

## **AGENDA**

### **Task Force on County Operations & Organization**

Jefferson County Courthouse  
311 S. Center Avenue, Room 202  
Jefferson, WI 53549

January 28, 2015 - 1:15 p.m.

#### **Members**

Kathi Cauley, Jennifer Hanneman-Chair, Sue Happ, George Jaeckel, Ron Krueger,  
Russell Kutz-Vice Chair, Steve Nass, Joe Nehmer, Timothy Smith-Secretary

1. Call to Order
2. Roll Call
3. Certification of Compliance with Open Meeting Law Requirements
4. Introductions
5. Review of Agenda
6. Public Comment
7. Approval of January 14, 2015 Task Force meeting minutes
8. Overview of the Jefferson County
9. Review of Audits – Human Services
10. Discuss scheduling topics for future agendas
11. Communications
12. Set Next Meeting Date
13. Set next meeting date agenda items
14. Adjourn

The Committee may discuss and/or take action on any items specifically listed on the agenda

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.

**JEFFERSON COUNTY BOARD  
COMMITTEE MINUTES**

**January 14, 2015**

Task Force on County Operations & Organization

**1. Call to Order**

Meeting was called to order by Schroeder at 2:00 p.m.

**2. Roll Call**

**Task Force Members**

Members present: Kathi Cauley, Jennifer Hanneman, Susan Happ, George Jaeckel, Ron Krueger, Russell Kutz, Steve Nass, Joe Nehmer and Timothy Smith.

Others Present: Tammie Jaeger – Administration; Jim Schroeder – County Board Chairman; Benjamin Wehmeier – County Administrator; Stacie Hoffman – Register of Deeds; J. Blair Ward – Corporation Counsel; Brian Lamers – Finance Director and Barb Frank – County Clerk.

**3. Certification of compliance with Open Meeting Law Requirements**

Wehmeier certified compliance with the open meeting law.

**4. Introductions**

The group introduced themselves and gave a brief biography.

**5. Review of Agenda**

None

**6. Public Comment**

None

**7. Authority and Duties of the Task Force – County Board Chairman and County Administrator**

Schroeder distributed a copy of the Jefferson County Resolution “Establishing Task Force on County Government Organization and Operations” for the members to review. He went over some of the goals of the Task Force. The ideas and recommendations that the Task Force makes will be compiled into a report to be considered by the County Board. The Task Force is encouraged to look to Wehmeier for leadership. Wehmeier said that this is an opportunity to give some thought to the next 5-10 years so that the county’s decisions make sense. Staff will be asked to participate in these discussions in the future. No action taken.

**8. Review of Task Force Material**

The Task Force members were given information prior to the meeting so that it could be reviewed and used as a starting point for discussions. The documents included the 2015 Adopted Budget, Administrative Services Audit, Highway Department Study, Human Services Audit, Local Govt. Institute of WI Case Studies, MIS Operational Audit and Sheriff’s Office Audit. In many cases the recommendations were implemented, but some were not. The Task Force will start by reviewing these audits at their next meeting. No action taken.

**9. Election of Chair, Vice-Chair and Secretary**

Nass nominated Hanneman for Chair; Second by George Jaeckel. (Ayes-All) Motion Carried.

Jaeckel nominated Kutz for Vice Chairman; Second by Nass. (Ayes-All) Motion Carried.

Jaeckel nominated Smith for Secretary; Second by Krueger. (Ayes-All) Motion Carried.

**10. Communications**

- a. Resolution “Establishing Task Force on County Government Organization and Operations”

**11. Set next meeting date**

January 28<sup>th</sup> at 1:15 p.m. and February 13<sup>th</sup> at 8:30 a.m. in Room 202

**12. Tentative Future Agenda Items and Meeting Dates**

- Approval of January 14, 2015 Task Force meeting minutes
- Overview of the Jefferson County 2015 Adopted Budget
- Review of Audits – Human Services, Administrative Services & MIS (January 28<sup>th</sup>)
- Review of Audits –Highway Department (February 13<sup>th</sup>)
- Review of Audits – Sheriff's Office
- Discussion on overall county operations & strategic planning
- Review future capital projects
- Review county department structure
- Review County Board Committee structure
- Report from the Finance Department on future projections – State Levy Caps
- Discussion on shared services:
  - a. Discussion with Mayors & Village Presidents regarding shared services
  - b. Department Head reports including current and potential possibilities for shared services
  - c. Discuss possible shared services with agencies outside of Jefferson County
- Discuss reports from Department Heads regarding their ideas on how things can be done better

**13. Adjourn**

Motion made by Jaeckel; Second by Kutz to adjourn at 2:47 p.m. (Ayes-All) Motion Carried.

# **Update on the recommendations from the 2007 Jefferson County Human Services Department Organization and Programmatic Study January 22, 2015**

In 2007 Ejj Olson & Associates completed an extensive study of Jefferson County Human Services Department. A number of recommendations were made. This document is an update on those recommendations for the Jefferson County Task Force on County Operations and Organization. This document will provide overview information regarding the recommendations made in 2007 and present information about the current functioning of the Human Services Department; extensive more detail is available. The recommendations are taken directly from the 2007 study and the current information is denoted in bold with a bullet point.

## **General Recommendations**

### **1. Reorganization of Jefferson County Human Services Department**

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

#### ***Areas of Reorganization Include:***

- Aging and Developmental Disabilities should be merged
    - ❖ **Aging & Disabilities Resource Division was created in 2008**
  - Alternate Care, Birth to Three, Protective Services and Juvenile Delinquency units should be merged into a new Child and Family Division.
    - ❖ **Child and Family Division was created in 2008**
  - Integrate Mental Health, CSP, CCS and Lueder Haus into a Behavioral Health Division
    - ❖ **Behavioral Health Division was created in 2008**
  - Integrate the Functions of Income Maintenance into an Economic Support Division
    - ❖ **Economic Support Division was created in 2008**
  - Merge Secretarial Support, Building Maintenance, and existing Financial Services into an Administrative Services Division
    - ❖ **Administrative Services Division was created in 2008**
- ❖ **This reorganization occurred in 2008; all 5 divisions were created.**

### **2. 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.

- ❖ **We do not have a volunteer coordinator. We do have a Transportation Coordinator. The responsibilities of the position are far and above what would be expected of a volunteer. Opportunities to volunteer occur primarily in the Aging & Disability Resources Division. In addition, volunteers help out in the Elder Benefit Specialist Program; Senior Dining Program (on-site & delivery); Transportation Program (drivers) and adult guardianship. We have not been able to define other roles for volunteers.**

### **3. 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.*
- ❖ **There have been many, many meetings regarding transportation. Human Services receives Specialized Transportation Assistance Program (S 85.21) funding via the WI DOT on an annual basis. Only counties are eligible to receive this funding which must serve the elderly and persons with disabilities. Jefferson County prioritizes medical appointments. The general public may be transported as long as no elderly or disabled individual is denied service. The department saw a decrease in ride requests after the State Department of Health Services initiated the non-emergency Medicaid transportation brokerage system several years back and nearly 50% of passengers were required to use the broker due to the contract.**

### **4. Collaboration**

- *The managers of the Human Services Department and the Health Department meet monthly in order to more effectively coordinate their program units.*
- ❖ **Staff from Human Services and the Health Department routinely meet and jointly serve on a number of committees.**
- *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.*
- ❖ **This was considered in 2009. I believe it was also considered in 2003 and 2008. For a variety of reasons, it was not pursued.**

### **5. Nursing Home -- Countryside Home**

- ❖ **Countryside Home was sold in 2010.**

## Program Area Recommendations

### 6. 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. The ADRC opened in July 2008.
- Expand non-mandated Alzheimer and Family Caregiver Support Programs to encourage growth of in home and Family Care Giver placements with the county. AFCSP Funding is determined at the state level and was reduced when the county entered Family Care.
- 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 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. This objective is a requirement of becoming a Family Care county, and was legislatively changed to three years under Governor's Walkers first budget. Jefferson County met this requirement and no waiting lists exist for any of the division's services.
- ❖ **All the above recommendations were accomplished.**
- 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
- ❖ **We submit a transportation plan to our Human Services Board and the Department of Transportation annually. We seek input from citizens and strive to have cost savings. We have made a number of changes to the plan, including having part time drivers, paying for cab rides and participating in regional planning.**

### 7. 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.
- ❖ **We now have a volunteer guardianship program. The Department's costs for guardianship decreased by about \$20,000 per year when guardians by a court order were given the authority to retain fees from the ward's monthly income to cover their fees. We collaborate with Your Friends in Action to recruit volunteers.**
- Recruit, train and certify additional Adult Family Homes for use with DD and elderly relocation clients.
- ❖ **This is no longer a county responsibility with Family Care.**
- 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. Family Care took care of this issue.
- ❖ **With Family Care, this issue has been resolved.**

## 8. 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.
- ❖ **All were implemented and continue to be enhanced.**

## 9. 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.
- ❖ **We continue to enhance and improve promotion and outreach by: holding booths at the Lake Mills, Watertown and Jefferson Farmers Markets; participating in the Fort Atkinson and Watertown Children’s Fairs; participating in the Watertown Latino Festival; participating in Jefferson Ready Kids for School activities; partnering with Jefferson County Head Start to participate in Family Fun Nights and outreach to local childcare and medical providers.**
- Recruit or support training for bilingual staff to better serve Spanish-speaking and Hmong populations.
- ❖ **Our B-3 has a bilingual service coordinator who is present during service delivery to families.**
- Review the results of the Parent Exit Evaluation and use these results to modify programming where appropriate.
- ❖ **Survey results received in or prior to 2013 were collected and presented to both county and contracted staff. The 2013 data drove the goal to build professional development around parent coaching in 2014. In 2014, Kwik trip donated thirty six \$5 gas cards to be used to promote the return of surveys; the return rate of was 18%. The data is shared as part of staff meetings throughout the year and will be gathered annually.**

## 10. Child Protective Services (CPS) Recommendations

- Review the results of the recent State are Quality Service Review and implement changes as necessary. *This report highlights the progressive nature of the HSD.*
- ❖ **The QSR report was used to develop Division goals and all have been accomplished. (Teaming, Engaging Absent Fathers).**
- Recruit or support training for bilingual staff to better serve Spanish-speaking and Hmong populations.
- ❖ **The CPS units have had limited opportunity to interview qualified bilingual candidates, but we have developed contracts with Spanish speaking providers and with a language line that provides interpretation services.**

- Continue to use and expand and refine the use of wraparound services.
- ❖ **The CPS units all refer to Wrap Around and we have been able to enroll families into Wrap Around earlier in the case process to avoid placement and avert formal court involvement.**
- ❖ **In 2014 JCHSD was able to add an additional position to the Wrap Around unit through state funds and allotments.**

## 11. 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.
- ❖ **The Jefferson County Connections committee was created and implemented after a lengthy re-design and study.**
- Explore areas where programs have saved money and see if they can be implemented elsewhere.
- ❖ **NIATX projects were conducted and cost saving were found with the use of secure detention, the cost of urine analysis tests were decreased by 50% and respite days have decreased.**
- 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.
- ❖ **The Jefferson County Connections committee was created and implemented after a lengthy re-design and study.**

## 12. 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.
- ❖ **This was accomplished in 2008**
- Continue to develop and expand the CCS Program, which will increase Medicaid funding.
- ❖ **The CCS program has been expanded into a regional consortium and is now fully funded. We have added positions.**
- Continue to explore and develop alternate funding sources for anti-psychotic medications for those who have no source of coverage.
- ❖ **Our budget for this line item has been reduced by \$200,000. We use the drug accompanies patient assistance programs and assist people with applying for insurance.**
- Evaluate the adequacy of staffing of this unit given its multiple roles and complex services.
- ❖ **We continue to do this. We use metrics and look for patterns of needs. We were able to add a Children's' Mental Health therapist this year.**

### 13. 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 Medical Program and committing the funds for the operation of the Free Clinics.*
- ❖ **Our Income Maintenance programs were mandated to form a consortium in 2010. We participate in the Southern Consortium with 7 other counties. There is now a call center that all applicants for public benefits must go through. The call center handles approximately 12,000 calls a month.**

### 14. 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.
- ❖ **These recommendations were accomplished in 2008.**

### Reorganization Recommendations

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.

- ❖ **I believe this is still true. We are asked to train other counties and a number of our procedures are being replicated in other parts of the state.**

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 caseloads. 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 caseloads and do not have adequate time to manage all facets of their units.

- ❖ **Caseloads are high and the issues that we see are more complex. The heroin and opioid epidemic overlay almost every team in the Department.**

### Updated FTE'S by Program area

<b>Program Description</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Director	1	1	1	1	1	1	1	1
Deputy Director	1	0.5	0	0	0	0	0	0
<b>Aministrative Div Manager</b>	1	1	1	1	1	1	1	1
Clerical	8	8	7.5	6	7	7	7	7
Fiscal	10	9	9.5	9.5	9	9	9	9
Maintenance	7	4.5	4.5	4.5	4.5	5	5	5
<b>ADRC Div Manager</b>	1	1	1	1	1	1	1	1
ADRC	6	6	6	6	7	7	7	8
Aging & Transportation	3.5	4.5	5.5	5.5	5.5	5.5	6.5	7
Nutrition	5	5	4	4	4.5	4	4	4
LTS/Alzheimer/Aging	2	0	0	0	0	0	0	0
<b>Behavioral Health Div Manager</b>	1	0	0	0	0	0	0	0
Community Support	15	15	15	15	15	15	15	15
CCS/EMH	7	7	9	8	8	8	8	9
Crisis Services/EMH/Intake	0	0	0	0	0	0	0	8
Lueder Haus	7	6	6	6	6	6	6	6.5
MH/AODA	10	11	10	10	11	11	11	11
<b>Child &amp; Family Div Manager</b>	1	1	1	1	1	1	1	1
Birth to Three	6	6	6	6	6	6	6	6
CHIPS	10	10	10	10	10	10	10.5	10.5
Delinquency (JJ)	9	9	9	9	9	9	9	10
Foster Care	1	1	1	1	1	1	1	1
Intake	9	9	9	10	11	12	12	8
LTS/Wraparound	6	5	5	7	7	7.5	7.5	8.5
Family Coordinator	2	2	2	0	0	0	0	0
LTS/Developmental Disability	20	20	7	0	0	0	0	0
Families First	0	0	0	0	0	0	0	0
<b>Economic Support Div Manager</b>	1	1	1	1	1	1	1	1
Economic Support	17	18	18	18	18	18	23	23
Alternate Care (in with MH)	NA	NA	NA	NA	NA	NA	NA	NA
Intensive Support	NA	NA	NA	NA	NA	NA	NA	NA
Independent Living	NA	NA	NA	NA	NA	NA	NA	NA
Outreach	NA	NA	NA	NA	NA	NA	NA	NA
Family Development	NA	NA	NA	NA	NA	NA	NA	NA
<b>TOTALS</b>	<b>164.5</b>	<b>159</b>	<b>147</b>	<b>138.5</b>	<b>142.5</b>	<b>144</b>	<b>150.5</b>	<b>159.5</b>

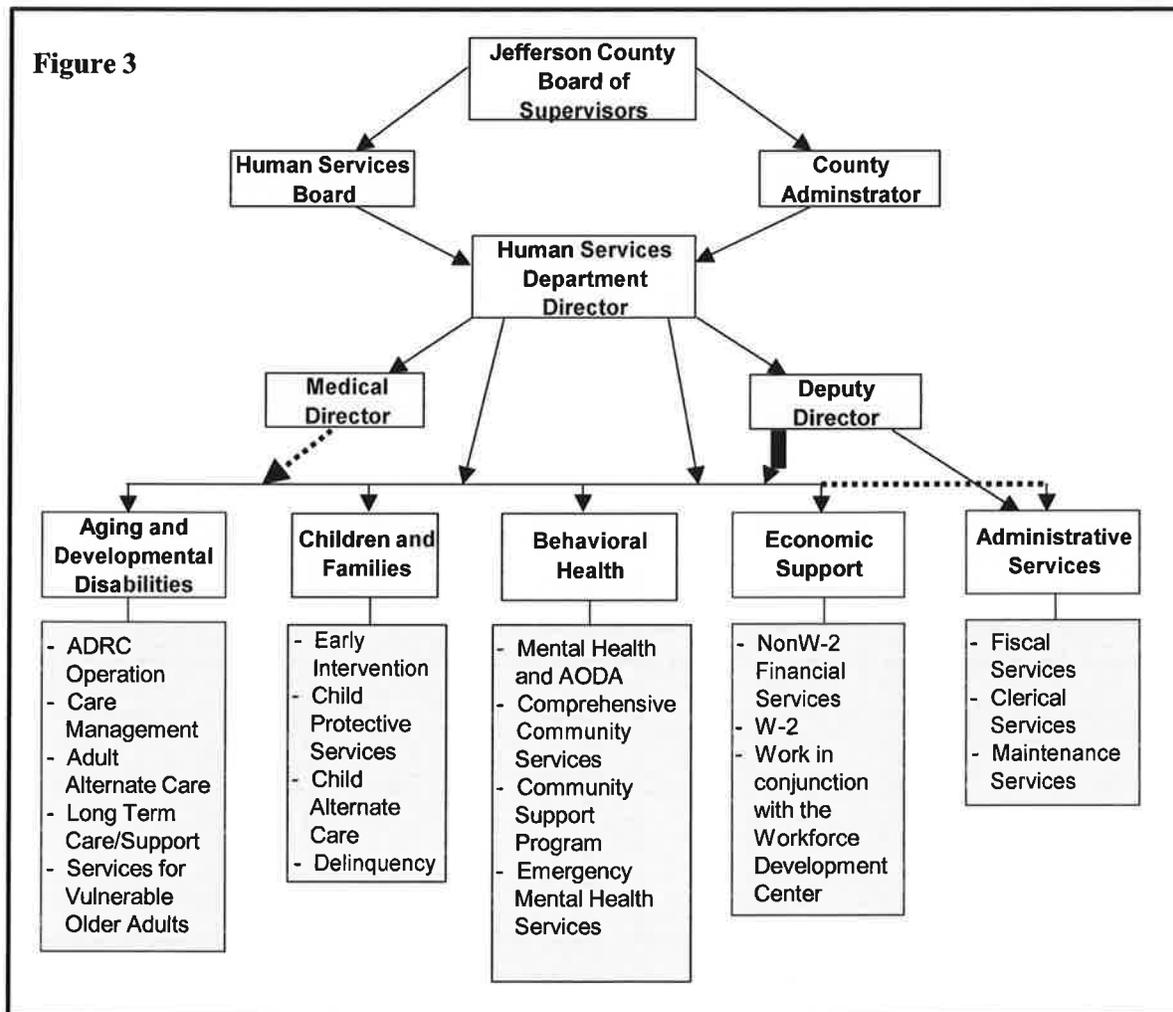
Note: Independent Living, Outreach, Family Development & Intensive Support were added to the specific programs they each work with.

ADRC began in July '08, however FTE's were counted for the full year

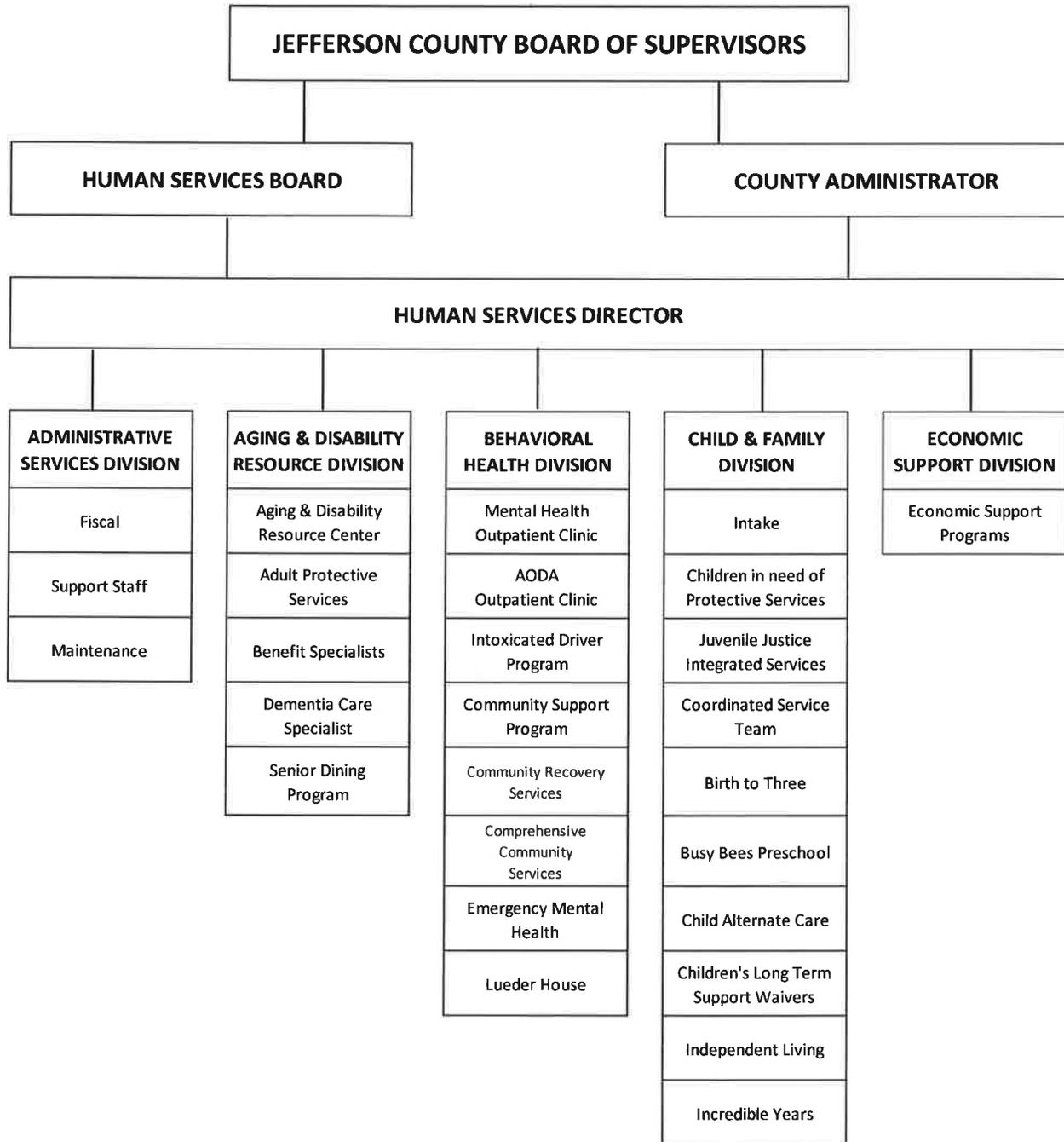
## Reorganization of Jefferson County Human Services Department

- ❖ The proposed organization occurred in 2008. All the teams were organized into Divisions. The recommendation for a quality control position did not happen; a fiscal person was assigned these duties.

### Proposed Organization of Jefferson County's Human Services Department



## 2015 Jefferson County Human Services Department Organizational Chart



## **Review and update on best practice models:**

### **1. Wisconsin's Statewide Family Care Expansion Initiative:**

- ❖ **Jefferson county did enter into Family Care, Partnership and Iris in 2008. The waiting list was eliminated in 2013.**

### **2. Dane County's Self-Directed Supports System**

- ❖ **The Iris program referenced above and initiated here in 2008 is a self-directed support system.**

### **3. 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.

- ❖ **The Department of Justice has not been willing to add GPS monitoring units. We do have a meeting scheduled with a private company that may provide that service. We do have an Intensive Supervision Program.**

**As reflected above JCHSD spent nearly \$69,000 in secure detention costs in 2005 serving 80 youth. In 2013 with the use of the Intensive Supervision Program (ISP) and electronic monitoring secure detention was utilized for 68 youth in with a cost of \$72,000.**

### **4. Volunteer Guardianship:**

- ❖ **We started a volunteer guardianship program in 2011. We also revamped how corporate guardians are paid for a savings of nearly \$20,000 per year.**

### **5. Waupaca and Sauk County's Wraparound Services for Families, Children and Youth**

- ❖ **In the 2007 study two different models of Wraparound Services were discussed. One model, the Sauk county model, used Lutheran Social Services as a provider for a number of counties. Jefferson initially participated. However, the consortium could not ascertain how to bill Medicaid and Jefferson no longer participates.**

**The Waupaca county model was also discussed. Jefferson has built a very similar Wraparound team and delivery were model utilizing the same principals the study referenced The State in 2014 allocated additional funds for this program and we able to add one full time employee.**

### **6. Portage County Aging and Disability Resource Center (ADRC)**

- ❖ **Jefferson County's ADRC opened in 2008.**

## **Other best practices the Department employs:**

1. NIATX: continuous quality improvement paradigm
  - i. Respite project aimed at decreasing the use of formal respite: 518 formal respites in 2102 which was decreased to 416 in 2103 .
  - ii. Increase Public Health services utilization project: resulted in increased use of Jefferson County Public Health services
  - iii. Increasing billing/revenue projects in multiple areas
  - iv. Increase case note entry compliance project
  - v. Reducing wait time in Birth to Three
  - vi. Decreasing “no shows” in Birth to Three.
  - vii. Videoconferencing for Ch. 51 hearing saved 55 Sheriff transports
  - viii. Vehicle Usage \$70,000 per year savings
  - ix. In Home Safety Services \$80,000 per year savings
  - x. Hospital Admission and Discharges
  - xi. Phone system
  - xii. Lueder House and communication with Law Enforcement
  - xiii. Variety of others from each area
2. Evidence based practices in our service delivery programs
2. Shared services, regionalization, and/or consortiums; please see attached list
3. Use of metrics to identify trends and address issues and to move resources where needed.
4. Performance contracting with vendors
5. Mental Health professionals assessing citizens for Emergency Detention rather than Law Enforcement Officers. This is being replicated in other areas of the state.
6. Employee and stakeholder recognition
7. Time study positions



## Current Regional Collaborative or Indicatives

### Administrative

- Billing workgroup with 17 counties

### Aging and Disability Resources Division

- The ADRC supervisor hosts a monthly meeting with representatives from Managed Care Organizations (Care WI and Community Care), IRIS, DHS - Office for Resource Center Development and Economic Support to discuss and resolve issues.
- The Division Manager is involved with various DHS workgroups that are convened as needed and focused on the *Wisconsin Dementia Care Redesign Project*. This involves all WI counties. In addition, Jefferson and Dodge Counties are collaborating to make our communities Dementia Friendly.
- The Division Manager is involved in meetings with DHS and the Greater WI Agency on Aging Resources (GWAAR) that are convened as needed while discussions are taking place on merging free-standing Aging Units and ADRC's. Jefferson County was chosen as a best practice example. This involves all counties where services have yet to merge.
- The Division Manager is involved in discussions/ meetings with transportation providers and interested others who have an interest in achieving transportation coordination on a county/regional basis. In 2014, the Department's Director submitted a letter of intent to apply for section 85.20 funding in 2015 with a January 1, 2016 start date. This funding is to help start implementing the suggestions made during the 2012-2013 CTAA and WisDOT funded study regarding transportation in the Highway 26 corridor. Rock and Jefferson County are involved.

### Behavioral Health

- Comprehensive Community Services (CCS): 3 county consortium for service delivery
- Crisis Grant: 17 county initiative for staff training and to develop resources for youth
- Crisis Intervention Team (CIT) Grant: partnership with NAMI and law enforcement to reduce training costs and improve outcomes for people with mental illness
- Time is Now (TIN): Federal grant with Outagamie county to identify and serve 16 to 25 year olds with a mental illness
- Trauma Informed Care (TIC): initiative with Rock, Walworth, and State Department of Child and Family to train 30 area clinicians who serve youth
- Tri-County; ongoing meetings with Rock and Walworth to find efficiencies
- Law Enforcement Association

### Child and Family

- In Home Safety: 3 county consortium to provide more services for at risk families
- Post Re-unification: partnership with State Department of Child and Family to provide services after a child is returned home so that the child will not re-enter foster care
- TIC: initiative with Rock, Walworth, and State Department of Child and Family to train foster and biological parents
- Birth to 3 Super users group

- Foster care coordinator meetings with 7 counties
- Juvenile Justice is involved in the Wisconsin Juvenile Justice Network and Leadership Alliance.
- Child Intake is part of the Supervisors as Safety Decision Makers (SSDM),
- Representation on the Wisconsin County Human Services Association Child and Family Policy Advisory Committee
- Statewide EWISACWIS Super User and Rate Regulation committees.
- Child Welfare Training Partnership: 17 county partnership to train child welfare staff
- Dialogue for Student Success: Watertown meeting that brings together stakeholders who serve youth
- Wrap Around Coordinating Committee

## **Economic Support**

### **Southern Consortium**

- The Southern Consortium which includes the call center, all eligibility determinations, our fraud plan and consortium staffing.
- Forward Service on W-2 program.
- Dane County and WDA 10 for the FSET (Food Share Employment and Training Program) Begins 4 /15
- Goodwill of Madison, gives us vouchers each year to distribute.
- Jefferson St. Vincent de Paul gives us money to use for Jefferson School district residents.
- Regional Enrollment Network Coordinator- works with all seven consortium counties, health providers, Insurance agents, all community organizations, etc. for Federal Marketplace.
- Job center partners - Job service/ DVR/ Opportunities Inc. daily for specific customer services and information sharing.

### **Committees/ Programs:**

- Continuum of Care meetings chaired by CAC for county housing concerns.
- Emergency Food and Shelter funding working with local food pantries / Salvation army/PADA.
- Free clinic in Watertown and medical providers.
- Ready Kids for School distribution work with schools, community organizations (Dream Center), employer donations and staff

### **Future Opportunities:**

- Service delivery in shared municipalities, i.e. Watertown or Whitewater or Cambridge
- Shared mobile crisis with other counties, especially for people with Dementia
- Services for Latinos
- Mental Health and Substance Abuse Training Partnership
- Zero Suicide protocols
- Heroin and Opiate treatment consortiums

