Jefferson County

Human Services Department
Organizational and Programmatic Study

Final Report
May 2007

E jj Olson & Associates
Health and Human Services Consultants
Milwaukee, Wisconsin

Schenk Business Solutions
Appleton, Wisconsin

CGS, LLC
Berlin, Wisconsin

Jefferson County

Human Services Department
Organizational and Programmatic Study

Planning Committee

Name	*Organization*	Title
Dan Gebauer	*Human Services Department*	Deputy Director
Cathy Kirchberg	*Jefferson County*	Community Member
Jim Mode	*County Board*	Supervisor
Gary Petre	*Jefferson County*	County Administrator
Pam Rogers	*County Board/Human Services Board*	Supervisor
Tom Schleitwiler	*Human Services Department*	Director
Sharon Schmeling	*County Board*	Chairman
Sue Torum	*Human Services Department*	Supervisor Aging/Long Term Care

Jefferson County Human Services Department
Organization and Programmatic Study

Table of Contents

Jefferson County

Human Services Department
Organizational and Programmatic Study

Executive Summary

Executive Summary

From the Fall of 2006 to the Spring of 2007, the health and human consulting firm of E jj Olson & Associates, in collaboration with Schenk Business Solutions and CGS, LLC worked with a planning advisory committee *To Study the Human Services Department (HSD) to Analyze the Organizational and Programmatic Delivery of Services to the Community*. The effort was initiated to provide an objective examination of the Human Services Department's organizational and programmatic delivery of services and to develop a strategic planning including recommendations as to appropriate staffing levels, program and service levels, and operational efficiencies.

Methodology

The methodology included an examination of the demographics in Jefferson County, an overview of both mandated and non-mandated services provided by Jefferson County's Human Services Department, an analysis of the utilization and cost associated with the various programs, an analysis of the Departmental staffing, and a financial analysis of the Department's budget including, expenditures, revenue, donations, and tax levy.

For comparison purposes, a brief analysis was conducted of six other counties: Columbia, Dodge, Portage, Sauk, Sheboygan, and Waupaca. The comparison county analysis included an examination of the demographics of the county, as well as, an analysis of the services provided, organizational structure, staffing, utilization and budget of their Human Services Departments. Additionally the consultants conducted interviews with key stakeholders and focus groups with Department Managers and staff to gather information regarding the strengths, issues, and opportunities within the Department of Human Services.

Demographic Profile

In order to understand the population served by the Human Services Department in Jefferson County, the consultants examined the following factors: overall population trends and projections; aging population trends and projections; disabilities populations trends and projections; social characteristics, such as race and ethnicity, high school non-completion, teenage pregnancy, single parent households; and economic factors, such as unemployment, poverty rate, median household income, and no insurance coverage.

Findings

- Since 1970 Jefferson County has experienced 31.6% population growth and is expected to increase another 19.3% by 2030.
- Between 2005 and 2030 the population of Older Adults (65 and Over) is expected to increase 84.7% as compared with the 19.3% increase in general population.
- Approximately 60% of Older Adults are affected with some sort of disability.
- While Developmental Disabilities affect 1.6% of the population nationwide, 1.8% of the population in Jefferson County is affected by a Developmental Disability.
- In 2006 Jefferson County had a Teen Birth Rate of 22.6 per 1,000 births.
- At any given time in 2006, 3.4% of the population in Jefferson County had no form of health insurance.
- The average unemployment rate in 2000 in Jefferson County was 4.4%
- Approximately 7.6% of Jefferson County residents are living below the poverty level.

Departmental Organization

The consultants reviewed and analyzed the Departmental Organization of Jefferson County's Human Services Department, including: organizational structure and staffing levels.

Findings

- The Department of Human Services is currently organized into 13 Divisions or Units.
- The divisions are overseen by the Department Director, the Deputy Director, and a Medical Director.
- The entire Human Services Department is overseen by the Jefferson County Board of Supervisors, the Human Services Board, and the County Adminstrator.
- As of March of 2007 there were 153.77 Full-Time Employees in the Human Services Department.
- There are 144 Full-Time Employees and 24 Part-Time Employees.
- Staffing levels have stayed relatively steady throughout the analysis period of 2001 to 2005.

Service Utilization

The consultants reviewed and analyzed program utilization data from 2000, 2003, and 2005 to determine trends in program utilization.

Findings

- In the Aging and Long Term Care Division service utilization has increased approximately 43% during the analysis period.
- Utilization of Child Alternate Care programs has increased approximately 16.2% while utilization of placements has decreased 13.3%.
- Families served by the Birth to Three Program have risen by 17%.
- The utilization of all Developmental Disability and Brain Injury Programs has increased significantly since 2001.
- Mental Health Program utilization has increased 21.8% since 2001.
- Income Maintenance program utilization has increased 85.1% and Medical Assistance has increased 17.4%.

Overall the utilization of the majority of programs within the Human Services Department has increased during the analysis period of 2001 to 2005.

Financial Analysis

To assess the financials of Jefferson County's Human Services Department, the consultants analyzed the expenditures, revenues, and tax levy for the years 2001, 2003, and 2005. In addition, further analysis was done on the budget from the most recent years available and 5-year projections were done.

Findings

- Excluding the MA Waiver program, the expenditures of the Human Services Department have increased approximately 7.5% per year.
- Jefferson County's per capita expenditures is high in comparison to other counties, though its tax levy is average.

Key Stakeholder Interviews and Focus Groups

To gauge the strength and issues within Jefferson County's Human Services Department from a variety of perspectives, the consultants conducted extensive interviews with key stakeholders in the Jefferson County Human Services Department Community. Interviewees included County Board Members, Human Services Board Members, and individuals involved with organizations that have a relationship with Jefferson County's Human Services Department. The outcome of these interviews can be found in the *Interview and Focus Group Results* section of this report.

Recommendations

The following are the recommendations developed by the consultants. The recommendations are broken into two sections, General Recommendations and Program Area recommendations. Further commentary can be found in the *Recommendations* section of the report.

General Recommendations

Reorganization of Jefferson County Human Services Department

The Human Services Department should reorganize to include five areas of concentration: Aging / Developmental Disability; Children and Families; Behavioral Health; Economic Support; and Administrative Support.

This reorganization is a result of reviewing the existing mandated and non-mandated programs and management/program chart of Jefferson County's Human Service Department in comparison with national and statewide best practice models. The areas of concentration have been chosen because they encompass all of the existing program areas and potential new or reorganized areas under the proposed Aging and Disability Resource Center (ADRC) Implementation model.

It is recommended that the Human Services Board work with the Department and Jefferson County Board of Supervisors in the implementation of the recommendations in this report; specifically the Department staff should work with the Human Services Board on strategies and timeline to implement the basic recommendations.

Areas of Reorganization Include:

- Aging and Developmental Disabilities should be merged into a new Aging/Developmental Disabilities Division.
- Alternate Care, Birth to Three, Protective Services and Juvenile Delinquency units should be merged into a New Child and Family Division.
- Integrate Mental Health, CSP, CCS and Lueder Haus into a Behavioral Health Division.

- Integrate the Functions of Income Maintenance into an Economic Support Division and work in collaboration with the Work Force Development Center.
- Merge Secretarial Support, Building Maintenance, and existing Financial Services into a Administrative Services Division.

Volunteer Coordination

- Hire a part time paid volunteer coordinator in order to generate volunteers to assist the department and county government in addressing client needs.

Transportation

- The County Board should establish a transportation sub-committee to address the transportation needs of clients served by the Department of Human Services, the Health Department, Workforce Development and other client-focused services provided by county government.

Collaboration

- The managers of the Human Services Department and the Health Department meet monthly in order to more effectively coordinate their program units.
- At a future date, analyze the role of the Health Department relative to changes in state policy such as the implementation of the ADRC and Family Care in order to determine whether there would be cost efficiencies in merging the Human Service and Health Departments.

Nursing Home -- Countryside Home

- As a result of a brief overview of the departments and staffing patterns at Countryside Home, the consultants recommend that a detailed and thorough analysis of staffing patterns occur.
- The consultants recommend that each of the household units be painted a different color with artwork added to the unit to reinforce the specific theme of each unit. This will allow for less confusion and enhanced way finding for residents, family members, and staff.

Program Area Recommendations

Aging Recommendations

- The Human Services Department should seek formal support from the Human Service Board and County Board for the implementation of the ADRC and Family Care.
- Expand non-mandated Alzheimer and Family Caregiver Support Programs to encourage growth of in home and Family Care Giver placements with the county.

- Complete and submit the ADRC Plan and budget for the Human Services Board for approval in 2008. Reorganize personnel and job duties to meet requirements of ADRC and Family Care.
- Develop a staffing plan which takes into account the reorganization and meets existing and future programming needs.
- The County Board should set up a transportation sub-committee to evaluate county service transportation options for county services with a special emphasis on the frail and those in need. Review statewide best practices models. Issues of insurance and liability should be reviewed relative to existing transportation services by staff and volunteers.
- The Department of Human Services should explore alternative program options to reduce COP, COP-Waiver, and CIP II waiting list within the two years of the start of Family Care.

Developmental Disabilities Recommendations

- Explore and implement, if feasible, a volunteer guardian program instead of the corporate guardian program currently in use, thus reducing county expenditures.
- Recruit, train and certify additional Adult Family Homes for use with DD and elderly relocation clients.
- Examine other areas of the State with disproportionate numbers of individuals with developmental disabilities and explore programming which would address effectively and cost efficiently the community integration needs of these individuals.

Alternate Care – Child Recommendations

- Promote innovative prevention programs, thus reducing crisis intervention costs.
- Investigate joining with other counties for recruitment and training for Foster Care Parents, thus sharing recruitment and training costs.
- Continue to aggressively explore bed space for children within Jefferson County thus reducing out of county expenditures.
- Explore funding for existing programs and review best practice models for innovative programming such as unique qualities of other county wraparound services.
- Continue to maximize Medicaid reimbursement.

Birth to Three Recommendations

- The Birth to Three Program is an effective prevention initiative. Continue developing and implementing promotion of the Birth to Three Early Intervention services in order to address child related problems in order to develop creative intervention strategies.
- Recruit or support training for bilingual staff to better serve Spanish-speaking and Hmong populations.
- Review the results of the Parent Exit Evaluation and use these results to modify programming where appropriate.

Child Protective Services Recommendations

- Review the results of the recent State's Quality Service Review and implement changes as necessary. *This report highlights the progressive nature of the HSD.*
- Recruit or support training for bilingual staff to better serve Spanish-speaking and Hmong populations.
- Continue to use and expand and refine the use of wraparound services.

Juvenile Delinquency Recommendations

- Continue to grow and expand the Juvenile Delinquency Council and explore implementing similar consumer committees or councils where applicable in other content areas.
- Explore areas where programs have saved money and see if they can be implemented elsewhere.
- Promote Delinquency Council program area as best practice of how schools, the courts, law enforcement, and the Department of Human Services have had a dramatic positive impact relative to improved lifestyles for juveniles and their families.

Mental Health Recommendations

- Finish the Mental Health Plan and submit the application to the state for Emergency Mental Health Program Certification under Medicaid. This certification will allow existing costs to be billed to the state for Medicaid reimbursement.
- Continue to develop and expand the CCS Program, which will increase Medicaid funding.
- Continue to explore and develop alternate funding sources for anti-psychotic medications for those who have no source of coverage.
- Evaluate the adequacy of staffing of this unit given its multiple roles and complex services.

Income Maintenance Recommendations

- Review all case plans to ensure that clients are not only being provided with assistance to meet their needs but are also being provided with services that will help them progress toward greater independence from government assistance.
- The Jefferson County Board should emphasize to county/state elected officials that programs, such as W-2 and other State mandated programs, require additional funding in order to allow Jefferson County DHS to assist its County residents to acquire skills to gain and retain their independence.
- *The County should be commended for discontinuing the General Relief Medial Program and committing the funds for the operation of the Free Clinics.*

Management Assistance Recommendations

- Develop this division with the multiple functions of secretarial, maintenance, and fiscal, as a coordinated support division for the Department of Human Services.
- Continue to coordinate the financial support aspects of this unit with the County's Fiscal Unit.

Jefferson County

Human Services Department
Organizational and Programmatic Study

Introduction

Introduction

During Autumn of 2006 and Spring 2007, the health and human services consulting firm of E jj Olson & Associates, in collaboration with CGS, and Schenk Business Solutions worked with a planning advisory committee *To Study the Human Services Department (HSD) to Analyze the Organizational and Programmatic Delivery of Services to the Community.* The effort was initiated to better understand the organizational and programmatic range of services provided by the HSD to the community and to develop a strategic directional plan for the HSD.

Methodology

The methodology to conduct this study included the development of vision and mission statements; the identification of the HSD's strengths, issues, and opportunities; review of previous studies and reports; analysis of national, state and local funding trends; review of 'Best Practice" models; and a profile of the socio-demographic trends and the demographics of human services including low income, aging, disability, children and youth, families, and mental health populations.

In addition, the consultants interviewed county and human services board members, collaborative agency leadership, and key community informants and consumers; and held a focus group with HSD managerial staff. The consultants implemented a performance audit of the HSD's organizational delivery system, staffing, and structures, which included a comparative analysis of six other county Human Service Departments (5 Health and Human Service Departments and 1 Human Service Department), as well as an assessment of the status of mandated/non-mandated programs and services.

During this process, the consultant team worked with the planning committee and key staff to develop new vision and mission statements, and to identify strengths, issues and opportunities of the HSD.

Proposed Jefferson County Vision / Mission Statements

(Adopted by Planning Committee February 22, 2007)

Proposed Vision Statement

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

Proposed Mission Statement

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

Results of Planning Committee's Brain Storming Session February 22, 2007

Strengths of Human Services Department

- Staff work closely and are dedicated.
- Attune to attitude/needs of consumer.
- High level of experience of staff.
- Professionalism of management staff.
- Creative approach in capturing reimbursement money.
- Cohesion as a group.
- The staff has genuine care/concern for the public.
- High level of interest of the Human Services Board citizen members is excellent.
- Ability to reinvent themselves.
- Reception staff excellent/hardworking.
- Good reputation.
- Willingness to work across departmental boarders.
- High level of program, department, and financial integration.
- Have made efforts to become partners with community agencies.
- Excellent doctor in leadership role.

Issues of Human Services Department

- Transportation, both private and public, needs better coordination within county.
- Disproportionate DD Population.
- Future increases in operating costs, benefits and salaries.
- Societal and public expectations of services exceed service capacity.
- Gaps in services.
- Long Term Care Reform.
- Need to pursue funding sources such as emergency medical health.
- Potential Federal and State funding cutbacks.
- County revenue limits/relate state mandates.
- Poor/disconnected population that is increasing in county/Anglo, Hispanic, and Hmong.
- Maintaining quality staff (succession of staff).
- Disconnect between federal and state regarding illegal alien residents.
- Integrate with Health Department/business and clinic are ok.
- LTC reform-Medicaid monies may be lost to Health Department.
- Mental health needs for schools/children, the elderly, and single parent families.

Opportunities

- Long-Term Care Initiative.
- Dialogue and integration of community partners.
- Conversion of Mental health system - recovery model and capture monies.
- Family Care increase prevention and early detection.
- Economic Development/Workforce Development.
- Opportunity to improve efficiency of transportation through collaboration/integration.

Jefferson County

Human Services Department
Organizational and Programmatic Study

Interview and Focus Group Results

Jefferson County Telephone Interviews with Community Stakeholders

Interview Participants:

Marge Ashburn		Jefferson St. Vincent de Paul Society
Dan Duame	Agent	Wisconsin Department of Community Corrections
Dennis Heling	Director	Jefferson County Economic Development
Robert Kellerman	Executive Director	Area Agency on Aging
Cathy Kirchberg		Human Services Board Member
Laura Kleber	Area Administrator Se Regional Office	Wisconsin Department of Health & Family Services
Karen Lacke-Carrig	Executive Director	Rainbow Hospice Care
Barb LeDuc	Executive Director	Opportunities, Inc.
Jennifer Lowenberg	Trainer	NAMI of Wisconsin
Carol Maasz	Director	NAMI of Jefferson County Chapter
Dan McCrea	Executive Director	United Way of Jefferson & N. Walworth Counties
John McKenzie		Human Services Board Member
James Mode		County Board Member
Kris Moelter	Director	Jefferson County Delinquency Prevention Council
Don Nolan	Director	Pupil Services Programs, Jefferson Schools
Joe Overturf		Human Service Board
Gary Petri		County Executive Jefferson County
Martin Powers		Human Services Board
Tim Roets	Chief Administrative Officer	Watertown Police Department
Pam Rogers		County Board Member
Sharon Schmeling		County Board Member
Kevin Stapleton	Chief Deputy	Jefferson County Sheriff's Department
Jim Schultz	Guidance	Watertown School District
David Titus	Administrator	Dodge County Human Services Department; Coordinator of Family Partnership Care Initiative
Diane Weller	State Administrator	Wisconsin Department of Health & Family Services
Rex Weston		County Board Member

Jefferson County Strengths of the Human Services Department From Telephone Surveys of Community Stakeholders

Summary of Strengths of the Organization

In the area of strengths, the Human Services Department was found to have good relationships with community agencies and good relationships with the courts, the schools, and law enforcement in Jefferson County. The director is highly regarded and people mentioned that the HSD has strong leadership and strong administration. Also, six individuals stated that the HSD has a strong dedication to their mission of serving all Jefferson County residents. The areas of juvenile delinquency services, developmentally disabled services and aging services are all well regarded and considered by many to be cutting edge. Also, it was stated that Jefferson County's HSD workers are experienced, dedicated, and professional.

Listing of Strengths as noted in the Telephone Interviews

- The director and Jefferson County's Human Service Department (HSD) have good relationships with community agencies.(10)[1]

- HSD has strong leadership and a strong administration. There is good leadership in the whole organization from the director to the supervisors and heads of departments. (9)

- HSD has a strong dedication to their mission of serving Jefferson County residents. HSD is committed to improving the lives of their citizens. HSD strives to be innovative and are always looking for better ways to serve Jefferson County residents. The HSD understands the importance of serving children, the developmentally disabled, and the elderly in the county. (9)

- The director is an excellent administrator who is very accessible (7)

- Jefferson County's Human Service Department (HSD) has an excellent, experienced, and professional staff doing quality work to help people in the county. Their supervisors are a strength and are accessible and forward thinking. (7)

- Agencies have good communication with the Department and there is good communication within the Department. (5)

- The Finance Committee is concerned about how money is spent and the HSD is good at getting reimbursements from the state and funding sources. The HSD is good at obtaining and allocating funding. They are always on budget every year. (5)

- They have a good relationship with law enforcement and are cutting edge in their relationship with the district attorney and the police. Jefferson County HSD is good at helping police with assessments and placements of mentally ill individuals. (4)

- The department is well run and well organized. (4)

- HSD is very responsive. (3)

[1] Numbers in paranthesis represent the number of time this idea was mentioned in the telephone interviews.

- HSD has a good vision mission towards children's services, specifically juvenile delinquency, Jefferson County is better in children protection services than most other counties. They work with the community, the courts and the schools in their children services. They have well coordinated services, social workers visit children in the schools and come to IT meetings, HSD acts when necessary and they help to put problem children in foster homes when needed, and lastly, Jefferson County's HSD is on the cutting edge of their Restorative Justice Program which gets kids help before they get in real trouble. They have a teen court in order to reduce and or eliminate expulsions. (2)

- Jefferson County has the best benefits specialists in the state. (2)

- Jefferson County's Human Services Department has exceptional employees in Child Protection Services. (2)

- There are no turf battles in Jefferson County. (2)

- Mental health services, the child welfare program and wrap around services all are functioning well. (2)

- The department director is on the police boards and is accessible to the police. Jefferson County has the best relationship with Watertown Police.

- The department director is progressive and has philosophical goals and bases his programming on best practice models and measurable outcomes.

- They have a good human services committee.

- They have good quality case managers and there are seldom complaints about case management services. They have increased salaries in order to retain quality staff.

- Intake workers are now really helpful and the people from Jefferson County's HSD who work with the sheriff's department are responsive.

- HSD has a good set of aging program and a respected head of aging programs. The director is smart and caring and is in charge of the long-term care program. The long-term care program gets funding through COP and waivers programs. The governor is calling for long-term care reform in the form of the Family Care program. They have good advocates for the elderly in Jefferson County's HSD. They are prompt in complying with paper work, reports and budgets. There is a new program "SAMS" that transfers data to the Area Agency on Aging. They have worked hard at learning the program and the Area Agency on Aging trains them in use of the program.

- It is amazing what Jefferson County can do with a small budget.

- The clinical program stays updated on mental health issues and training. They use evidenced based practices and assertive community treatment. Their workers have extensive training in mental health issues.

- The HSD has a culture of respect for consumers. They don't label consumers and are compassionate.

- They have good results with clients and get few complaints.

- There are great outcomes from Jefferson County's HSD.

Jefferson County Issues of the Human Services Department From Telephone Surveys of Community Stakeholders

Summary of Issues

In the area of issues, there were many concerns about funding for the Department and on how the Family Care Program will influence and impact Jefferson County's HSD. Staffing was a concern with some people feeling that the department is under staffed while a couple people questioned whether the department might be overstaffed. There were concerns about providing services for Jefferson County residents in the areas of AODA programming, more psychiatric services, and juvenile delinquency services. It was noted that the HSD needs more support from the County Board and government officials and that there is a need to improve data collection and outcomes.

Listing of Issues as noted in the Telephone Interviews

- Funding is always an issue. There are tax issues and money issues in government and in property taxes. The biggest challenge is a money and budget/funding issue. There is not enough money to keep children in foster homes when necessary. (9)

- There could be more services and more social workers. Case loads are too high. There is not enough staff and a high turn over rate. A main issue is the level of stability of intake workers. (8)

- There is a large amount of persons with disabilities in Jefferson County and they are aging and need more services. Mandates from the state for areas like DD services are difficult because the state doesn't change funding even if demand is high. (7)

- The change to Family Care might cause some issues. (4)

- There is a need for more mental health services in Jefferson County. (3)

- Jefferson County HSD is asked to be all things to all people. (2)

- The HSD needs to find less expensive ways to do things. (2)

- There is a concern that the department might be overstaffed. (2)

- Need to de-centralize services. There is a need for better outreach in the community and the ability for consumers to see different counselors in different locations. (2)

- In the wrap-around program they want to serve more residents but they don't have enough funding.

- Need more prevention strategies for juvenile delinquents, need for more psychiatric services, need for more counseling services to see more kids, and their needs to be more cooperation between schools and staff.

- HSD needs to be more accessible.

- They need more intensive services for AODA issues in the county.

- Some workers complain about the bureaucracy and paper work they need to do. Workers are frustrated and feel that they are wasting valuable time and energies.

- A weakness is that all employees or workers do not know how to work the system. Some workers are entrenched in the old ways of doing things and have not adapted to new ways to get funding.

- The department seems too spread out and not unified. There is a challenge for each department to have a single over reaching plan.

- There is a need for more county board and county official support of HSD.

- There is a need for a better data system and a need to be able to show outcomes better to the board.

- Jefferson County is more rural than Milwaukee and presents challenges of transportation.

- There is a large influx of Hispanics in the community and there is a need for more bi-lingual and bi-cultural staff. They struggle with finding and retaining bi-cultural staff.

- There is talk of cutting back on services which they shouldn't do even though funding is tight right now.

- They have a waiting list now which is an issue.

- An issue is the need to contract out to the private sector for services.

- Another issue is to find available efficiencies or better ways to save money.

- Another issue is that Jefferson County and the police should do training sessions together on mental health issues using trained mental health staff from Jefferson County's Human Services Department.

- There is a need for more young people involved on the Human Services Board, the County Board, and elected officials.

- There is an issue of having enough supports to pull off all services.

- There is a need for more resources to be put into the HSD.

- The leadership is close to retiring and they need experienced leaders.

- There is a need for more services for Jefferson County residents who are correctional offenders.
- Relationship with the Health Department could be better.

Results of Focus Groups with Human Services Department Managers
March 23, 2007

Strengths

- Vested in organization because of tenure.
- Creative staff.
- Good communication.
- Constructive problem solving.
- Management has lots of experience.
- Care about quality.
- Strong advocates for team.
- Flatness of organization.
- Accessible to each other.
- Good mix of people at different point sin their careers.
- Fiscally aware.
- Open to new ideas.
- Good Teamwork.
- Deputy Director and Financial Unit important to department.
- Know that you must have partnerships.
- Good work ethic.
- Visibility of director.
- Awareness of accountability (to community and issues).

Issues

- Work load.
- Data system needs to be refined.
- Need quality assurance.
- Clients often have multiple issues.
- Lack of understand what the Department of Human Services needs.
    - Scanner
    - Service needs
- Lack of staff training monies.
- Burn out/crisis situations.
- Department of Human Services staff (Bachelors, Masters and managers) are paid less than surrounding counties.
- Educational incentives are lacking.
- Workforce development.
- Lack of transportation for consumers.
- Need bilingual staff.
- Need more volunteer drivers.

Staff Member Focus Groups Participants

Division/Unit	Position
Community Support Program	Case Manager
Child Protective Services	Ongoing Case Manager
Intake (Delinquency)	Juvenile Intake
Intake (Child Protective Services)	Child Protective Services Intake
AODA/Mental Health	IDP
AODA/Mental Health	Case Manager
Income Maintenance/Welfare Unit	Case Manager
Long Term Support	Nutrition Program Coordinator
Long Term Support/Elderly and PD Team	Social Worker
Delinquency	Ongoing Case Manager
Alternate Care	Foster Care Coordinator
CCS	Service Facilitator
Clerical	Front Desk Receptionist
Fiscal	Cost Accountant
Fiscal	IT Tech Coordinator
Birth to Three	EC - Teacher

Results of Staff Focus Group April 16, 2007

Strengths

- Dedicated individuals and staff members.
- Longevity of staff.
- Great Mental Health Services (great at getting meds to people quickly).
- Vast array of services.
- Good community organization.
- Good relationship to Board.
- Great responsiveness to providers.
- Staff supports each other as individuals and as workers.
- Administrative staff are very helpful.
- Leadership is creative, supportive and flexible.
- Flexibility in staff hours.
- Excellent client services.
- Team approach focuses staff on clients.
- Wide knowledge base.
- In-house Protective Payee (helps keeps clients in housing and cost less than a corporate guardian).
- Good at serving people that might otherwise fall through the cracks.
- Community based rather than in office.
- Proactive staff (go into homes, schools, and work settings).

Issues

- Computer system out of date.
- Paperwork mandated by the State is time consuming.
- Caseloads have doubled and the staff is overwhelmed with work.
- Staff must do work at home to keep up with the increasing workload.
- Increasing caseloads make it hard to maintain standards.
- Lack of computers in offices.
- Lack of office space.
- Paperwork system is not integrated and there is a lot of duplicate entry.
- Resources for housing and adult alternate are have been cut.
- Lost employees are not always replaced; instead their caseload is divided up between remaining staff.
- No homeless shelter in the county.
- Need a drop-in center (space for clients in building).
- Programs continue to expand, but there is not space for the expansion.
- Lack of training and orientation for new employees.
- Sense of community among staff members has been lost.
- Lack of training monies for staff for continuing education/maintaining certifications.
- Need a resource center.
- Lack of transportation (public and private)
- Insurance policy for transporting clients.
- Lack of funding for programs and the resulting long waiting lists.
- Need interpreters.
- Hard to get appointments with the psychiatrist.

Opportunities

- Acquire more monies, staff, and physical space.
- Create a homeless shelter in Jefferson County.
- Add a halfway house.
- Update department's technology.
- Hire a volunteer services coordinator to organize and recruit volunteers, work on grant writing, and enforce community connections.
- Increase the volunteer system.
- More training for incarcerated clients to help prevent repeat offences.

Jefferson County

Human Services Department
Organizational and Programmatic Study

Jefferson County Demographic Profile

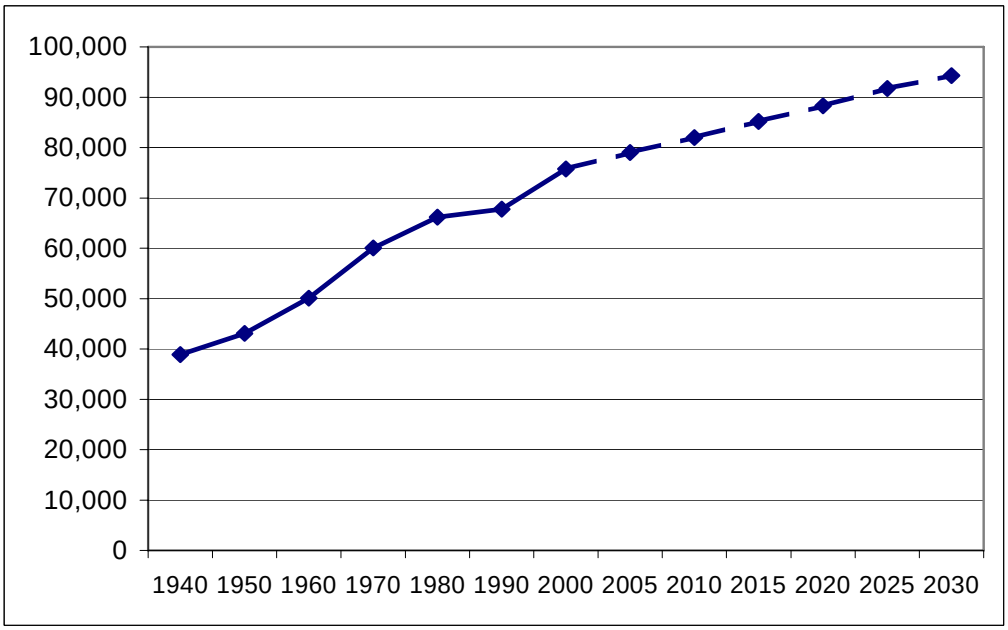
Jefferson County Demographics

Jefferson County is a growing community with growing needs, and it is essential that the Human Services Department be equipped to deal with current and future issues that are facing its residents. This section will provide an overview of the demographic characteristics of the County, highlighting current and future issues, including: population trends and projections, aging population, persons with disabilities, and economic indicators. This demographic overview will provide the framework for further analysis of the County's programming and service delivery model.

Growing Population

As of 2005, Jefferson County had a total population of 79,030. Jefferson County has seen steady population growth during the past several decades, with the population increasing 31.6% since 1970, from 60,060 to the current level. Jefferson County is among the fastest growing counties in Wisconsin, with a growth rate above the state average. Projections developed by the Wisconsin Department of Administration indicate continued growth in Jefferson County through the next twenty-five years. The population in the county is expected to increase by 19.3% to number 94,259 by the year 2030. **Figure 1** illustrates Jefferson County's growth in population since 1940, as well as the projected growth through 2030.

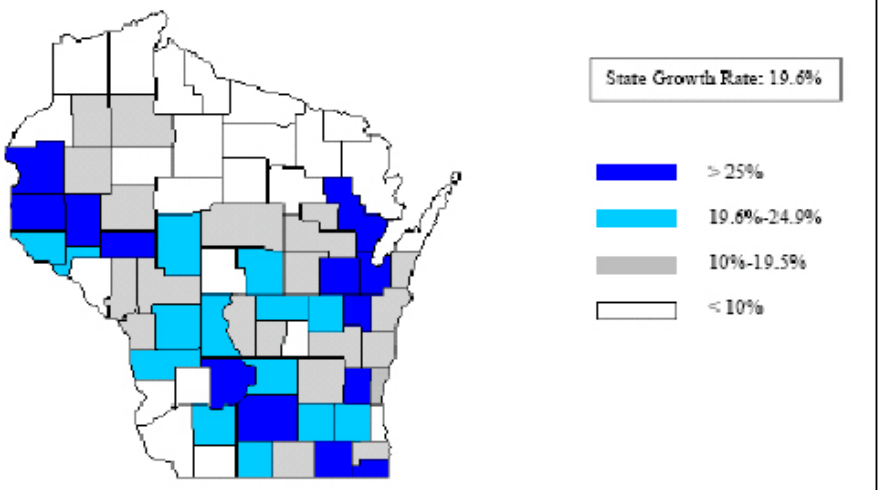
Figure 1: Jefferson County Trends & Projections, 1940 - 2030



Sources: 1940-2000 population counts from U.S. Census Bureau. 2005 estimate and 2005-2030 prepared by Demographic Services Center, Wisconsin Department of Administration.

Figure 2: Projected Growth of Wisconsin Counties, 2000 - 2030

Figure 2 shows the projected growth in counties statewide from 2000 – 2030. Jefferson County falls into the second highest category of projected growth, from 19.6% to 24.9%.



Source: Wisconsin Department of Administration

Jefferson County Population by Municipality

The City of Watertown is the most populous municipality in Jefferson County with a population numbering 14,262 people during 2005, followed by the City of Fort Atkinson, the City of Jefferson, and the City of Lake Mills. The Village of Johnson Creek is projected to experience the highest rate of growth during the next twenty years at 27.2%.

Table A: Ten Most Populous Communities

Municipality	*Population*
City of Watertown	14,262
City of Fort Atkinson	12,151
City of Jefferson	7,569
City of Lake Mills	5,067
Town of Koshkonong	3,570
City of Waterloo	3,417
Town of Oakland	3,368
Town of Ixonia	3,054
City of Whitewater	2,728
Town of Jefferson	2,282

Source: Wisconsin Department of Administration

The following tables and graphs detail growth in specific municipalities in Jefferson County over the next twenty years.

- **Table A** shows the ten most populous municipalities in Jefferson County, while
- **Table B** shows the population projections for the ten fastest growing communities in Jefferson County.
- **Figure 3** illustrates the growth rate in municipalities throughout the state and county.

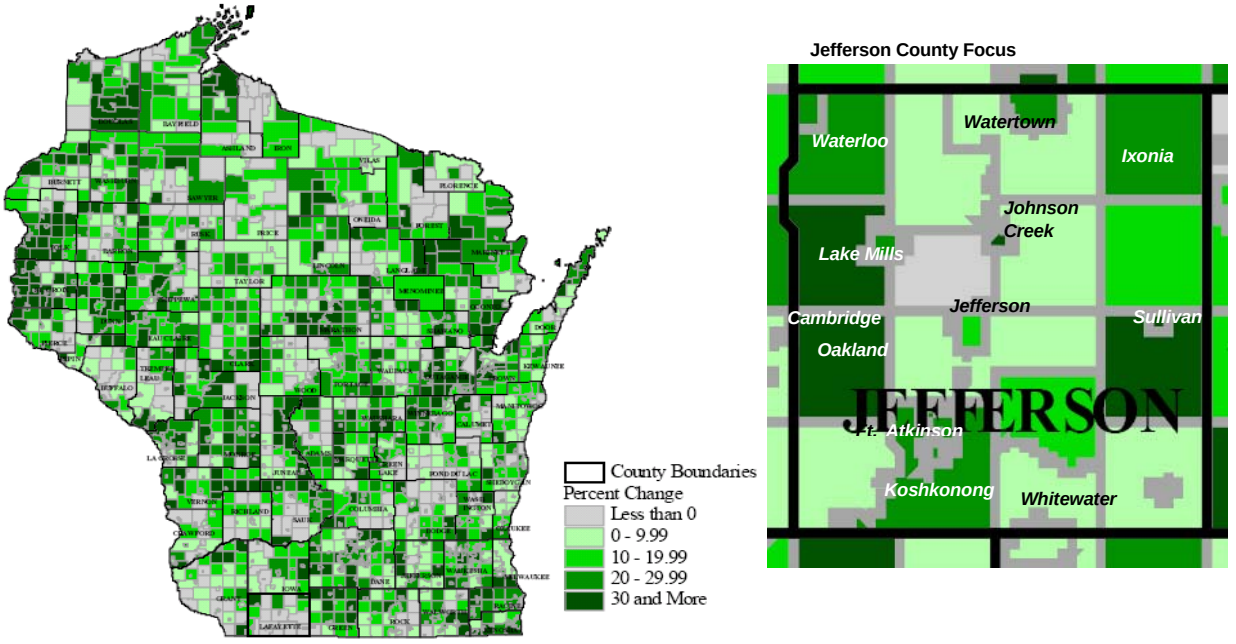
Table B: Ten Fastest Growing Communities 2005-2025

Municipality	*2005 Pop*	*2025 Pop*	*% Change*
Village of Johnson Creek	1,710	2,175	27.2
Town of Oakland	3,368	4,263	26.6
Village of Sullivan	738	928	25.7
Town of Sullivan	2,272	2,841	25.0
Village of Cambridge	93	115	23.7
Town of Lake Mills	2,059	2,532	23.0
City of Watertown	14,262	17,032	19.4
Town of Koshkonong	3,570	4,257	19.2
Town of Ixonia	3,054	3,637	19.1
City of Waterloo	3,417	4,021	17.7

Source: Wisconsin Department of Administration

Figure 3

Projected Percent Population Change in Communities, 2000-2025

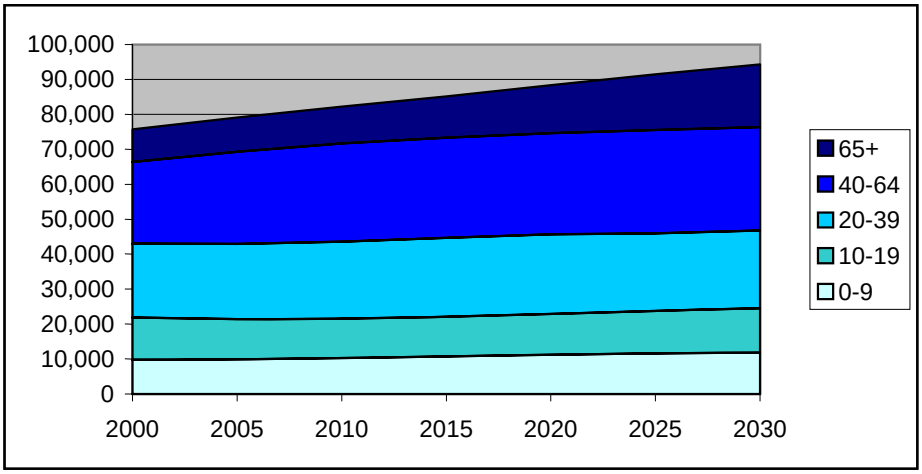


Source: Wisconsin Department of Administration

The Aging of Jefferson County

As of 2005, the population of adults age 65 and older was 9,725, representing 12.3% of the total county population. The population of adults 65 years and older is projected to grow at a much faster rate than the general population at 84.7% from 2005 to 2030 compared to 19.3% growth in the general population.

Figure 4: Jefferson County Population Projections by Age Group, 2000 - 2030



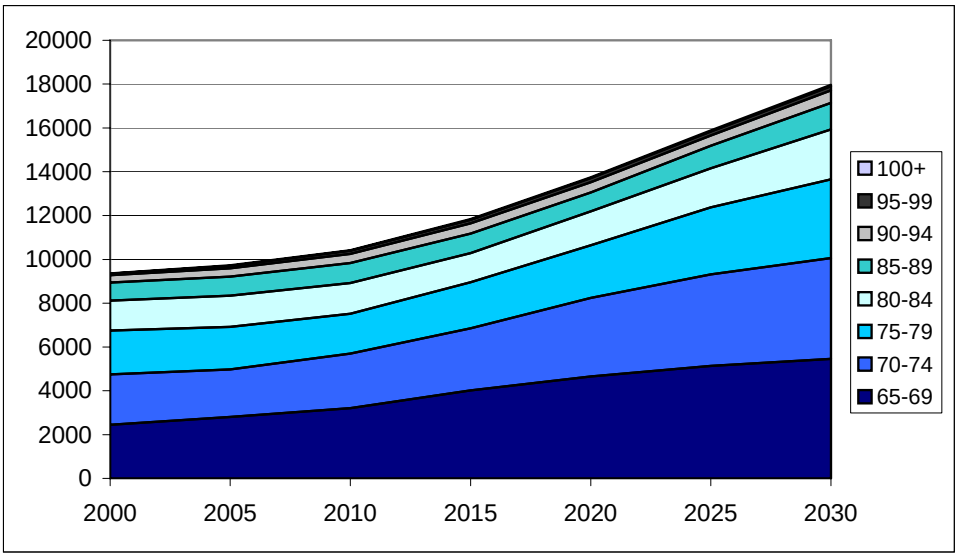
Source: Demographic Services Center, Wisconsin Department of Administration

Figure 4 illustrates this trend, as the increase in numbers of 65+ persons is much steeper than for other age groups.

The population of persons age 65 years and older will grow to number close to 18,000 by the year 2030.

Figure 5 illustrates the projected population trends among older adults for Jefferson County by 5-year cohorts, from age 65 to 100. The most significant growth rates will be seen among those 100 years and older and the 65-69, 70-74, and 95-99 age cohorts, largely due to boomers aging into retirement and health advances leading to more people living into their 90s and beyond age 100. By 2030, the population of adults aged 65-69 in Jefferson County is predicted to increase 108.0% to number more than 5,400; the population aged 70-74 is predicted to increase by 106.2% to number 4,612; the population aged 95-99 is predicted to increase by 105.3% to number 190; and the population 100 years and older is predicted to increase by 335.7% to number 65. The rapid growth in older adults will have significant impacts on Jefferson County in the next twenty-five years.

Figure 5: Jefferson Couny 65+ Population by 5-Year Age Cohort, 2000 - 2030



Source: Demographic Service Center, Wisconsin Department of Administration.

Graphics at the end of this section shows population projection pyramids for Jefferson County from 2000 to 2030, by Sex and 5-year Age increments.

People with Disabilities[1]

Under the Americans with Disabilities Act (ADA), disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual. When the ADA passed in 1990, disabilities affected nearly one in seven Americans. Today, disabilities affect nearly one in five nation-wide.

Although information on disability is collected during each census and intermediate survey conducted by the U.S. Census Bureau, due to differences in data collection and survey techniques, only The Census 2000 and the 2005 American Community offer comparable data to date. However, even the small differences in design between The Census 2000 and the 2005

[1] Numbers reported in this section may vary from those in the Comparison County Dempographics section due to the discrepenices National agencies have in how they collect data on disabilities. In the Comparison County section of the report 2000 Census data was used for all counties because 2005 American Community Survey data is not available for all of the comparison counties. In this section American Community Survey data was used because it offers a more detailed analysis of disability status.

American Community Survey caused differences in disability information. The consultants have adjusted rates to account for these differences.

Rate of Disability by Age

The rate of disability in Jefferson County is generally higher than the rate in the state of Wisconsin. Almost one in five persons in Jefferson County or nearly 14,000 individuals currently lives with a disability. Disabilities affect 17.3% of all persons in Jefferson County, compared with 15.8% of all persons in Wisconsin. The highest rates of disability in the county are among persons age 65 years and older, with over half (59.8%) or about 5,800 individuals having a disabling condition. In the state of Wisconsin, 34.8% of adults 65 years and older live with a disability. Among persons age 0-14, about 15,400 live with disabilities, or 6.1% of all persons within the age cohort. Among persons age 15-64, about 7,000 live with disabilities, or about 12.9% of all persons with in the age cohort. Over the next twenty-five years, the number of individuals with disabilities in Jefferson County is predicted to rise, primarily due to the aging of the population and the high rates of disabilities among persons age 65 and older.

Rate of Disability by Type*

Physical disabilities are the most prevalent types of disabilities in Jefferson County, affecting 7.5% of the population. It is estimated that 5.4% of the general population suffers from serious mental illness (SMI). Sensory disabilities affect 3.7% of all persons, self-care disabilities affect 3.4% of all persons, and developmental disabilities (DD) are estimated to affect 1.8% of all persons in Jefferson County.[2] Employment disabilities affect 7.1% of persons 15-64 years old.

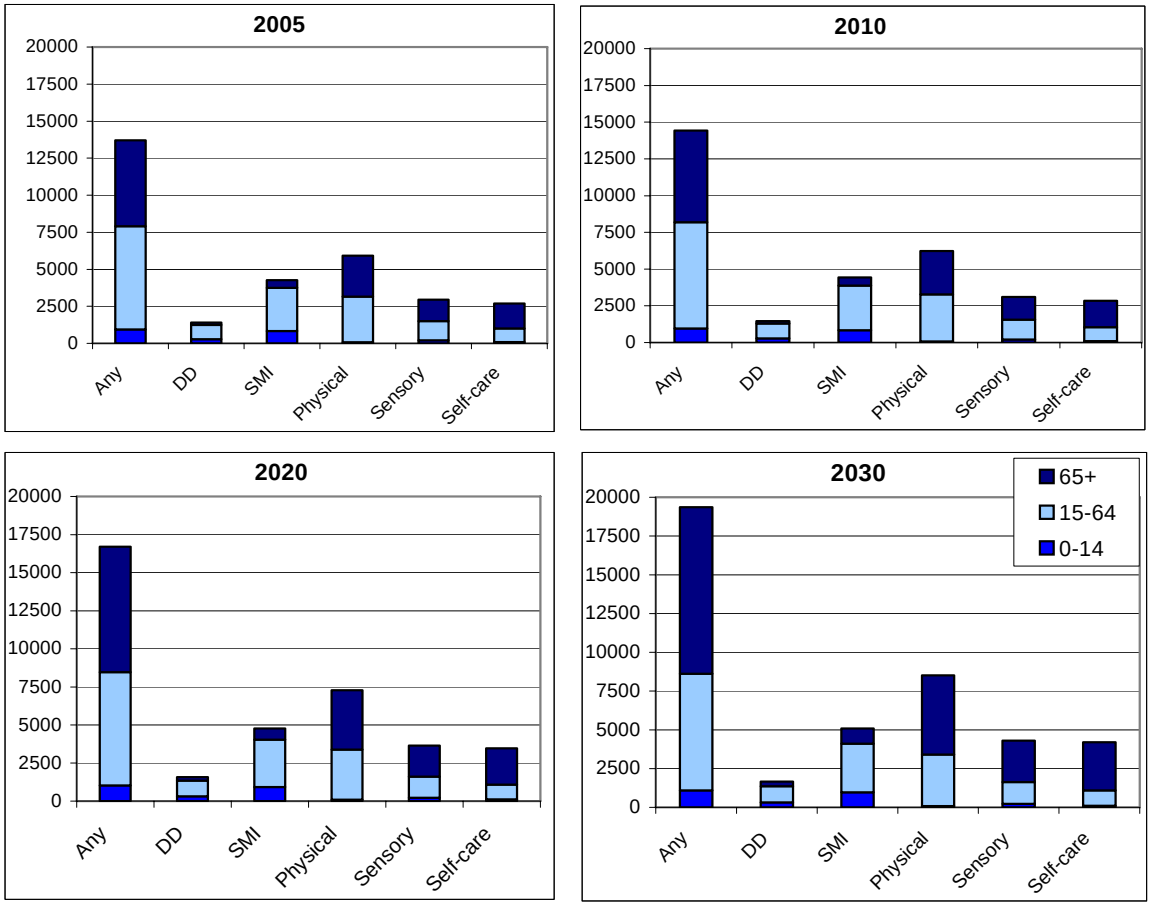
***Disability Type Definitions**
Developmental Disability: Severe, life-long disabilities attributable to mental and physical impairments that manifest in individuals prior to 22 years of age. Common causes include mental retardation, autism, cerebral palsy, and/or epilepsy. DD results in substantial functional limitations in 3 or more areas of life activity (self-care, receptive and expressive living, education, and economic self-sufficiency). (Definition from *Developmental Disabilities Assistance Bill of Rights Act of 2000, Public Law 106-402*) *Wisconsin State Statutes Section 51.1 (5)(a)*, which is used to determine eligibility for pubically funded supports, defines DD as "a disability attributable to brain injury, cerebral palsy, epilepsy, Prader-Willi syndrome, autism, mental retardation, or another neurological condition closely related to mental retardation, which has continued or can be expected to continue indefintitely and constitutes a substantial handicap to the affected individual."
Serious Mental Illness: An individual is said to have a serious mental illness (SMI) when he or she meets the criteria for a DSM disorder during a 12 month period (excluding substance abuse and developmental disorders) causing functional impairments.
Physical Disability: A long-lasting condition which substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying.
Sensory Disability: Includes blindness, deafness, or a severe vision or hearing impairment.
Self-care Disability: Disabilities causing difficulty in dressing, bathing, or getting around inside the home.
Employment Disability: Difficulty working at a job or business (based on population age 16-64).

E jj Olson & Associates has developed projections for the population of persons with disabilities in Jefferson County by projecting forward the adjusted age-based rates of disabilities from the 2000 Census and the 2005 American Community Survey with county population projections developed by the Wisconsin Department of Administration.

[2] The U.S. Census Bureau also collects data related to mental disabilities, which includes disabilities related to learning, remembering, or concentrating. The consultants have instead included SMI and DD estimates in order to provide Jefferson County with more detailed information regarding populations served by the Human Services Department.

Figure 6 illustrates the projected total number of disabilities by type from 2005 – 2030.

Figure 6: Populations of Disability Types by Age Group in Jefferson County, 2005-2030



Source: DD rates from Wisconsin Council on Developmental Disabilities, SMI rates from National Alliance for the Mentally Ill, and all other disability rates from U.S. Census Bureau. Population projections from Wisconsin Department of Administration. Disability population estimates and projections developed by E jj Olson & Associates, November 2006.

Table C shows the growth in the numbers and rates of disabilities by broad age group[3]. The developmental disability rate for the 65 and older population has been adjusted down 0.2% in order to account for shorter life expectancies in the DD population. Projections indicate that as Jefferson County grows and ages, both the rate and number of persons with disabilities will increase over the next twenty-five years, from 17.3% to 20.5% and 13,711 persons to 19,370 persons respectively.

It should be acknowledged that these estimates are based on projected increases in the general population in Jefferson County, and thus fail to take into account any net migration trends specific to families and individuals with disabilities.

Table C

[3] Some persons are counted in more than on category, causing the total numbers in **Table C** to be slightly higher than census estimates for total numbers of persons reporting a disability.

Demographics of Disabilities in Jefferson County, 2005, 2010, 2020, and 2030								
	2005		2010		2020		2030	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population All Ages	**79,030**	**100.0%**	**82,161**	**100.0%**	**88,302**	**100.0%**	**94,259**	**100.0%**
With any disability	*13,711*	*17.3%*	*14,424*	*17.6%*	*16,688*	*18.9%*	*19,370*	*20.5%*
With a developmental disability	1,403	1.8%	1,458	1.8%	1,562	1.8%	1,661	1.8%
With serious mental illness	4,268	5.4%	4,437	5.4%	4,768	5.4%	5,091	5.4%
With a physical disability	5,913	7.5%	6,237	7.6%	7,274	8.2%	8,519	9.0%
With a sensory disability	2,943	3.7%	3,103	3.8%	3,652	4.1%	4,312	4.6%
With a self-care disability	2,692	3.4%	2,851	3.5%	3,460	3.9%	4,210	4.5%
Population 0-14 Years	**15,372**	**19.5%**	**15,614**	**19.0%**	**16,926**	**19.2%**	**18,007**	**19.1%**
With any disability	*938*	*6.1%*	*952*	*6.1%*	*1,032*	*6.1%*	*1,098*	*6.1%*
With a developmental disability	277	1.8%	281	1.8%	305	1.8%	324	1.8%
With serious mental illness	830	5.4%	843	5.4%	914	5.4%	972	5.4%
With a physical disability	77	0.5%	78	0.5%	85	0.5%	90	0.5%
With a sensory disability	200	1.3%	203	1.3%	220	1.3%	234	1.3%
With a self-care disability	92	0.6%	94	0.6%	102	0.6%	108	0.6%
Population 15-64 Years	**53,933**	**68.2%**	**56,127**	**68.3%**	**57,627**	**65.3%**	**58,292**	**61.8%**
With any disability	*6,957*	*12.9%*	*7,240*	*12.9%*	*7,434*	*12.9%*	*7,520*	*12.9%*
With a developmental disability	971	1.8%	1,010	1.8%	1,037	1.8%	1,049	1.8%
With serious mental illness	2,912	5.4%	3,031	5.4%	3,112	5.4%	3,148	5.4%
With a physical disability	3,074	5.7%	3,199	5.7%	3,285	5.7%	3,323	5.7%
With a sensory disability	1,294	2.4%	1,347	2.4%	1,383	2.4%	1,399	2.4%
With a self-care disability	917	1.7%	954	1.7%	980	1.7%	991	1.7%
With an employment disability	3,829	7.1%	3,985	7.1%	4,092	7.1%	4,139	7.1%
Population 65 Years and Older	**9,725**	**12.3%**	**10,420**	**12.7%**	**13,749**	**15.6%**	**17,980**	**19.1%**
With any disability	*5,816*	*59.8%*	*6,231*	*59.8%*	*8,222*	*59.8%*	*10,752*	*59.8%*
With a developmental disability	156	1.6%	167	1.6%	220	1.6%	288	1.6%
With serious mental illness	525	5.4%	563	5.4%	742	5.4%	971	5.4%
With a physical disability	2,762	28.4%	2,959	28.4%	3,905	28.4%	5,106	28.4%
With a sensory disability	1,449	14.9%	1,553	14.9%	2,049	14.9%	2,679	14.9%
With a self-care disability	1,682	17.3%	1,803	17.3%	2,379	17.3%	3,111	17.3%

Source: DD rates from Wisconsin Council on Developmental Disabilities, SMI rates from National Alliance for the Mentally Ill, and all other disability rates from U.S. Census Bureau. Population projections from Wisconsin Department of Administration. Disability estimates and projections 2005-2030 developed by E jj Olson & Associates, November 2006.

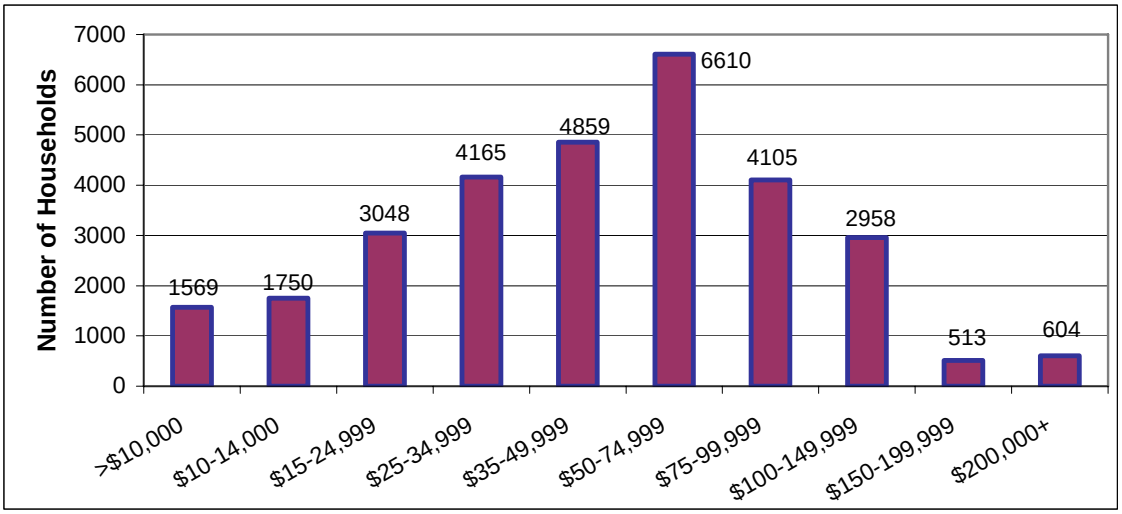
Of further significance to Jefferson County in the future will be the increasing issue of aging and disability. As life expectancies for persons with developmental disabilities continues to advance, system resources need to account for a growing and aging DD population who will not only manifest the impairments associated with developmental disabilities, but also the physical and mental infirmities of aging.

Economic Indicators

Household incomes in Jefferson County generally compare favorably with those throughout Wisconsin. In 2006 inflation-adjusted numbers, the median household income in Jefferson County is $48,783, compared with $48,518 in Wisconsin. Married-couple families had the highest household median incomes at $68,264, compared with $63,497 for families in Wisconsin in general and $28,906 for non-family households.

Figure 7 illustrates the number of Jefferson County households in each income bracket in 2005 dollars.

Figure 7: Jefferson County Household Income, 2005



Source: U.S. Census Bureau

While Jefferson County household median incomes compare favorably with those in the state, the unemployment rate is both higher than Wisconsin's and has grown at a faster rate than the state as a whole. In 2000, according to the Bureau of Labor Statistics, the unemployment rate in Jefferson County was 2.8%, compared with 3.4% in Wisconsin. However, during 2005 the unemployment rate had grown to 4.4% in Jefferson County, compared with 4.8% in Wisconsin, indicating that Jefferson County residents have been disproportionately affected by job losses.

Income and Health Insurance

During the fall of 2003, 19% of respondents to the *Jefferson County Community Health Survey* indicated that during the previous 12 months, someone in their household did not have health insurance coverage. 28% of unmarried respondents reported that someone in their household was not covered in the past 12 months, compared with 12% of married respondents. According to the 2006 Wisconsin County Health Ranking Full Report, at any given time 3.4% of the population in Jefferson County does not have health insurance.

Household income was found to be a key indicator for health care insurance coverage. 24% of respondents with household incomes of $30,000 or less and 22% of respondents with household incomes between $30,000 and $60,000 reported that someone in their household was not covered in the past 12 months. Respondents with incomes above $60,000 were far more likely to have health coverage, as only 5% of households in this income group indicated that someone was not covered in the past 12 months.

Correlating the 2003 *Community Health Survey* results with U.S. Census household counts indicates that at least one person has lacked health care coverage in the past 12 months in an estimated 4,743 households. It is important that Jefferson County recognize the large number of individuals who lack health insurance in any given 12 month period, even among households with incomes between $30,000 and $60,000. **Figure 8** shows the number of uninsured households by percentage and total number of families for three broad income categories.

Figure 8: Estimated Percent and Number Without Health Care Coverage by Household

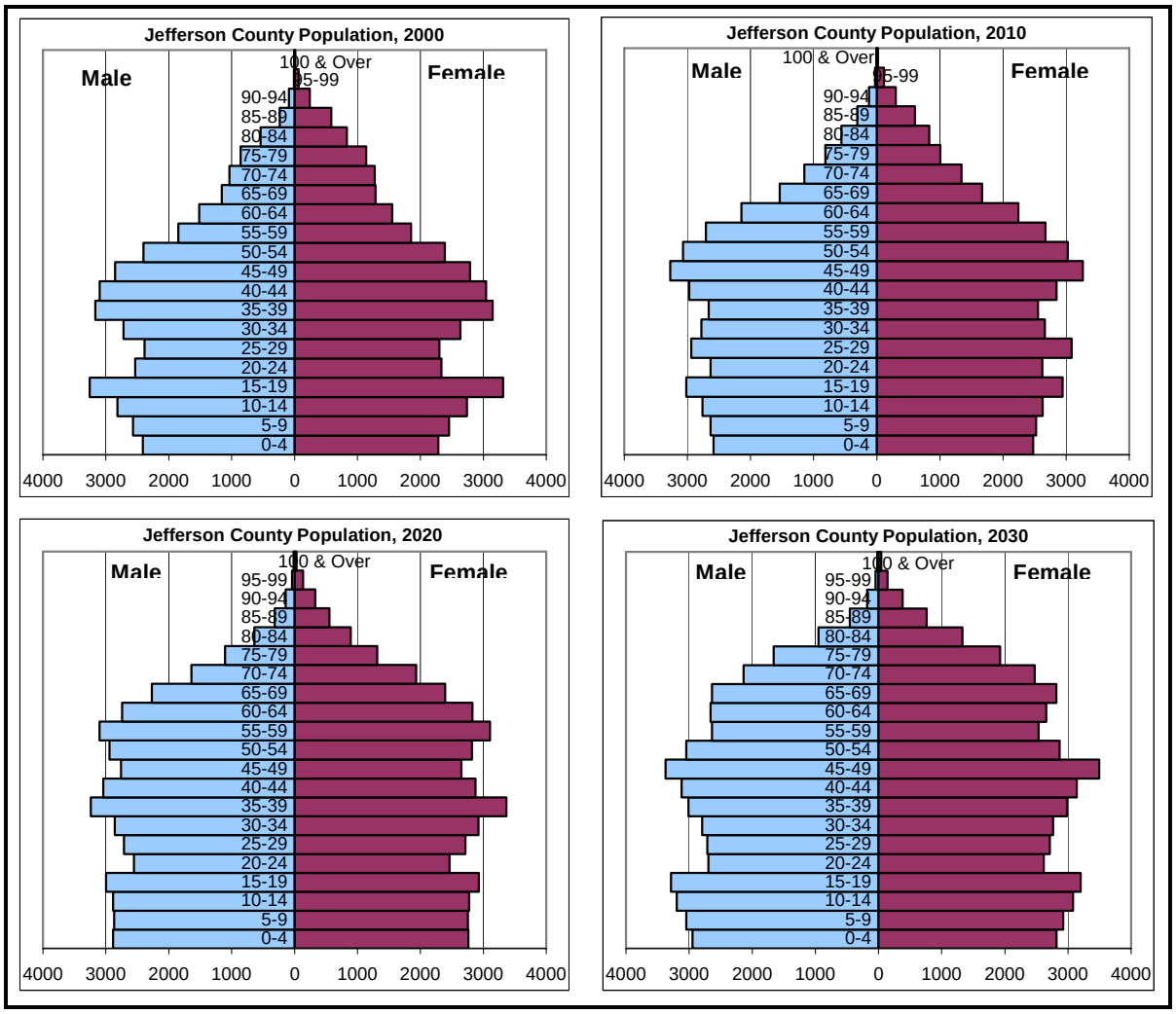
Household Income	*% Not Covered in Past 12 Months*	*# Not Covered in Past 12 Months**
>$30,000	24	2,028
$30-60,000	22	2,108
$60,000+	5	607
Total	19	4,743

Source: Jefferson County Community Health Survey Report.
*Estimate by E jj Olson & Associates, November 2006. Based on % from Community Health Survey and # of households from U.S. American Community Survey, 2005.

The recent growth in the unemployment rate in Jefferson County suggests that health insurance coverage may become difficult for a significant number of Jefferson County individuals and families to afford. Furthermore, the older adult population is projected to increase by nearly 85% by the year 2030, and the number and proportion of persons with disabilities is projected to grow significantly over the same time period. Taken together, the growth, aging, disability, and income trends indicate that demand for human services in Jefferson County will increase in the future.

Population Pyramids for Jefferson County by Sex and 5-Year Age Cohorts

The following pyramids illustrate the projected change in the age dynamic in Jefferson County for the coming decades. This graph clearly illustrates the aging of the population, as the shape of the graph becomes less of a pyramid and more top-heavy. Of particular importance is the growth of the top four age cohorts, as these older adults (80+) will require a comparatively high level of services.



Source: Final Population Projections for Wisconsin Counties by Age and Sex: 2000-2030, Prepared by Demographic Services Center, Wisconsin Department of Administration

References

Egan-Robertson, D., Harrier, D., & Kale, B. (March 2004). *Wisconsin Population 2030: A Report on Projected State, County and Municipal Populations and Households for the Period 2000-2030*. Demographics Services Center, Wisconsin Department of Administration.

Hoffman, E. (2000). Life Expectancy in persons with severe developmental disability. *Developmental and Behavioral News*. American Academy of Pediatrics, Section on Developmental and Behavioral Pediatrics. Fall 2000, 9(1): 8-9.

Janicki, M., Dalton, A., Henderson, C., & Davidson, P. (1999). Mortality and morbidity among older adults with intellectual disability: health services considerations. *Disability and Rehabilitation*. 21(5/6): 284-294.

JKV Research, LLC. (Fall 2003). *Jefferson County Community Health Survey*. Aurora Health Care, Jefferson, WI.

Stern, S. (2000). *Counting People with Disabilities: How Survey Methodology Influences Estimates in Census 2000 and The Census 2000 Supplementary Survey*. U.S. Census Bureau, HHES Division, Washington, DC.

U.S. Census Bureau. (2005) *American Fact-finder*. Washington, DC: US Government Printing Office.

U.S. Department of Labor (2007) *Local Area Unemployment Statistics*. Bureau of Labor Statistics.

Jefferson County

Human Services Department
Organizational and Programmatic Study

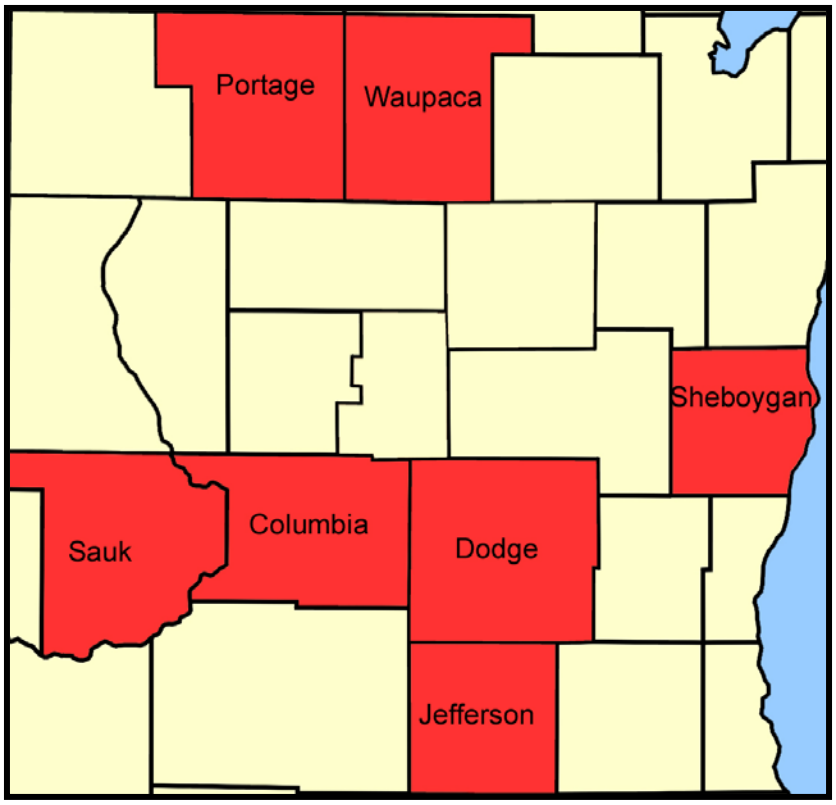
Comparative County Demographic Profiles

Demographic Comparison with Selected Counties

In order to provides a comparative framework for the analysis of Jefferson County's Human Service Department, E jj Olson and Associates have selected the following counties of Columbia, Dodge, Portage, Sauk, Sheboygan, and Waupaca for comparative analysis (see map below). Because these counties are all located in the southeastern part of the state, they offer a comparative reference that would not be possible by comparing counties from disparate parts of the state. These selected counties also share many economic and social characteristics with Jefferson County.

This section compares the six selected counties with Jefferson County, based on the following factors: population, population with disabilities, urban/rural composition, and various social characteristics.[1] This synopsis is intended to provide a framework for more detailed analysis in subsequent sections, which will compare the organizational structure, management structure, staffing levels, programs, and service delivery of the human services departments in each of the counties relative to Jefferson County.

Counties Selected for Comparative Analysis



[1] A more detailed demographics analysis of Jefferson County can be found in the *Jefferson County Demographics* section of this report.

Population

Current Population

The six selected counties provide a range of populations relative to Jefferson County. According to the State of Wisconsin Department of Administration's 2000 Population Data.[2] Sheboygan County has a population that is approximately 48.7% larger than that of Jefferson County, while according to the Department of Administration's 2000 Population data, Waupaca County has a population that is approximately 31.6% smaller that Jefferson County's population. The other four counties are all within this range of 31.6% smaller to 48.7% larger.

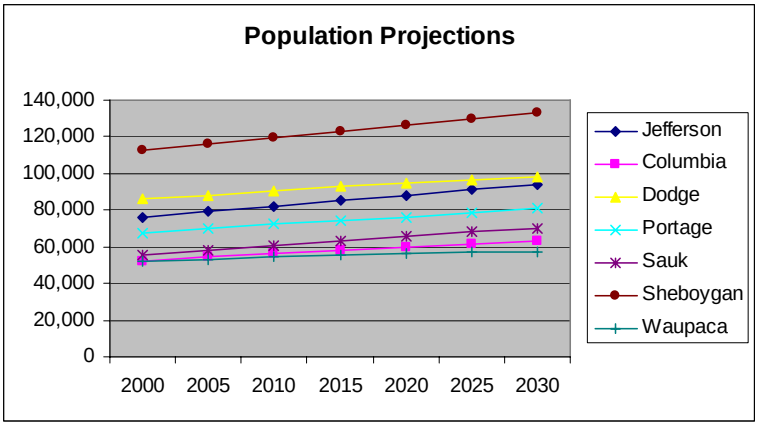
2000 Census Populations

Columbia – 52,468
Dodge – 85,897
Jefferson – 75,767
Portage – 67,182
Sauk – 55,225
Sheboygan – 112,656
Waupaca – 51,825

Population Projections

- The population of Jefferson County is projected to increase from 75,767 at the time of the 2000 Census to 94,259 in 2030. This change shows a 24.4% increase in population over the 30-year period. This represents a net average increase of 3,082 new residents every five years and an average increase of 4.1% every five years.
- Columbia County's population is projected to increase 20.4% from 52,468 at the time of the 2000 Census to 63,177 in 2030. This represents an average net increase of 1,785 every five years and a growth of 3.4% every five years.
- The population of Dodge County is projected to increase from 85,897 at the time of the 2000 Census to 98,215 in 2030. This change shows an increase of approximately 14.3% over the 30-year period. This represents a net average of 2,053 new residents every five years and an average increase of 2.4% every five years.
- Portage County's population is projected to increase approximately 20.8% from 67,182 at the time of the 2000 Census to 81,177 in 2030. This represents an average net increase of 2,333 new residents every 5 years and a growth of 3.5% every 5 years.

Figure 1 illustrates the projected population trends, in five-year increments, for the selected counties.



Source: Population projections by the Wisconsin Department of Administration. Projected net increases are a function of projected births, deaths, and net migration.

[2] The Department of Administration uses 2000 Census data that include the latest corrections thru November 2003.

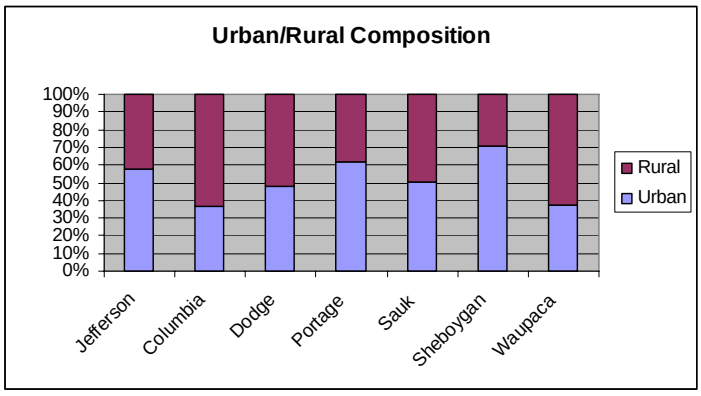
- The population of Sauk County is projected to increase from 55,225 at the time of the 2000 Census to 70,185 in 2030. This change shows a 27.1% growth over the 30-year period. This represents a net average increase of 2,493 new residents every five years and an average increase of 4.5% every five years.
- Sheboygan County's population is projected to increase 18.1% from 112,656 at the time of the 2000 Census to 133,031 in 2030. This represents an average net increase of 3,396 new residents every five years and an average increase of 3% every five years.
- The population of Waupaca County is projected to increase from 51,825 at the time of the 2000 Census to 57,174 in 2030. This change shows a 10.3% increase in population over the 30-year period. This represents a net average increase of 892 new residents every five years and an average increase of 1.7% every five years.

Urban/Rural Composition

The urban/rural composition of the counties is determined by the percentage of people living in urban and rural areas. To calculate the urban/rural population of Jefferson County and the comparison counties, the consultants have used adjusted 2000 Census Population Data to account for the corrections that have been made by the Department of Administration. Those residents living in municipalities of more than 2,000 persons are considered urban residents, while all other residents are considered rural residents. For the purposes of this report, the consultants consider any municipality with more than 10,000 residents to be a large urban area. Understanding the urban/rural composition of the selected counties is important for appropriately applying this analysis to assessing Jefferson County's service delivery system.

- Jefferson County has an urban population of 43,793 (57.8%) and a rural population of 31,974 (42.2%). Many of Jefferson County's municipalities are projected to experience dramatic increases over the next twenty years, which is discussed in the *Jefferson County Demographics* section of this report.

Figure 2 illustrates the urban/rural proportions of the populations in each county



Source: All urban/rural population comparisons are from the Wisconsin Department of Administration 2000 population estimates, as this data is not currently available for 2005. Populations of individual municipalities are reported in 2005 population estimates.

- Columbia County has an urban population of 19,308 (36.8%) and a rural population of 33,160 (63.2%). There are no municipalities larger than 10,000 people in Columbia County. Columbia County, along with Waupaca County, are the most rural counties chosen for comparison. These should provide useful insights as Jefferson County also has a large rural population.

- Dodge County has an urban population of 41,059 (47.8%) and a rural population of 44,838 (52.2%). Beaver Dam, with a population of 15,169, is the only city in the county with more than 10,000 residents. Dodge County shares the city of Watertown with Jefferson County, and 8,630 of Watertown's 21,598 residents live in Dodge County.
- Portage County has an urban population of 41,348 (61.5%) and a rural population of 25,834 (38.5%). There are 2 cities in Portage County with more than 10,000 residents. These are Plover with a population of 10,520 and Stevens Point with a population of 24,551.
- Sauk County has an urban population of 27,668 (50.1%) and a rural population of 27,557 (49.9%). Baraboo, with 10,711 residents, is the only city in Sauk County with a population over 10,000.
- Sheboygan County has an urban population of 79,760 (70.8%) and a rural population of 32,896 (29.2%). Sheboygan, with population of 50,792, is the only city in Sheboygan County with more than 10,000 residents. Sheboygan is by far the most urban of the comparison counties.
- Waupaca County has an urban population of 19,227 (37.1%) and a rural population of 32,598 (62.9%). There are no municipalities larger than 10,000 people in Waupaca County. Waupaca County, along with Columbia County, are the most rural counties chosen for comparison. These should provide useful insights as Jefferson County also has a large rural component.

Social Characteristics

Race/Ethnicity

Race and ethnicity data was gathered from the 2005 American Community Survey for Jefferson, Sheboygan, and Dodge Counties. Data for Columbia, Sauk, and Waupaca was gathered from the 2000 U.S. Census since 2005 data is not available for these locations.

In all of the selected counties Caucasian/white is the predominant race:

- Jefferson – 96.8%
- Columbia – 97.2%
- Dodge – 97.6%
- Portage – 95.7%
- Sauk – 97.4%
- Sheboygan – 92.6%
- Waupaca – 97.9%

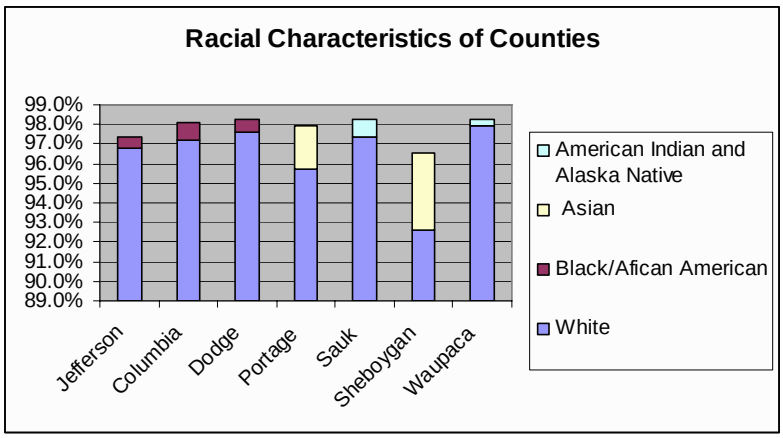
Between the racial majority of white in all of the counties and the next most predominant racial group, there is a large difference. The second most common racial groups for the counties are as follows:

- Jefferson – Black or African American – 0.6%
- Columbia – Black or African American – 0.9%
- Dodge –Black or African American – 0.7%[3]
- Portage – Asian – 2.2%
- Sauk – American Indian and Alaska Native – 0.9%

[3] "Some Other Race" this was not included as the second racial majority of some counties due to not knowing what races/how many races make up the "Some Other Race" option.

- Sheboygan – Asian – 3.9%
- Waupaca – American Indian and Alaska Native - 0.4%

Figure 3 illustrates the racial composition of the counties highlighting the two most common races.

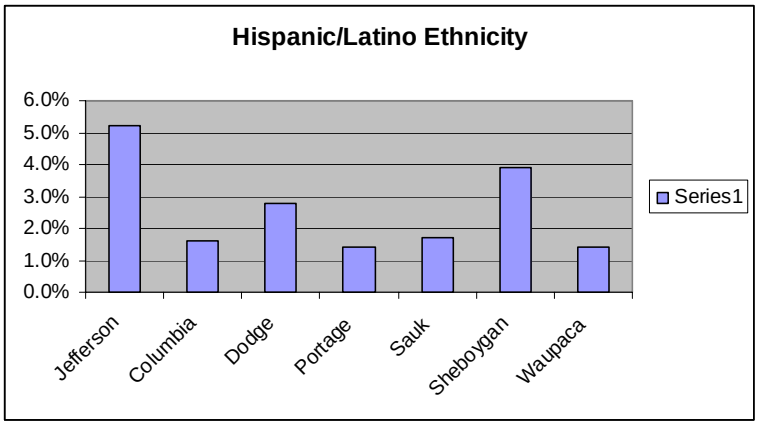


Source: Race/Ethnicity data is from the 2005 American Community Survey for Jefferson, Sheboygan, and Dodge Counties. Data for Columbia, Portage, Sauk, and Waupaca Counties is from the 2000 U.S. Census.

In addition to the racial groups in these counties, there is a significant number of persons of any race who consider themselves to be of Hispanic or Latino ethnicity[4]:

- Jefferson – 5.2%
- Columbia – 1.6%
- Dodge – 2.8%
- Portage – 1.4%
- Sauk – 1.7%
- Sheboygan – 3.9%
- Waupaca – 1.4%

Figure 4 illustrates the percentage of the population, of any race, that also consider themselves to be of Hispanic or Latino ethnicity.



Source: Race/Ethnicity data is from the 2005 American Community Survey for Jefferson, Sheboygan, and Dodge Counties. Data for Columbia, Portage, Sauk, and Waupaca Counties is from the 2000 U.S. Census.

[4] Hispanic/Latino is no longer a racial category on the US Census. There is now a separate question asking if a person in of Hispanic/Latino ethnicity.

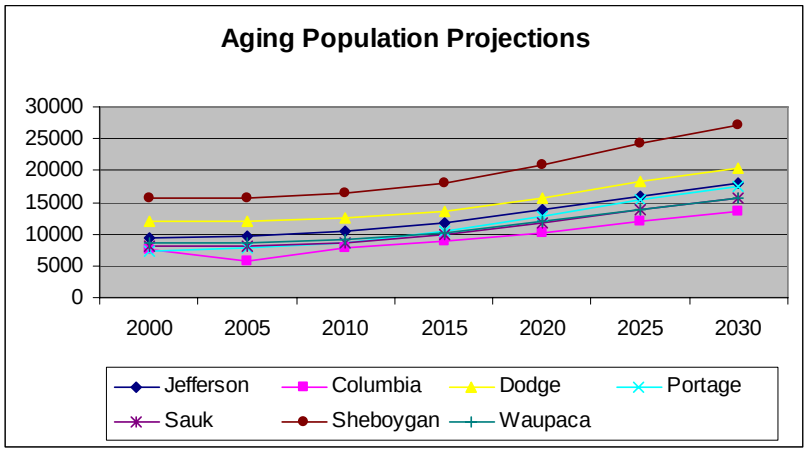
Aging Population

All of the selected counties will experience a dramatic increase in persons over the age of 65 in the coming decades due to the aging of the boomer generation. This growing aging population will have a significant impact on the demands placed upon the counties' human service departments.

- At the time of the 2000 Census, Jefferson County had 9,359 residents over the age of 65, representing approximately 12.4% of the total population, compared to:
  - 7,567 (14.4%) for Columbia County.
  - 11,986 (14%) for Dodge County.
  - 7,354 (10.9%) for Portage County.
  - 7,993 (14.5%) for Sauk County.
  - 15,732 (14%) for Sheboygan County.
  - 8,704 (16.8%) for Waupaca County.

- In 2030 Jefferson County is projected to have 17,960 residents of the age of 65, which is a 91.9% increase in persons over 65. This is 19.1% of the total population in 2030. This is compared to:
  - 13,538 (78.9% increase) for Columbia County; 21.4% of the total population.
  - 20,468 (70.8% increase) for Dodge County; 20.8% of the total population.
  - 17,600 (139.3% increase) for Portage County; 21.7% of the total population.
  - 15,614 (95.3% increase) for Sauk County; 22.2% of the total population.
  - 27,009 (71.7% increase) for Sheboygan County; 20.3% of the total population.
  - 15,621 (79.5% increase) for Waupaca County; 27.3% of the total population.

Figure 5 illustrates the projected increase of persons over the age 65 for the selected counties.



Source: Population projections by the Wisconsin Department of Administration.

Population with Disabilities[5]

Under the Americans with Disabilities Act of 1990, a disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual. The number of persons with disabilities in a county is another important factor to consider, as persons with disabilities are more likely than the population as a whole to utilize social and human service programs.

- Jefferson County has 10.732 persons with some type of disability, representing 15.1% of the population.
- Columbia County has 7,880 persons with some type of disability, representing 16.0% of the population.
- Dodge County has 12,120 persons with some type of disability, representing 15.0% of the population.
- Portage County has 8,155 persons with some type of disability, representing 12.9% of the population.
- Sauk County 8,834 persons with some type of disability, representing 17.1% of the population.
- Sheboygan County has 15,395 persons with some type of disability, representing 14.6% of the population.
- Waupaca County has 8,329 persons with some type of disability, representing 17.1% of the population.

Figure 6 shows the breakdown of the population with disabilities by age group.

	5 - 15	16 - 64	65 and Over	5 and Over
Jefferson	6.5% (773)	13.7% (6,826)	34.2% (3,201)	15.1% (10,732)
Columbia	4.8% (395)	14.8% (4,646)	34.8% (2,633)	16.0% (7,880)
Dodge	5.6% (748)	13.3% (7,376)	34.8% (4,171)	15.0% (12,120)
Portage	5.4% (561)	11.0% (5,001)	36.1% (4,486)	12.9% (8,155)
Sauk	5.8% (524)	15.5% (5,366)	38.0% (3,037)	17.1% (8,834)
Sheboygan	6.1% (1,096)	13.0% (9,326)	33.0% (5,192)	14.6% (15,395)
Waupaca	7.0% (591)	15.2% (4,798)	36.8% (3,203)	17.1% (8,329)

Source: Population Data from the Wisconsin Department of Administration and based on revised 2000 Census numbers. Disability rates from the 2000 Census.

The following figures show the projections for the population with disabilities from 2000 to 2030. These projections are broken in three age groups 5 – 15, 16 – 64, and 65 and over. These projections show that there is exponential growth in the number of disabled person in the 65 and over group over the next 25 years.

[5] Due to discrepancies in the age breakdowns between the population measurements and the disability reports, the consultants adjusted the age groupings. Therefore while the percentage of the population with disabilities is directly from the 2000 census, the number of people with disabilities is an estimate.

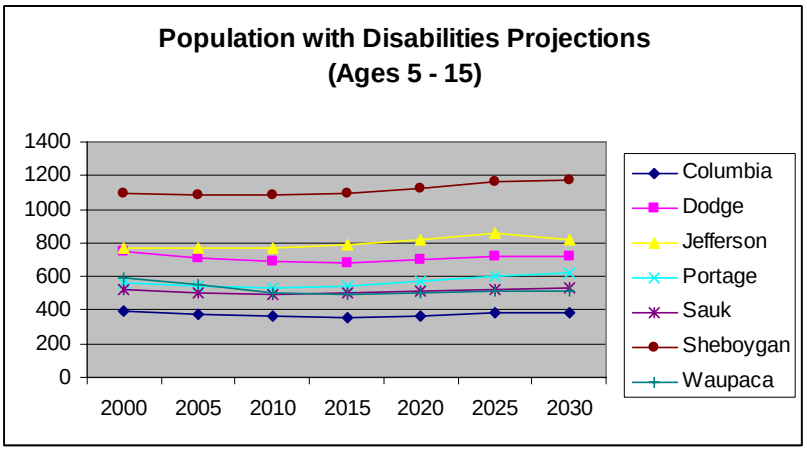


Figure 7 shows the projected change in the population with disabilities for the 5 – 15 age groups

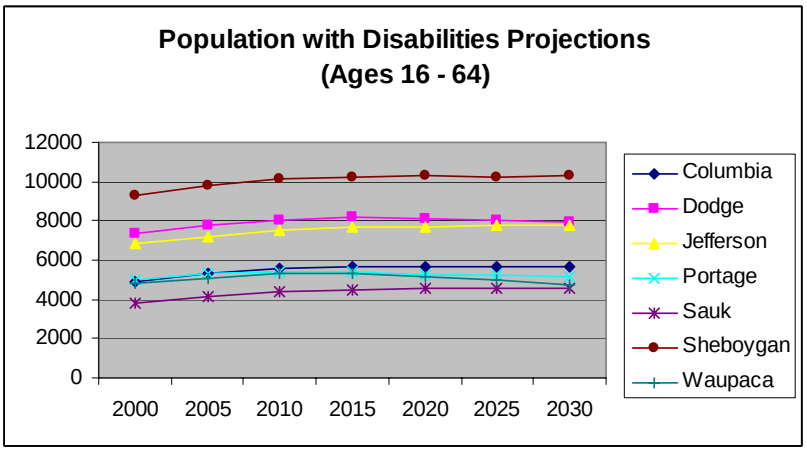


Figure 8 shows the projected change in the population with disabilities for the 16 – 64 age groups

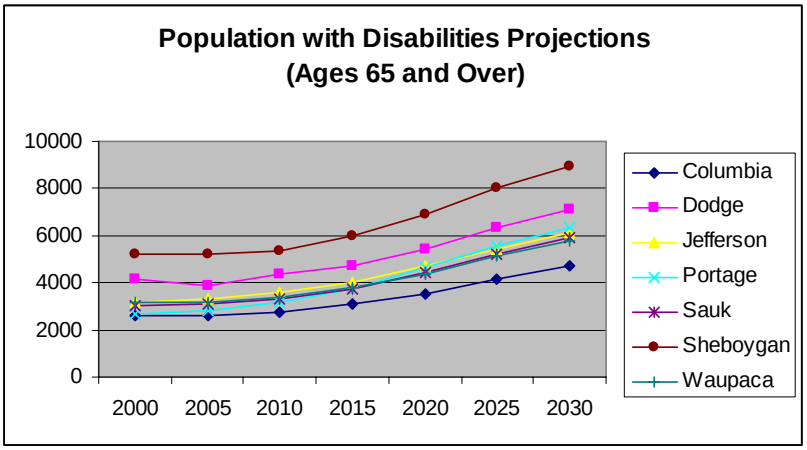


Figure 9 shows the projected change in the population with disabilities for the 65 and over age groups

Economic Factors

Economic factors are important to consider when comparing the selected counties, as low-income persons are more likely to utilize social service programs, and poverty and unemployment are highly correlated with issues such as crime and substance abuse, which can also put demands on a human service department.

Figure 10 shows the statistics for the selected counties for the following factors: Median Household Income, Unemployment Rate, and Poverty Rate.

	Median Household Income	Unemployment Rate	Poverty Rate
Jefferson	$46,901	4.4%	7.6%
Columbia	$45,064	4.4%	7.2%
Dodge	$46,190	4.9%	8.1%
Portage	$43,487	4.6%	10.3%
Sauk	$41,941	4.4%	8.4%
Sheboygan	$46,237	4.0%	7.9%
Waupaca	$40,910	5.3%	8.7%

Additional Social Factors

The following factors are all issues that can place demands on human service departments and should be considered in this comparison between the service delivery models of the selected counties. These factors include Teen Birth Rate, High School Non-completion, Single Parent Households, and No Health Insurance. All of the data for these factors was gathered from the 2006 Wisconsin County Health Ranking Full Report.

Teen Birth Rate

Teen birth rate is considered an indicator of higher risk factors such as STD's, lower likelihood of high school completion, and potential child abuse. Teen birth rates for Jefferson County and the comparison counties are calculated per 1,000.

- Jefferson County has a teen birth rate of 22.7.
- Columbia County has a teen birth rate of 30.7.
- Dodge County has a teen birth rate of 26.5.
- Portage County has a teen birth rate of 19.9.
- Sauk County has a teen birth rate of 35.3.
- Sheboygan County has a teen birth rate of 31.4.
- Waupaca County has a teen birth rate of 29.3.

High School Non-Completion

High School non-completion is calculated as the percentage of the population over the age of 25 that has not graduated from high school.

- 15.3% of the population over 25 in Jefferson County has not completed high school.
- 13.8% of the population over 25 in Columbia County has not completed high school.
- 17.7% of the population over 25 in Dodge County has not completed high school.
- 13.5% of the population over 25 in Portage County has not completed high school.
- 16.5% of the population over 25 in Sauk County has not completed high school.
- 15.6% of the population over 25 in Sheboygan County has not completed high school.
- 17.3% of the population over 25 in Waupaca County has not completed high school.

Single Parent Households

Single parent household is calculated as the percentage of households run by only one parent, either the male or female as the head.

- 7.3% of households in Jefferson County are single parent.
- 6.9% of households in Columbia County are single parent.
- 7.0% of households in Dodge County are single parent.
- 6.5% of households in Portage County are single parent.
- 7.2% of households in Sauk County are single parent.
- 7.4% of households in Sheboygan County are single parent.
- 7.1% of households in Waupaca County are single parent.

No Health Insurance

No health insurance is measured as the percent of the population that has no health insurance including prepaid plans, HMO's, or government plans such as Medicare or Medicaid.

- 3.4 % of the population in Jefferson County has no health insurance.
- 4.1% of the population in Columbia County has no health insurance.
- 5.8% of the population in Dodge County has no health insurance.
- 6.3% of the population in Portage County has no health insurance.
- 6.8% of the population in Sauk County has no health insurance.
- 3.7% of the population in Sheboygan County has no health insurance.
- 10.8% of the population in Waupaca County has no health insurance.

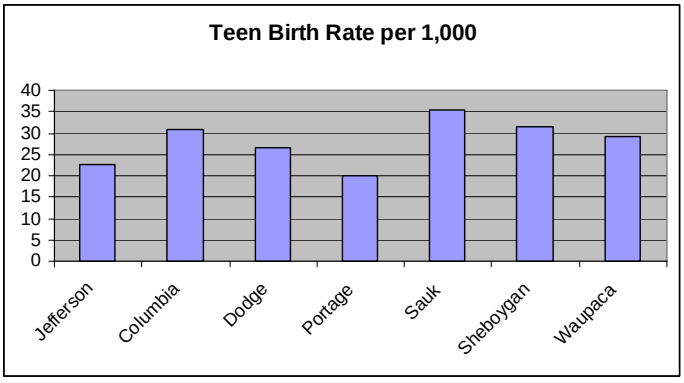


Figure 11 illustrates the variation in Teen Birth Rate per 1,000 in the counties

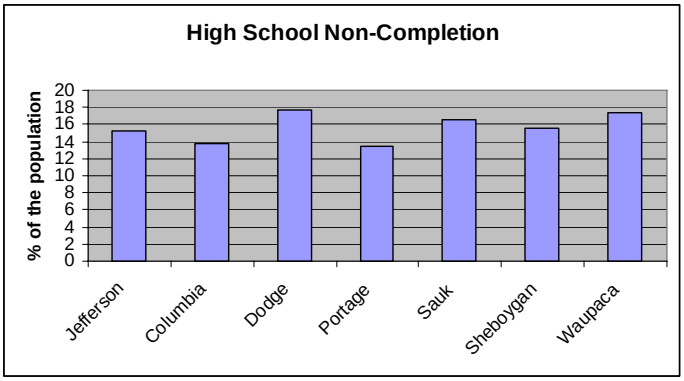


Figure 12 illustrates the percent of the population over 25 that has not graduated from high school

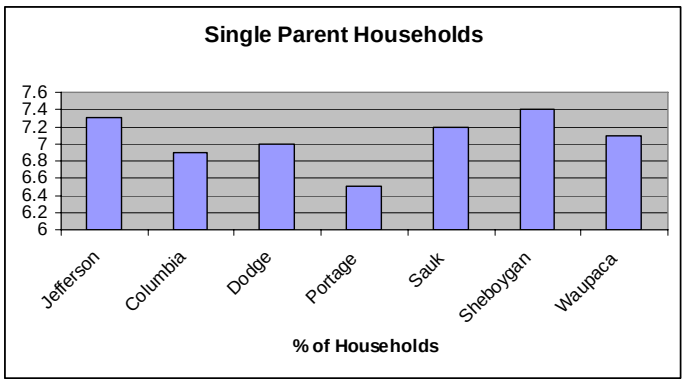


Figure 13 illustrates the percent of households that are single parent

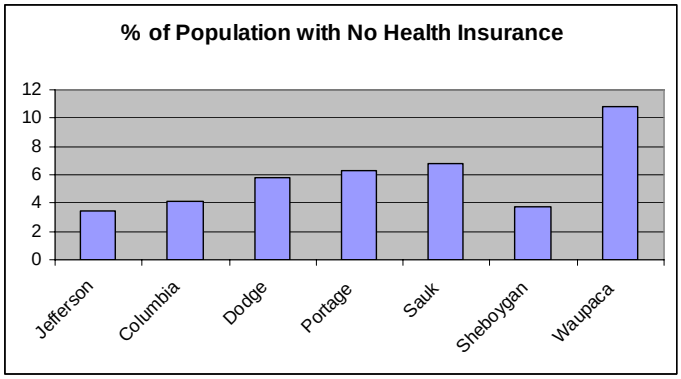


Figure 14 illustrates the percent of the population with no health insurance

Summary

The significant issues that stand out in the analysis of Jefferson County's demographics in comparison to those of six other Wisconsin Counties are the racial/ethnic composition, the aging population, the population with disabilities (especially those 65 and over), the teen birth rate, single parent households, and high school non-completion.

Jefferson County has a very significant Hispanic/Latino population. With 5.2% of persons in Jefferson County claiming Hispanic/Latino ethnicity, Jefferson County has a higher rate than any of the other six counties. This can be a significant issue to a Human Services Department because of the need for language interpreters, culturally sensitive materials and for cultural understanding and sensitivity among staff.

Jefferson County has a projected increase of 91.9% for persons over the age of 65. This increase is among the highest of all of the counties analyzed. This will become significant for the Human Services Department because as this population ages they will require increasing services from the Human Service Department.

In addition to the increasing aging population, Jefferson County also has a significant projection for the increase of the population with disabilities. As of 2005 there were approximately 4,000 people over the age of 65 with disabilities in Jefferson County, by 2030 this number is projected to increase to over 6,000 persons. This increase will lead to greater demand for the services offered by the Jefferson County Human Services Department.

There are also many other social factors that are significant in terms of the Jefferson County Human Services Department. In 2006 the teen birth rate was 22.7 births per 1,000. This rate is lower than most of the other six counties examined. High school non-completion in Jefferson County is 15.3%. This rate is about average for all the counties analyzed. Single parent households make up 7.3% of all households in Jefferson County. This rate is on the high end compared to the other counties. These factors are important because teen birth rate, high school non-completion and single parent households can all place demand on various programs run by a human services department.

This general demographics overview of the selected counties will provide a useful frame of reference for the subsequent comparative analyses between Jefferson County's Human Service Department and the Human Service Departments of the other six counties. While there is some variety among the counties for individual demographic factors, there are also many similarities and all of the counties must deal with similar issues to those that Jefferson County faces, and their response to those issues warrant further analysis.

References

Egan-Robertson, D., Harrier, D., & Kale, B. (March 2004). *Wisconsin Population 2030: A Report on Projected State, County and Municipal Populations and Households for the Period 2000-2030*. Demographics Services Center, Wisconsin Department of Administration.

Hoffman, E. (2000). Life Expectancy in persons with severe developmental disability. *Developmental and Behavioral News*. American Academy of Pediatrics, Section on Developmental and Behavioral Pediatrics. Fall 2000, 9(1): 8-9.

Janicki, M., Dalton, A., Henderson, C., & Davidson, P. (1999). Mortality and morbidity among older adults with intellectual disability: health services considerations. *Disability and Rehabilitation*. 21(5/6): 284-294.

JKV Research, LLC. (Fall 2003). *Jefferson County Community Health Survey*. Aurora Health Care, Jefferson, WI.

Stern, S. (2000). *Counting People with Disabilities: How Survey Methodology Influences Estimates in Census 2000 and The Census 2000 Supplementary Survey*. U.S. Census Bureau, HHES Division, Washington, DC.

Vila, Peter M, MS, Angela M. Kempf, MA, Bridget C. Booske, PhD, Jessica K Athens, MS, and Patrick L. Remington, MD, MPH. (2006). *2006 Wisconsin County Health Rankings Full Report.* University of Wisconsin School of Medicine, Madison, Wisconsin.

U.S. Census Bureau. (2005) *American Fact-finder.* Washington, DC: US Government Printing Office.

U.S. Department of Labor (2007) *Local Area Unemployment Statistics*. Bureau of Labor Statistics.

Jefferson County

Human Services Department
Organizational and Programmatic Study

Jefferson County Program and Service Analysis

Mandated vs. Non-Mandated Programs

Mandated Programs

By definition, mandated services are those that are legislated by Federal and State bodies and are required to be provided to the designated needy populations. Jefferson County provides a comprehensive list of services/programs, which are categorized by the following mandate levels:

1. Statutes mandate that specific services be provided; liability not limited to funding available.
2. Statutes mandate that services be provided; County has discretion on specific services to be provided; liability may be limited funding available.
3. County has discretion whether to provide the service and the level at which it is provided.

A. Services normally or frequently Court-ordered; County liability no limited to funding available.

B. Program specific format not mandated, however, it is mandated that services in some format be provided to this population. Service format chosen is financially beneficial to the County

A partial list of mandated services includes:

- Children and Families
  - Birth to Three
  - Child Protective Services
  - Alternative Care Child
  - Delinquency
- Behavioral Health
  - Mental Health/AODA
  - Comprehensive Community Services
  - Community Support Program
  - Emergency Mental Health
- Economic Support
  - W 2 Services
- Aging
  - Long Term Care

Non-Mandated Programs

Non-mandate services are those developed by either County governments or community agencies. These non-mandated programs often fill gaps that are left by the mandated programs. In addition to filling programming gaps, non-mandated programs often work as preventative programs. For example, the largest use of non-mandated levy in the 2007 Human Services budget is reimbursement for the volunteer transportation program. While there is a diversity of opinion regarding the terminology of mandated versus non-mandated programming, these non-mandated programs often work as preventative programs, which save the county money by cutting the utilization of mandated programs. For example, in Jefferson County, Family Development Workers and the Teen Court are non-mandated programs, which save the county

money. Without these programs the department may not be able to re-unify some families and therefore the department would have higher caseloads in their mandated program areas of altercate care, child protective services, and juvenile deiliquency.

The Jefferson County Human Services Department provides very few non-mandated programs. Many of these programs are funded by dollars other than levy and are very cost effective from a proactive, prevention perspective. For example, the Aging programs funded mainly through Title III of the Federal Administration on Aging, which pays for a substantial amount of the services such as the nutrition program, benefit specialists, I & R.

Additionally, the elderly transportation, meal sites, elderly benefit advocacy and energy assistance programs, all non-mandated programs, are mostly funded by sources other than County levy. These programs seriously impact the older adults' ability to remain functional and independent in their own homes. The alternative would be a much higher cost to the county because of institutionalization in Jefferson Countryside Home or in one of the other state facilities. The levy attached to the Countryside Home currently exceeds 3 million dollars per year.

One non-mandated program that has been recently discontinued by the Human Services Department is the general relief medical program. The county is currently looking for more assistance from existing health care organizations. This discontinuation, on the part of the county, is reasonable and responsible to the recipients and the tax payers. Jefferson County was able to cut the general relief medical program because non-profit health care organizations are required due to their non-profit status, to provide community care benefits to those individuals who are uninsured and/or who are not eligible for Medical Assistance.

:

Aging/ Long Term Support

Service Overview

Jefferson County's Aging and Long Term Support programs directly support the elderly and physically disabled and their families with services, equipment and financial support in the community. The programs for Aging and Long Term Support include Medical Assistance Waiver Program, Elder Abuse Investigation, Alzheimer and Family Caregiver Support, Elderly and Disabled Transportation, and the Older American's Act Funded Aging Program.

Medical Assistance Waiver Program

Medical Assistance Waiver Programs provide comprehensive community services to frail elderly and persons with physical disabilities in order to avoid Nursing Home placement. It includes funding for services, equipment, medication and supplies. This program is mandated by the State of Wisconsin although the County has discretion regarding specific services to be provided unless court ordered and then the Court mandates services regardless of available funding.

A new waiver program, called the Community Relocation Initiative, provides Medicaid funding for those county residents currently residing in a nursing home who are able and wish to return to living in the community in a less costly yet supportive environment. The county has the option of participating in this initiative. Jefferson County has chosen to participate in this program and is working closely with Countryside Home in order to reduce the number of individuals who come in for brief services, but end up staying because they do not have funding for assisted living in the community.

Elder Abuse Investigation

Elder Abuse Investigation and short-term case management involve intake and assessment on all referrals received on behalf of residents 60 years and over involving possible physical, sexual or financial neglect as well as self-neglect. This also includes initial service provision up to and including court action to provide protective services for the elderly. This program is mandated by the State and county liability is not limited to funds available.

Alzheimer and Family Caregiver Support

Alzheimer and Family Caregiver Support programs provide family caregivers the resources and support they need to continue providing care for their family members in their own home versus more restrictive, costly institutionalized settings. The County has the discretion whether to provide these services and at what level they are provided. This non-mandated program is budgeted at a cost of $32,500 of which $31,490 is reimbursed. The County Tax Levy costs a total of $10. This program is significant because if it were discontinued many residents would no longer be able to reside in their homes, therefore causing a significant increase in out of home placements and the funding needed for out of home placements.

Elderly and Disabled Transportation

Elderly and Disabled Transportation services provide transportation on a priority basis to the elderly and physically disabled for medical and nutritional services. The Medical Assistance (MA) related portions of these transportation services are mandated and liability is not limited to funding available although the County budgets no levy for these services. By contrast Elderly transportation is not mandated and is completely reimbursed. There is no Tax Levy attached to the Elderly non-mandated transportation.

Older American's Act Funded Aging Program

Older American's Act Funded Aging Programs are funded by the Federal Older Americans Act to the State and provide comprehensive, community-based programs to persons 60 plus. These programs are not mandated by the State and the county has the discretion as to whether or not to provide the service and at what level.

These programs include:

- Nutrition site services, which provide low cost, well, balanced meals to the elderly in seven separate locations within the county.
- Benefit specialist services including assistance for the elderly with determining eligibility for public benefits up to and including representation at Administrative hearings, applying for energy assistance, homestead form completion and assistance with Medicare and Insurance issues including Medicare Part D issues.
- Community outreach to complete home delivered meal eligibility determination, prevention interventions in the home to look at issues such as falls risk, medication overuse and general welfare checks.
- Information and assistance to residents not receiving formal services.

These non-mandated programs provide significant support to the elderly in their own homes and have contributed to the 24% decline in nursing home placements during the analysis period from 2001 to 2005. The total Tax Levy budget for these Aging Programs in 2007 was $26,146.

Organizational Structure

Staffing Levels for Aging and Long Term Support

Currently the Aging and Long Term Care department has a total of one supervisor, ten full-time employees and nine part time employees including a portion of the Registered Nurse. The Full time staff consists of one Alzheimer's and Family Care Giver Support Coordinator who also completes the majority of Community Relocation Assessments, one Adult Protective Service/Elder Abuse Social Worker, four Long Term Support Social Workers who provide on going case management, a Nutrition Project Coordinator, a full time Benefit Specialist, a Transportation Coordinator/Van driver and one additional Van driver. The part time staff includes seven Nutrition site managers, a part time assistant Benefit Specialist and an outreach worker.

Staffing Levels for Aging and Long Term Care

	2001	2003	2005
Full Time	11	11	11
Part Time	*8*	*9*	*9*
Total	19	20	20

Figure 1 shows the staffing levels for the Aging and Long Term Care unit

Over the past five years the staffing levels for the Aging and Long Term Support Program have remained fairly steady. The number of full time employees was 11 in 2001 and has remained at that level. They have increased part time employees by one from 8 to 9 between 2001 and 2005. This increase is due to the addition of a part time Nutrition Site Manager in Johnson Creek who is employed by the Village of Johnson Creek but is supervised by the Aging and Long Term Care Manager.

Program Utilization

Other than meals provided to the Elderly and Nursing Home placements the utilization of Aging and Long Term care services has increased by 43% from 2001 to 2005. Medical transportation has increased 31.3 % from 2001 to 2005. Benefit specialist services have increased 77.7 %. Alzheimer and family care giver support services increased by 153.8%. COP and COP Waiver programs decreased by 32.1 % in the same time frame and CIP II services to adults with physical handicaps increased by 44%.

With the increase in support services in the community for both consumers and their family members there was a dramatic decrease in the number of Medical Assistance related Nursing home placements from 2001 to 2005 (24%). The other major decline in units of service was in the area of congregate and home delivered meals, which were 54,628 in 2001 and dropped to 49,370 in 2005 a decrease of almost 10%. This trend is also seen nationally.

Service Utilization

	2001	2003	2005	% Change from 2001 to 2005
Meals Provided	54,628	55,086	49,370	-9.6%
Medical Transportation	3,546	N/A	4,657	31.3%
Benefits Specialists Cases	848	946	1,507	77.7%
Information and Assistance	200	N/A	436	118.0%
Alzheimer/Caregiver Support	26	N/A	66	153.8%
COP Waiver/COP	78	80	53	-32.1%
CIP II	84	112	121	44.0%
Nursing Home Placements	505	415	384	-24.0%
Total Utilization*	4,782	1,138	6,840	43.0%

* Total Utilization does not include Meals provided or Nursing Home Placements

Figure 2 (above) shows the utilization of the various programs/services within the Aging and Long Term Care unit.

Staff to Utilization Ratio

From 2001 to 2005 the ratios of staff to program utilization in most areas has changed dramatically with program utilization overall increasing at a rate of 43% while staffing for the same time frame increased by only 5%.

Expenditures for Aging and Long Term Care Programs

Although overall service utilization has increased 43%, the total expenditures for Aging and Long Term Care (physically disabled) services increased only 25.9% from 2001 to 2005. Collections and donations associated with these programs increased by 114.2%. State and Federal Funding increased by 13.7%. County levy used to support these services decreased 67.1% from 2001 to 2005, a reduction in cost to the county of $244,422.

Expenditures for Aging and Long Term Care

Figure 3 shows the expenditures for the Aging and Long Term Support Programs

	2001	2003	2005	% Change from 2001 to 2005
Collections and Donations	759,627	1,015,301	1,627,066	114.2%
State and federal Funding	2,740,667	3,497,540	3,117,150	13.7%
County Tax Levy	364,141	519,921	119,719	-67.1%
Total Expenditures	3,864,435	5,032,762	4,863,935	25.9%

In summary, total expenditures increased by just over a million dollars between 2001 and 2005, collections and donations for the same time period increased by 867,000.00, State and federal funding increased by 376,000.00 and levy for increased services in the same time frame (2001 to 2005) was reduced by nearly a quarter of a million dollars.

Program Quality Control

In addition to annual performance reviews of the aging and long term support staff, Medicaid Waiver Programs undergo a mini review with annual certification. A chart audit is completed in correlation with employee evaluations. The entire unit completes a peer review of charts bi-annually. The aging programs are reviewed monthly by the Social Assistance Management System (SAMS, computer software program).

Manager/Staff Issues

According to the Aging and Long Term Care Program Supervisor, there are several current and future issues for Aging and Long Term Care for this population.

Current issues include:

- Shortage of volunteer drivers
- Lack of a dispatch system for better coordination of the existing transportation system
- Waiting list for COP –W and CIP II
- Fragmented funding streams
- One Elder Abuse Investigator (caseload and back up)
- Beacon I/A software change
- Wait list for funding for Alzheimer's/Family care giver support services
- Medicare Part D work load on Benefit specialist position
- Database maintenance for Nutrition site Coordinator position

Future Issues:

- A review of the county wide transportation issues
- Long Term Care Reform
- Medicaid managed care system of the future
- Aging and Disability Resource Center
- Elder Abuse Position
- Family caregiver support
- Increasing importance of the family caregiver
- Increasing aging and disability population
- Managing county match and overmatch

Summary of Major Findings

Staffing has remained fairly consistent in this unit, however utilization of services has increased as the aging and disabled population in Jefferson County has also increased. Staff utilization and creativity within the program have dramatically affected the ability of this Department to increase services and total expenditures while reducing the burden on the county taxpayers. While the department chooses to participate in some non-mandated programs (i.e. Alzheimer and Family Care Giver Support and Elderly Benefit Advocacy) there appears to be a direct relationship between the numbers of residents able to stay in their homes with, the assistance of these services and the decline in the utilization / need for more restrictive, costly institutional placements, such as nursing homes.

Recommendations

- Reorganize to prepare for Family Care. Complete and submit the ADRC Plan and budget for Human Services Board for approval in 2008. Reorganize personnel and job duties to meet requirements of ADRC.
- Reorganize to combine services with the Developmental Disabilities Unit under the Aging/Developmental Disabilities Division.
- The Human Services Department should seek formal support from the Human Service Board and County Board for the implementation of the ADRC and Family Care.
- Expand non-mandated Alzheimer and Family Caregiver Support Programs to encourage growth of in home and Family Care Giver placements with the county.
- Complete and submit the ADRC Plan and budget for the Human Services Board for approval in 2008. Reorganize personnel and job duties to meet requirements of ADRC and Family Care.
- Develop a staffing plan which takes into account the reorganization and meets existing and future programming needs.
- The County Board should set up a transportation sub-committee to evaluate county service transportation options for county services with a special emphasis on the frail and those in need. Review statewide best practices models. Issues of insurance and liability should be reviewed relative to existing transportation services by staff and volunteers.
- The Department of Human Services should explore alternative program options to reduce COP, COP-Waiver, and CIP II waiting list within the two years of the start of Family Care.

Developmental Disability/ Brain Injury

Service Overview

Jefferson County's Developmental Disability (DD) programs provide case management, funding and protective services to the DD and brain injured residents of Jefferson County. The supports and protective services include but are not limited to:

- Alternate care (out of home placements)
- Respite
- Vocational and day programming
- Supported work programs
- Supportive home care
- Home modifications and specialized equipment
- Guardianship and protective payee services
- Case management and advocacy

These services are designed to provide care, support and resources to allow people who meet the definition of developmentally disabled or brain injured to remain in the community. The clients must have one of the following diagnosis; mental retardation, seizure disorder, cerebral palsy or autism or brain injury. These programs and services are mandated by the State of Wisconsin and are frequently court-ordered; therefore county liability is not limited to funding available.

Family Support Program

The Family Support program allows for additional services to children and families in the form of funds to purchase equipment, supplies, respite care or other needs without meeting the criteria for the Medical Assistance Waiver program. This non-mandated program is reimbursed at 100% and there are no tax levy dollars attached to this program. The use of this program supports family care givers and reduces out of home placements.

Organizational Structure

Staffing Levels for Developmental Disability

Currently the Developmental Disability unit has a total of one manager and nine social workers as well as two additional contracted case managers from Opportunities Inc. The Jefferson County Human Services Registered Nurse works with the DD (Developmental Disabilities) team to provide wellness and preventative services under the Medical Assistance Waiver program. For purposes of this analysis we will look at the employed staff that works specifically for the DD unit.

Over the past five years staffing levels for the DD unit have increased by two full time social workers. The number of full time employees in the unit was 7 in 2001 and increased to 9 in 2003. (The unit has added one more full time social worker between 2005 and 2006).

Staffing for Developmental Disabilities

Figure 1 shows the staffing levels within the Developmental Disabilities Program.

	2001	2003	2005
Manager	1	1	1
Social Workers	7	9	9

Staff by Program Area

From 2001 to 2005 the staffing levels by program area have changed in the area of case management across the board. The staff for the unit has changed from 7 full time social workers in 2001 to 9 full time social workers in 2003 and 9 in 2005.

Program Utilization

	2001	2003	2005	% Change from 2001 to 2005*
Out of Home Placements	131	205	230	75.6%
CIP1A	11	11	13	18.2%
CIP 1B	202	302	373	84.7%
Brain Injury Waiver	8	12	13	62.5%
	221	325	399	80.5%
Developmental Disability Programs	N/A	316	440	39.2%*
Total Utilization	**573**	**1171**	**1468**	**156.2%**

Figure 2 shows program utilization by area for 2001, 2003 and 2005.

* % Change for Developmental Disability Programs is from 2003 to 2005 as 2001 data is not available

The most significant changes in program utilization were in the out of home placements, which have increased 76% and CIP IB, which has increased nearly 85%.

The number of individuals receiving care under the Developmental Disability programs has increased from 316 in 2003 (data not available for 2001) with no wait list to 440 in 2005 with a wait list of 126, an increase of 79% including the wait list. The wait list is made up of individuals who are programmatically eligible but the county has no match or overmatch dollars available and these are not court ordered services.

Staff to Utilization Ratio

From 2001 to 2005 the ratios of staff to program utilization has decreased significantly although there has been some increase in staff. The number of clients receiving services has increased by 79%, while staff increases have been held to 28% (7 full time in 2001 to 9 full time in 2005).

Expenditures for Developmental Disability – Brain Injury Placements and Programs

	2001	2003	2005	% Change from 2001 to 2005
Collections and Donations	1347860	2406899	2661262	97.4%
State and Federal Funding	4071705	6649187	9735491	139.1%
County Tax Levy	894,564	1040004	1426011	59.4%
Total Expenditures	6314129	10096090	13822764	118.9%

Figure 3 shows expenditures for the Developmental Disabilities Programs

Expenditures for Developmental Disability Services have increased by 119% from 2001 to 2005. Collections and donations increased 97 %. State and Federal funding increased 139% from 2001 to 2005. County levy increased 59%. The biggest change occurred with closing of the ICFMR unit in the County Nursing Home in 2003 and the relocation of the Developmentally Disabled to the community. This relocation to the community continues to stress both this DD services unit and county levy significantly.

Program Quality Control

In addition to annual performance reviews of the Developmental Disability staff, the staff meets regularly to review goals, process issues, complaints, and concerns, and resolution of all of the above.

Manager/Staff Issues

According to the Developmental Disability Program manager, there are several current and future issues for the DD program.

Current issues include:

- Mandates to close or downsize the ICFMR's in the State.
- Large DD population in Jefferson County due to Alverno and Bethesda.
- Additional burden on Alternate Care and Fiscal Department.
- St Coletta residents and their assessment/service plan and potential alternate placement.
- Form changes.
- Guardian and Protective Placement law changes.

Future Issues:

- Providing services for the 45 St. Coletta residents.
- More relocation clients.
- County Resource Center Development (ARDC).
- Managed Care development.

Summary of Major Findings

Budget, utilization and placements in the DD/Brain Injury programs have increased significantly during the analysis period of 2001 to 2005. However, staffing has been managed at a much lower increase. Waiver clients have increased by 85% while County levy was held to a 59% increase for the same time period. We know with the continued relocation efforts this number will continue to rise within the next year or two. Jefferson County currently ranks highest among 68 reporting Counties in the state of Wisconsin in the number of ICFMR and Skilled Nursing Facility active treatment residents per 10,000 populations. This number should level off as the relocation effort comes to completion but the staffing and Alternate Care development will present a significant challenge. Waiver clients require regular contact, assessment of needs and wants, service plans with measurable outcomes and goals and the tracking of provided service and funding. Currently about 174 of the DD caseload reside in some type of Alternate care setting with the majority residing in Adult Family Homes or Community Based Residential

Facilities. Approximately 20% live at home with services or in a supported living environment. The counties use of Adult Family Homes is cost effective and lesser restrictive than group homes or institutions but the recruitment, training, certification and management of many new Adult Family Homes will provide additional staffing challenges.

Recommendations

- Reorganize to combine services with the Developmental Disabilities Unit under the Aging/Developmental Disabilities Division.
- Explore and implement, if feasible, a volunteer guardian program instead of the corporate guardian program currently in use, thus reducing county expenditures.
- Recruit, train and certify additional Adult Family Homes for use with DD and elderly relocation clients.
- Examine other areas of the State with disproportionate numbers of individuals with developmental disabilities and explore programming which would address effectively and cost efficiently the community integration needs of these individuals.

Alternate Care – Child

Service Overview

Jefferson County's Alternate Care Unit – Child Alternate Care provides out of home placements for children in need of protection or under delinquency order. These placements are made with the intention of returning the individual to their home setting. If return to the home setting is not possible long-term placements are made, through a variety of different programs and services. In addition to programs, which coordinate out of home placements for children, the Alternate Care Unit also has a number of placement prevention programs, which provide support for families and children.

In 2002 Jefferson County began a Wraparound Project. This project, which expanded in 2003, now serves all residents of Jefferson County. The Wraparound Project is a cooperative project that brings together police departments, schools, community mental health providers, ministers, parents, and other interested individuals. Members of this project cooperate to help the participating family develop and carry out a plan to meet their needs and concerns. While this program began in the Alternate Care unit, it has been moved to Child Protective Services. These Wraparound services are mandated by the State of Wisconsin, though Jefferson County has discretion on specific services to be provided and liability may be limited to funding available.

The programs for Child Alternate Care include Families Come First, Intensive Supervision, Community Outreach, and Independent Living Services.

Families Come First (FCF)

Families Come First is a wraparound program for families in which delinquency is an ongoing issue. This treatment program aims to reduce both crime and institutional placements. This program is mandated by the state although the county has discretion of specific services provided and liability may be limited by funding available.

Intensive Supervision (ISP)

This is a program that provides strict supervision for chronically delinquent youth and support for their families. This program is for youth who have court ordered supervision and provides high levels of contact with the youth. This program is mandated by the state although the county has discretion of specific services provided and liability may be limited by funding available.

Community Outreach

Community Outreach Placement Prevention Services works with individuals to maintain them in their own homes. This program is mandated by the state although the county has discretion of specific services provided and liability may be limited by funding available.

Independent Living Services

Independent Living Services is a program which teaches daily living skills to young adults in placements which will aid in their becoming independent. This is a federally mandated program. There is a clear expectation that youth receive Independent Living Services as outlined in State of Wisconsin Memo Series 2001-06 and subsequent documents. The County has discretion of specific services provided and liability may be limited by the amount of funding available.

In addition to the prevention programs, the Alternate Care – Child Unit runs seven programs, which place children out of home. These programs are often court ordered and mandated by the state though the county has discretion of specific services provided and liability may be limited by funding available.

These programs include:

- Foster Care (In-County)
- Treatment Foster Care (In-County)
- Residential Care Center (previously Child Care Institution)
- Child Correctional
- Child Mental Health Institute
- Out-of-County Treatment Foster Home
- Out-of-County Group Homes

Organizational Structure

Staffing Levels for Alternate Care – Child

Currently the Alternate Care - Child unit has a total of one supervisor, thirteen full-time employees and one half-time employee. The full time staff consists of two Alternate Care workers, one Family Therapist, two Program Coordinators, and nine Community Outreach Workers. In addition there is one half-time community outreach worker. The average level of experience for the staff is 7.5 years. (See table at right)

Child Alternate Care Staff

	2001	2003	2005
Supervisor	1	1	1
Full Time	13	12	13
Part Time	0	2	1
Total Staff	**14**	**15**	**15**

Figure 1 shows the staffing levels for Child Alternate Care and how they have changed over time

Over the past five years the staffing levels for Alternative Care for Children have remained relatively steady. The number of full time employees was 13 in 2001. This decreased by 1 in 2003 and was back to 13 in 2005. There were no part time employees in 2001. In 2003 there were 2 and by 2005 there was only 1 part time employee.

Child Alternate Care Staff by Program Area

	2001	2003	2005
Alternate Care Coordinator - Child	1	1	1
Community Outreach	4	4	4
Independent Living	1	1	1
Intensive supervision	2	2	2
Families Come First	5	6 (4 FTE, 2PTE)	5 (4FTE, 1PTE)

Figure 2 shows staffing levels by program area.

From 2001 to 2005 the staffing levels by program area have only changed in the area of the Families Come First program. The staff for this program has changed from 5 full time employees in 2001 to 4 full time and one part time employee in 2005. (See Table Above)

Program Utilization

Overall, the utilization of Child Alternate Care programs has increased 16.2% from 2001 to 2005. The usage of Child Alternate Care Prevention Programs has increased 28.2% from 259 in 2001 to 332 in 2005. The major increases in utilization within the prevention programs were in the Community Outreach program with an increase of 30.5 % and Independent Living Services, which increased 42.9%. While the utilization of Prevention Programs has increased, the utilization of Child Alternate Care Placements has decreased by 13.3% from 2001 to 2005. The major changes in this area of Alternate Care were with Out-of-County Group homes, which had a 91.7% increase, Residential Care Centers (Child Care Institutions), which had a decrease of 78.1%, and Treatment Foster Care (in-County), which had a decrease of 52%. (See Table Below)[1]

Figure 3 below shows the utilization of the various Child Alternate Care programs in 2001, 2003, and 2005.

Utilization of Alternate Care – Child

	2001	2003	2005	% Change from 2001 to 2005
Child Correctional Facilities	2	4	3	50.0%
Child Mental Health Institute	1	4	4	300.0%
Foster Care (In-County)	25	35	30	20.0%
Out-of-County Group Homes	12	18	23	91.7%
Out-of-County Treatment Foster Home	8	9	12	50.0%
Residential Care Centers (Child Care Institution)	32	7	7	-78.1%
Treatment Foster Care (In-County)	25	2	12	-52.0%
Total for Child Alternate Care Placements	**105**	**79**	**91**	**-13.3%**
Families Come First	15	15	14	-6.7%
Intensive Supervision	29	24	34	17.2%
Community Outreach	187*	154	244	30.5%*
Independent Living Services	28	15	40	42.9%
Total for Child Alternate Care Prevention Programs	259	208	332	28.2%
Child Alternate Care - Total	**364**	**287**	**423**	**16.2%**

* Numbers not available for 2001. Numbers used for this program are from 2002.

[1] It should be noted that the numbers used for this analysis do not reflect a comprehensive total of Alternative Care placements for children. For example the number used in this analysis for 2005 is 91 placements. This number was reported in the Jefferson County Human Services Department 2005 Annual Report. In the 2005 Alternate Care Programs Program Review, the number of out of home placements is reported as 669. The discrepancy in these numbers is the result of different methods of reporting. The annual report number includes long term out of home placements and counts the number of individuals and not the number of placements for that individual. The Program Review done by the Alternate Care staff counts the total number of placement episodes and not just individuals placed. In addition the Alternate care Program Review includes short-term placements, respite placements and voluntary placements in their numbers.

From 2001 to 2005 the ratios of staff to program utilization have remained steady in some areas and changed dramatically in others. The rates of child placement in relation to level of staff have changed within placement area but overall the ratio of staffing to placements has decreased by 13.3%. The largest changes were within the Community Outreach and Independent Living Services programs. These programs both saw an increase in utilization while staffing level remained constant. The Families Come First saw a very slight decrease in utilization and a change of one staff member from full to part time status. (See Table Below)

.

Staff to Utilization

	2001	2003	2005	% Change from 2001 to 2005
Child Correctional Facilities	2	4	3	50.0%
Child Mental Health Institute	1	4	4	300.0%
Community Outreach	46.750*	38.5	61	30.5%
Families Come First	3	3	3.1	3.3%
Foster Care (In-County)	25	35	30	20.0%
Independent Living Services	28	15	40	42.9%
Intensive Supervision	14.5	12	17	17.2%
Out-of-County Group Homes	12	18	23	91.7%
Out-of-County Treatment Foster Home	8	9	12	50.0%
Residential Care Centers (Child Care Institution)	32	7	7	-78.1%
Treatment Foster Care (In-County)	25	2	12	-52.0%

* Numbers not available for 2001. Numbers used for this program are from 2002.

Figure 4 (above) shows the staff to program utilization ratios.

Figure 5 (below) gives the expenditures by program area for 2001, 2003, and 2005.

Expenditures for Alternate Care – Child (Placements and Programs)

	2001	2003	2005	% Change fron 2001 to 2005
Child Correctional Facilites	59,902	138,040	54,438	-9.1%
Detention Centers	63,825	124,370	68,975	8.1%
Foster Care and Treatment Foster Care	387,339	222,041	204,318	-47.3%
Group Home and Placing Agency	178,707	385,135	673,828	277.1%
Intensive Community Programming	146,004	36,501	0	-100.0%
L.S.S. Child Welfare	403,652	520,871	416,873	3.3%
Residential Care Centers (Child Caring Institutions)	710,694	180,415	23,541	-96.7%
Shelter and Other Care	34,091	44,237	57,014	67.2%
Total for Child Alternate Care Placements	**1,984,214**	**1,651,611**	**1,498,986**	**-24.5%**
Community Outreach	153,854	179,829	225,467	46.5%
Families Come First	254,607	289,993	248,434	-2.4%
Independent Living	48,514	55,874	47,227	-2.7%
Intensive Supervision	97,175	120,405	137,622	41.6%
Total For Child Alternate Care Prevention Programs	**554,150**	**646,101**	**658,750**	**18.9%**
Child Alternate Care - Total	**2,538,364**	**2,297,711**	**2,157,737**	**-15.0%**

Program Budget

Expenditures for Child Alternate Care Placements have decreased by 24.5%. The biggest changes in expenditures for Child Alternate Care Placements were a 96.7% decrease for Residential Care Centers (Child Caring Institutions), a 47.3% decrease for Foster Care and Treatment Foster Care, and a 67.2 increase for Shelter and Other Care. Expenditures in Child Alternate Care Prevention Programs have increased by 18.9%. The biggest changes in expenditures of Child Alternate Care Prevention Programs were a 46.5% increase in expenditures for Community Outreach and a 41.6% increase for Intensive Supervision. These increases in expenditures for the programs can be explained by a staff transfer to the Community Outreach Program in 2005 and the underreporting of wages in 2001 and mileage in 2001 and 2003 within the Intensive Supervision Program. Overall expenditures in Alternate Care – Child have decreased 15% from 2001 to 2005. (See Table on previous page)

Collaborations

The staff of the Child Alternate Care unit works in many collaborative arrangements. The staff meets, plans, and communicates with the Human Service teams including Intake, Chips, Delinquency, Community Support, Comprehensive Community Services, Long-Term Support, Developmental Disabilities, Workforce Development, Critical Incident Team, AODA, Fiscal and Mental Health.

In addition to the intra department collaborations, the Alternate Care unit partners with:

- CAC
- The Literacy Council
- Wraparound Coordinating Committee
- Delinquency Prevention Council
- Countryside Nursing Home
- St. Coletta's
- Workforce Development
- Child Support
- Watertown Family Aid
- Food Pantries
- American Red Cross
- Faith in Action
- The Salvation Army
- St. Vincent
- Head Start
- City and County Health departments
- Lutheran Social Services

Program Quality Control

In additional to annual performance reviews of the Alternate Care – Child staff, the staff in the Alternate Care Department performs an annual program overview. In this overview the staff review the agency mission and values. They evaluate their goals and recommend changes for the new year. After the program overview, the staff holds several planning sessions where they work on creating new team goals.

Manager/Staff Issues

According to the Alternate Care Program manager, there are several current and future issues for Alternate Care for Children.

Current issues:

- Volatility of child welfare, delinquency, and mental health institute placements
- High placement costs for youth institutions ($7000 per month)
- Increase in documentation put stress on Placement Prevention Programs
- New responsibilities for rate setting and Watt's reports for Court
- Statewide competition for bed space for children
- Providers are less willing to take children presenting complex issues including those with dual diagnosis and sex offenders
- On-going work to secure funding for current programs
- Training in best practice models including integrated services
- Prevention before and intensive intervention services during an out of home placement
- Integrated in-home prevention services provided by Outreach staff target family stressors including financial, housing, transportation, medical and school issues. These services are time intensive and challenging for staff

Future issues:

- Development of TCM training and additional program funding at Families Come First
- CCS on-going training of providers and prevention staff to increase billing for services
- Potential impact that Family Care will have on Alternate Care

Summary of Major Findings

Staffing, utilization of placements and programs, and budget in the Alternate Care – Child unit have remained relatively consistent during the analysis period of 2001 to 2005.

It should be noted that the inverse relationship between the increased use of prevention programs and the decrease of out of home placements and institutionalizations is significant. While expenditures for prevention programs increased 18.9%, child alternate placements reduced 24.5% with a total program expenditure reduction of 15% from 2001 to 2005.

Recommendations

- Merge with Juvenile Delinquency, Child Protective Services, and the Birth to three Program under the proposed Child and Family Division in the proposed Department of Human Services reorganization plan.
- Promote innovative prevention programs, thus reducing crisis intervention costs.
- Investigate joining with other counties for recruitment and training for Foster Care Parents, thus sharing recruitment and training costs.
- Continue to aggressively explore bed space for children within Jefferson County thus reducing out of county expenditures.

- Explore funding for existing programs and review best practice models for innovative programming such as unique qualities of other county wraparound services.
- Continue to maximize Medicaid reimbursement.

Birth to Three (Early Intervention)

Service Overview

The Early Intervention Program provided by Jefferson County provides services to children and families of children with a diagnosed condition, a developmental delay, or an atypical development up until the children reach the age of three. After initial evaluations an Individualized Family Service Plan staff creates a six-month plan, which guides the team with outcomes, strategies, and service delivery.

The services of Jefferson County's Human Service Department Early Intervention Program are mandated; therefore a program may not have a waiting list. These mandated services must be provided within the child's natural environment whether it is the home, childcare or playgroups.

The Guiding Principles of the Early Intervention Program include:

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

As can be seen from the guiding principles, the staff members work with the family to reinforce their child's development. Staff works to provide the family with the skills they need to help their child. As the child nears age three a Service Coordinator works with the family to prepare for the transition to other early childhood programs.

One program that is relatively new in the Early Intervention Services is the Busy Bees Preschool. This school, which opened in September of 2005, is a parent-involved preschool. This school operates two morning sessions from September to June. Each session has about 15 children, half of whom are from the community and half of whom are enrolled in the birth to three program.

Organizational Structure

Staffing Levels for Birth to Three

Staff for the Birth to Three Program consists of both county employees and people contracted through Rehab Resources, Inc. Currently there are 5 full time county employees (1 Supervisor, 1 Service Coordinator, and 3 Early Childhood Teachers) and 10 contracted employees (5 speech therapists, 2 physical therapists, 2 occupational therapists, and 1 interpreter).

Birth to Three Staffing

	2001	2003	2005
County Full Time	3	3	4
County Part Time	*2*	*2*	*1*
Contracted Full Time	4	3	3
Contracted Part Time	*4*	*6*	*6*
Total	13	14	14

Figure 1 shows the breakdown of employees in the Birth to 3 Program by Full/Part Time and County/Contracted.

Positions held by Birth to Three Employees

	2001	2003	2005
Director	1	1	1
Special Educator	2	2	2
Preschool Aide	N/A	N/A	1
Service Coordinator	2	2	1
Speech Therapist	4	5	5
Physical Therapist	2	2	2
Occupational Therapist	2	2	2
Total	13	14	14

Figure 2 shows the staffing positions and the number of people in those positions in 2001, 2003, and 2005

Within the contracted positions for the Birth to Three Program there are numerous part-time staff members. These positions are contracted on an as needed basis. For the Speech Therapist, Physical Therapist, and Occupational Therapist positions there is one contracted full time employee and the others are contracted as needed to handle any over flow of cases.

Program Utilization

From 2001 to 2005 overall families served have increased by almost 8%. A major change in the enrollment in the Birth to Three Program is the large increase in Hispanic families served. From 2001 to 2005 the number of Hispanic families served has increased 150% from 16 to 40.

Birth to Three Program Utilization

	2001	2003	2005
Number of Referrals	N/A*	142	169
Hispanic Families Served	16	24	40
Black Families Served	0	0	0
Asian Families Served	0	0	3
Total Families Served	**213**	**184**	**230**

*****Record not maintained for children referred that did not respond/qualify.

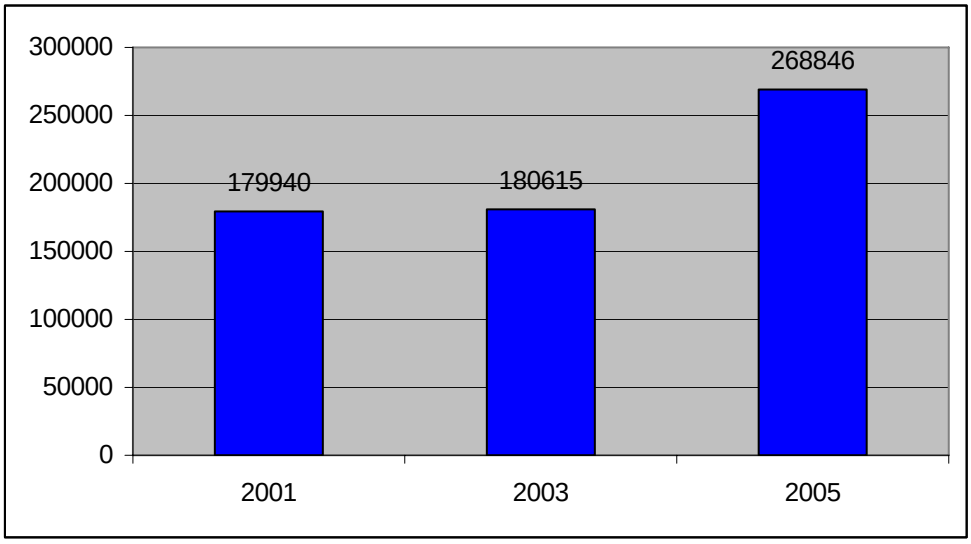
Figure 3 shows the number of families served by the birth to 3 program.

Program Budget

The Early Intervention Program is funded through a combination of county, state, and federal funds, insurance benefits, and the Parental Cost Share. The United Way of Jefferson and North Walworth Counties, Watertown United Way, St. Vincent DePaul, community organizations, and private individuals provide support to the program. Additionally small grants have been received from Wal-Mart of Whitewater and the Knights of Columbus. In addition to government funding and grants, the Birth to Three Program has participated in two fund raising events through the United Way, held community awareness events, and has made presentations to corporate sponsors.

The operating costs for the Birth to Three Program have been increasing over the past years. In 2001 the operating costs were $179,940, in 2003 they increased to $180,615, and in 2005 they went to $268,846 with an over all increase of 49.4 % from 2001 to 2005.

Operating Costs for Birth to Three Program



Collaborations

The Birth to Three Program has many collaborations and connections within the community. They work closely with many local daycare providers and playgroups, local school districts and Head Start. In addition they work with the State and the Deaf Mentor Program to assist children with hearing impairments and their families with information.

Program Quality Control

There are several ways in which the Birth to Three Program performs a self-assessment:

- Annual surveys by employees and contracted staff
- Discharge surveys by every family
- Self-evaluation by each employee at time of review
- Review completed by Department of Health and Family Services completed every four years

In addition in 2008, the State Birth to 3 Program will be implementing a self-assessment tool and process for every county in the state.

Manager/Staff Issues

According to the Program manager for the Early Intervention Program, there are several current and future issues for the Early Intervention Program.

The current issues include:

- Increase in mandates for the program but no increase in funds
- Increased travel due to insurances not paying for services because of the Natural Environment Mandate
- High job stress

Future issues:

- Decreasing third party reimbursement
- Increase in caseloads
- Higher cost of traveling
- Increased mandates coming in July 2007 and 2008

Summary of Findings

During the period of analysis the total utilization of the Birth to 3 Program has increased by 8% while during the same period the operating costs have increased 49.4%. While this is a large increase in operating costs, it is important to note that in general Birth to Three Programs reduce the chance of costly out-of-home placements and use of other programs later in life.

In recent years there has been a 150% increase in the number of Hispanic families served by the Birth to 3 Program. As the number of Hispanic families with in Jefferson County continues to grow, there will be more and more necessity for bilingual staff or interpreters.

Recommendations

- Merge with Juvenile Delinquency, Child Protective Services, and the Child Alternate Care under the proposed Child and Family Division.
- The Birth to Three Program is an effective prevention initiative. Continue developing and implementing promotion of the Birth to Three Early Intervention services in order to address child related problems in order to develop creative intervention strategies.
- Recruit or support training for bilingual staff to better serve Spanish-speaking and Hmong populations.
- Review the results of the Parent Exit Evaluation and use these results to modify programming where appropriate.

Child Protective Services

Service Overview

The Child Protective Services (CPS) Program falls under the area of Personal Assistance Programs. In general the Personal Assistance Programs provide services, such as protection and rehabilitation, to those individuals who are vulnerable. Children, specifically abused children, are one of these vulnerable populations.

Child Protective Services has been historically composed of two unique units. Jefferson County recently made the decision to allow the two units to become one continuous unit to increase productivity for the agency, ease transfer for the client, and ease of services for the court house, community, and most importantly, the clients we serve. The first stage of CPS is the Initial Assessment (IA)/Access portion. This unit receives calls from the community regarding concerns of child abuse or neglect. In addition this unit deals with the front end of all new crisis calls within Jefferson County.

In regards to abuse/neglect allegations, this unit determines whether an allegation meets criteria for a joint investigation with law enforcement. If safety is accounted for, a safety plan is put into place to assure safety. If safety cannot be maintained in the home, a relative or foster home will be used if custody is warranted and removal is necessary. This unit then determines how to proceed with court interventions.

The second stage in the Child Protective Services Program is the Ongoing portion. This stage monitors the ongoing safety concerns, starting at the time of custody, and works toward reunification at home. Ongoing staff members work with the family to positively affect change within the family. These staff members work with parents to deal with alcohol, drugs, trauma, poverty, their own abuse issues, domestic violence and mental health issues. While ensuring the successful and stable placement of the children, the staff sets up services for the family including: family and group counseling, budgeting, job seeking, housing assistance, behavior modeling, and other interventions to promote safety.

In addition to working with the family, the child, and their placement, the Ongoing staff members communicate with the court regarding the progress and changes in a family's situation. Throughout the period of the court order, the Ongoing Case managers monitor compliance, facilitate family meetings, maintain contact with ancillary service providers and continually assess safety.

It is mandated that Child Protective Services serve all children that are identified as victims of abuse or neglect regardless of their current workload, budget, or staffing issues. Per Chapter 48 of the children's code, there cannot be a waiting list for these programs and services.

Organizational Structure

Currently the Child Protective services unit has three Initial Assessment/Access staff that conduct investigations, seven Ongoing social workers, one Wraparound Project Director and three part-time Family Development Workers, with two vacancies for part time Family Development Workers.

In 2001, 2003, and 2005 staff of the Child Protective Services unit was divided between either CHIPS workers or Family Development workers

Child Protective Services Staff

	2001	2003	2005
CHIPS	8	8	8
Family Development	1.8 FTE	5 @ .3 FTE	5 @ .3 FTE

Figure 1 shows the staffing levels for Child Protective Services

It can be seen that the staffing levels for Child Protective Services have remained relatively stable over the past years. The CHIPS level has not changed and Family Development staff has increased slightly.

Program Utilization

Abuse and Neglect Reports in 2001, 2003, and 2005*

	2001	2003	2005	% Change from 2001 to 2005
Physical Abuse				
Founded	21	24	18	-14.3%
Unfounded	93	81	44	-52.7%
Not Able To Substantiate	105	0	0	-100.0%
Total Children Interviewed	116	105	62	-46.6%
Sexual Abuse				
Founded	117	81	53	-54.7%
Unfounded	61	48	57	-6.6%
Not Able To Substantiate	2	2	6	200.0%
Total Children Interviewed	180	131	116	-35.6%
Neglect				
Founded	21	34	35	66.7%
Unfounded	81	39	66	-18.5%
Not able To Substantiate	0	0	2	
Total Children Interviewed	102	73	103	1.0%
Lack of Supervision				
Founded	34	7	20	-41.2%
Unfounded	28	17	21	-25.0%
Not Able To Substantiate	1	0	0	-100.0%
Total Children Interviewed	63	24	41	-34.9%
Totals				
Total Founded	193	146	126	-34.7%
Total Unfounded	263	185	188	-28.5%
Total Not Able To Substantiate	5	2	8	60.0%
Total Children Interviewed	461	333	322	-30.2%

*Numbers reflect children interviewed, not number of investigations

Figure 2 highlights the caseloads of the Child Protective Services unit by year and program area.

The number of abuse and neglect reports in Jefferson County has, in general, decreased over the since 2001. The total founded cases of abuse or neglect dropped 34.7% from 193 in 2001 to 126 in 2005. The areas that saw drops were physical abuse, sexual abuse, and lack of supervision. The only area that saw an increase in founded cases was neglect, which increased 66.7% from 21 in 2001 to 35 in 2005.

Currently there are three Initial Assessment/Access workers who conduct investigation. In 2005 there were 250 investigations performed (involving 322 children) this averages to about 83 investigations for the year and about 7 investigations each month per investigator. In addition to

these investigations there were another 71 referrals regarding 100 children that were screened out after the initial interview.[1]

Ongoing staff serves an average of 18 families per staff member. These families can include a number of children, parents, stepparents, caretakers, grandparents, and live-in partners; there is a total of 60-75 clients that receive services. In addition the Ongoing staff facilitates groups, provides direct service, transports clients, and manages the entire case.

The Wraparound Coordinator has a caseload of approximately 8 families. In addition the Wraparound Coordinator facilitates a community-based model of service facilitation to children with primary sever emotional disturbance criteria.

The family development workers carry a load of approximately 10 families per workers. They also provide hands on parenting services in the home to enrich identified deficit areas and supervise visitation between the non-custodial parent and their children.

Program Budget

Child Protective Services Expenditures

	2001	2003	2005	% Change from 2001 to 2005
Expenditures	422,216	539,349	539,775	27.8%

Figure 3 displays the budget of the Child Protective Services program for 2001, 2003, and 2005

.

The budget for Child Protective services has increased 27.8% from 2001 to 2005. Since the budget for Child Protective Services is directly related to salaries and benefits, this change can be related to the change in staffing levels that also occurred between 2001 and 2005.

Quality Control

Child Protective Services has multiple quality control measures. These include:

- Six month and one year reviews of all children that are placed outside the home. This review measures progress goals, barriers to achievement and future dates of expected compliance.
- Evaluations are sent out to closed clients requesting feedback on services, relationships and overall satisfaction.
- Natural quality control exists since all decisions are subject to approval by the district attorney, guardian ad litem and eventually require the signature of a judge.
- The state wide automated child welfare system also tracks the needed timeliness for case progress evaluations, family assessments, and permanency plans among other state mandated expectations.
- State Quality Service Reviews, intensive performance expectation process, are done every three years.

[1] It is important to note that screen out decisions take significant time to include safety assessments and preliminary interviews. Also there is a IA write up of all of the service requests for the county conducts ED assessments per Ch. 51.

Manager/Staff Issues

According to the manager of Child Protective Services, there are several current and future issues for Child Protective Services.

Current Issues include:

- Part-time family development position vacancy
- Transportation services to the offices (for clients)
- Need to serve all children identified as victims regardless of workload, staffing, budget. No waiting list possible.

Future issues include:

- The growing Latino population
- The lack of health care coverage, education, and job opportunities for the oppressed and under represented portion of the population contributes to the likelihood of abuse and neglect
- Mental health issues in children and parents that lead to life long struggles and difficult resolution of cases

Summary of Major Findings

It can be seen that overall the number of children interviewed in relation to physical and sexual abuse, neglect, and lack of supervision has dropped from 2001 and 2005. The number of founded cases has dropped in all areas except neglect, which has increased 66.7%.

Recommendations

- Merge with Juvenile Delinquency, the Birth to Three Program, and the Child Alternate Care under the proposed Child and Family Division.
- Review the results of the recent State's Quality Service Review and implement changes as necessary. *This report highlights the progressive nature of the HSD.*
- Recruit or support training for bilingual staff to better serve Spanish-speaking and Hmong populations.
- Continue to use and expand and refine the use of wraparound services.

Juvenile Delinquency

Service Overview

Jefferson County's Delinquency Programs deal with persons under 17 years of age who violate State or Federal criminal law. Jefferson County is legislatively mandated to provide Delinquency services; however, the county does provide some additional non-mandated services. Some features of these programs include:

Juvenile Intake

Juvenile Intake services are legislatively mandated. Juvenile intake makes determinations regarding the disposition of juvenile offenses, and direct cases toward either formal court action or informal processing. They accept referrals from police, as well as other sources such as schools, medical personnel, and other community members. Intake workers investigate these referrals and complete initial court reports and all necessary documentation within the department and within the statewide system. They also make arrangements for custody, transportation, hearings, and evaluations.

Case Management/Juvenile Probation

Case Management Services are legislatively mandated. Case Managers oversee cases that are processed into the Juvenile court system. Case managers attend ongoing court hearings and complete court reports. They ensure that court orders are followed and that the juvenile offender receives the appropriate services by coordinating with service providers, such as counselors, psychologists, AODA programs, and therapists.

The Delinquency Prevention Council and Project JOIN

This council was established in 1996 in order to create "awareness and understanding of delinquency, its causes and effects and then to move to build best practice methods to deal with it in Jefferson County." The council is made up of a variety of volunteer community members, including representatives from law enforcement, social service agencies, businesses, schools, government, and the community at large.

The Delinquency Council operates Project JOIN, a group of innovative programs which support mandated functions as well as some non-mandated programs aimed at addressing problems associated with Delinquency. These programs include the following:

- ***Fort Atkinson School District Program*** – Works with youth that have been or are in danger of being expelled by allowing them to remain in school in exchange for community service. This program is now available to all Jefferson County students.
- ***Drug-Free Communities Support grant*** – The Office of Drug Control Policy awarded $95,500 to Opportunities, Inc. and the Delinquency Prevention Council to help reduce drug, alcohol, and tobacco youth among youth.
- ***Delinquency Prevention Council Website*** – This new website allows youth and case mangers to securely check the status of community service and restitution requirements online.
- ***Teen Court*** – Juvenile Intake refers first-time offenders or juveniles who have committed minor offenses to Teen Court. Teen Court is a process where peers act as jury and attorneys for juvenile offenders. The judge is not a peer and is frequently the Jefferson County District Attorney. The judge determines penalties for crimes and the length of time to be served with the Teen Court.

- ***Mentoring*** **-** The mentor works with youth on an individual basis to build relationships and to assist youth in developing character and skills to accept responsibility for their actions.
- ***State Incentive Grant*** – This grant allowed Jefferson County to develop substance abuse prevention and intervention curricula that are available on fee for services programs.
- ***Helen Davis "Hundred Little Kindnesses" Foundation*** – This Foundation awards grants to projects that utilize youth to benefit the community.
- ***Restitution Program*** – This program helps to reimburse the victims of juvenile crimes.
- ***Community Service*** – This program provides juvenile offenders with the opportunity to do community service to atone for crimes.
- ***First Offender Program*** – First time offenders are given the opportunity to attend a four-week educational program based on topics such as substance abuse, accepting responsibility, and employment skills.
- ***Victim Offender Conferencing*** – This option is available to victims who want to meet with the juvenile offenders who perpetrated the offense against them. A trained mediator provides this service.

Organizational Structure

Youth Delinquency Programming is part of Jefferson County's Personal Assistance Family of programming, and is headed by a manager.

Staffing

- 1 Program Manager
- 6 Case Managers
- 2 Juvenile Intake Workers
- 1 Part Time Mentor
- Total FTEs: 9.5

Trends in Staffing

Staffing levels have remained largely consistent since 2001. Delinquency case management staff was reduced by one case manager in 2003 in order to provide an extra case manager to the Child Protective Services department.

Utilization

Juvenile Intake

The number of youth processed by Juvenile Intake has decreased by 24% over the past five years. Total numbers of Juvenile Intake clients are as follows:

Figure 1 shows the number of Juvenile Intake Clients in 2001, 2003, and 2005.

Juvenile Intake Clients

	2001	2003	2005
Juvenile Intake Clients	398	314	303

Case Management
Case Management caseloads have consistently averaged 30-35 cases per worker. This client to staff ratio has not changed since 2001.

Total Referrals
Overall, police referrals have decreased by 184 referrals (20% decrease) between 2001 and 2005. This is due in large part to 85 fewer instances of truancy in 2005 compared to 2001. One of the primary reasons for this is the Watertown school district truancy abatement program, which has been in operation for several years and is now showing positive results. Other major decreases during this five year period include:

- 56% reduction in Obstructing/Resisting Arrest
- 31% reduction in Drug Related referrals
- 24% reduction in Theft

Conversely, the following offenses experienced a significant increase in frequency:

- 64% increase in Disorderly Conduct referrals
- 48% in Criminal Damage to Property

Figure 2 (below) highlights the number of police referrals within Jefferson County in 2001, 2003, and 2005.

Police Referrals in Jefferson County

Offense	2001	2003	2005	Five-Year Change
Alcohol/Tobacco	8	1	2	-6
Arson	4	4	2	-2
Battery	32	28	33	1
Buglary/Robery	58	22	37	-21
Burning Materials/Fireworks/Explosives	1	8	4	3
Contempt of Court/Violation of Court Orders	15	11	11	-4
Crimes Against Children/other	8	20	13	5
Criminal Damage to Property	58	96	86	28
Criminal Trespass	17	28	10	-7
Disorderly Conduct	114	126	187	73
Drug Related	145	96	100	-45
Fleeing Escape	5	17	4	-1
Forgery	10	2	4	-6
Intimidation/Harassment	5	5	1	-4
Obstructing/Resisting Arrest	53	17	23	-30
OVWOC/Other Vehicle	55	42	30	-25
Receiving Stolen Property	14	7	4	-10
Reckless Endangerment	4	6	9	5
Sex Offenses	44	50	21	-23
Theft	128	119	97	-31
Truancy	127	36	42	-85
Weapons Related	11	19	12	1
Total Offenses	**916**	**760**	**732**	**-184**

Cost of Programming

Costs associated with Delinquency Programming have decreased by 4.8% since 2001. Total costs are shown below for current programming, as well as the past three-year and five-year increments.

Cost of Programming for Juvenile Delinquency

	2001	2003	2005	% Change from 2001 to 2005
Expenditures	3,170,140	3,180,137	3,017,316	-4.8%

Figure 3 shows the Costs of the Juvenile Delinquency Programming.

Quality Control

The Delinquency Prevention Council functions as the primary quality control agent for Jefferson County's delinquency programs. It works with Delinquency staff to strategize on problems and to improve programming.

Manager/Staff Issues

According to the manager of Juvenile Delinquency, there are several current and future issues for Child Protective Services.

Current Issues

- Difficulty providing transportation to clients as the primary current issue. Jefferson County has had a Volunteer Driver Program for years to help get clients to various appointments, and groups. This year they were informed that they need to claim mileage reimbursement (per the IRS).
- The drivers now feel it is not worth the time and money for them to provide this service and they do not want this claim to affect their Social Security payments.
- The County has lost a number of drivers and now has difficulty getting juveniles to appointments and group meetings.

Additionally, information was requested regarding best practice models related to youth delinquency. Descriptions of the Non-secure Detention Program can be found in the *Best Practice Model* section of this report.

Future Issues

- Potential change in the Juvenile law to revert back to age 18 for juvenile delinquency. This change would mean increased clients and paperwork, as well as some legal and procedural changes.

Summary of Major Findings

Overall, Police referrals, as well as Juvenile intake cases have decreased significantly from 2001 – 2005. This decrease indicates that Jefferson County's innovative programming has had a positive overall impact on Juvenile crime, particularly in the areas of truancy, drug related offenses, and theft.

The effectiveness of these programs at reducing overall referrals has generated efficiencies in terms of cost of Delinquency programs. Between 2001 and 2005, total costs for Delinquency programs decreased by 4.8%. This decrease is very significant considering that costs for Delinquency programs have increased in other counties during this period.

Recommendations

- Merge with Birth to Three, Child Protective Services, and the Child Alternate Care under the proposed Child and Family Division.
- Continue to grow and expand the Juvenile Delinquency Council and explore implementing similar consumer committees or councils where applicable in other content areas.
- Explore areas where programs have saved money and see if they can be implemented elsewhere.
- Promote Delinquency Council program area as best practice of how schools, the courts, law enforcement, and the Department of Human Services have had a dramatic positive impact relative to improved lifestyles for juveniles and their families.

Mental Health / AODA Clinic / Crisis Intervention

Service Overview

Jefferson County's Mental Health/AODA/Crisis Intervention Unit provides intensive Mental Health and substance abuse treatment to those County residents who have a severe mental illness or substance abuse issue. The purpose of these units is to provide resources and services to help people remain successfully in the community and enhance both their independence and quality of life. The services provided by these units are so intertwined that for purposes of this analysis it is logical to look at them together.

The programs for the Mental Health Unit /AODA units include Community Support Program, Comprehensive Community Services, and Mental Health/Substance Abuse Treatment.

Community Support Program

The Community Support Program (CSP) provides psychiatric services, symptom management, vocational placement, job coaching, supportive counseling, social opportunities, individual and group psychotherapy, medication management and distribution, education and money management and budgeting, activities of daily living coaching including home making skills, crisis intervention, case management, and support services to those who qualify. This program is mandated by the State of Wisconsin; Counties have discretion on services to be provided (unless Court ordered); liability may be limited to funding available. Program specific format is not mandated, however it is mandated that services in some form be provided to this population. Service format chosen is financially beneficial to the County.

Comprehensive Community Services (CCS)

Prior to 2006 this program did not exist however the program warrants discussion. This program serves people who have severe mental health and substance abuse issues but are not as acute as the CSP consumers. The CCS program serves people of all ages and allows the County to bill for services, almost all of which had been previously provided but non-billable. During the first five months of the program in 2006, Jefferson County CCS billed for $100,000 worth of services and received payment in the amount of $60,000. This program is mandated by the State of Wisconsin; Counties have discretion on services to be provided; liability may be limited to funding available. Program specific format is not mandated, however it is mandated that services in some form be provided to this population. Service formant chosen is financially beneficial to the County.

Mental Health /Substance Abuse Treatment

This is a program that provides Mental health and Substance Abuse Treatment and Case Management services to individuals, families and groups. Treatment is most often provided on a voluntary basis but can be involuntary as well under a Court Commitment or Stipulation or as the result of an order to receive treatment by the State Department of Corrections, or as a result of receiving an Operating While Intoxicated (OWI).

Services include:

- Outpatient Mental Health
- Substance Abuse counseling
- Medication Monitoring
- Crisis Intervention

- Prevention Services
- Inpatient Mental Health
- Detoxification Services
- Jail Mental Health Services
- Intoxicated Driver Program Assessments
- Related AODA treatment
- AODA Assessments and Treatment for voluntary and Correctional Clientele

In Addition the Department of Human Services provides a setting and funding for Lueder Haus, a certified 8 bed Community Based Residential Facility (CBRF), used primarily to prevent or minimize costly inpatient hospital stays or as a shelter to the homeless mentally ill or those who need to stabilize their living situation. In 2005 Lueder Haus had 163 admissions.

These Mental Health and Substance Abuse Treatment programs are mandated by the State of Wisconsin. Counties have discretion on specific services to be provided; liability may be limited to funding available. Program specific format not mandated although it is mandated that services in some form be provided to this population. Service format chosen is financially beneficial to the County.

Organizational Structure

Staffing Levels for Mental Health /AODA / Crisis Intervention

Currently the Mental Health / AODA/ Crisis Intervention Unit has a total of one Psychiatrist/ Medical Director, one supervisor, five Master Degree Clinical Therapy Staff, nine case managers, two AODA assessors / clinicians, four full time crisis intervention / intake workers, one CBRF manager, and seven counseling staff. *In addition they share two secretaries and a part time RN.*

Over the past five years staffing levels for these units have remained relatively stable. The number of full time employees was 30 in 2001. This increased to 31 in 2003 and went up to 32 in 2005.

Mental Health / AODA / Crisis Intervention Staff

	2001	2003	2005
Psychiatrist/Medical Director	1	1	1
Supervisor	1	1	1
Master Degree Clinical Therapy Staff	5	5	5
Case Managers	8	8	9
AODA Assessors/Clinicians	2	2	2
Crisis Intervention/Intake Workers	4	4	4
CBRF Manager	1	1	1
Counselers	6	7	7
Secretaries	2	2	2
Total	30	31	32

Figure 1 shows the staffing level for the Mental Health/ADOA/Crisis Intervention Staff

From 2001 to 2005 the staffing levels by program area have changed in the Community Support and Lueder Haus programs. The staff for this Community Support program changed from 13 in 2001 to 14 in 2005. The staff for the Lueder Haus program changed from 7 in 2001 to 8 in 2005.

Program Utilization

Figure 2 (below) shows the utilization of the various programs within the Mental Health Area.

Program Utilization

	2001	2003	2005	% Change from 2001 to 2005
Community Support Clients	60	83	90	50.0%
Hospital Detoxifications	69	76	81	17.4%
Lueder Haus Admissions	166	154	163	-1.8%
Mental Health and Private Psychiatric Hostpitalizations	103	99	148	43.7%
AODA Group Home Placements	11	8	16	45.5%
Program Utilization	**409**	**420**	**498**	**21.8%**
Average Caseloads per Month				
Alcohol and Drug	78	43	44	-43.6%
Mentally Ill	215	235	271	26.0%
Intoxicated Driver	78	80	71	-9.0%
Personal Assistance Contacts Total	**371**	**358**	**386**	**4.0%**
OWI Assessments	547	378	428	-21.8%

Overall, the utilization of these programs has increased 21.8% from 2001 to 2005. The most significant changes were in the Community Support Clients, which increased 50%, and the Mental Health and Private Psychiatric Hospitalizations, which increased 43.7%. While many programs showed an increase in utilization, Lueder Haus numbers remained relatively stable.

Staff to Utilization Ratio

From 2001 to 2005 the ratios of staff to program utilization have decreased significantly. The ratio of staff to Mental Health/ AODA/Crisis Intervention client has decreased 14.7%. The programs saw a significant increase in utilization (21.8%) with only a 6% increase in staff.

Expenditures for Mental Health/AODA

2001, 2003, and 2005 Expenditures for Mental Health/AODA

	2001	2003	2005	% Change from 2001 to 2005
Collections and Donations	1,251,226	1,209,258	1,259,062	0.6%
State and Federal Funding	1,512,197	1,599,308	1,602,095	5.9%
County Tax Levy	1,658,852	2,358,164	2,291,448	38.1%
Total Expenditures	4,422,275	5,165,730	5,152,605	16.5%

Figure 3 shows the program expenditures for 2001, 2003, and 2005

Expenditures for Mental Health / AODA programs have increased by 16.5%. Collections have increased by 0.6% from 2001 to 2005. Federal and State funding increased by 6% and levy increased by 38 % from 2001 to 2005. As a percentage of the total Human Service budget, Mental Health and AODA program expenditures increased from 32% to 37% of the total budget.

Mendota placement costs increased from $400,000 in 2001 to $510,000 in 2003 and again to $547,000 in 2005. It is important to note that many mental health patients who received community programming and intervention were diverted from placement at Mendota Mental Health Institute to alternate community programming. Depending on the day, costs associated to Jefferson County for placement range from $677 to $827 per day.

Program Quality Control

In addition to annual performance reviews of the Mental Health/AODA/Crisis Intervention Staff, the Community Support Program is certified biannually by the State of Wisconsin. Comprehensive Community Services is reviewed annually and the Community Support Program and Mental Health Programs have performance contracts with the State of Wisconsin. Compliance with these is essential to ensure maximum reimbursement.

Manager/Staff Issues

According to the Mental Health / AODA/ Crisis Intervention Program managers, there are several current and future issues for Mental Health.

Current issues are:

- Implementation of CCS
- Time study and staff allocation
- One unit Manager
- 2007 Grant work to be completed
- Clerical support shortage
- Continuous influx of new cases
- Severity of new case
- Increasing Corrections referrals for AODA services
- Bigger caseloads/fewer resources
- Development of vulnerable adult abuse protocol with CPS, CCS, DD and Long Term care teams per State initiative
- ADRC initiative and service access issues

Future Issues:

- Organization and Certification of Emergency Mental Health Program
- Maximize the CCS program
- Expansion of services to children, adolescents and seniors
- Provision of services to those with SSI managed care coverage
- Expansion of contract options for voluntary and involuntary hospitalizations
- Capturing reimbursement for Lueder Haus stays under HFS 43
- Improve paperwork flow to optimize face to face treatment time
- Increase Master Degree clinical staff availability to cover emergencies around the clock
- Improve transportation options
- Expand AODA and substance abuse treatment groups
- Develop a warm line, telephone support services staffed by volunteers

Summary of Major Findings

Staffing has remained relatively consistent during the analysis period of 2001 to 2005. Utilization of placements and or programs has increased significantly. The growth in the mentally ill and AODA population and out of home placements continues to burden the Human Services system. The CSP, CCS and Lueder Haus programs and their wellness, prevention orientation (and revenue production) offer a creative approach to help manage these complex issues.

Recommendations

- Formally combine the mental health areas of the Clinic, CSP, CCS, Lueder Haus, and finish the plan and application for Emergency Mental Health Program Certification under Medicaid, in order to create a Behavioral Health Division under the proposed reorganization.
- Finish the Mental Health Plan and submit the application to the state for Emergency Mental Health Program Certification under Medicaid. This certification will allow existing costs to be billed to the state for Medicaid reimbursement.
- Continue to develop and expand the CCS Program, which will increase Medicaid funding.
- Continue to explore and develop alternate funding sources for anti-psychotic medications for those who have no source of coverage.
- Evaluate the adequacy of staffing of this unit given its multiple roles and complex services.

Income Maintenance / Resource Assistance

Service Overview

Jefferson County's Income Maintenance Unit exists to provide mandated financial assistance programs to Jefferson County residents and complete referrals to other programs to help meet clients needs. The programs for Income Maintenance include Wisconsin Works (W-2), Medical Assistance, FoodShare, Child Care Assistance, Kinship Care, Energy Assistance, Client Assistance Programs, General Medical Relief, St. Vincent de Paul, and Welfare Fraud Investigation.

Wisconsin Works

Wisconsin Works or W-2 is a monetary grant available to parents with dependent children in exchange for participation in Employment Programs. W-2 also provides long-term case management. This program is mandated by the State of Wisconsin and liability is not limited to funding available though the contracted time period. The W-2 grant awarded to Jefferson County continues until December of 2009.

Medical Assistance

This program is medical coverage for families with dependent children who are financially and programmatically eligible. This program also covers burial assistance. This program is mandated by the State of Wisconsin and liability is not limited to funding available.

Food Share

Formerly known as food stamps. Benefits to be used to purchase food are issued to those financially and programmatically eligible. This program is mandated by the State of Wisconsin and liability is not limited to funding available.

Child Care Assistance

This program is a monetary benefit available to those who are financially and programmatically eligible to help cover childcare expenses. Child Care staff also complete in home certifications. This program is mandated by the State of Wisconsin and liability is not limited to funding available.

Kinship Care

This program is a benefit that may include medical coverage and a monthly payment to help family members care for a child they are not legally responsible for but who is related and is in need of care and shelter. This program is mandated by the State of Wisconsin and liability is not limited to funding available. Funding is currently limited to 20 children; others are on a wait list.

Energy Assistance

Energy assistance is a monetary benefit that assists people who are financially and programmatically eligible with the payment of their heat and or electric bills during the "cold" season". This program is not mandated by the State of Wisconsin, however there is no levy associated with the program and the program is contracted to Energy Services.

Client Assistance Programs

Client assistance programs include funding for food pantry support, temporary housing, transportation and other miscellaneous assistance. This program is not mandated by the State of Wisconsin and involves levy in the amount of $6,100 for 2007.

General Relief Medical
This program provides financial assistance with medical bills that are not covered by any other source. This program is not mandated by the State of Wisconsin. This program ended in November of 2006 and the 2007 funding for this program, $50,000, was allocated to the Rock River Clinic for customers.

St Vincent de Paul
This program deals with discretionary dollars to be used to aid residents with food, shelter, medical or unmet transportation needs. This program is not mandated by the state of Wisconsin. St. Vincent de Paul donates all funds for this program. The use of these funds limits the need for other non-mandated County Tax Levy.

Welfare Fraud Investigation
This program is contracted with Interstate Reporting. Cases that meet specific criteria are referred for investigation. Cases that meet $2,000 threshold are referred to the County District Attorney for disposition. This program in mandated by the State of Wisconsin and liability is not limited to funding available.

Organizational Structure

Staffing Levels for Income Maintenance
Currently the Income Maintenance unit has a total of one manager, one supervisor and fifteen full time employees. The full time staff consist of one Community Outreach Worker, one Receptionist for the Workforce Development Center, one Support Staff and twelve Case Managers, two of whom are attached to the DD and Long Term Care units who complete the eligibility determinations and ongoing financial case management for the Nursing Home and MA waiver programs.

Program Utilization
Overall the utilization of the Income Maintenance programs has increased 85% from 2001 to 2005. The areas that have remained relatively stable are W-2 and Kinship Care. Medical Assistance utilization has increased 64%, Food Share caseload has increased 132%, and Childcare assistance utilization has grown 39%.

Utilization of Income Maintenance Programs

Figure 1 shows the utilization of the various Income Maintenance Programs

	2001	2003	2005	% Change from 2001 - 2005
W-2	N/A	90	73	-18.9%
Medical Assistance				
Badger Care	2,607	4,526	5,345	105.0%
Nursing Home MA	505	415	384	-24.0%
Disability Related MA	1,321	1,481	1,551	17.4%
Total Medical Assistance	**4,433**	**6,422**	**7,280**	**64.2%**
Child Care Grants	125	180	174	39.2%
Kinship Care Grants	20	20	20	0.0%
Food Share	1,938	3,107	4,498	132.1%
General Relief Medical	14	29	40	185.7%
Total Program Utilization	**6,530**	**9,848**	**12,085**	**85.1%**

From 2001 to 2005 the ratios of staff to program utilization have decreased significantly. The rates of program utilization have increased by 85% from 2001 to 2005 while staffing is identical in 2001 and 2005. The largest changes were in the Medical Assistance, Food Share, General Relief Medical and Child Care Grants.

Staff to Utilization Ratio

These programs saw significant increases in utilization while staffing levels remained constant.

Expenditures for Income Maintenance Program

Expenditures for Income Maintenance Programs have increased by just over 5%. Collections increased a total of 637% from 2001 to 2005. State and Federal funding decreased 8%. County levy increased 4483.8%. General Relief Medical costs increase 95% from $109,440 in 2001 to $160,283 in 2003 to $213,033 in 2005. (This program was ended in November of 2006.)[1]

Figure 2 highlights the expenditures for the Income Maintenance Department for 2001, 2003, and 2005.

Expenditures for Income Maintenance Program

	2001	2003	2005	% Change 2001 to 2005
Total Expenditures	1,822,531	1,947,118	1,919,622	5.3%
Collections and Donations	11,852	53,911	87,319	636.7%
State and Federal funding	1,807,048	1,535,833	1,665,864	-7.8%
County Tax Levy	3,631	357,374	166,439	4483.8%

Program Quality Control

In addition to annual performance reviews of the Financial Assistance staff, the unit contracts for an outside independent review of 30 Food Share /MA Cases per month. The funding for the case review contract is given as an addition to the Income Maintenance contract. Weekly checks occur assessing scanning, access and timely processing of applications for benefits. W-2 performance case reviews occur weekly and the unit meets regularly to assess their own processes, create goals, and assess progress on those goals.

Management/Staff Issues

According to the Income Maintenance Program Manager, there are several current and future issues for Income Maintenance programs.

[1] In 2001 LSS and FPI charges were applied to W-2/C.R. and were reimbursed at $161,167. This appears as revenues in Income Maintenance and expenditures in Delinquency. The adjusted County Tax Levy for 2001 would be $164,798.

Current issues include:

- High caseloads
- Quality customer service
- Continuous program changes
- Intense monitoring

Future Issues:

- Program redesign for BadgerCare Plus
- Quality customer service
- W-2 Performance Standards
- Monitoring requirements
- Funding
- Scanning entire caseload
- Long Term Care redesign

Summary of Major Findings

Staffing has remained consistent during the analysis period of 2001 to 2005, however utilization of services and benefits has increased significantly. The financial assistance programs when mandated and sometimes non-mandated (as in the case of energy assistance) are well funded and can add great value and independence to the lives of the people who utilize them.

Recommendations

- Review all case plans to ensure that clients are not only being provided with assistance to meet their needs but are also being provided with services that will help them progress toward greater independence from government assistance.
- The Jefferson County Board should emphasize to county/state elected officials that programs, such as W-2 and other State mandated programs, require additional funding in order to allow Jefferson County DHS to assist its County residents to acquire skills to gain and retain their independence.
- *The County should be commended for discontinuing the General Relief Medial Program and committing the funds for the operation of the Free Clinics.*

Management Assistance / Fiscal

Service Overview

Jefferson County's Management Assistance / Fiscal unit provides fiscal and statistical record keeping, contract oversight and management and County, state and Federal reporting services. Included in the duties and functions of the unit are:

- Accounting
- Accounts payable
- Accounts receivable
- Vouchering
- Payroll
- Budgeting
- Service contracts and agreements
- Billing
- Collections
- Computer Systems
- Statistical gathering and reporting
- Fiscal management and reporting
- Internal control
- Audit readiness
- HIPPA compliance

The fiscal unit provides financial and data services and coordination for every unit and function of the Human Services Department and to other County Departments and provides data for State and Federal regulatory agencies.

Organizational Structure

Staffing Levels

Currently the Management Assistance / Fiscal unit has a total of one Deputy Director, one Cost Accountant, three Accountants, one Medical Records Administrator, one Information Technology Technician, one Financial Intake Specialist and four Account Clerks.

Over the past five years the staffing levels for the Management Assistance / Fiscal unit have remained fairly consistent. The number of full time employees was 11 in 2001. They added an Accountant in 2003 increasing full time employees to 12 and they remained at 12 through 2006.

Management Assistance/Fiscal Staffing

	2001	2003	2005
Deputy Director	1	1	1
Cost Accountant	1	1	1
Accountant	2	3	3
Medical Records Adminstrator	1	1	1
Information Technology Technician	1	1	1
Financial Intake Specialist	1	1	1
Account Clerk	4	4	4
Total	11	12	12

Figure 1 shows the staffing levels by position for 2001, 2003 and 2005.

Program Budget

The primary responsibilities and duties of this unit are to manage, coordinate and facilitate the entire financial, statistical and informational systems within the Jefferson County Human Services Department. During the period from 2001 to 2005 total expenditures increased 45.4%, collections and donations increased 66.4%, State and Federal funding increased 46.9% and County tax levy increased 26.1%. The percentage of County tax levy used in total resource consumption decreased from 23.5% of the total in 2001 to 20.4% of the total in 2005.

As the numbers of clients served, units of service and total expenditures continue to increase, it is vital to the financial well being of the County for the collections and donations and State and Federal funding levels to continue on their upward trend. An organized, coordinated, well-focused Fiscal unit is imperative to ensure that these trends continue.

Breakdown of Total Human Service Department Budget

	2001	2003	2005	% Change from 2001 to 2005
Total Expendituress	21,130,409	27,217,465	30,729,709	45.4%
Collections	3,693,757	5,018,484	6,146,102	66.4%
State and Federal Funding	12,469,474	15,692,702	18,317,646	46.9%
County Tax Levy	4,967,178	6,506,279	6,265,961	26.1%
Collections as % of Total Budget	17.5%	18.4%	20.0%	14.4%
State and Federal Funding as % of Total Budget	59.0%	57.7%	59.6%	1.0%
Levy as % of Total Budget	23.5%	23.9%	20.4%	-13.3%

Figure 2 (above) shows the breakdown of the Jefferson County Human Service Department's Budget for 2001, 2003, and 2005.

Program Quality Control

In addition to the annual performance reviews of the Management Assistance / Fiscal unit staff there is participation in the annual General County financial audit. Human Services also undergoes the Single Audit, which audits usage, application and permissibility of charges to all of the various funding sources. Any non-compliance is reported and corrective action occurs to ensure continued maximum funding.

Manager/Staff Issues

Current Issues:

- Additional workload capacity
- Ability to further streamline

Future Issues:

- Long Term Support Redesign
- Change in workload

- System adaptability
- Funding stream changes
- Accounting system restructuring
- Reporting system restructuring

Summary of Major Findings

Staffing has remained fairly stable for the Management Assistance / Fiscal unit during the analysis period of 2001 to 2005. Fiscal and statistical management has increased dramatically due to increases in program and service utilization and additional reporting, tracking, and system coordination efforts needed to ensure maximum funding and reimbursement. Although total expenditures have increased, collections for services provided have almost doubled while State and Federal funding has increased and the County tax levy has decreased from 23.5% of the total in 2001 to 20.4% of the total in 2005.

Recommendations

- Implement the proposed Department of Human Services reorganization model and create an Administrative Services Division, which includes secretarial, support, and building maintenance functions.
- Develop this division with the multiple functions of secretarial, maintenance, and fiscal, as a coordinated support division for the Department of Human Services.
- Continue to coordinate the financial support aspects of this unit with the County's Fiscal Unit.

Support Staff

Service Overview

Support Staff provide clerical services including typing, filing, managing files, answering the phone, special projects, and other tasks as requested. The support staff who are located in the main Human Services building are under one supervisor. Each one is assigned a team, but are trained to back up each other. This ensures that all teams are covered if a secretary is absent from a team. Secretaries located in the Lueder Haus and Workforce Development Center are managed by the supervisors located in each of those buildings.

Vital areas include

- Secretarial Support to Staff
- Receptionist/Appointment Desk
- Release of Records
- Filing
- Mail Clerk

Staff

- 7 - Personal Assistant Secretaries
  - 1 is located at WDC,
  - 2 are at Lueder Haus
  - 4 are at the main building
- 3 Receptionist/Appointment Staff
  - 1 is located at WDC
  - 2 are at the main building
- 1 Records Clerk – located at the main building
- 1 File Clerk – located at the main building

Workload Description

Personal Assistant Secretaries

Secretarial Staff support the front line workers within each team by providing the following services:

- **Typing:** This is the greatest portion of work done by support staff. Paperwork needing to be typed includes court reports, letters and progress notes.

- **Research, compile, verify and maintain paperwork for client charts:** Maintaining files for new and existing clients is critical and very time consuming.

- **Microfilm files:** Closed files are stored in the basement of the Human Services Department and are microfilmed as time permits.

- **Provide backup to the receptionist/appointment desk:** The receptionist/appointment desk must always be manned by two people due to the high volume of activity, so all support staff in the main Human Services building are trained to backup. They are regularly scheduled to help cover during the early

a.m. and late p.m. hours as well as times when there are absences due to the regularly scheduled staff.

- **Provide support to the psychiatrist:** A psychiatrist is here on a regular basis to see clients, and a secretary must pull the charts prior to his sessions. A secretary also takes phone calls from clients regarding medications who must then discuss it with the doctor.

- **Special projects as needed:** Requests for special projects are common and may include compiling manuals and assembling mailings.

Receptionist/Appointment Desk Staff
The reception desk is the hub of the Department and is staffed by two people every day for 10.5 hours per day between the hours of 7:30 a.m. and 6:00 p.m. Monday - Friday. They answer between 100 and 250 phone calls per day, schedule between 80 – 125 appointments per day, and help between 100 – 150 people at the windows per day. Due to the volume of activity, this area requires 2 full time people. During peak times, a third individual may also need to take calls. During slower times of the day, these two staff help their teammates by typing progress notes and alphabetizing paper that needs to be filed.

Release of Records
This is a critical part of the Department due to the requirements of State laws and statutes regarding releases of information. The Department handles an average of 12 requests per week and must be completed within 72 hours. Due to the fact that the Department has "family" charts as opposed to "individual" charts, the process is extremely time consuming. A request may require researching between 1-13 charts for information. Once the identification of pertinent paperwork has been determined, the Records Clerk must read through every line and redact names as needed. This redaction process is determined by the specifics of the Authorization of the Release.

File Clerk
The Department generates thousands of pieces of paper on a weekly basis. Each and every paper must be filed in the correct chart as well as in the correct location within the chart. It is critical that everything is in its proper place for easy access.

Mail Clerk
The Department generates a large volume of mail that is outgoing, interoffice and interagency. This position sorts and distributes the daily incoming and interoffice mail. The distribution of interagency mail is shared by two individuals on a bi-weekly rotation which consists of picking up and delivering mail to and from 4 different locations.

Current Issues

- Short staffed - The Support Staff team recently transferred one secretary to the Community Support Program due to their increase in clients. This became a decrease of 40 hours at the main Human Services building. The Records Clerk was also cut back from 40 to 19 hours per week. The ramifications in the loss in 61 hours per week have been substantial.

- One of these positions had routine tasks, but was also used as a "roving" person for when other secretaries were absent or extremely busy. The absence of any secretary now means that others must do their own work and also the work of someone else.

- Social Workers' have generated an increase in progress notes, requiring more typing. This area has consistently been behind, thus missing timely information in a chart or in the "community" database.

- Although the team has made an effort to help on occasion, the 0-3 Unit has no secretarial support at all. That unit is a mandated program and continues to grow substantially. It is absurd for them to be without secretarial support and to continue to use the professional staff doing large volumes of menial tasks.

- The Community Support Program is growing substantially and could easily support another secretary.

- The Release of Records position was cut from 40 hours per week to 19 hours per week. This decision was recently made by the County Human Resources Committee without having any knowledge of the amount of work involved. At times, two other staff who are familiar with the releases of records, must help process the easier requests. (see above for the process of this detailed job)

- Mail Run - The Support Staff is required to do what is called the "mail run." This entails the distribution of interagency mail on a daily basis by picking up and delivering mail to and from 4 different locations. This is an area that could free up the time of the support staff by implementing a County-wide mail courier service, or utilizing the maintenance staff since they are often asked to pick things up at other locations anyway.

Future Issues

Quality Assurance

- Currently we do not have a quality assurance position which is essential for this Department. Many supervisors audit their own files, however it is only sporadic and very time consuming.
- The Department must be compliant with State and Federal laws to ensure that billing accurately reflects time sheets and progress notes of case managers. A full time audit position would be a huge asset to the Department.

Community Connections and Collaborations

The front desk receives numerous calls every day from staff and the community asking about resources. Our staff must know about numerous agencies within the county to assist individuals in finding the help they need. Some of these agencies are: People Against Domestic Abuse, Community Action Coalition, Workforce Development Center, Wisconsin Energy Assistance, Women Infants Children (WIC), Rock River Free Clinic.

Nursing Home – Countryside Home

Countryside Home is a 120 bed Skilled County Nursing Facility located in Jefferson County. The building is relatively new and set up to provide a homelike environment with good quality of life and effective, efficient, skilled nursing care. The design concept is that of six households, three of which have 18 residents each and three of which have 22 residents each. The home is currently licensed for 120 residents and the average daily census for 2006 was 118 to 119. Both Medicare and Medical Assistance dually certify all beds. One of the six units is a secure unit that allows for flexibility in placement, regardless of payer source or special needs, up to and including dementia specific programming. The facility provides long-term, short-term, comprehensive, rehabilitation, respite care and dementia specific care.

The design concept is one built upon the household model of care that is evolving across the United States and Europe. This model of care focuses on providing services in decentralized households that are distinct from each other in order to allow the resident, family members, and staff a sense of community and a humanistic sense of scale. Similar household-based skilled care centers have taken the unit concept a step further than Countryside by painting the distinct units different colors and adding art work to reinforce the theme or color of the unit.

The Nursing Home Administrator proves to be a proactive and quality conscious individual who would like to significantly improve her bottom line and use of County levy, while ensuring good quality of care for the residents and a positive, reasonable work environment for a very dedicated, long-term staff.

Summary of Major Findings

- The consultant's preliminary analysis revealed that the facility is potentially overstaffed and that further assessment specific to this facility is necessary. Such an analysis could potentially generate long-term efficiencies for Countryside Home.

  Areas for review should include:

  C.N.A. staff levels by shift and responsibility
  Licensed staff levels by shift and responsibility
  Medicare utilization
  MDS completion
  Restorative nursing program
  Agency utilization
  Support staff

- Way finding in the facility is confusing since all the residential units are painted the same color. As one walks the halls of the facility, one gets confused since there are few visual markers to identify individual units.

Jefferson County

Human Services Department
Organizational and Programmatic Study

Comparison County Human Services Department Analysis

Comparison of Selected Human Service Departments

In order to assess Jefferson County's HSD programming, a comparative analysis has been made with the six additional counties: Columbia, Dodge, Portage, Sauk, Sheboygan, and Waupaca. Five of these counties combine their health services into a Health and Human Services Department and one, Sauk County, is separated similar to Jefferson County. The following analysis profiles the similarities and or differences between these six county departments relative to Jefferson County's HSD.

Columbia County Introduction

Mission Statement

The mission of Columbia County Department of Health & Human Services is to promote, protect, and enhance the health and well-being of the County residents through the provision of quality services.

Organizational Structure

Columbia County's Human Services is combined the Health Department. The Department of Health and Human Services is headed by a Health & Human Services Board and managed by a Director, similar to Jefferson County. Health and Human Services in Columbia County is divided into seven divisions.

- **Aging and Long Term Care Support** – This division provides services to the elderly, developmentally disabled, physically disabled, and brain injured. It also provides protective placements, in-home support services, supervised placements, court services, guardianships, and other services. Columbia County's Aging and Long Term Care Support Division is a combination of Jefferson's Long Term Support, Developmental Disabilities, and Adult Alternate Care Programs.
- **Children and Families** – The division of Children and Families provides services to abused and neglected children, juvenile delinquency services, early childhood services, and services for families in crisis. It also provides foster care, supervised placements, counseling, and other services. Columbia's Children and Family Division combines Jefferson's Child Protective Services, Early Intervention, Child Alternate Care, and Youth Delinquency Divisions.
- **Economic Support** – The Division of Economic Support provides economic support services to adults and families, the blind, and the disabled. The division to comparable to Jefferson County's Income Maintenance Division.
- **Mental Health/Alcohol & Other Drugs (AODA)** – The Mental Health/AODA Division Serves mentally ill children and adults by providing counseling services, emergency detentions and court services, and supervised placements. Columbia County contracts with 34 different providers for Mental Health and AODA services. This division is very similar to Jefferson County's Mental Health/AODA Division.
- **Mediation** - The Mediation Division serves divorced and divorcing parents. Provides custody mediation and investigates and mediates agency grievances. This division has no equivalent in Jefferson County, although the Child Protective Services Division does provide services related to marriage/relationship counseling.
- **Public Health** – The Columbia County Public Health department serves prenatal, infants and children, adults, and elderly. It provides immunizations, prenatal services, baby exams, human health hazard inspections, emergency and bio-

terrorism planning. This division is similar in function to Jefferson County's Department of Public Health, but in Columbia County this is combined with Human Services, while Jefferson County operates them separately.

- **Support Services** – The Support Services Division receives incoming calls and agency visitors, records release for clients, provides clerical support, maintains records, assists with transportation, and provides Spanish interpreter services. This division is most similar to the Clerical Support Division in Jefferson County.

Utilization of Programs

The following are some of the highlights of Columbia County Health and Human Services utilization in comparison to the program utilization in Jefferson County:

- Operating While Intoxicated (OWI) assessments for 631 individuals
  - Jefferson County had 428 OWI assessments
- AODA programs served 230 individuals
  - Jefferson County had 176 AODA contacts
- Child abuse and neglect served 639 individuals
  - In Jefferson County a total of 322 children were interviewed due to Child Abuse/Neglect reports
- Early intervention served 135
  - The Birth to Three program served 230 children in Jefferson County
- Economic Support (Food Share and Medicare) total 6,775
  - Jefferson County had an average monthly Food Share caseload of 4,498 individuals
- Divorce Mediation served 137
  - Jefferson County does not have a mediation unit but Jefferson County had 6 Personal Contact Records for Marriage/Relationships

Staffing

The staffing levels for Columbia County for 2005 are as follows:

- Division of Children and Family
  - 1 Supervisor
  - 15 Staff
- Division of Aging and Long Term Care Support
  - 1 Supervisor
  - 16 Staff
- Division of Mental Health/AODA
  - 1 Supervisor
  - 1 Staff
- Division of Economic Support
  - 1 Supervisor
  - 9 Staff
- Divorce Mediation/Grievance
  - 1 Supervisor
  - 1 Staff
- Division of Health
  - 1 Supervisor
  - 6 Staff

- Division of Support Services
    - 1 Supervisor
    - 6 Staff

There is no information for the staffing levels for the Intake Office, Accounting Department or other support services beyond Spanish translation.

Budget

In Columbia County the 2007 Budget of the Health and Human Services Department was $24,957,850.

Dodge County Introduction

Mission Statement

To provide an integrated array of programs and services in an efficient/coordinated manner, within legal guidelines, conforming to governmental policies and within the resources made available.

Organizational Structure

Dodge County's Human Services and Health Department is headed by a Health and Human Services Board and managed by a Director, similar to Jefferson County. The Department is divided into three primary divisions, each with a division manager.

- **Community Support Services Division** – The Community Support Division provides services and financial assistance to eligible Dodge County residents. Eligibility is based on financial need, age, disability, as well as other factors. This division provides services in the areas of Developmental Disabilities, Adult Protective Services and Community Long Term Support, Public Health Services, Economic Support Services, and Aging Services.
- **Clinical and family Services Division** – This division focuses on meeting the needs of children and families. This division provides services in the areas of Clinical Services, Juvenile Justice, Child Protective Services (Intake and Ongoing), and the Community Support Program.
- **Fiscal and Support Division** – This division performs all financial and clerical function of the Health and Human Services Department.

Utilization of Programs

The following are some of the highlights of Dodge County Health and Human Services utilization:

- Early Intervention has 137 total referrals
    - Jefferson County's Early Intervention Program served 230 children
- There were 144 people on waiver programs (CIP 1A, CIP 1B, and BIW)
    - There were 399 people on waiver programs in Jefferson County
- Adult Protective Services has 140 new cases (average of 77 cases per case manager)
    - There were 53 reports of Elder abuse in Jefferson County
- Economic Support Services has 307 new cases in 2005
    - 73 Families in Jefferson County received W-2 services

- There were 539 intoxicated drivers assessments
    - There were 428 assessment sin Jefferson County
- 23 Juveniles were placed into institutional care
    - In Jefferson County 7 juveniles were places into Residential Care Centers and 4 juveniles were placed into Child Mental Health Institutes
- There were 431 referrals in the Intake Unit of Child Protective Services
    - In Jefferson County there were 287 investigations involving 351 children

Staffing

- Community Support Division
    - Division Manager
    - Developmental Disability Services
        - 1 Supervisor
        - 6 Staff
    - Adult Protective Services and Community Long Term Support
        - 1 Supervisor
        - 8 Staff
    - Public Health Services
        - 1 Supervisor
        - 10 Staff
    - Economic Support Services
        - 2 Supervisors
        - 19 Staff
    - Aging Services
        - 1 Supervisor
        - 9 Staff
    - *Transportation*
        - *25 Volunteer Drivers*
    - *Benefit Specialists*
        - *6 Volunteer Benefit Specialists*
    - *Nutrition*
        - *180 Total Volunteers – 10,527 Hours*

- Clinical and Family Services Division
    - Division Manager
    - Clinical Services
        - 1 Supervisor
        - 13 Staff
    - Juvenile Justice Unit
        - 1 Supervisor
        - 8 Staff
    - Child Protective Services – Intake Unit
        - 1 Supervisor
        - 8 Staff
    - Child Protective Services – Ingoing Case Management Unit
        - 1 Supervisor
        - 11 Staff

        - Community Support Program
            - 1 Supervisor
            - 4 Staff

- Fiscal and Support Services
    - 22 Staff

Budget

Community Support Division

- Developmental Disability Services: $7,561,122
- Adult Protective Services and Community Long Term Support: $2,368,149
- Public Health Service: $833,364
- Economic Support Services: $1,353,099
- Aging Services: $180,503
- Transportation $430, 505
- Nutrition: $465,401

Clinical and Family Services Division

- Mental Health: $3,865,312
- Child Services (Including Juvenile Justice): $5,921,114
- Economic Support: $1,353,099

Total Budget: $23,385,714

Portage County Introduction

Mission Statement

To promote the health, safety, and well being of Portage County residents.

Organizational Structure

The organizational structure of Portage County differs from Jefferson County in that it includes the Health Department services within the Human Services. The Health & Human Services Department of Portage County is divided into six divisions.

- **Administrative Services**
- **Long Term Care –** No information was available on the services provided by Portage County's Long Term Care Division.
- **Adult Services** – The adult services works to protect individuals from losing their personal rights due to infirmities of aging, developmental disabilities, or mental illness. This division provides guardianship, elder abuse investigations, protective placement recommendations, and associated court work. This division is similar to Jefferson County's Alternates Care (Adult) and some aspects of its long-term support.
- **Child and Family Services** – This division provides access to and eligibility determination for public assistance programs. Programs provided through this department include medical assistance, BadgerCare, Food Stamps, Wisconsin

Works (W-2), Wisconsin Shares, and Healthy Start. This division is similar to the economic support, and some parts of the health department.

- **Child Protections and Shared Services** – The Child Protective and Shared Services division deals with cases of child abuse and neglect and personal assistance contacts. This is comparable to Jefferson County's Child Protective Services.
- **Health Services** – Portage County has three areas, which make up the Health Services. These include the public health, community health, and environmental health units. These areas provide Healthy Start programs, communicable disease programs, immunizations, HIV/AIDS testing and counseling, promote health behaviors, protect against environmental hazards, and deal with establishment licensing. This division is comparable to Jefferson County's Health Department.

In addition to these divisions within the Health and Human Services of Portage County, Portage County also has an Aging and Disabilities Resource Center. The Aging and Disabilities Resource Center supports seniors, adults with disabilities, and their families and caregivers. The center offers easy access to services such as: a nutrition program, adult day center, caregiver support, benefit counseling, and transportation services.

Utilization of Programs

Portage County summarizes most of their utilization into a narrative; the following is the only narrative that can be easily compared to the utilization in Jefferson County:

- Child Protection and Shared services had more than 8,300 contacts. Over 2,600 referrals ere sent for service from agency stag. All the others were referred to appropriate community resources.
- More than 480 reports of child abuse and neglect were received. 215 of these were investigated. 25% were substantiated as abuse or neglect.

Staffing

- Child and family Services
  - 32.17 FTE
  - 33 Persons
- Long Term Care Services
  - 3 FTE
  - 3 Persons
- Administrative Services
  - 10.55 FTE
  - 11 Persons
- Child Protection and Shared Services
  - 12.71 FTE
  - 13 Persons
- Adult Services
  - 18.7 FTE
  - 20 Persons
- Health Services
  - 20.23 FTE

Total: 27 Persons

Budget

- Agency Personnel: $5,728,344
- Contractual Services: $5,884,534
- Operating Costs: $316,634
- Fixed Costs: $104,814

Total Expenses: $12,034,326

- County Tax Levy: $2,998,719
- Specific Programs: $4,800,225
- Reserve: $450,004
- Community Aids: $2,186,155
- User Fees: $1,375,867

Total Revenues: $11,810,970

Sauk County Introduction

Mission Statement
The Sauk County Department of Human Services is dedicated to providing high quality, effective and efficient services for all county residents according to need and eligibility. Priorities include: treating everyone with dignity and respect, enhancing self reliance, protecting the vulnerable, and promoting healthy families, relationships and life styles.

Organizational Structure
The Human Service Department of Sauk County, like that is Jefferson County, is separate from the Health Department. Sauk County's Human Service Department is organized into seven divisions under the direction of a director and deputy director.

- **Child Protective Services** – This unit investigates alleged cases of child abuse and neglect. The child Protective Services unit also provides Alternate Care Services for children. Sauk County's Child Protective Services unit combines Jefferson County's Child Protective Service and Alternate Care for Children.
- **Youth Services** – The Youth Services Unit services alleged juvenile offenders and deals with the juvenile court. This unit is similar to Jefferson County's Juvenile Delinquency unit.
- **Economic Support Unit** – The Economic Support Unit assists clients with Medical Assistance, Food Stamps, Energy Assistance Program, child day care, and the Wisconsin Works Program (W-2). This unit is similar to the Economic Support or Income Maintenance units in Jefferson County.
- **Outpatient Unit** - This unit provides mental health and substance abuse counseling and emergency services. This unit is comparable to the Mental Health/AODA unit in Jefferson County.
- **Community Support Unit** – The Community Support Unit serves individuals with serious mental illnesses. This unit works to support these individuals in the community whenever possible. This unit is similar to a combination of the Jefferson County Community Support Program and Mental Health AODA.
- **Long Term Support Unit** - This unit provides adult protective services and assists both the elderly and physically disabled to remain in their own homes. This unit is similar to Jefferson County's Long Term Support.

- **Community Access Programs Unit** – The Community Access Provides services to the developmentally disabled. These services are provided to both the individual and their families to support the greatest degree of community living. The unit is similar to the Developmental Disabilities Unit and the Early Intervention Program in Jefferson County.

Utilization of Programs

Sauk County reports their utilization grouped by unit/division:

- Youth Services served 362 clients
- Child Protective Services, Kinship, Children's Service Society of Wisconsin served 799 clients
- Sauk County served 682 clients in Long Term Support
- There were 487 Developmentally Disabled and Birth to 3 clients served
- Community Support Program Served 172 clients
- The average W-2 caseload was 10
- The average Economic Support caseload was 3,121

Staffing

- Director
- Deputy Director
- Business Manager
    - 13 Staff (1 Vacant Staff Position)
- Administrative Service Coordinator
    - 18 Staff (1 Vacant Staff Position)
- Economic Support Unit
    - 1 Supervisor
    - 9 Staff
- Child Protective Services
    - 1 Manager
    - 9 Staff
- Youth Services Division
    - 1 Supervisor
    - 6 Staff
- Outpatient Unit
    - 1 Manager
    - 15 Staff
- Long Term Support/Community Access Program Unit
    - 1 Supervisor
    - 27 Staff (1 Vacant Position)
- Community Support Program
    - 1 Supervisor
    - Lead Worker
    - 13 Staff (1 Vacant Position)
- Staff Totals
    - 103 Full-Time Employees
    - 14.03 Part-Time Employees
    - 20 Part –Time Positions
    - 117.03 Total FTE's

Budget

- Taxes: $5,580,176
- Intergovernmental: $13,695,041
- Fines, forfeitures and penalties: $109,410
- Public charges for services: $429,980
- Miscellaneous: $7,751

Total Revenue: $19,822,358

Total Expenditures: $19,766,710

Sheboygan County Introduction

Mission Statement
Improve the quality of life and self-sufficiency of Sheboygan County Residents.

Organizational Structure
The Human Service Department in Sheboygan County is combined with the Health Department. The Health and Human Service Department is headed by a director, has five divisions each headed by a manager and is supported by Clerical and Accounting Units.

- **Aging** – The Division on aging serves the older adult population through various programs and services to assist them in leading independent and dignified lives within the community. The division is comparable to the Long-Term Support unit in Jefferson County.
- **Community Programs** – The Division of Community Programs serves the population in the community with mental illness, alcohol and drug abuse, developmental disabilities, physical disabilities, and infirmities of aging. This division is similar to a combination of Jefferson County's Early Intervention, Mental Health/AODA, (Personal Assistance), Developmental Disabilities, and Community Support Program.
- **Economic Support** – The Division of Economic Support provides services to low income families and individuals for financial assistance and employment and training programs. This Division also provides case management and eligibility and benefit determination. The Economic Support Division is comparable to Jefferson County's Income Maintenance and Economic Support units.
- **Division of Public Health** – The Division of Public Health deals with health promotion and prevention programs. This division is responsible for communicable disease control, human hazard abatement, childhood lead poisoning, tobacco education, refugee health screening, immunization, WIC, facility licensing and inspection, prenatal care coordination, and emergency preparedness. This division is similar in function to Jefferson County's Department of Public Health, but in Sheboygan County this is combined with Human Services, while Jefferson County operates them separately.
- **Division of Social Services** – The Division of Social Services works with families and children focusing on child abuse and neglect and juvenile justice. This division is comparable to a combination of Jefferson County's, Juvenile Delinquency, Child Protective Services, and Child Alternate Care.

Utilization of Programs

The following are some of the highlights of Sheboygan County Health and Human Services utilization:

- 1,278 children were referred for child abuse/neglect 68.2% or 872 of those cases were assigned for investigation.
    - In Jefferson County a total of 322 children were interviewed due to Child Abuse/Neglect reports
- 29 juveniles were served by Residential Care Centers (RCC)
    - In Jefferson County 7 youth were placed into RCC's
- Operating While Intoxicated (OWI) assessments for over 900 individuals
    - Jefferson County had 428 OWI assessments
- 262 participants in MA-Waiver Programs
    - In Jefferson County 573 people participated in MA-Waiver Programs
- Intensive Supervision Program (ISP) served 20 Youth
    - In Jefferson County ISP served 30 youth
- Wraparound Services Program provided services to an average of 46 families per month
    - A total of 14 families were served through Wraparound Service

Staffing

- Director
- Administrative Services
    - 1 Supervisor
    - 16 Staff
- Accounting
    - 1 Manager
    - 8 Staff
- Division of Social Services
    - 1 Manager
    - 6 Supervisors
    - 49 Staff
- Division of Economic Support
    - 1 Manager
    - 3 Supervisors
    - 22 Staff
- Division of Community Programs
    - 1 Manager
    - 4 Supervisors
    - 1 Clinical Coordinator
    - 40 Staff
- Division of Public Health
    - 1 Manager
    - 2 Supervisors
    - 23 Full-Time Staff
    - 5 Part-Time Staff
- Division of Aging
    - 1 Manager
    - 7 Site Managers (Part-Time)

- 4 Full-Time Staff
- 1 Part-Time Staff

- Total Staff
- 192 Full-Time
- 14 Part-Time
- 10 Vacant

Budget

- Property tax: $10,855,457
- State Grants: $24,706,567
- Licensees, Permits, and fees: $197,550
- Client/client Related: $4,023,415

Total Revenue: $39,782,989

- Personnel Related: $10,301,461
- Purchased Services: $26,308,243
- Maintenance/General Operating: $699,502
- Employee Related Insurance: $2,679,242

Total Expenditures: $41,344,493

Interdepartmental: $12,379

Waupaca County Introduction

Mission Statement
To be a leader in developing resources, assuring quality services and managing public funds for our customers. From primary prevention to crisis intervention, we are dedicated to partnering with resident, community agencies, businesses, county board, and other county departments to promote individual and community responsibility to achieve healthy individuals, families, and communities.

Organizational Structure
In Waupaca County the Human Services Department is combined with the Public Health Department. The Department is divided into six separate divisions each with different units.

- **Children and Families** – The Children and Families Division is composed of four separate units: the Access/Adolescent Unit, the Children's Unit. Outpatient Treatment Services Units, and the Community Support Program Units. This division offers AODA Services, mental health services, Intake, Community Support Program, Foster Care, Outreach, Child Abuse and neglect, and juvenile delinquency services. This unit is comparable to Jefferson County's Child Protective Services, Child Alternate Care and Mental Health/AODA.
- **Community Care** – The Community Care Division provides long term care support services to adults and the elderly. This division offers social work support, volunteer services, transportation services, benefit advocate, family

support, supportive services, and the senior nutrition program. This Unit is comparable to the Aging and Long Term Care unit in Jefferson County.

- **Economic and Employment Support** – The economic and employment support division in composed of the family unit and the adult unit. This division offers child care programs, Kinship Care, Employment Programs, FoodShare, W-2 Assistance, Medical Assistance, Energy Assistance welfare Fraud Investigation. This unit is comparable to the Economic Support unit in Jefferson County.
- **Health Services Division** – The Health Services Division provides individuals, families, and communities with direct and collaborative interventions to promote and enhance health, wellness, and safety. The division offers the Women, Infants, Children Program (WIC), Safe Kids, Wisconsin Well Women Program, Food Safety and Recreational Licensing, the Waupaca County Tobacco Free Coalition, and the Early Intervention program. This division is similar in function to Jefferson County's Early Intervention Unit and the Department of Public Health, but in Waupaca County this is combined with Human Services, while Jefferson County operates them separately.
- **Waupaca County Industries** – Waupaca County Industries supports people with special needs. This division offers Vocational Evaluation, Community Work Experience, Job Placement, Independent Living Skills, Residential Services, and Respite Services. This unit is similar to the Developmental Disabilities unit in Jefferson County.
- Office Operations

Utilization of Programs

The following are some of the highlights of Waupaca County Health and Human Services utilization:

- Operating While Intoxicated (OWI) assessments for over 338 individuals
  - Jefferson County had 428 OWI assessments
- 43 Clients have been served in the Community Support Program
  - Jefferson County served 90 clients through the Community Support Program
- There was a total of 276 juveniles referrals on 177 separate juveniles
  - Jefferson County had 303 individuals referred for a total of 732 offenses.
- 375 referrals for child abuse/neglect that were investigated
  - 250 Child Abuse/Neglect investigations were done in Jefferson County
- The Early Intervention Program provided services to 196 families (including developmental screenings)
  - In Jefferson County the Early Intervention Program served 230 children
- The FoodShare Program in Waupaca County served an average of 837 cases per month.
  - In Jefferson County had an average of 1,850 cases per month.
- The average monthly Medical Assistance caseload in Waupaca County was 3,354
  - In Jefferson County the Medical assistance Caseload on December 30 was 7,280

Staffing

Staffing data for Waupaca County is not available.

Budget

- Health Services: $995,599
- 51 Board/Social Services: $15,774,144
- WCI Production: $981,679
- Economic/Employment Support: $1,326,006
- Elderly Services: $1,056,917

Total Budget: $20,134,345

- County Tax Levy: $3,160,656
- Intergovernmental: $11,172,322
- Fines and Forfeits: $5,000
- Charges for Services: $4,672,351
- Commercial Revenues: $269,541

Revenues: $20,631,271

Jefferson County

Human Services Department
Organizational and Programmatic Study

Jefferson County Financial Analysis

Financial Analysis

Financial Analysis by Year

In reviewing the revenues and expenses between 2000 thru 2005, the Total Expenditures grew from $18,538,080 in 2000 to $30,729,709 in 2005. This is an average increase in expenditures of approximately 13.2% per year. One item to note in the detailed analysis is that Jefferson County increased its participation in the MA Waiver program resulting in a significant jump in expenditures starting in 2003. This program participation resulted in an increase in expenditures that were offset by revenue dollars from the MA Waiver program. Thus, this jump in expenditures was budget neutral for the county. Excluding this exception, the actual average increase in expenditures were approximately 7.5% per year.

The county funding of Jefferson County Human Services department averaged 3.0% during this respective 5-year period. The difference in the above expenditure average and County subsidy is reflected in the utilizing revenue from other sources. In our analysis, we commend the Human Services finance department in its controls and monitoring of funding sources. This is reflected in the increase in available resources to the county residents while maintaining controls on county funding to the programs.

Jefferson County Human Services Department Expenses
2004 - 2006

	2004	2005	2006
Developmental Disabilities	11,493,462	13,822,764	14,440,964
Mental Health	4,914,643	4,522,497	4,480,687
Alchohol & Drug Abuse	719,907	630,108	521,119
Physical Disabilities	2,154,704	2,016,903	2,183,360
Delinquency	3,469,183	3,017,316	2,896,141
Child Abuse & Neglect	689,147	1,041,729	1,917,051
Children & Families	1,158,017	911,738	99,382
Elderly	3,383,861	2,847,032	3,536,095
Income Maintenance	1,983,462	1,919,622	1,960,332
Total Human Services	29,966,386	30,729,709	32,035,131
Health Department	6,135,298	6,352,653	6,640,910
Health & Human Services	36,101,684	37,082,362	38,676,041

Figure 1 Shows the expenses in Jefferson County's Human Service Department by program area and year.

A summary comparison of Human Services Expenditures, Revenue, and Tax Levy for 2004 thru 2006 is provided. Note that Expenditures have increased approximately 3.5% for the past couple of years, while non-tax levy revenues have increased consistently approximately 5.1%, resulting in the tax levy decreasing each of the past 2 years. Such activity represents increased utilization of program services without the use of tax levy dollars. We would commend management for the trend which was not consistent with other counties in our comparison.

Jefferson County Human Services Department Cost History from 2004 - 2006

2006	Expenses	Revenues	Tax Levy	Expenses	Revenues	Tax Levy
Developmental Disabilities	14,440,964	13,394,522	1,046,442	4.5%	8.0%	-26.6%
Mental Health	4,480,687	2,542,220	1,938,467	-0.9%	4.4%	-7.1%
Alchohol & Drug Abuse	521,119	417,199	103,920	-17.3%	-1.9%	-49.3%
Physical Disabilities	2,183,360	2,135,341	48,019	8.3%	7.5%	61.1%
Delinquency	2,896,141	1,602,224	1,293,917	-4.0%	-4.8%	-3.0%
Child Abuse & Neglect	1,917,051	850,436	1,066,615	84.0%	80.3%	87.1%
Children & Families	99,382	32,876	66,506	-89.1%	-94.1%	-81.4%
Elderly	3,536,095	3,169,899	366,196	24.2%	15.0%	307.3%
Income Maintenance	1,960,332	1,762,772	197,560	2.1%	0.5%	18.7%
Total Human Services	**32,035,131**	**25,907,489**	**6,127,642**	**4.2%**	**5.9%**	**-2.2%**
Health Department	6,640,910	6,281,569	359,341	4.5%	2.6%	57.6%
Health & Human Services	38,676,041	32,189,058	6,486,983	4.3%	5.2%	-0.1%
2005	**Expenses**	**Revenues**	**Tax Levy**	**Expenses**	**Revenues**	**Tax Levy**
Developmental Disabilities	13,822,764	12,396,753	1,426,011	20.3%	20.5%	18.5%
Mental Health	4,522,497	2,435,912	2,086,585	-8.0%	-18.3%	7.9%
Alchohol & Drug Abuse	630,108	425,245	204,863	-12.5%	-9.5%	-18.1%
Physical Disabilities	2,016,903	1,987,101	29,802	-6.4%	-6.3%	-13.1%
Delinquency	3,017,316	1,682,832	1,334,484	-13.0%	0.7%	-25.8%
Child Abuse & Neglect	1,041,729	471,720	570,009	51.2%	41.8%	59.9%
Children & Families	911,738	553,887	357,851	-21.3%	-13.2%	-31.1%
Elderly	2,847,032	2,757,115	89,917	-15.9%	-16.3%	1.6%
Income Maintenance	1,919,622	1,753,183	166,439	-3.2%	10.3%	-57.8%
Total Human Services	**30,729,709**	**24,463,748**	**6,265,961**	**2.5%**	**4.6%**	**-4.8%**
Health Department	6,352,653	6,124,687	227,966	3.5%	7.0%	-44.9%
Health & Human Services	37,082,362	30,588,435	6,493,927	2.7%	5.1%	-7.1%
2004	**Expenses**	**Revenues**	**Tax Levy**			
Developmental Disabilities	11,493,462	10,289,805	1,203,657			
Mental Health	4,914,643	2,979,948	1,934,695			
Alchohol & Drug Abuse	719,907	469,691	250,216			
Physical Disabilities	2,154,704	2,120,417	34,287			
Delinquency	3,469,183	1,671,869	1,797,314			
Child Abuse & Neglect	689,147	332,570	356,577			
Children & Families	1,158,017	638,340	519,677			
Elderly	3,383,861	3,295,321	88,540			
Income Maintenance	1,983,462	1,589,239	394,223			
Total Human Services	**29,966,386**	**23,387,200**	**6,579,186**			
Health Department	6,135,298	5,721,462	413,836			
Health & Human Services	36,101,684	29,108,662	6,993,022			

Figure 2 offers an examination of the expenses, revenues, and tax levy of Jefferson County's Human Services Department from 2004 – 2006.

County Comparison of Programs

A survey and analysis was completed of other comparable counties in Wisconsin in order to compare the expenditures, and tax levy for 2006. This survey was based on direct contact with the respective counties. In discussions with the various counties, comments were provided by the representatives that this is very difficult information to collect and report due to all the various programs and how counties differ in the capturing of revenues and costs for classification purposes. As a result, some of the selected counties did not provide information at the time of this report.[1]

The following is a summary outlining the various Human Services Departments expenditures, revenues, and tax levy for 2006. The analysis was also expanded to include Health Services expenditures and Revenues as some counties have consolidated programs. Due to timing of reporting of retirement funding, earlier years analyzed did not properly represent normal activities and therefore the consultants focused on 2006 for this section of the analysis. The conclusion from the survey indicates that expenditures and tax levy for the department is below average on a per capita basis. Jefferson County is on the upper end with respect to expenditures, but captures a significant portion of expenses via non-tax levy sources. As a result, the tax levy per capita was on the lower range.

2006 Human Services Cost Data for Selected Counties

Population	Columbia County	Jefferson County	Sauk County	Sheboygan County	Waupaca County
Census Data	52,468	**75,761**	55,225	111,100	51,731
Human Services	**Columbia County**	**Jefferson County**	**Sauk County**	**Sheboygan County**	**Waupaca County**
Expenditures	19,345,329.54	**32,035,131.00**	19,394,803.00	40,860,611.00	22,140,405.07
Revenues	15,207,351.54	**25,907,489.00**	14,965,674.00	31,612,396.00	17,106,904.35
Tax Levy	4,137,978.00	**6,127,642.00**	4,429,129.00	9,248,215.00	5,033,500.72
Human Services per Capita	**Columbia County**	**Jefferson County**	**Sauk County**	**Sheboygan County**	**Waupaca County**
Expenditures	368.71	**422.84**	351.20	367.78	427.99
Revenues	289.84	**341.96**	270.99	284.54	330.69
Tax Levy	78.87	**80.88**	80.20	83.24	97.30
Human Services + Health (Dollars)	**Columbia County**	**Jefferson County**	**Sauk County**	**Sheboygan County**	**Waupaca County**
Expenditures	20,096,395.99	**38,676,041.00**	20,145,869.00	43,845,505.00	23,133,637.55
Revenues	15,622,574.95	**32,189,058.00**	15,380,897.00	32,910,462.00	17,718,469.60
Tax Levy	4,473,821.04	**6,486,983.00**	4,764,972.00	10,935,043.00	5,415,167.95
Human Services + Health per Capita	**Columbia County**	**Jefferson County**	**Sauk County**	**Sheboygan County**	**Waupaca County**
Expenditures	383.02	**510.50**	364.80	394.65	447.19
Revenues	297.75	**424.88**	278.51	296.22	342.51
Tax Levy	85.27	**85.62**	86.28	98.43	104.68

Figure 3 shows the expenditures, Revenues and tax levy for Jefferson County and four comparison counties.

[1] A supplement may be provided when the respective information is provided.

Comparison County Programmatic Budgets

	Waupaca County	Columbia County	Sauk County	Sheboygan County	Jefferson County
Developmental Disability	0	1,590,572	0	644,754	1,271,892
Mental Health	0	507,176	0	2,495,472	2,013,725
Alcohol/Drug Abuse	0	31,517	0	705,057	269,769
Delinquent & Status Offender	0	390,329	0	2,405,739	1,878,898
Abused and Negleted Children	0	414,429	0	2,406,851	385,455
Children and Families	0	35,465	0	41,947	546,071
Adults & Elderly	0	61,776	0	250,455	132,182
Income Maintenance	0	32,464	0	263,023	264,023
Total	**1,339,268**	**3,169,805**	**4,447,805**	**9,248,215**	**6,988,892**
Total Tax Levy	**18,009,806**	**19,201,615**	**23,021,241**	**42,959,691**	**22,471,210**

Figure 4 Shows the breakdowns of the comparison counties' budgets by program area.

Comparison County Programmatic Budgets by Percentage of Total

	Waupaca County	Columbia County	Sauk County	Sheboygan County	Jefferson County
Developmental Disability	0.0%	8.3%	0.0%	1.5%	5.7%
Mental Health	0.0%	2.6%	0.0%	5.8%	9.0%
Alcohol/Drug Abuse	0.0%	0.2%	0.0%	1.6%	1.2%
Delinquent & Status Offender	0.0%	2.0%	0.0%	5.6%	8.4%
Abused and Neglected Children	0.0%	2.2%	0.0%	5.6%	1.7%
Children and Families	0.0%	0.2%	0.0%	0.1%	2.4%
Adults & Elderly	0.0%	0.3%	0.0%	0.6%	0.6%
Income Maintenance	0.0%	0.2%	0.0%	0.6%	1.2%
Total	**7.4%**	**16.5%**	**19.3%**	**21.5%**	**31.1%**

Figure 5 Shows the break down of the budget for program areas by the percentage of the total tax levy.

Overall, Jefferson County's expenditures, in comparison to the total tax levy as a percentage, are in the upper range compared to the other selected counties. Per detailed analysis, a large portion of the variance is explained by the comments made in the MA waiver discussion where expenditures are high, while a majority of the expenditure is recovered via non-county revenue dollars. The variance is explained primarily for the mental health and disability programs. The other reason for the variance has been placements to mental health facilities and mental health prescription assistance. The program is aggressively finding alternatives to facility placements, and has found alternatives to county assisted prescription assistance, which has already reduced expenditures significantly. With respect to the variance for delinquent and status offender program, an investment has been made by the county in this program via the Wraparound Program in order to reduce costs for this population need in the future.

It is our findings that the costs have historically been higher in some program areas in the past, but were recognized for reductions and progressive investment strategies to have a high quality service available to the county population to minimize future costs. The loss of MA Waiver revenue would have a significant effect on the operations of the Human Services Department. Jefferson County has been very aggressive and active in participation and usage of these resources resulting in a significant increase in utilization and availability of dollars other than county tax revenue dollars.

Jefferson County 5-Year Projection

An analysis was completed to project revenues and expenses for Jefferson County Human Services department based on historical 5 year data. Following is a summary of the projections with detailed revenue and expense classifications. The county tax levy to the department was computed based on the difference between collected revenues and projected expenses. Revenue projections were computed based on conservative assumptions as a majority of the revenue is generated thru Federal or State programs, which also have restricted budgets. Expense projections were based on actual historical information for the department. The only exceptions to this assumption were compensation, payroll taxes, and retirement plan contributions. Our analysis notes that the rate of compensation increases have been very minimal over the past few years. This is consistent with other analyses that were completed during this project, which noted that the Human Services Department has an increased workload/volume of services without increases in staffing.

The assumption used in the projection was that the staffing will remain consistent but rate increases will be completed on an annual basis. The overall increase in revenues collected per year will be approximately 2.2%, while expenses will increase 2.6%. The increase in expenses remains to be very conservative and consistent with past history. As noted above, revenue collected for programs was projected on a conservative basis, resulted in a slightly higher tax levy average of 4.2%.

The charts on the following pages show various 5-year projections for the Jefferson County Human Services Department.

Revenue Projections

State and Federal Funding

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
Basic County Allocation	2,872,603	2,930,055	2,988,656	3,048,429	3,109,397
Brain Injury Waiver	718,694	733,068	747,729	762,684	777,937
CIP 1A	848,448	865,417	882,725	900,379	918,387
CIP 1B	7,859,146	8,016,329	8,176,655	8,340,188	8,506,992
CIP 2/COP-W	2,645,793	2,698,709	2,752,683	2,807,737	2,863,892
Social/Mental Hygiene Base	0	0	0	0	0
Medical Assistance Waivers	0	0	0	0	0
Other Social/Mental Hygiene	2,263,707	2,308,981	2,355,161	2,402,264	2,450,309
I.M. & W-2 Programs	1,350,397	1,377,405	1,404,953	1,433,052	1,461,713
Client Assistance Payments	382,158	402,871	424,706	447,725	471,992
Aging Programs	552,941	564,000	575,280	586,785	598,521
Total State & Federal Funding	19,493,886	19,896,833	20,308,548	20,729,244	21,159,141

Collections and Other Revenue

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
Provided Services	1,499,836	1,542,431	1,586,236	1,631,285	1,677,614
Client Assistance	0	0	0	0	0
M.A. Waiver Collections/Room & Boar	1,886,592	1,924,324	1,962,810	2,002,067	2,042,108
Brain Injury Waiver	201,257	205,282	209,387	213,575	217,847
CIP 1A	120,863	123,280	125,746	128,261	130,826
CIP 1B	1,481,506	1,511,136	1,541,359	1,572,186	1,603,630
CIP 2/COP-W	646,225	659,149	672,332	685,779	699,494
Child Alternate Care	148,994	151,974	155,013	158,114	161,276
Adult Alternate Care	126,702	129,236	131,821	134,457	137,146
Donations	131,841	134,478	137,167	139,910	142,709
Cost Reimbursements	174,615	178,108	181,670	185,303	189,009
Other Revenues	203,252	207,317	211,463	215,692	220,006
Total Collections & Other	6,621,682	6,766,714	6,915,005	7,066,629	7,221,664

Total Revenue Projections

	Year 1	Year 2	Year 3	Year 4	Year 5
TOTAL REVENUES	26,115,567	26,663,547	27,223,553	27,795,873	28,380,805

Expenditure Projections

Wage Projections

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
Personal Assistance	3,246,542	3,343,938	3,444,256	3,547,584	3,654,012
Community Support	618,717	637,278	656,396	676,088	696,371
Economic Support	685,924	706,501	727,696	749,527	772,013
Elderly Services	237,224	244,341	251,671	259,221	266,998
Early Intervention	192,663	198,443	204,397	210,529	216,844
Management/Overhead	881,146	907,580	934,808	962,852	991,737
Lueder Haus	234,456	241,490	248,734	256,196	263,882
Families Come First	165,387	170,349	175,459	180,723	186,145
Family Preservation	71,254	73,391	75,593	77,861	80,197
Total Wages	**6,333,313**	**6,523,312**	**6,719,011**	**6,920,582**	**7,128,199**

Fringe Benefits

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
Social Security	468,071	482,113	496,577	511,474	526,818
Retirement	633,074	652,066	671,628	691,777	712,530
WRF-Unfunded Liability	0	0	0	0	0
Health Insurance	1,472,368	1,510,060	1,548,718	1,588,365	1,629,027
Other Fringe Benefits	11,259	11,516	11,778	12,047	12,322
Total Fringe Benefits	2,584,772	2,655,756	2,728,701	2,803,663	2,880,697

Operating Costs

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
Staff Training	16,679	16,846	17,014	17,184	17,356
Space Costs	242,707	245,037	247,390	249,765	252,162
Supplies & Services	437,412	441,786	446,204	450,666	455,172
Program Expenses	137,949	139,329	140,722	142,129	143,551
Employee Travel	327,424	339,211	351,423	364,074	377,181
Staff Psychiatrists & Nurse	392,237	396,160	400,121	404,123	408,164
Birth to 3 Program Costs	267,738	272,236	276,810	281,460	286,189
Opp. Inc. Payroll Services	0	0	0	0	0
Other Operating Costs	15,136	15,287	15,440	15,594	15,750
Job Center Costs	0	0	0	0	0
Capital Outlay	10,900	11,009	11,119	11,230	11,342
Total Operating Costs	1,848,182	1,876,901	1,906,242	1,936,225	1,966,867

Board Members

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
Per Diems	6,607	6,631	6,655	6,679	6,703
Travel	0	0	0	0	0
Training	895	904	913	922	931
Aging Committee	0	0	0	0	0
Total Board Members	7,502	7,535	7,568	7,601	7,634

Client Assistance

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
W-2 Benefit Payments	2,960	2,990	3,020	3,050	3,081
General Relief Medical	118,531	126,734	135,504	144,881	154,906
Funeral & Burial	34,609	35,198	35,796	36,405	37,024
Medical Asst. Transportation	78,191	78,973	79,763	80,560	81,366
Energy Assistance	110,684	111,791	112,909	114,038	115,178
Kinship & Other Client Assistance	77,579	78,355	79,138	79,929	80,729
Total Client Assistance	422,555	434,040	446,129	458,863	472,283

Medical Assistance Waivers

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
Alternate Care	0	0	0	0	0
Child Alternate Care	0	0	0	0	0
Day Programs	0	0	0	0	0
Supportive Home Care	0	0	0	0	0
Opp. Inc. CIP 1B & CSLA	0	0	0	0	0
Other Services	0	0	0	0	0
Total Medical Assistance Waivers	16,529,656	16,860,249	17,197,454	17,541,403	17,892,231

Community Care

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
Supportive Home Care	122,235	123,457	124,692	125,939	127,198
Guardianship Services	72,615	73,341	74,074	74,815	75,563
People Ag. Domestic Abuse	60,180	60,361	60,542	60,723	60,905
Family Support	5,218	5,249	5,280	5,312	5,344
Transportation Services	50,125	51,628	53,177	54,773	56,416
Opp. Inc. Youth Restitution	137,039	148,002	159,842	172,630	186,440
Opp. Inc. Independent Living	0	0	0	0	0
Other Community Care	203,201	205,233	207,285	209,358	211,452
Elderly Nutrition - Congregate	78,277	79,059	79,850	80,648	81,455
Elderly Nutrition - Home Delivered	57,307	57,881	58,459	59,044	59,634
Elderly Nutrition - Other Costs	2,848	2,877	2,906	2,935	2,964
Total Community Care	789,044	807,088	826,108	846,177	867,372

Child Alternate Care

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
Foster Care & Treatment Foster	223,367	225,601	227,857	230,135	232,437
Intensive Comm Prog	0	0	0	0	0
Group Home & Placing Agency	694,658	708,551	722,722	737,177	751,920
L.S.S. Child Welfare	383,545	389,298	395,137	401,064	407,080
Child Caring Institutions	180,706	182,513	184,338	186,182	188,043
Detention Centers	28,691	28,978	29,268	29,560	29,856
Correctional Facilities	0	0	0	0	0
Shelter & Other Care	50,030	50,660	51,298	51,945	52,599
Total Child Alternate Care	1,560,996	1,585,601	1,610,620	1,636,063	1,661,936

Hospitals

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
Detoxification Services	113,337	113,995	114,656	115,321	115,990
Mental Health Institutes	485,834	517,608	551,459	587,525	625,949
Other Inpatient Care	48,608	49,094	49,585	50,081	50,582
Total Hospitals	647,779	680,696	715,700	752,926	792,520

Other Contracted

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5
Adult Alternate Care (Non-MAW)	940,604	962,238	984,370	1,007,010	1,030,172
AODA Halfway Houses	18,524	18,709	18,896	19,085	19,276
Work/Day Programs	15,393	15,547	15,702	15,859	16,018
Ancillary Medical Costs	368,283	374,397	380,612	386,930	393,353
W-2 Program Contracted	410,670	465,371	527,358	597,602	677,203
Miscellaneous Services	22,754	22,981	23,211	23,443	23,677
Prior Year Costs	473	478	483	487	492
Energy Assistance	0	0	0	0	0
Total Other Contracted	1,776,700	1,859,720	1,950,631	2,050,417	2,160,191

Total Expenditures

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5	Percentage Change/Year
TOTAL EXPENDITURES	32,500,501	33,290,898	34,108,166	34,953,920	35,829,931	2.6%

Summary

	Projection Year 1	Projection Year 2	Projection Year 3	Projection Year 4	Projection Year 5	Percentage Change/Year
Total Operating Revenues	26,115,567	26,663,547	27,223,553	27,795,873	28,380,805	2.2%
County Funding for Operations	6,384,933	6,627,351	6,884,613	7,158,047	7,449,125	4.2%
Budgeted Surplus Carryover						
Total Resources Available	32,500,501	33,290,898	34,108,166	34,953,920	35,829,931	2.6%
Total Adjusted Expenditures	32,500,501	33,290,898	34,108,166	34,953,920	35,829,931	
OPERATING SURPLUS (DEFICIT)	0	0	0	0	0	
Balance Forward from prior year	0	0	0	0	0	
NET SURPLUS (DEFICIT)	0	0	0	0	0	

Jefferson County

Human Services Department
Organizational and Programmatic Study

Recommendations

General Recommendations

Reorganization of Jefferson County Human Services Department

The Human Services Department should reorganize to include five areas of concentration: Aging / Developmental Disability; Children and Families; Behavioral Health; Economic Support; and Administrative Support.

This reorganization is a result of reviewing the existing mandated and non-mandated programs and management/program chart of Jefferson County's Human Service Department in comparison with national and statewide best practice models. The areas of concentration have been chosen because they encompass all of the existing program areas and potential new or reorganized areas under the proposed Aging and Disability Resource Center (ADRC) Implementation model.
It is recommended that the Human Services Board work with the Department and Jefferson County Board of Supervisors in the implementation of the recommendations in this report; specifically the Department staff should work with the Human Services Board on strategies to implement the basic recommendations.

Areas of Reorganization Include:

- Aging and Developmental Disabilities should be merged into a new Aging/Developmental Disabilities Division
- Alternate Care, Birth to Three, Protective Services and Juvenile Delinquency units should be merged into a New Child and Family Division.
- Integrate Mental Health, CSP, CCS and Lueder Haus into a Behavioral Health Division
- Integrate the Functions of Income Maintenance into an Economic Support Division
- Merge Secretarial Support, Building Maintenance, and existing Financial Services into a Administrative Services Division

This recommendation is expanded upon in the *Reorganization Recommendation* section of this report.

Volunteer Coordination

Hire a part time paid volunteer coordinator in order to generate volunteers to assist the department and county government in addressing client needs.

Volunteer roles could include coaches for clients, and drivers to transport clients to resources throughout Jefferson County.

Transportation

The County Board should establish a transportation sub-committee to address the transportation needs of clients served by the Department of Human Services, the Health Department, Workforce Development and other client-focused services provided by county government.

This sub-committee should evaluate options and explore how other counties with rural populations connect their citizens with county resources.

Collaboration

The managers of the Human Services Department and the Health Department meet monthly in order to more effectively coordinate their program units.

The Human Service Departments staff is actively involved in coordinating functions with community resources such as law enforcement, school districts, etc. Key informants identified the positive role the Department plays in addressing the needs of the citizens of Jefferson County. Because of the similarity of client populations served by both the Human Service and Health Departments, it is essential that dialogue occur on a regular basis.

At a future date, analyze the role of the Health Department relative to changes in state policy such as the implementation of the ADRC and Family Care in order to determine whether there would be cost efficiencies in merging the Human Service and Health Departments.

Approximately half of the counties statewide have integrated their health departments with their human service departments. If the departments are in large urban areas, or because of jurisdictional and functional reasons, departments generally operate independently because of their prevention and / or crisis intervention missions and goals.

Nursing Home -- Countryside Home

As a result of a brief overview of the departments and staffing patterns at Countryside Home, the consultants recommend that a detailed and thorough analysis of staffing patterns occur.

Areas for review should include:

- C.N.A. staff levels by shift and responsibility
- Licensed staff levels by shift and responsibility
- Medicare utilization
- MDS completion
- Restorative nursing program
- Agency utilization
- Support staff

The consultants recommend that each of the household units be painted a different color with artwork added to the unit to reinforce the specific theme of each unit. This will allow for less confusion and enhanced way finding for residents, family members, and staff.

Program Area Recommendations

The following recommendations have been abstracted from each of the sections of the report, which discuss in detail services provided by the Department of Human Services.

Aging Recommendations

- The Human Services Department should seek formal support from the Human Service Board and County Board for the implementation of the ADRC and Family Care.
- Expand non-mandated Alzheimer and Family Caregiver Support Programs to encourage growth of in home and Family Care Giver placements with the county.
- Complete and submit the ADRC Plan and budget for the Human Services Board for approval in 2008. Reorganize personnel and job duties to meet requirements of ADRC and Family Care.
- Develop a staffing plan which takes into account the reorganization and meets existing and future programming needs.
- The County Board should set up a transportation sub-committee to evaluate county service transportation options for county services with a special emphasis on the frail and those in need. Review statewide best practices models. Issues of insurance and liability should be reviewed relative to existing transportation services by staff and volunteers.
- The Department of Human Services should explore alternative program options to reduce COP, COP-Waiver, and CIP II waiting list within the two years of the start of Family Care.

Developmental Disabilities Recommendations

- Explore and implement, if feasible, a volunteer guardian program instead of the corporate guardian program currently in use, thus reducing county expenditures.
- Recruit, train and certify additional Adult Family Homes for use with DD and elderly relocation clients.
- Examine other areas of the State with disproportionate numbers of individuals with developmental disabilities and explore programming which would address effectively and cost efficiently the community integration needs of these individuals.

Alternate Care – Child Recommendation

- Promote innovative prevention programs, thus reducing crisis intervention costs.
- Investigate joining with other counties for recruitment and training for Foster Care Parents, thus sharing recruitment and training costs.
- Continue to aggressively explore bed space for children within Jefferson County thus reducing out of county expenditures.
- Explore funding for existing programs and review best practice models for innovative programming such as unique qualities of other county wraparound services.
- Continue to maximize Medicaid reimbursement.

Birth to Three Recommendations

- The Birth to Three Program is an effective prevention initiative. Continue developing and implementing promotion of the Birth to Three Early Intervention services in order to address child related problems in order to develop creative intervention strategies.
- Recruit or support training for bilingual staff to better serve Spanish-speaking and Hmong populations.
- Review the results of the Parent Exit Evaluation and use these results to modify programming where appropriate.

Child Protective Services Recommendations

- Review the results of the recent State's Quality Service Review and implement changes as necessary. *This report highlights the progressive nature of the HSD.*
- Recruit or support training for bilingual staff to better serve Spanish-speaking and Hmong populations.
- Continue to use and expand and refine the use of wraparound services.

Juvenile Delinquency Recommendations

- Continue to grow and expand the Juvenile Delinquency Council and explore implementing similar consumer committees or councils where applicable in other content areas.
- Explore areas where programs have saved money and see if they can be implemented elsewhere.
- Promote Delinquency Council program area as best practice of how schools, the courts, law enforcement, and the Department of Human Services have had a dramatic positive impact relative to improved lifestyles for juveniles and their families.

Mental Health Recommendations

- Finish the Mental Health Plan and submit the application to the state for Emergency Mental Health Program Certification under Medicaid. This certification will allow existing costs to be billed to the state for Medicaid reimbursement.
- Continue to develop and expand the CCS Program, which will increase Medicaid funding.
- Continue to explore and develop alternate funding sources for anti-psychotic medications for those who have no source of coverage.
- Evaluate the adequacy of staffing of this unit given its multiple roles and complex services.

Income Maintenance Recommendations

- Review all case plans to ensure that clients are not only being provided with assistance to meet their needs but are also being provided with services that will help them progress toward greater independence from government assistance.
- The Jefferson County Board should emphasize to county/state elected officials that programs, such as W-2 and other State mandated programs, require additional

funding in order to allow Jefferson County DHS to assist its County residents to acquire skills to gain and retain their independence.

- ***The county should be commended for discontinuing the General Relief Medial Program and committing the funds for the operation of the Free Clinics.***

Management Assistance Recommendations

- Develop this division with the multiple functions of secretarial, maintenance, and fiscal, as a coordinated support division for the Department of Human Services.
- Continue to coordinate the financial support aspects of this unit with the County's Fiscal Unit.

Jefferson County

Human Services Department
Organizational and Programmatic Study

Reorganization Recommendation

Reorganization Recommendation

The Jefferson County Human Services Department (HSD) focuses on addressing the issues of individuals and families with complex aging, mental health, disability, child welfare, delinquency, employment, income-related, and serious personal needs. The Department uses "Best Practice" models as the basis for modifying its delivery system, which includes both mandated state or federal programs and non-mandated programs. The Department emphasizes strength-based programming, which assists clients in becoming independent and allows those with disabilities to function more effectively. Under the overview of the Human Services Board, HSD has acquired a statewide reputation for quality services and cost-effective approaches to addressing client needs and addressing complex client problems.

In assessing the diverse components of the Department, the consultant team has found that although the budget and units of service have increased during the past five years, there has been little increase in staffing patterns, which implies that staff have assumed larger case loads. Despite increased caseloads, the existing staffing configuration has continued to address client needs in an effective fashion because of a collegial staffing and management model, which is personified in the leadership qualities of the Director of the Department of Human Services and the management staff. During a focus group with Department staff, they pointed out that their stress levels had increased with the added caseloads and complexity of the individuals who now seek services. Managers also indicated that they carry case loads and do not have adequate time to manage all facets of their units.

FTEs By Program Area

	2003	2005
Clerical	12.5	9.0
Fiscal	12.0	12.0
Economic Support	17.0	18.0
Mental Health/AODA	9.0	10.0
Independent Living	1.0	1.0
CHIPS	8.0	8.0
Development Dis.	8.0	8.0
Outreach	5.0	6.0
Family Development	-	0.3
Birth to Three	4.0	5.0
Families First	3.6	4.5
Community Support	13.0	14.0
Delinquency	8.0	8.0
Intake	10.4	10.4
Long Term Support	14.8	14.2
Leuderhaus	6.2	7.0
Alternative Care	3.0	3.0
Maintenance	8.2	7.6
Intensive Support	2.0	2.0
Family Development	1.2	1.2
Director	1.0	1.0
Total	147.8	150.2

Figure 1 shows the FTE level for by program area and year for Jefferson County's Human Services Department

Reorganization of Jefferson County Human Services Department

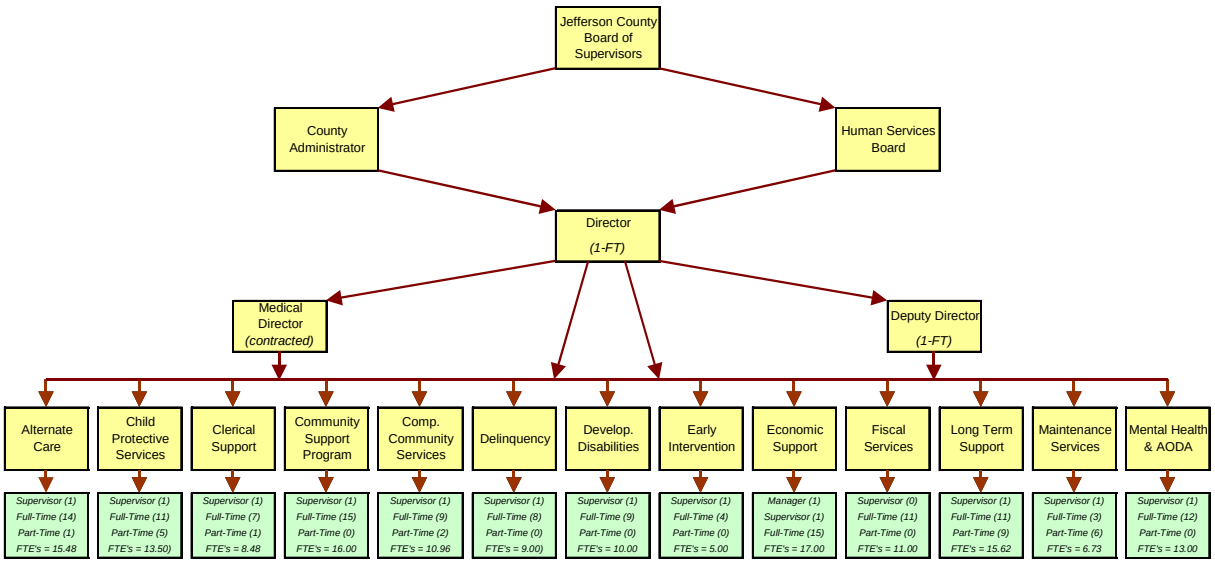
Although Jefferson County HSD has been effective in providing services to its residents in need, it is the belief of the consultants that these services can be provided in a more efficient and effective manner by reorganizing and streamlining the current organizational structure.

In order to facilitate meaningful change, the consultants recommend that the current Human Services Departments' thirteen program areas be reduced into five major divisions. With expected retirements within the upcoming years, it is anticipated that staff changes will allow creative staffing options.

Figure 2 shows the current organization structure of Jefferson County's Human Services Department.

Figure 2

Jefferson County Human Services Department Organizational Chart (March 2007)



STAFF POSITION SUMMARY	
Full-Time	144
Part-Time	24
Total Positions	168
Total FTE's	153.77

In reviewing the existing mandated and non-mandated programs and management/program chart of Jefferson County's Human Service Department in comparison with state-wide models, it is the recommendation of the consultants that the Department be restructured to include five divisions of concentration:

- *Aging & Developmental Disabilities*
- *Children and Families*
- *Behavioral Health*
- *Economic Support*
- *Administrative Support*

These areas of concentration have been chosen because they encompass all of the existing program areas and potential new or reorganized areas under the proposed Aging and Disability Resource Center, (ADRC), Implementation model. This proposed organizational model is based on each division providing comprehensive services for a distinct population of consumers. For example, the Aging & Developmental Disabilities Division would provide all services for older adults and adults with disabilities in Jefferson County, which are currently provided in three separate divisions: Aging and Long Term Support, Adult Alternate Care, and Developmental Disabilities.

This is an important distinction, as the current organizational structure divides consumer groups among multiple programs. In some cases, these programs are based on program function rather than the population they are serving. This type of structure can be confusing and also lead to duplication of services.

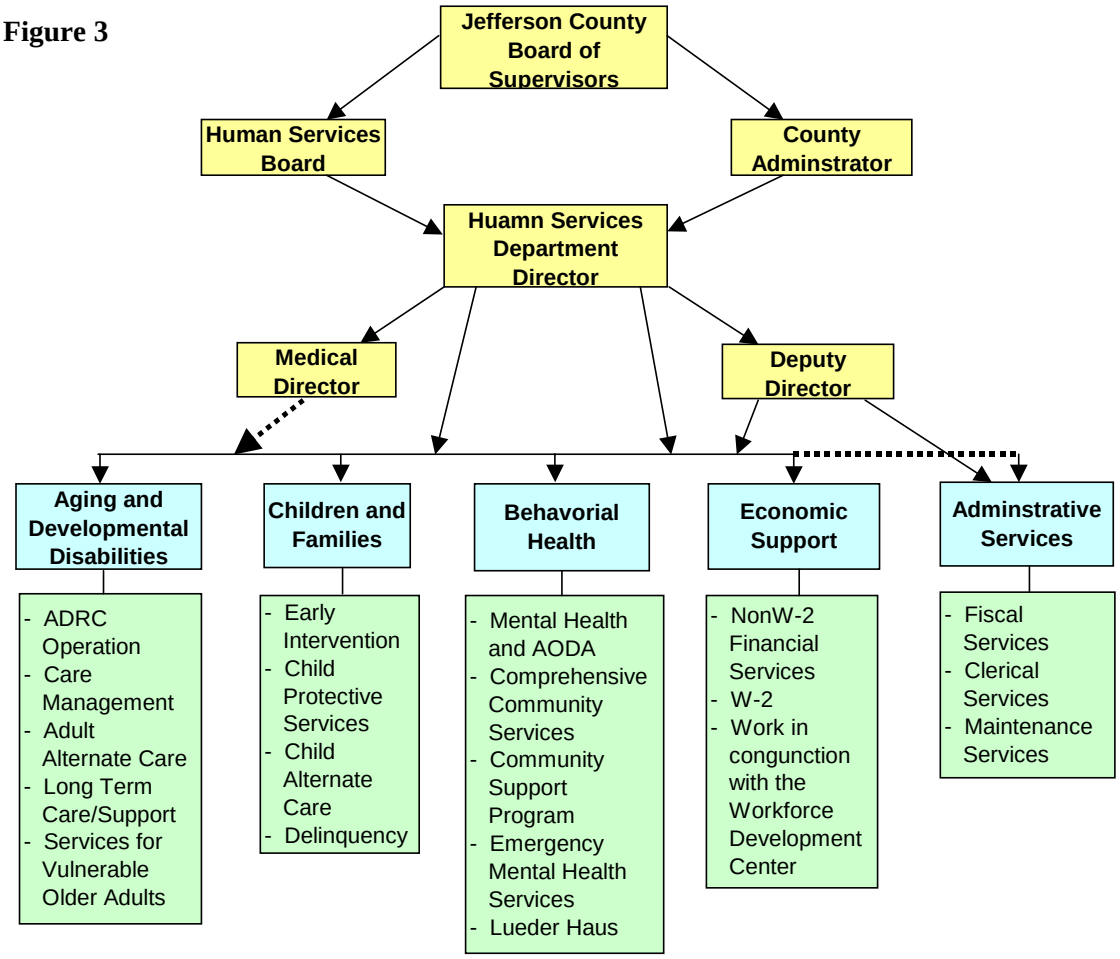
An example of this type of function-based program is the Alternate Care Program. This program provides alternate care placements and monitoring for older adults, adults with disabilities, delinquent youth, and children and families. The Alternate Care staff work with clients and manage the alternate care providers. The staff works with the treatment staff in matching providers with consumers, training providers, licensing foster homes and adult family homes etc. Moving the alternate care functions to the corresponding adult or child teams will promote the speed and quality of this work. The proposed changes will allow the client to remain under the management of the same worker because all of these services will be provided within the division that is specific to each population. This may require fewer staff hours.

Although other human service departments throughout the State, such as Sheboygan County, have reorganized into population specific service areas, many of their programs and divisions continue to function as independent silos. However, consumers now require an integrated approach to address their problems in order to maximize agency funding and other community resources. Because of these reasons, the consultants recommend the Department's reorganization.

Figure 3 illustrates the proposed reorganization structure for Jefferson County's Human Services Department. This recommendation presupposes that the Human Services Board and the management and line staff play a key role in the reorganizations implementation.

Proposed Organization of Jefferson County's Human Services Department

Figure 3



This reorganization plan will enhance relationships among the following stakeholders: *HSD management, HSD staff, and HSD consumers, in a cost effective manor.*

Management

- Presently, the Department Director oversees thirteen programming areas and related staff. The proposed five component divisional chart will clarify lines of authority and allow the Director to focus on intra/interdepartmental county government dialogue and community collaborations.
- Free up managerial staff to develop innovative programming and focus on strategic planning.
- Clarify relationships and nurture collaborative programming between units (eliminate structural silos).
- Currently the managers are to take on quality control or their divisions. At a later date it may be possible to add a quality control position to oversee quality control and quality assurance or the entire department.
- Serve as a catalyst for continuous training and qualitative and quantitative outcomes.
- Develop relationships with funding sources and community collaborators.
- Develop outcomes and indicators for program areas.

Staff

- Establish clear lines of authority.
- Allow staff to collaborate more effectively when client needs require increased staffing in content area.
- Allow staff to transition clients seamlessly between programs under the consistent guidance of a single case manager.
- Reinforce the significance of the staff / client relationship.
- Allow for ongoing training in other program areas.
- Enhance staff skills in cultural competency.
- Acknowledge and reinforce staff competence.

Consumers

- Clarify one point of access for clients within specific population and program groups.
- Increase cohesiveness of service provision by eliminating service overlaps or gaps in services.
- Nurture concept of client-focused programming.
- Emphasize strength-based programming.
- Provide wraparound services in more program areas

Financial

- Integrate programmatic data and financial data for optimum efficiency.
- Target resources effectively.
- Maximize revenue options, such as has been done with the CSP and CCS programs.
- Enhance cost-effective approaches to maximizing reimbursement, revenues, and collections, as evidenced by pursuing State Certification for Emergency Mental Health Services.
- Where feasible maximize programmatic and financial resources.

Proposed Human Services Department Divisions

Aging / Developmental Disability (Future Aging and Disability Resource Center ADRC)[1]

- *Adult Alternate Care* (Adult Alternative Care should go to Behavioral Health in CCS Program at time of ADRC Implementation) Case Management/CMO subcontracted case management services by division for elderly, DD, and physically disabled
- *Long Term Care / Support* (Becomes a CMO function and must be separate from County with ADRC Implementation)
- *Services for Vulnerable Older Adults* (All aging services including Benefit Specialist, Nutrition, Transportation, all Title III Information and Referral for DD, Aging, Physically Disabled, Eligibility determination for MA, Options Counseling, and Enrollment into Care Management Organizations.)
- *ADRC Operations and Care Management Services*.

Children & Families

- *Early Intervention* (Birth to Three)
- *Child Protective Services* (Team presently includes Intake and On-going as one unit. Includes Wraparound and Family Development Workers)
- *Alternative Care Child*
- *Additional merged services* will include Families Come First, Intensive Supervision, Independent Living, and community outreach.
- *Delinquency* (Team includes Court Intake and On-going as one unit) **Community Outreach Workers would be divided between Children and Family, Behavioral Health, and Aging as needed

Behavioral Health

- *Mental Health / AODA*
- *Comprehensive Community Services (CCS)*
- *Community Support Program (CSP)*
- *Emergency Mental Health Services* (Currently being developed to submit plan to state)
- *Lueder Haus*

Economic Support

- *Non W2 Financial Services*
- *W2*
- *Coordination/planning with Workforce Development Center Partners*

[1] In the short term, merge DD, Aging and Long Term Care / Support services. In the long term, plan for ADRC and separate CMO functions.

Administrative Services

- *Fiscal Services*
- *Clerical Services*
- *Maintenance Services*

The following appendix highlights Best Practice Models from a diversity of counties throughout the state.

Jefferson County

Human Services Department
Organizational and Programmatic Study

Appendix

Best Practice Models

Wisconsin's Statewide Family Care Expansion Initiative

Governor Doyle, in his State of the State address in February 2006, discussed his plan of expanding the Family care Program and promoting the integration of long-term care and health care services in Wisconsin over the next five years. This initiative is intended to expand managed long-term care options for older adults and adults with disabilities throughout the State while incorporating the three longstanding goals of Family Care: choice, quality, access, and cost-effectiveness. The stated policy goals of the program are as follows:

- Ensure that older adults and people with disabilities are provided with the least restrictive and most integrated setting possible, given each individual's limitations.
- Eliminate the current waiting lists for community based long term support services within five yeas.
- Provide services based on a regional basis rather than at the county level to ease financial burdens on counties, ensure maximum coverage, utilize public-private partnerships, and generate administrative efficiencies.
- Expand access to Family Care quickly, efficiently, and within current budgetary constraints.

Family Care has two primary organizational components: Care Management Organizations (CMO), and Aging and Disability Resource Centers (ADRC). CMOs will coordinate services for residents within the member counties, combining funding and services from a variety of existing programs. ADRCs are a single entry point where older adults and people with disabilities can information regarding the services that are available to them. ADRCs should generate long-term cost savings by promoting prevention and wellness to consumers and their families.

The expanded Family Care program will serve all those currently receiving Medicaid waiver funds, those currently on waiting lists, and other community and nursing home residents with long-term needs. Individual's individual level of need will be assessed and services will be specifically tailored to meet those needs.

The Family Care expansion should help to mitigate the financial burden on counties as the baby boomer generation ages and needs additional services. The numbers of persons 85 and older, who are most likely to need long-term care services, is projected to grow 45% by 2030. Under the current system, where each county is responsible to provide services to its residents, this type of increase could have a crippling budgetary impact. The efficiencies generated by a multi-county, public-private partnership should provide the framework for Wisconsin's counties to absorb these increases.

Family Care Background

The Family Care Pilot Program was developed as a response to a wide consensus of counties that were calling for reform in Wisconsin's long-terms care system. Several problems were highlighted with the old system:

- Increasing costs were making it difficult for many counties to provide services to those in need.
- The complexity and multitude of funding sources within the system.
- Inequities of available services
- Projections of an aging population and a growing demand for long-term care.

The intent of the Family Care Program was to provide cost-effective, flexible long-term care services that will maximize consumer independence. The initiative began in February of 2000 with five pilot counties: Fond du Lac, La Crosse, Milwaukee, Portage, and Richland.[1]

Family Care Services include: care management, home chores, personal care, home health care, nursing facility care, other residential care, transportation, daily living skills training, supported employment, equipment and supplies, home-delivered meals, and other services.

Two independent evaluations have been conducted on the original five Family Care pilots, with encouraging results. Waiting lists for services have been eliminated and problems with processing enrolments have been addressed. Overall, the pilot counties showed better results for consumers' health and levels of functioning, increased frequency in visits to primary care physicians, and decreased use of nursing facilities. Additionally, the studies found that Family Care saved an average of $452 per member per month in total Medical Assistance expenses by helping people stay healthier and more independent in their communities.

When an individual is enrolled in Family Care, the CMO arranges the needed long term care services and receives payment from the state Medicaid program based on a flat monthly payment for the individual. The amount of funding for each individual is determined through a rate-setting formula based on the individual's level of disability. The funds associated with the various levels of care are capitated, so if the CMO can provide services at below the set rate, they can reinvest the savings, but if they exceed the set rate, they lose money until they can recoup those dollars.

The Family Care reimbursement structure has allowed CMOs to devote more organizational resources to controlling costs and thus they have implemented several cost-control measures in order to ensure that they are not operating in the red, such as:

- More aggressive negotiation of rates with contracted providers
- Negotiating lower prices for medical equipment
- Lowering costs on disposable medical equipment by purchasing in bulk
- Hiring more benefit specialist.
- More thoroughly reviewing case plans

Expansion of Family Care

The successes of the Family Care Pilot programs have prompted Governor Doyle to push forward with his current initiative. In order to facilitate this expansion, the Wisconsin Department of Health and Family Services, Division of Disability and Elder Support has awarded grants to ten planning Consortia throughout the State to develop regional provision of Family Care services.

Figure 1 lists the ten grant recipients and the total amount of each grant.

[1] Milwaukee serves only the elderly population. Seven other counties implemented only the ADRC services: Kenosha, Trempealeau, Marathon, Jackson, Barron, Brown, and Green.

Long Term Planning Grant Regions

Group Name	Grant Amount
West Central WI Care Management Collaborative	$250,000
Community care of Central Wisconsin	$250,000
Milwaukee County Community Care	$150,000
Dane and Rock Counties Community Living Alliance	$130,000
Northwest Long-Term Care Options	$100,000
Southwestern Care Management	$100,000
Southeastern Wisconsin Care	$100,000
Family Partnership Care Management	$100,000
West Central Consortium of Long-Terms Support and Health Care	$100,000
Northeast WI Long Term Care Consortium	$100,000

Figure 1

These consortia are collaborations between county governments and private long-term care and health care providers. They have been challenged with the responsibility of developing innovative strategies to implement the Family care model on the regional level. Several of these consortia are near ready to implement their programs. As a result, the DHFS 2007-2009 Biennial Budget projects that:

- ADRC utilization will increase from 40% to 75% in two years
- CMO utilization will increase form 17% to 62% by 2009.

Family Partnership Care Management Coalition

Jefferson County is part of the Family Partnership Care Management Coalition (FPCMC), 12-county consortia created in 2005, which received a $100,000 grant from the DHFS. The FPMC is currently exploring whether to submit a proposal to the state for planning monies to implement their integrated service delivery model to improve long-term care options for the elderly and the disabled populations.

The FPCMC includes 12 counties and several non-profit community-based managered-care agencies, listed below. **Figure 2** lists all members. **Appendix A** provides a map of the counties included in the FPCMC

FPCMC's goal is to ensure that all eligible residents in the member counties have access to high quality services. The program will eliminate waiting lists, which now total 2,300 people in the 12 county region and support the frail elderly and persons with disabilities to remain in their home or in some other community setting.

FPCMC Members

Counties	Community-Based Agencies
Jefferson	Community Care
Columbia	Community Living Alliance
Dodge	Elder Care of Wisconsin
Green Lake	Lutheran Social Services
Marquette	
Ozaukee	
Sauk	
Sheboygan	
Walworth	
Washington	
Waukesha	
Waushara	

Figure 2

If approved by Jefferson County and the other respective counties, the FPCMC will seek monies from the State to implement this model. Given the initial success of the Family Care pilot programs, participation in this regional model could provide numerous efficiencies for Jefferson's Human Service Department in the future, while at the same time eliminating waiting lists.

The following profile is based upon an interview with David Titus the director of Dodge County's Health and Human Services Department and the project director of the consortium of 12 counties planning for long-term care redesign. The initiative began in mid-2005. The coalition grew out of the Family Partnership Initiative of 12 counties and Lutheran Social Services, many years ago, joining together to providing managed care and community services for youth at risk of institutionalization. The 12 counties in the Family Care initiative include Columbia, Dodge, Green Lake, Jefferson, Juneau, Marquette, Ozaukee, Sauk, Sheboygan, Washington, Waukesha and Waushara. In addition to Lutheran Social Services, the coalition is working with the nonprofit community-based agencies, which include the Community Care Organization, Community Living Alliance, the Management Group, and Elder Care of Wisconsin.

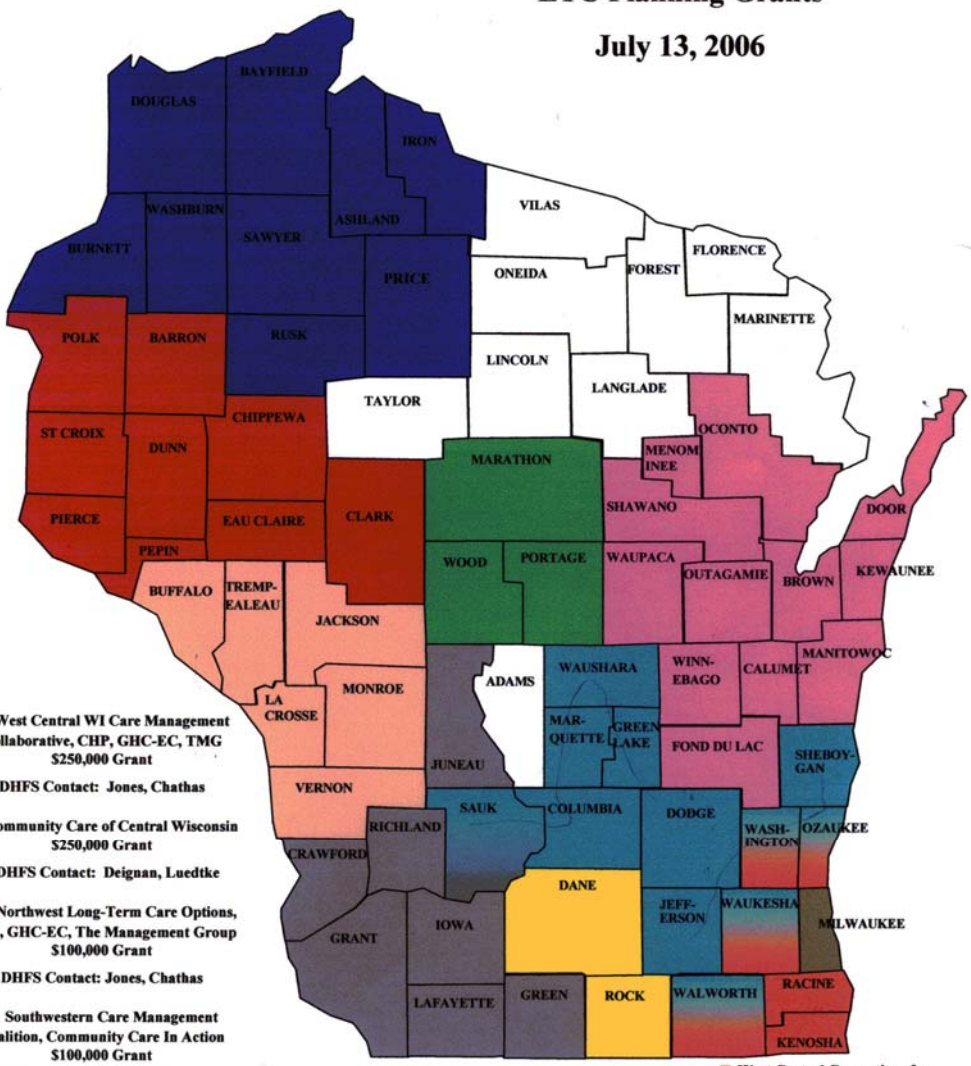
The initiative was in response to an RFP from the State of Wisconsin Department of Health and Human Services Long Term Care Reform Initiative. FPCMC received a planning grant of $100,000 in January 2006 and expects to submit a plan in January 2008 for implementation. The plan focuses on three adult populations: the frail elderly, people with disabilities, and people with developmental disabilities.

The goal of the initiative is to ensure that all eligible consumers in the region have access to high quality care and to eliminate waiting lists—now totaling over 1,200 for the 12 county region. In addition, the initiative will support elderly and adults with disabilities in their choice to remain independent at home and in the community. The initiative intends to implement a fully integrated approach to care planning and management where FPCMC coordinates long-term care with primary and acute care.

Family Care has two primary organizational components: nonprofit care management / insurance organizations (CMO) mentioned above and Aging and Disability Resource Centers (ADRC). In order to assure separation of functions, the ADRC's, which will relate to the County Human Service Departments, will contract with the CMO's for services for their clients. The CMO's will assume risk for these populations. Under this Family Care arrangement, the state will guarantee a cap of 22% for Long Term Care (LTC) on each counties levy for services to these populations. Given the increased numbers of older adults and individuals with disabilities because of the Boomer generation, this arrangement will allow county's to minimize county tax levy for these populations and use local tax dollars in other creative ways.

LTC Planning Grants

July 13, 2006



■ West Central WI Care Management Collaborative, CHP, GHC-EC, TMG
$250,000 Grant

DHFS Contact: Jones, Chathas

■ Community Care of Central Wisconsin
$250,000 Grant

DHFS Contact: Deignan, Luedtke

■ Northwest Long-Term Care Options, CHP, GHC-EC, The Management Group
$100,000 Grant

DHFS Contact: Jones, Chathas

■ Southwestern Care Management Coalition, Community Care In Action
$100,000 Grant

DHFS Contact: Smith, Deignan

■ Southeastern Wisconsin Care Management Organization, Community Care, Inc., LSS, TMG $100,000 Grant

DHFS Contact: Frye, Wilhelm

■ Dane and Rock Counties, Community Living Alliance, Elder Care of Wisconsin
$100,000 Grant to Dane, $30,000 Grant to Rock

DHFS Contract: Linak, Luedtke

■ Family Partnership Care Management Coalition, LSS, Community Care, Inc., Community Living Alliance, The Management Group, Elder Care of Wisconsin $100,000 Grant

DHFS Contact: Propsom, Deignan

■ Milwaukee County, Community Care, Inc., *i*Care
$150,000 Grant

DHFS Contact: Luedtke, Frye

■ West Central Consortium for Long-Term Support and Health Care Reform, GHC-EC
$100,000 Grant

DHFS Contact: Deignan, Wroblewski

■ Northeast Wisconsin Long-Term Care Consortium, Community Care, Inc., CHP, Community Care in Action, The Management Group
$100,000 Grant

DHFS Contact: Wilhelm, Linak

Dane County's Self-Directed Supports System

One of the major trends in the provision of human services is self-determination and consumer directed services. This concept has been promoted by the Wisconsin Council on Developmental Disabilities (WCDD), which is authorized in chapter 51, section 51.437 of the Wisconsin statutes to advocate for and oversee the state's response to the needs of people with developmental disabilities.

Jefferson County recognizes the importance of individual choice in providing services. In the 2005 DD report completed by the WCDD for Jefferson County, the following statement was made relative to self-determination:

> "Jefferson County considers individual choice to be an extremely important part of the decision making process. While very important, it is not the only factor considered when determining which services will be provided. We must also consider cost to the taxpayer and resources available to the individual, to achieve that delicate balance of providing quality services to County residents and amount of resources available to provide those services."

In achieving this balance, it would be useful for Jefferson County to look at Dane County's Self-Directed Supports System (SDS) for Adults with Disabilities. The WCDD calls the SDS System the "model for the state." Not only does this system give consumers full control of their services, but recent analysis has shown that thus far the system has proven to be more cost effective than the previous system.

SDS System Overview

The goal of the Dane County's SDS System is to help people with developmental disabilities live and fully participate in the community. Services include supported living arrangements, employment services, case management to help coordinate services, and other support services such as transportation, counseling, communication aids, mobility training, and respite care. Services are individualized, based on the nature and extent of an individual's disability and their individual/family preferences for service. These services are funded through a combination of county general-purpose revenue (GPR) and other state and federal sources including the Medical Assistance waiver programs including the Community Integration Program (CIP) and the State's Community Options Program (COP). The typical individual's support package is funded by 60% outside funding and 40% county general-purpose funds (although individual case costs and funding arrangements vary).

What makes the Self-Directed Supports (SDS) system unique is that the high level of self-determination provided to consumers within the system. The County allocates a specific dollar amount to each individual consumer based on an assessment of their supportive needs, rather than contracting services directly with provider agencies. The consumer then develops a service plan with a service broker, and submits that plan to the county for approval. Once the County approves payment for the required services, the consumer and the service broker establish contracts with the service providers designated in the plan.

System Services and Supports

Dane County's SDS system provides a similar range of services to those provided in Jefferson County. Developmental disability services and supports for adults in Dane County are provided by approximately thirty agencies and include supported living arrangements, community based work supports, facility based work supports, and day services.

Service Brokers

One of the primary differences between SDS and Jefferson is the existence of the service broker. Service Brokers function as the key advocate for consumers within the SDS System. They assist consumers in the purchasing process, work with consumers to develop service plans, and negotiate contracts for services with providers. Brokers are private, contracted, service providers that are not directly employed by the County. They can either be independent or employed with a broker agency. Consumers are able to select the broker of their choice in a variety of ways, including individual interviews and broker fairs. County case managers provide general oversight and quality control for the brokers, but do not dictate how they advocate for their clients.

Supported Living Arrangements

Self-Directed Supported Living includes the provision of a range of services for participants who require assistance to meet their daily living needs, ensure adequate functioning in their home and permit safe access to the community. This will include live-in and shift staff support, depending upon consumer need and choice. These supports include personal and household services.

Community Based Work Supports

The primary focus of Self-Directed Community-Based Work Supports is the provision of assistance to facilitate the employment of a participant in an integrated work setting or to develop other forms of income generation. This includes job development aimed at developing a position in a community job, carving out a portion of an already existing position, participating in volunteer activities, and/or developing self-employment opportunities. Participants using this service may need ongoing support to maintain employment or income. Participants may need assistance in transportation, bridging time between jobs, and assistance on the job during non-paid activities (lunch, break, etc.) Specific services include vocational/ job-related assessment, job development, referral, on-the-job support and coaching, education or training and transportation. Other support services including services not specifically related to job skill training may also be provided based on the needs of the specific participant served.

Facility Based Work Supports

Self-Directed Facility-Based Work Supports are the provision of supports to teach an individual the skills necessary to succeed in employment. Supports occur over a defined period of time and involve training and the provision of opportunities for experiences that enhance basic work-related skills. Training is intended to teach an individual the concepts necessary to effectively perform a job in the community and may include following directions, attending to tasks, task completion, appropriate responses to supervisors/co-workers, attendance/punctuality, problem solving, safety and mobility training.

Day Supports

Self-Directed Day Supports are the provision of regularly scheduled, recurring activities for a defined period occurring for a number of days during a typical week to develop a participant's social skills and to promote community integration. Supports are typically provided four or more hours per day, up to five days per week outside of the person's home. Supports may occur in a single physical environment or in multiple environments, including the community. Services may

also include adults who may need protection or who need assistance with activities of daily living and leisure time needs. Day support provides participants the opportunity to interact and to share a social experience with peers in a safe environment. Services provided may include personal care, assistance with monitoring medication and managing medical conditions. Often, these supports are designed around the needs of individuals who are approaching retirement.

The Self Directed Supports Enrollment & Payment Process

The County Department of Human Services manages enrollment in the SDS System. Consumers initially apply for participation in the program with the SDS Coordinator, who makes a determination of system capacity. Assuming adequate system capacity exists, county intake workers perform a support needs assessment and the individual rate is set based on this assessment. In the absence of adequate system capacity, the individual application is put on a waiting list pending future capacity review.

Each person receiving support from the system is assigned an Individual Rate based on his/her need for support within a calendar year. Individual Rates are set for both the residential service needs and the vocational service needs of the person. This rate setting process involves a structured interview and assessment involving Dane County's Developmental Disabilities Intake Unit and the person with a disability, the individual's family, and/or the person's service broker. In addition, it must be determined if the individual will be provided supports on a one-on-one basis or if he/she will be paired with another individual to receive supports together. Dane County attempts to place individuals in paired relationships whenever possible, as these arrangements reduce direct costs, thus reducing the Individual Rate.

The Individual Residential Rate formula is based on the number of hours of support/supervision an individual will need during a 24-hour period. Through this process, a determination is made of the number of hours the person with the disability may be safely left alone without supervision. From this is established a preliminary residential rate based on the number of hours the individual will need support. For an individual living alone, this formula = the number of support hours needed x 365 days in the year x the direct care rate, as well as an indirect cost paid by each consumer which covers administrative and other costs for the system. For individuals living in paired arrangements, the formula is the same, except the number of support hours is divided by two.

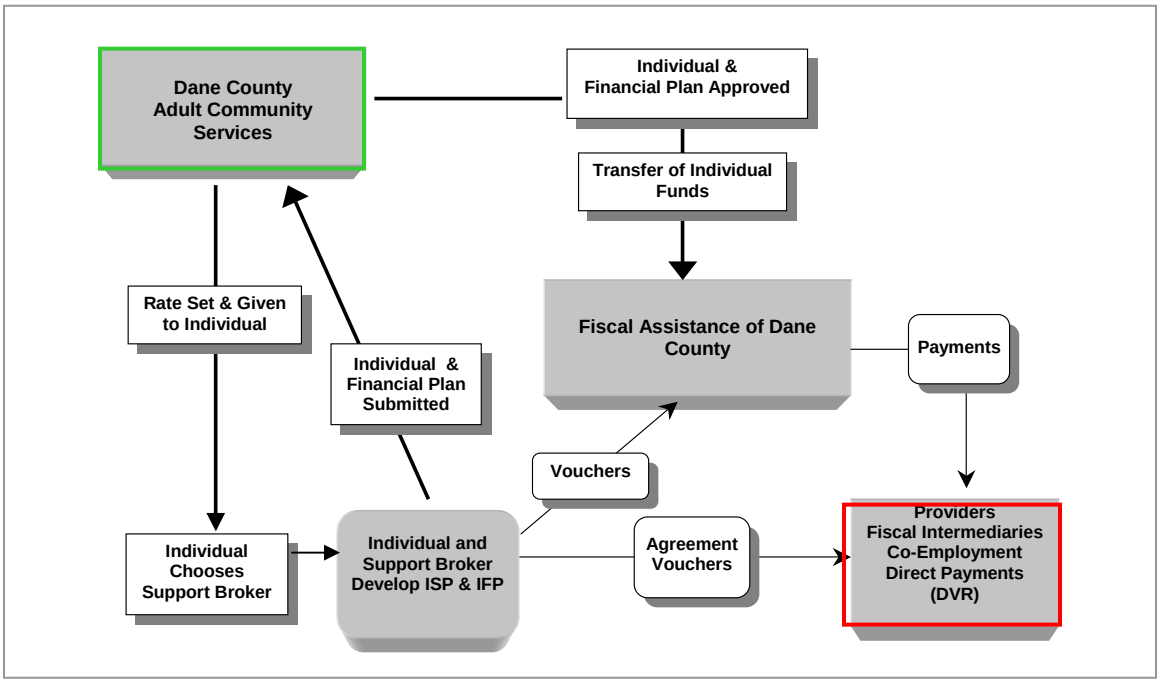
The process of setting an Individual Vocational Rate begins with the completion of a *Vocational Profile* that looks at the individual's job preferences; work history; vocational characteristics – academic skills, communication, attention span, motor skills, strength/endurance, social skills, etc. – and transportation needs. Through this process, a determination is made of the number of hours the person with the disability may be left alone on the job without supervision and whether the individual requires one-on-one support in the workplace. From this, the preliminary vocational rate is established using the same formula as residential services.

These rates are reviewed on an annual basis and may also be adjusted throughout the year through a review process that is typically initiated by the Support Broker. The rates are dynamic in that as the circumstances of the individual change, the rate is adjusted. For example, a residential rate may be adjusted downward when an individual goes from living alone to having a roommate. The rate may be adjusted upward if the individual has additional physical needs that require more support in order for the person to continue to live in the community.

After interviewing and selecting a broker, consumers then work with the broker to prepare an Individual Service Plan, a narrative document outlining the consumer's service goals, and an Individual Financial Plan, a formatted template indicating specific services and dollar amounts. The plan is then reviewed by the county to ensure compliance with the safety needs of the consumer, and to determine the total dollar amount allocated by the county.

A fiscal intermediary, Fiscal Assistance of Dane County, is positioned between the County and service providers, and manages the voucher and payment process. After the county approves the Individual Financial Plan, a voucher document indicating the amount and duration of payments is submitted by the broker to Fiscal Assistance for each agency that will provide services to the individual. After receiving the voucher, Fiscal Assistance then pays provider agencies each month for the agreed upon amount. All financial transactions between the county and Fiscal Assistance and between Fiscal Assistance and providers are conducted as electronic transfers. Each year, funds that aren't used by a particular client are returned to the County to be used for the admission of new consumers to the Self Directed Supports system. **Figure 1** illustrates the SDS enrollment and payment process.

Figure 1: Self-Directed Supports Allocation & Payment Process Overview



*The Box Highlighted in Green indicates the beginning of the process and the box highlighted in red indicates the receipt of payment by provider agencies and the completion of the process.

System Controls

Each month, Fiscal Assistance compares the report of monthly payments with actual expenditures and expected payments indicated by the IFP accounts. When the monthly checks are prepared for payment to providers of services, they are matched against vouchers to ensure proper payment. Fiscal Assistance posts web based payment reports to their site on the 20th of each month.

The County contracts with Fiscal Assistance and the seven different service broker agencies under an annual flat rate contract. The broker contract calls for broker agencies to service a certain capacity, or number of clients. Should a broker not meet capacity, they could have their

payment by the county reduced. Therefore, it is in their best interest to have satisfied clients who will stay with them. While the consumer has the option to interview a number of potential brokers, applicants are typically pointed to a particular broker by the county based on a variety of factors such as location and specific needs.

Brokers are required to meet periodically with their clients to review the progress of their plan of care and financial plan. In addition, they are responsible for filing an annual report to the county for each client with an update on their progress. Finally, brokers are required to develop a wrap up report once a client is discharged from the SDS System, which generally happens only in the case of relocation out of Dane County or upon death.

Performance Indicators for Self-Directed Supports Programs

Primary program goals of Self Directed Supports programs in the county include:
1) Preventing institutionalization (nursing home, State DD Center, hospitalization, etc.), and
2) Providing service in the least restrictive environment consistent with available funding sources.

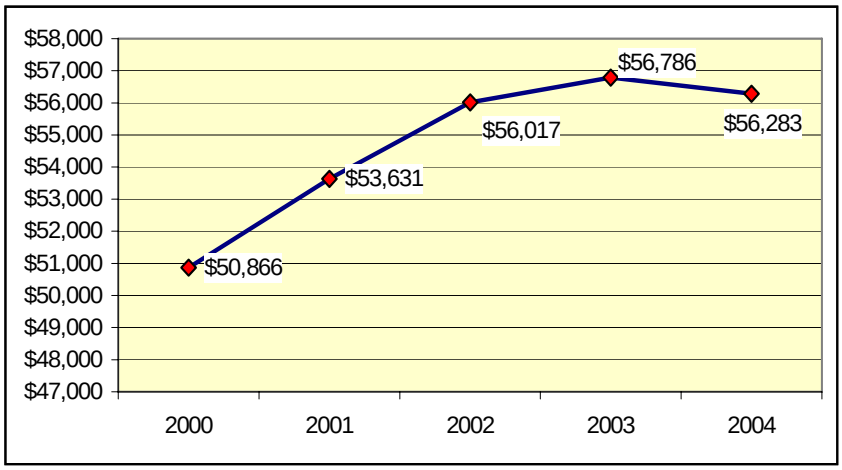
Indicators:

- Measurable objective: Number of consumers leaving this program to a more restrictive environment.
- Measurable objective: Number of consumers moving into a less restrictive environment
- Measurable objective: Number of institutional days/ by consumer.

Costs

Costs for the SDS System initially increased over the previous system, but much of that increase. From 2000 until 2004, consumer numbers grew by 12.5% while overall costs grew by 22%, yielding total per-consumer increase of 10.6%. Most of these increased costs over this period, however, were the result of consumers changing over from the old system to the new system, and were incurred within the first two years.

Figure 2: Average Per Consumer Costs - Dane County SDS



Source:Dane County Human services Department

The year-to-year increase for per-consumer costs stabilized in 2003 and then decreased in 2004. These reduced per-consumer costs for the Adult System are consistent with data from the County that indicates yearly reductions in daily waiver costs for this five-year period. These trends indicate that although Adult System costs have been rising, the County has shown increased cost-effectiveness on a per-consumer basis. **Figure 2** illustrates highlights this trend.

This reduction in per consumer costs directly addresses the statement made in the Jefferson County DD report, as it provides a high level of service in a more efficient manner. It would be useful for Jefferson County to seek ongoing information on the per consumer costs associated with the SDS system, as it could help generate efficiencies for Jefferson's DD system.

Waiting Lists

As with most counties across the state, including Jefferson, Dane County cannot afford to meet the needs of all adults with disabilities within the County. This has necessitated the development of a waiting list for services for adults with disabilities.

When a consumer graduates from high school, he or she is provided with a broker as required by the Medical Assistance Waiver. Typically, the consumer is also provided with a vocational service provider at this time, although he or she could be put on a waiting list depending on availability. Most consumers will go onto the waiting list for residential services at this point, unless they meet the criteria for a person in crisis.

Typically, consumers are taken off of the residential waiting list and brought into the system due to that individual being in a crisis situation. In general, people with the most critical needs are prioritized for services, as they are the most likely to experience a crisis in their lives and the least likely to be able to resolve the crisis without ongoing public support. As a result of these criteria, the vast majority of consumers coming into the system are those with the highest needs. This means higher overall costs and higher average costs per consumer.

Waiting lists for services are not a new development in Dane County, as they have existed for specific services well before the conversion to the SDS system. The total waiting list has been consistently growing, however, and, as of April 2006, the waiting list was at 329 people. These figures show a 74% increase in the total waiting list during this period, with an 80% increase for residential services and a 41% increase for vocational services.

Waiting lists are a serious issue because it shows that not all consumers' needs are being met. A waiting list of this size, however, is certainly not an anomaly within the state. Dane County's waiting list is similar in size to the waiting lists in both Waukesha (319) and Brown (350) counties. When adjusting for county population, however, Dane County fares better than Brown or Waukesha Counties, in terms of number of people on the waiting list per 10,000. Dane County currently has a population of 453,582 and the SDS System has a waiting list (as of April 2006) of 329 consumers, which equals approximately 7.3 people on the waiting list per 10,000. By comparison, Waukesha County has a population of 377,193 and a waiting list of 319 people, which equals 8.5 per 10,000. Brown County has a population of 237,166 and a waiting list of 350 people, which equals 14.8 people per 10,000.

Summary

Dane County has demonstrated that people with substantial needs can be successfully and appropriately served in the community. Community care has been embraced as the standard for a least restrictive setting. At the behest of the state, the County has been successful in moving people with significant needs out of costly institutional settings such as nursing homes, ICF-MRs and DD Centers, and into the community. The result has been annual increases in the numbers of individuals to be served in community settings.

While the State of Wisconsin has encouraged Dane County to develop comprehensive services, it has also assisted the county in capturing additional outside revenue to support their delivery. Overall, the SDS system is funded through an approximate distribution of roughly 21% local tax levy and 79% outside revenue.

In addition to pursuing other revenue, cost savings measures have been implemented within the developmental disability system itself. Two–person residential arrangements allow the county to divide direct service costs in half. These measures have served to control costs associated with ongoing residential support and temporary institutional placement.

In seeking to provide more self-determination in service provision, it would be useful for Jefferson to analyze Dane County's SDS system more closely and determine what attributes of the system could be viable in Jefferson County. If the per consumer costs of the system continue to remain stable or decrease in the future, this system could offer Jefferson a model to achieve the desired balance between consumer choice and available resources.

References

Wisconsin Council on Developmental Disabilities. (2005). WCDD *DD-Data Report by County*

Wisconsin Economic Summit IV. (2003). *The Health Care Cost Crisis in Wisconsin: An economic Development Prognosis*.

Forster, Stacy. (2006, April 19). Concerns Linger About Expanding Family Care Program. *The Milwaukee Journal Sentinel,* pp. B1, B4.

GPS Monitoring Program, Racine County

In 2005, 80 youth were placed in Jefferson County's secure detention facility, at the cost of nearly $69,000. These high placement costs are not unique to Jefferson County. Many counties around the state are struggling to deal with these costs, which has caused some counties to pursue alternatives to placing juvenile offenders out of the home. One very effective example of such a program is the Geographic Positioning System (GPS) Monitoring Program in Racine County.

Racine County's GPS Monitoring Program serves adjudicated delinquents returning from correctional placements or residential treatment centers; youth on court ordered home detention; and youth court ordered to Racine County's Intensive Supervision Program. Program participants are provided with a GPS monitoring bracelet, which tracks their location on a 24-hour basis. This technology allows greater oversight over youthful offenders in a non-secure environment, allowing the county to realize cost savings over placing these youth in secure facilities.

The GPS Monitoring Program is part of Racine County's Intensive Non-Secure Supervision Program, which is similar to the Intensive Supervision Program already in operation in Jefferson County. Where Racine's program goes further is that when youth violate their rules of supervision, case managers have the option of placing them on GPS monitoring in lieu of placing them in secure detention. This option allows case managers to keep youth in the community while appropriately increasing oversight of the youth. GPS monitoring must be authorized by the case manager or ordered by the Juvenile Court. The program also allows case managers to place the youth in a secure facility if necessary.

The program also functions as a stepping-stone for youth coming out of secure placement, providing increased monitoring to more effectively transition these youth back into the community setting. In many cases, this option allows Racine County to bring youth out of correctional placements ahead of schedule without putting the community at risk, saving the county thousands of dollars.

The program is provided by a contracted provider agency, Professional Services Group, Inc. The contracted Provider agency works closely with RCHSD case managers to ensure that services to youth and their families are effectively coordinated. Supervision workers monitor youths' compliance with the court order at home, school, work, and in the community. Services are provided through a combination of the following:

- Regular face-to-face (announced and unannounced visits) with the youth, the youth's caregiver, school, employer, etc. These face-to-face contacts may be daily; the case manager will determine the frequency.
- Frequent telephone calls to and from the youth and the youth's caregiver, school, employer, etc., to discuss progress, reinforce positive behaviors and address problems.
- School monitoring including attendance checks, grade/academic progress reports and consultations with teachers, school counselors/social workers and principals. Similar checks are made with youths' employers if they are employed.

- Monitoring youth in the community involves monitoring youths' approved free time activities and ensuring that youth are not involved in non-approved activities (some youth must call before leaving and after arriving at every location).

The Program has three progressive levels of restriction: Juvenile Intensive Supervision, Intensive Non-Secure detention, and GPS Monitoring.

Intensive Supervision: Intensive Supervision combine case management and contracted Provider supervision services. Youth placed under Intensive Supervision monitoring have curfews and other restrictions on their activities although to a lesser extent than Non-Secure Detention or GPS Monitoring. The contracted Provider works closely with RCHSD case managers to ensure that services to youth and their families are effectively coordinated. Supervision workers monitor youths' compliance with the court order at home, school, work, and in the community.

Intensive Non-Secure Detention

Juveniles may be detained in their own homes or other non-secure living arrangements by the Juvenile Court. These youth enter into a "Non-Secure Detention Contract" which specifies the conditions under which a youth can remain in the community. The contract includes sanctions for youth who violate the conditions set forth in the contract. Generally, youth must be under the direct supervision of an approved adult at all times during the contract period. Juveniles are expected to attend school and can usually work at paid or unpaid work sites.

GPS Monitoring

GPS services may be ordered independent of one of the components of the Intensive Non-Secure Supervision Program. Case managers fax a Referral for Service requesting GPS monitoring and listing any restrictions imposed upon the youth. The Provider agency is available to set up the GPS system in the juvenile's home the same day it is ordered by Juvenile Court. GPS monitoring reports are faxed to case managers weekly. Case managers will be informed of violations noted on GPS monitoring daily. The provider agency bills the parents of the juvenile for the cost of the monitoring. Only the Youth and Family Manager can authorize waivers of payment.

All three levels of the program include sanctions for juveniles who violate the conditions of their contracts. In most cases, youth will progress to a more restrictive level of programming. Depending upon the severity of the violation, juveniles can be further restricted such as being referred back to court for a sanction hearing, returned to a correctional setting or placed in a secure detention center if they meet the criteria for detention.

This type of progressive, alternative community-based program could easily be adapted to Jefferson County. Jefferson already has a similar Intensive Supervision Program, which could provide the infrastructure for the addition of a GPS option. This type of innovative delinquency program could provide significant efficiencies to the County without sacrificing the safety of the community.

Volunteer Guardianship

In order to generate efficiencies in the areas of Developmental Disabilities and Aging and Long Term Support, Jefferson County should explore the feasibility of transitioning from a corporate guardianship program to a volunteer guardianship program.

Adult Guardianship is a program that serves individuals who are found to be incapable of managing personal property or caring for themselves due to disability such as cognitive delay, dementia, or chronic mental illness. A Guardian is an individual who is appointed by the court to serve as an advocate for the individual and provides that person with a level of support and protection needed to preserve quality of life. Guardians are asked to develop a personal relationship with their assigned "ward" through regular contact in order to make sound decisions in the best interest of that individual. Guardians file annual reports on the health, welfare, and condition of their ward.

In a corporate guardianship system, guardians are paid a stipend for the services they provide to their wards. Recruiting volunteers to provide these services, however, can help to alleviate Developmental Disability and Elderly care costs, which accounted for a combined 54% of total HSD expenditures in 2005. In 1998, Racine County implemented a similar transition, which has been successful in saving money while allowing the county to continue to provide quality guardianship services to adults with disabilities.

Racine County Volunteer Guardianship Program

Racine County contracts with Community Impact Programs, a community non-profit agency, to recruit, train, and retain volunteer guardians. Volunteer Guardians are recruited from the community-at-large and often include older adults and retirees who are willing (and have the time) to provide support and oversight for impaired adult residents of the community.

.

Community Impact Programs provides recruitment, certification, support, monitoring, and training of qualified individuals to act as Volunteer Guardians for Racine County adults who have been declared incompetent and do not have an available family member to act as guardian for them. The services of the Volunteer Guardianship Coordinator are offered at varied times and locations including normal business (work) hours, as well as evenings and weekends necessary to encompass recruitment and training activities in support of the program.

Primary Responsibilities of the Volunteer Guardianship Coordinator:

1. Recruit appropriate individuals as Volunteer Adult Guardians and standby guardians.
2. Complete background checks, orientation, and training for volunteers in a timely manner.
3. Provide support and guidance for Adult Volunteer Guardians.
4. Develop orientation and continuing education training for Volunteer Guardians.
5. Monitor and document participation in required trainings.
6. To work with CIP administration, Racine Human Services Department, and the community-at-large to develop ongoing retention and recognition activities for Adult Volunteer Guardians.

Recruitment

Switching to volunteer guardians does offer some challenges in terms of recruitment. Because volunteer guardians are not paid, like their corporate counterparts, it is sometimes more difficult to find people willing to make this commitment. For this reason, it is essential that recruitment strategies be planned and systematic. Methods must be specific, as well as general. Appeals are made to the masses, but direct appeals to target groups are also made.

The threefold purpose of any successful recruitment campaign is, to:

1. Increase Public Awareness
2. Educate/Provide Information
3. Motivate People to Become Volunteer Guardians

Recruitment strategies include:

- Print Media - Newspaper ads, articles, press releases, and photographs about the need for volunteer guardians should be regularly submitted to local newspapers, bulletins, and publications.
- Broadcast Media – Paid Radio ads, talk shows, news reports on local radio stations should be utilized on a regular and frequent basis.
- Cable T.V. - Ongoing advertising, guest spots on locally produced shows, and regularly broadcast “infomercials” should be utilized.
- Speaking Engagements – The Volunteer Guardianship Coordinator present program related information at churches, schools, civic groups, service clubs, etc.
- Distribution and Display Materials - Flyers, posters, inserts, brochures, and other printed materials should be distributed to doctors' offices, businesses, churches, schools, etc.
- Outdoor Signs - Owners of businesses with outdoor signs can be approached to display Volunteer Guardian recruitment ads.
- Newsletters - Church, business and school newsletters should be used as a means of getting the message out to targeted groups.
- Special Events - Special events should be planned throughout the year in recognition of the individuals who serve the community as volunteer guardians. Special recognition dinners and articles in the local print media can be effective measures that can assist in the recruitment and retention of potential volunteer guardians.
- Orientation Meetings - As a recruitment tool, the Coordinator should hold informational "pre-service" training sessions for new Volunteer Guardians.
- Inquiry Calls - Phone contact with people who call to inquire about the Volunteer Guardians program can be an extremely important recruitment method. Written information packets will be mailed to every caller. Callers are encouraged to arrange for a face-to-face meeting with the coordinator.
- Word-of-Mouth - One of the most effective methods of recruitment is the positive statements made by satisfied participants to their friends and families.
- Targeted Recruitment - Targeted recruitment and mailings directed to retired professionals such as teachers, clergy, social workers, care managers, physicians, or other people with a history of civic involvement is one way of reaching people who may be inclined to help their community by becoming volunteer guardians. Requesting the opportunity to speak to groups of individuals already working with affected populations (Curative, Southern Center, area nursing homes, etc.) would also reach people who know and feel comfortable working with adults with special needs.
- Focus on Matching – The coordinator should take the time to learn about volunteer preferences regarding disability (mental retardation versus dementia) or availability of outside supports or programming, etc. can mean the difference between finding appropriate applicants who are willing to participate in certain situations with specific populations rather than declining altogether.

- Informational Charts/Handouts - Community Impact Programs will work with the department to develop "user friendly" handouts regarding the duties and responsibilities of alternate care providers and guardians. Easy to read summaries will help to answer questions of prospective providers/volunteers and help them understand that the requirements are manageable.

Training

All new volunteer guardians participate in approximately 10 hours of orientation training covering the following:

- Volunteer Guardian Roles and Responsibilities;
- The Nature of Disability and Incompetence;
- Legal Reporting Requirements;
- Working with Case Managers;
- Community Resources and How to Access Them;
- The Role of the Court and the Human Services Department;
- Volunteer Guardian - Ethics and Code of Conduct;
- Volunteer Guardian - Risk and Liability.

This program has been very successful in Racine, and could be modified for the needs and resources of Jefferson County. Racine has not experienced any reported decline in the quality of guardians as a result of changing from corporate to volunteer guardianship. With a focused recruitment effort, as detailed above, they have been able to maintain numbers of guardians similar to the corporate guardianship system. Volunteer guardianship should be explored by Jefferson County as a possible option for decreasing overall costs.

Waupaca County's Wraparound Services

The population of Waupaca County is projected to increase from 51,825 at the time of the 2000 census to 57,174 in 2030. Waupaca County's Human Services Department is combined with the Public Health Department into a Health and Human Services Department with six separate divisions each with different units: Children and Families, Community Care, Economic and Employment Support, Health Services division, Waupaca County Industries. For purposes of this analysis, the Wraparound services for children and families in Waupaca County is considered a best practice model.

Waupaca County's Health and Human Services Department's (WHHSD) Wraparound services is an 11-year old program that was developed initially for children and families because the county was placing youth in institutional placements outside of the county at excessive costs. Waupaca County instituted and created the Wraparound services in order to be more cost efficient and to provide better services for youth. In addition, Waupaca County provides Wraparound services for other populations such as, older adults and those individuals with mental illness and developmental disabilities.

Within the Wraparound service, to assure that clients are served in a comprehensive fashion, Waupaca County meets with and develops referral and supportive relationships with school systems, law enforcement, social service agencies, and volunteer organizations. These relationships reinforce the Wraparound services provided by Waupaca County case managers and assists clients to maintain their independence.

The Health and Human Services Department has developed a training protocol for Wraparound services and trains case managers for the provision of services to clients. In conjunction with the families of the children, Waupaca County case managers develop an individualized service plan (ISP) for each client**.** Services vary depending on the needs of the client, some of the normal services provided include:

- Diagnostic evaluations,
- Behavioral support services,
- Individual and family crisis planning and intervention service,
- Parent coaching and education,
- Medication monitoring,
- Intensive in-home, individual, group and family therapy,
- Interactive psychotherapy using play equipment, physical devices, or other mechanisms of non-verbal communication,
- Rehabilitation services and
- Therapeutic behavioral aide services.

In order to better understand Waupaca County's wraparound services, the following best practice model emphasizes those services provided through the Children and Families Division. Wraparound services by definition are individualized to address a child's specific emotional or behavioral needs. These children would otherwise be institutionalized, but because of Wraparound services they are able to live at home or in a homelike setting.

In 2006, WHHSD served 50 families with their Children and Families Wraparound services. During a two year period, Waupaca County served a total of 130 families. Waupaca County has 6 fulltime ISP case managers on staff and average 7 cases per case manager. The division has created an ISP team based model. At any given time, the unit was working with 55 families who

were formally enrolled in the program. The average time working with a child and family was 16 months. This active involvement by case managers has impacted Waupaca Families in a positive way by providing support, problem solving and empowerment in the context of the local community.

Case managers are paid by Waupaca County which receives funding primarily through grants from the State. The county has received $160,000 in grants over the past 6 years. In addition, the county contributes funds and bills the state for wraparound services. Services are reimbursable under various Medicaid categories.

Waupaca County's Wraparound services are a best practice model. After much effort eleven years ago, the county convinced the community to participate in the benefits of Wraparound services for children and families. Waupaca County's Wraparound services are considered a best practice model because they treat parents and clients as true collaborators and involve them in the whole process of the agreed upon Wraparound services model.

Waupaca County is also known throughout the state for its innovations in teamwork with families. During the past years, the staff made presentations both in conferences throughout the state and directly to other counties trying to learn how to maximize the team approach with families. Because of the demands placed on families, the communities, and on child welfare and mental health staff, when implementing a team approach, beginning and sustaining it is a challenge. The success, however, in the wraparound service model is that more children are served in their homes and more children do not require hospitalization or childcare institution placement.

In a recent telephone interview with the director of Waupaca County's Juvenile Services Division, he stressed the importance of providing children's wraparound services and that counties that do wraparound services on a small scale are missing the point. He stated that there needs to be a total system change and that the community needs to buy into the process. He stated that Waupaca County's wraparound services for children have saved the county money and in addition he feels that the model provides quality services for children and families in the county.

Resources: www.wicollaborative.org: website on wraparound services in the state. Sponsored by White Pine Consulting. Director is Dan Nailer who worked on wraparound services in the state.

Sauk County's Families Come First Wraparound Services for Children and Youth

Families Come First (FCF) is a Wraparound service that provides case management for at-risk youth and their families, in order to keep them out of institutional placement and in the community. Families Come First was started in 1997 in order to better serve the families and at-risk youth of Sauk County. This program started with a partnership between Sauk County Department of Human Services and Lutheran Social Services of Wisconsin and Upper Michigan Inc. The project began with 10 families in the Baraboo school district and then expanded to include all of Sauk County. Families Come First currently serves over 30 families throughout Sauk County.

Sauk County's Families Come First Mission Statement states "The Sauk County Families Come First Initiative strives to keep children in their homes through the establishment of a comprehensive, coordinated, community based interagency system of care, centered on the child and family." Sauk County works with at-risk youth and their families who are having serious issues in the schools, in the community, and in the legal system. Many of the youth have mental health issues and are at risk of being placed in institutional settings.

The process begins when a family enters the program. A complete assessment summary is done on the child to understand his or her special needs, which addresses 12 areas or domains. These include: crisis situations, medical, legal, educational, living situation, basic needs/financial, family, mental health, AODA, social and recreational, cultural, and spiritual. The top three priority areas from the assessment become the focus of the plan of care.

After the assessment, a team is put together and they develop a plan of care. The team is made up of the parents, social workers, and major influences in the child's life such as pastors and teachers. Law enforcement and other community agencies may be represented if needed on the planning team. The team meets at minimum once every two weeks for up to 90 minutes at a time.

After the development of the plan of care, it is reviewed and approved by all of the team members. The next step is the implementation stage. During this stage, the team provides on-going support and monitoring and meets every 3 to 6 weeks during this phase of the plan.

After the plan has been implemented and completed, the team develops a transition plan. The transition plan provides the family and child with resources and planning for long-term services. Once the plan has been implemented, the team process is discontinued. The process can last up to 16 months.

Families Come First is organized around 11 service principles. These service principles are considered best practice models for wraparound services for at-risk youth. The 11 services principles include the following:

1. Services are child/family centered, strength-based and oriented to the least restrictive options.
2. Decisions are reached by consensus whenever possible. All members have input into the plan and all members have ownership of the plan.
3. Teams meet regularly, not just around crisis.
4. Teams address a full range of life needs that could impact on the child/family.
5. Teams develop a crisis plan.
6. Teams stay focused on reaching attainable goals and regularly measure progress.
7. Teams celebrate success.

8. Care is unconditional-services change if something doesn't work
9. Services are provided by competent, trained providers.
10. Services are funded with flexible budgets.
11. Teams are trusting places and all discussions/secrets stay in the group.

Sauk County's Families Come First program is a best practice model. The program uses a wraparound philosophy that first assesses the youth's needs and then develops an individualized service plan that specifically addresses these issues. There is also a team approach that values the family's participation in the plan and is set up so that the at-risk youth's best interests are pursued. The program has been very successful in keeping at-risk youth in the community and out of institutional placements. This helps to save money for Sauk County and provides at-risk youth with quality services at an affordable rate.

Resources:

Sauk County, (2007 April) Sauk County Families Come First. Retrieved March 23, 2007, from http://www.co.sauk.wi.us/dept/hs/fcf/_media/Brochure.pdf.

Portage County Aging and Disability Resource Center (ADRC)

A major part of the Governor's move to Family Care is to have Aging and Disability Resource Centers (ADRC) throughout the state in order to provide information and resources for the disabled and elderly and to act as an entry point into the Family Care system. The resource centers provide Wisconsin residents with service options, information services, and expert advice on the long-term care system and will be a gateway to the new Family Care Program. Three years ago the federal government launched a federal program for Aging and Disability Resources, which operates in 25 states including Wisconsin. The following counties in Wisconsin all have Aging and Disability Resource Centers: Barron, Brown, Fond du Lac, Forest, Green, Jackson, Kenosha, Milwaukee, Outagamie, Calumet, Waupaca, Portage, Richland, and Trempealeau. The consultants have identified Portage County's ADRC as a best practice model and it should be noted that Portage County is ready for the move to the Family Care system.

Portage County's ADRC

Portage County's ADRC provides valuable services and resources for the elderly and disabled.

The ADRC provides the following services:

1. Information on services and programs available to the disabled and elderly,
2. Personal needs assessments,
3. Caregiver services,
4. Support groups,
5. Family consultation,
6. Acts as a referral point for chore services, housing options, and supportive home care referrals,
7. Acts as an Adult Day Center and Senior Center,
8. Provides transportation services to and from the center,
9. Provides congregate and home delivered meals.

Portage County's ADRC also provides Benefit Specialists for the elderly and disabled. A Benefit Specialist helps the individual to navigate through the long-term care system and helps them to maximize their private or governmental monies. In 2005, the Elderly Benefit Specialists had over 1,000 cases and provided over a million dollars in benefits to Portage County seniors. The Disability Benefit Specialists advocate for disabled individuals' age 18 to 59. In 2005, there were 131 clients served by the Disability Benefits Specialist.

Portage County is a best practice model because it has competent, compassionate, and dedicated Benefit Specialists. The Benefit Specialists have a strong understanding of Wisconsin's current long-term care system and are able to get through the red tape and bureaucracy.

Portage County's ADRC operates under core principles which are best practice in nature and can be used as a model for delivery of services.

The core principles include the following:

1. Accessibility to services,
2. Advocacy for the disabled and frail elderly,
3. Collaboration and comprehensive services that address the person in a holistic manner,
4. Inclusion in the community,
5. Individuals are treated in a respectful manner,
6. Provides privacy and confidentiality for all clients and their families.

These core values shape the County's interaction with their consumers and act as a blueprint on how to provide individuals with compassionate and competent services.

The ADRC is funded through multiple sources. Funding comes from grants from federal, state, and county governments, the United Way, private contributions, and participant fees and participant donations. The ADRC has a nine-member Commission on Aging/Aging and Disability Resource Center Board, which is appointed by the County Executive. The Board is responsible for governance.

With the move to Family Care in the next couple of years, it is important that Jefferson County examines and considers creating an ADRC. ADRC's provide quality services for the disabled and frail elderly and have been proven to save monies. ADRCs will act as entry points into the Family Care system and will help to eliminate waiting lists. Portage County is currently prepared to make the move to the Family Care system. Jefferson County can use Portage County's ADRC as a model on how to create an effective ADRC that serves the county's disabled and frail elderly populations.

Jefferson County

Human Services Department
Organizational and Programmatic Study

Final Report Addendum
May 2007

E jj Olson & Associates
Health and Human Services Consultants
Milwaukee, Wisconsin

Schenk Business Solutions
Appleton, Wisconsin

CGS, LLC
Berlin, Wisconsin

This addendum includes updated financial tables. Since the completion of the Final Report, the consultants have continued to make efforts to gather further financial data from other counties for comparison purposes. These updated tables include data from Sauk and Dodge Counties that was not available at the time of the Final Report.

2006 Human Services Cost Data for Selected Counties

Population	Columbia County	Jefferson County	Sauk County	Sheboygan County	Waupaca County	Dodge County
Census Data	52,468	**75,761**	55,225	111,100	51,731	82,117
Human Services	**Columbia County**	**Jefferson County**	**Sauk County**	**Sheboygan County**	**Waupaca County**	**Dodge County**
Expenditures	19,345,330	**32,035,131**	20,781,869	40,860,611	22,140,405	24,588,466
Revenues	15,207,352	**25,907,489**	15,028,746	31,612,396	17,106,904	17,596,113
Tax Levy	4,137,978	**6,127,642**	5,753,123	9,248,215	5,033,501	6,992,353
Human Services per Capita	**Columbia County**	**Jefferson County**	**Sauk County**	**Sheboygan County**	**Waupaca County**	**Dodge County**
Expenditures	368.71	**422.84**	376.31	367.78	427.99	299.21
Revenues	289.84	**341.96**	272.14	284.54	330.69	214.12
Tax Levy	78.87	**80.88**	104.18	83.24	97.30	85.09
Percent of Expeditures from Tax Levy	21.4%	**19.1%**	27.7%	22.6%	22.7%	28.4%
Human Services + Health (Dollars)	**Columbia County**	**Jefferson County**	**Sauk County**	**Sheboygan County**	**Waupaca County**	**Dodge County**
Expenditures	20,096,396	**38,676,041**	21,411,889	43,845,505	23,133,638	25,495,043
Revenues	15,622,575	**32,189,058**	15,232,299	32,910,462	17,718,470	18,208,223
Tax Levy	4,473,821	**6,486,983**	6,179,590	10,935,043	5,415,168	7,286,820
Human Services + Health per Capita	**Columbia County**	**Jefferson County**	**Sauk County**	**Sheboygan County**	**Waupaca County**	**Dodge County**
Expenditures	383.02	**510.50**	387.72	394.65	447.19	310.25
Revenues	297.75	**424.88**	275.82	296.22	342.51	221.57
Tax Levy	85.27	**85.62**	111.90	98.43	104.68	88.67
Percent of Expeditures from Tax Levy	22.3%	**16.8%**	28.9%	24.9%	23.4%	28.6%

Comparison County Programmatic Levy Budgets

	Columbia County	Jefferson County	Sauk County	Sheboygan County	Waupaca County	Dodge County
Developmental Disability	---	**1,046,442**	1,207,258	644,754	---	---
Mental Health	---	**1,938,467**	1,606,559	2,495,472	---	---
Alcohol/Drug Abuse	---	**103,920**	178,138	705,057	---	---
Physical Disability	---	**48,019**	86,917	33,863	---	---
Delinquent & Status Offender	---	**1,293,917**	873,322	2,405,739	---	---
Abused and Neglected Children	---	**1,066,615**	544,802	2,406,851	---	---
Children and	---	**66,506**	681,994	41,947	---	---
Adults & Elderly	---	**366,196**	509,645	250,455	---	---
Income Maintenance	---	**197,560**	60,704	263,023	---	---
General Relief	---	---	3,784	1,054	---	---
Total	4,137,978	**6,127,642**	5,753,123	9,248,215	1,339,268	6,992,353
Total Tax Levy	19,824,517	**23,159,192**	23,884,930	44,371,503	18,956,184	