, provide a voucher that is funded by The Salvation Army. This assistance covers for several types of needs including, **Shelter:** Motel, Rent (past due, or



eviction, 1<sup>st</sup> month for a new residence) and Mortgage (past due). **Heat & Utilities:** Utilities – to avoid disconnect, Heating Fuel (wood, propane, oil, etc.), and Water. **Food:** Groceries, Food Pantry Supplement. **Clothing** (as needed): Winter outerwear, general clothing and shoes, work boots, safety shoes for work. **Transportation:** Gasoline for vehicle, auto repair or parts.

For Fiscal Year 2023 Jefferson County Salvation Army provided:

Emergency Lodging:	\$48,952.10 - 194 Singles & 49 Families (338 Total people given shelter)
Rental Assistance:	\$39,277.30 - 47 Singles & 38 Families (173 Total people helped)
Utility Assistance:	\$5,302.69 - 8 Singles & 12 Families (47 Total people helped)
Transportation:	\$2,991.37 (82 Total people helped)
Food:	\$2,000.00 (95 people helped)
<b>GRAND TOTAL:</b>	<b>\$98,523.46 / 735 PEOPLE HELPED</b>

**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 previously received an average of 800-1000 discrepancy matches per quarter from the State Wage Income Collection Agency (SWICA) and other income discrepancy reports, however the two most recent dispersal of matches only returned roughly 150-200 quarterly SWICA matches. This decrease in SWICA matches is due to new guidelines put in place specifically to reduce the number of matches. These matches 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. Although a reinstatement of SWICA began 1<sup>st</sup> quarter of 2022, there have been numerous changes to the policies and the procedures of benefit recovery. With wage matches being reinstated which continue to be addressed and worked on to update cases with current and correct ongoing employment and income information, effective April 1, 2023 overpayment claims were no longer created for any health care program regardless of why the overpayment occurred, and health care overpayment collections have significantly decreased due to this policy change. Additional policy changes also determined that any FoodShare overpayment that occurred during the dates of March 13, 2020, through May 11, 2023 (during the Public Health Emergency), was not recoverable unless the over issuance was due to an Intentional Program Violation (IPV) or a Quality Control (QC) review. While both client and non-client errors resulting in an overpayment after the PHE ending may now be pursued, other updated policies put in place during the PHE established that any potential client or non-client errors must exceed a minimum threshold creating a \$500 overpayment before it may be collected from a client. These changes during the PHE along with new guidance post-PHE have significantly decreased the benefit recovery for Economic Support Income Maintenance agencies as you will see in the information provided ahead.

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 2023, Jefferson County initiated 50 investigations that resulted in \$3,522.00 in overpayment claims, but because ongoing information on these cases was updated with correct and accurate information, an estimated \$21,384 in future savings was generated. In 2023, 24 external investigations were completed. External

referrals included 14 completed by the Office of the Inspector General (OIG) at the State level and 10 completed by Central States Investigations (CSI), our consortium contracted investigative agency. The above statistics include investigations completed by all agencies, and the overpayment claim, and cost savings data reflect and incorporate SWICA discrepancy resolutions. For reference, 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). The above statistics include investigations completed by all their agencies and the overpayment claim and cost savings data reflect and incorporate SWICA discrepancy resolutions.

To avoid overpayments that we may not be able to recoup going forward, staff are more closely monitoring benefit issuance for accuracy with an increased focus on preventing future overpayments. Staff also continued to review individual eligibility for Intentional Program Violations (IPV), which is a penalty that prohibits the customer from receiving future benefits for a minimum of one year.

### **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%**

- **This goal was met.**
  - The Southern Consortium processed applications at an average monthly rate of 99.53%
  - The Southern Consortium processed reviews at an average monthly rate of 99.10%
  - The Southern Consortium processed priority service FoodShare applications at an average monthly rate of 99.81%.
  - Jefferson County processed priority service FoodShare applications at an average monthly rate of 99.73%.
  - Monthly summary reports show that Jefferson County achieved application processing timeliness above 99% for all months, including 5 months at 100%.

#### **2. Key Outcome Indicator: The Southern Consortium Call Center (SCC) (including Jefferson County) will answer 100% of the incoming calls within 10 minutes. Mandated performance Standards 95%.**

- **This goal was met.**
  - The Southern Consortium (SCC) took 128,946 calls in 2023, an increase of 2,315 calls from 2022.
  - Average number of calls taken per month was 10,746, also a slight increase from 2022.
  - The SCC average monthly answer rate was 96.14%, an increase from 95.22% in 2022.
  - The SCC average speed to answer was 2.67 minutes.
  - The Southern Consortium average talk time was 10.76 minutes, consistent with 2022.

#### **3. Key Outcome Indicator: Staff will strive for 100% accuracy in eligibility processing**

- **This goal was met.**
  - Consortium FoodShare Average Active Error Rate was 3.59% (FY2023) State 4.98%
  - Consortium FoodShare CAPER (denials/procedural) Error Rate was 18.64% (down from 28.37% in 2022).

#### **4. Key Outcome Indicator: To resolve and complete all discrepancies received quarterly from DHS within in mandated 45 days of receipt.**

- **This goal was met.**
  - Discrepancies were previously suspended due to the COVID emergency but were reinstated in 2022, yet the total number of State Wage Income Collection Agency (SWICA) matches received remained low. 100% of the matches were processed timely and resolved within the 45 day processing timeframe. Each team is responsible for their discrepancies, requesting actual income, comparing actual to reported income, reviewing notices and timeframes to determine potential overpayment in benefits

- Detailed spreadsheets were completed to gather and track all discrepancies received, which the lead workers distributed to the teams quickly so teams could process them timely.
- 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 and worked directly under supervision to learn the process.

**OUR 2024 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.
- Continue development of internal efficiencies, review of division processes, ongoing training.

**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 will be answered timely as monitored by daily DHS SCC statistics and call center.
- Maintain monthly team calendars of call center assignments and plans to meet emergency needs.
- Reinforce the “one touch” model to ensure timeliness, having 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 and small group team meetings to ensure full understanding of updated process and procedure
- Reinstate quarterly on-site visits from consortium trainer for staff refresher training
- Completion of mandated trainings and refresher trainings 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 discrepancies received quarterly from DHS within the mandated 45 days of receipt.**

- 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.
- Supervisory staff 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. Jefferson County / Southern Consortium Goals for 2024:**

- **Training Goal** – To use the same resources consortium wide for uniformity among the Economic Support workers for assessment of knowledge and skills. Resources/tools may include:
  - FoodShare and BadgerCare quizzes developed by lead county (Rock County), call reviews for new workers, inviting all consortium workers to the trainings held by the lead county, additional shadowing for workers struggling in call center.
  - Quarterly refresher trainings will be required for all staff. These will be recorded and saved to the Southern Consortium website for future viewing.

- Completing all annual training requirements, no later than November 2024 so all information may be submitted to the appropriate monitoring departments in December, without delay.
- **Employee Morale Goal** – To enhance and foster more open communication between Economic Support workers across county lines, specifically within the Southern Consortium.
  - Explore why it is difficult for some to communicate with their peers by using more in depth, one on one, communication between supervisors and staff.
  - Seeking out and offering training throughout the Southern Consortium in the following areas: communication and email etiquette, the use of “Commitment to Coworkers”, Supervisors modeling proper email communication for staff, Suggest and assist with direct but kind communication, offer greater opportunities for staff to get to know each other by using “breakout sessions” of smaller groups during consortia staff meetings for those more comfortable in small groups, and by creating a mission statement for the Southern Consortium.

“Individual commitment to a group effort – that is what makes a team work, a company work, a society work, a civilization work.”

~ Vince Lombardi~

## 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

Website: [www.jeffersoncountywi.gov](http://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

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