

AGENDA

Jefferson County Human Services Board
Jefferson County Workforce Development Center
874 Collins Road, Room 103, Jefferson, WI 53549
November 13, 2012 at 8:30 a.m.

Committee Members:

Jim Mode, *Chair*
Dick Jones, *Secretary*
Julie Merritt
Augie Tietz

Pamela Rogers, *Vice Chair*
John McKenzie
Jim Schultz

1. Call to Order
2. Roll Call/Establishment of Quorum
3. Certification of Compliance with the Open Meetings Law
4. Review of the November 13, 2012 Agenda
5. Citizen Comments
6. Approval of October 9, 2012 Board Minutes
7. Communications
8. Review of September, 2012 Financial Statement
9. Review and Approve October, 2012 Vouchers
10. Division Updates: Child and Family Division, Behavioral Health, Administration, Economic Support, and Aging and Disability Resource Center
11. Review and Approve the 2013 Provider Contracts & Agreements
12. Review and Approve the State/County Contracts
13. Review Resolution requesting elected state officials and the Governor to re-examine the policies which have led to historically high incarceration rates in Wisconsin.
14. Dementia Care Specialist Grant and approve LTE position
15. Review Draft s 85.21 Transportation Grant Application
16. Re-consider transfer of CHIPS legal work to Corporation Counsel and related Budget Amendment
17. Update from Wisconsin County Human Services Association
18. Set next meeting date and potential agenda items (December 11 @8:30 a.m.)
19. Adjourn

The Board may discuss and/or take action on any item specifically listed on the Agenda

Special Needs Request - 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 HUMAN SERVICES
Board Minutes
October 9, 2012

Board Members Present: Jim Mode, Pam Rogers, Richard Jones, Augie Tietz, John McKenzie and Jim Schultz

Absent: Julie Merritt

Others Present: Human Services Director Kathi Cauley; Aging & Disability Resource Center Manager Sue Torum; Administrative Services Manager Joan Daniel; Economic Support Manager Jill Johnson; Child & Family Division Manager Brent Ruehlow; Office Manager Donna Hollinger; County Board Chairman John Molinaro; County Corporate Counsel Phil Ristow; and Director of the Jefferson Senior Center Sheila Frohmader.

1. CALL TO ORDER

Mr. Mode called the meeting to order at 8:30 a.m.

2. ROLL CALL/ESTABLISHMENT OF QUORUM

Merritt absent/Quorum established

3. CERTIFICATION OF COMPLIANCE WITH THE OPEN MEETINGS LAW

Compliance attained

4. REVIEW OF THE OCTOBER 9, 2012 AGENDA

Agenda items #10 & 11 will move to follow item #15

5. CITIZEN COMMENT

Ms. Torum introduced Ms. Frohmader, Director of the Jefferson Senior Center. Ms. Frohmader read a letter stating that the participants are delighted with the return of Feil's catering and the participation numbers rose substantially in September because of this. Ms. Torum also distributed participant letters in support of Feil's catering.

6. APPROVAL OF THE SEPTEMBER 11, 2012 BOARD MINUTES

Ms. Rogers made a motion to approve the September 11, 2012 board minutes.

Mr. Jones seconded.

Motion passed unanimously.

7. COMMUNICATIONS

No Communications

8. REVIEW OF AUGUST, 2012 FINANCIAL STATEMENT

Ms. Daniel reviewed the August 2012 financial statement (attached) and reported that we are projecting a positive fund balance of \$30,661, which includes the carryover we requested from 2011. Ms. Daniel also presented the financial statement and summary sheet (attached) that details projections for revenue, expenses, tax levy and variance by program within each Division and discussed the areas that are having the most impact on the budget. Ms. Daniel also presented a report showing Alternate Care and Commitments costs (attached)

9. REVIEW AND APPROVE SEPTEMBER, 2012 FINANCIAL VOUCHERS

Ms. Daniel reviewed the summary sheet of vouchers totaling \$1,534,865.10 (attached). Mr. Schultz made a motion to approve the September vouchers totaling \$1,534,865.10 as presented.

Ms. Rogers seconded.

Motion passed unanimously.

12. REVIEW AND APPROVE COUNTY BOARD RESOLUTION TO DESIGNATE CORPORATION COUNSEL PER STATUTE §48.09 TO REPRESENT THE PUBLIC IN CHIPS AND TPR CASES.

Ms. Cauley reported that, as was discussed at the September board meeting, we would like to designate our Corporation Counsel to represent us in doing the legal work for Chips and TPR work. In doing so, we can enter into a IV-E legal contract that will drawn down more money. The attorney would be located at Human Services and would be dedicated to work solely with our staff. Ultimately, this should save money in our children's alternate care cases.

Mr. Ristow added that that statute §48.09 says that County Boards designate who will be assigned this responsibility, and, that this it is only done in odd years. Since the State funds the District Attorneys' offices, they would like this change done prior to the budget cycle. He said that we would give notice to Wisconsin Department of Administration that this will be shifted from the District Attorney's office to the County level, and would be effective September 1, 2013.

Mr. McKenzie made a motion to approve a resolution designating Corporation Counsel to represent the public in Chips and TPR cases and to send it to the County Board in November for approval.

Mr. Jones seconded.

Motion passed unanimously.

13. APPOINT EMILY PANTLEY TO THE NUTRITION PROJECT COUNCIL

Ms. Torum reported that Emily Pantley would like to become a member of the Nutrition Project Council to replace an individual who passed away.

Ms. Rogers made a motion to approve the appointment of Emily Pantley to the Nutrition Project Council, and to send it to the County board for approval.

Mr. Tietz seconded.

Motion passed unanimously.

14. REVIEW AND APPROVE SENIOR DINING MEAL BIDS AND SELECT CATERER

Ms. Torum reported that she sent out bid requests for the senior dining meal program, and then distributed the summary of the results (attached). There were only two bids and Feil's Catering came in at the lowest cost. Ms. Torum reminded everyone that the participants want Feil's back and the September meal numbers as indicated earlier, prove that.

Mr. Jones made a motion to approve Feil's Catering for the senior dining meals.

Mr. Tietz seconded.

Motion passed unanimously.

15. REVIEW AND APPROVE FINAL 2013 – 2015 AGING PLAN

Ms. Torum presented the final version of the 2013 – 2015 Aging Unit Plan after changes were made to reflect the suggested changes by the Greater WI Agency on Aging Resources.

Mr. McKenzie made a motion to approve the 2013 – 2015 Aging Plan.

Mr. Schultz seconded.

Motion passed unanimously.

10. DIVISION UPDATES: CHILD & FAMILY RESOURCES, BEHAVIORAL HEALTH, ADMINISTRATION, ECONOMIC SUPPORT, AND AGING & DISABILITY RESOURCE CENTER

Child & Family Resources:

Mr. Ruehlow reported on the following items:

- We hired a bilingual Service Coordinator in our Birth to Three unit.
- We have two openings on our Chips team as two staff transferred to the Delinquency team. One offer was made today and are working on the second one.
- Several months ago we submitted a “Readiness Survey” to the DCF and scored very high, so we will be part of the “Alternative Response” pilot beginning December 1. Alternative Response means that after receiving the first call, the goal is to include all parties in order to mitigate safety as a family unit. This model will require some training for staff and outside stakeholders. Other States have been doing this successfully for quite some time now. If it doesn’t work with some cases, we have the option to use the traditional response.
- We received the Safety grant and the State has reported that they are very pleased with our results. With the help of our contracted provider Orion Family Services, who send their staff into homes to help identify potential threats, we have avoided some placements.
- Our out-of-home placements have increased slightly. We were able to close 12 in-home cases so the numbers are declining. We are hopeful that the October numbers will look better.
- The number of Intake calls has decreased.
- We are over budget in the children’s waiver area, but four children were recently closed.
- Occasionally we offer respite for providers who care for children by placing the child in another home for the weekend. This break helps preserve the placement. We can also provide a respite for an in-home placement for parents. I will be reporting on this topic more in the future. I also want to report on the important work that our Foster Care Coordinator, Diane Wendorf, does in this area. Recently she found respite for 17 children in foster homes, which totaled 167 days. We feel that this is a proactive course which helps avoid long removals or an increase in abuse or neglect.

Behavioral Health:

Ms. Cauley reported on the following items:

- Last week she, Mr. Tietz, Mr. Mode, and Mr. Molinaro attended the substance abuse coalition meeting at the UW Watertown Regional Hospital. She said that Dr. Rick Brown spoke about behavioral screening and intervention to identify alcohol or other substance abuse, depression, and unhealthy lifestyles. (brochure attached) The coalition is hoping

that hospital emergency rooms will implement this. A trained screener would use a motivational style to interview the patient to find out if the individual would need treatment or psycho education. If needed, Health Educators would be available to do this. This program is available as an insurance benefit, which pays for itself. Ms. Cauley asked everyone to advocate for this with our health care professionals, as it will benefit everyone. Mr. Brown provided the training. Fort Atkinson Memorial Hospital staff said they are going to pilot this.

- Hospital costs have decreased and emergency detentions came down so we are on par with last year. We had 93 EDs and 161 suicide calls through September.
- Several Care Wisconsin clients had emergency detentions, and we are working collaboratively with Care Wisconsin to resolve this. In addition, we are working with WCHSA to resolve this.
- The RFP is out for the CMOs to operate in Jefferson County. There are three additional bidders besides Care Wisconsin.
- Ms. Cauley read a letter from a consumer who spoke about her success while in the Community Support Program.

ADRC:

Ms. Torum reported on the following items:

- The Watertown Hospital is planning to discontinue its Meals-on-Wheels Program serving Dodge and Jefferson Counties. Approximately 90 meals are served each day and the hospital stated its intent to provide financial support if the counties will take over the program. Ms. Torum said it's complicated because there is no guarantee that both counties will always have the same caterer, and Dodge County is very reluctant to enter into any agreement where funding is tenuous. The hospital is able to charge for meals and the county's program cannot. Every individual has to be assessed and all meals reported into a state database system. Aside from costs, this will increase demands on staff time and Nutrition Program staff are already stretched thin. Ms. Torum asked for feedback and the general consensus was that this does need to be looked at very carefully, and if Jefferson County was to enter into an agreement with the hospital for funding, it would need to be a long term arrangement.

Administration:

Ms. Daniel reported on the following items:

- The 2012 CCS rates were approved by the State, however they were approved by provider, which meant that we needed to change our billing system.
- We are working diligently in compliance and are implementing cross checks to make sure that clients have a signed Consent for Services. We are also ensuring that we are in compliance with treatment plans, assessments and dates.
- We are preparing our 2013 Provider Contracts and are going to change the language when individuals enroll into Family Care. We will also be including outcome performances.
- We will be sending out RFPs for Rehabilitation Services in our Birth to Three program.
- The State has requested a change in how we report information to them for the Human Services Reporting System. We will need to provide more detailed client information now, so MIS is helping to program that.

- We are working on the TPR budget and a Permanence and Safety Plan budget.

Economic Support:

Ms. Johnson reported on the following items:

- We have 7158 households on assistance, which was an increase from last month of 95 households.
- The Regional Area Administrator of the DCF and the Child Care Coordinator were here to review our Child Care Certification Program, and everything went well.
- The Call Center is very busy and but staffing is an issue so the consortium is trying to solve this problem.
- We have the following three new systems in place:
 - ❖ Dashboard will help staff manage their caseloads better.
 - ❖ Integramatch is a Federal system to verify an individual's assets, which is part of the Affordable Care Act. When an individual applies for benefits, their assets will be entered into the system and when their review comes due, it will be matched with the bank account to verify it automatically. It will be more work on the front end, but better in the end.
 - ❖ Client Scheduling is a system developed to schedule a customer's appointment easier for any county in the consortium.
- W2 applications are increasing, but Forward services will be taking over as of January 1, 2013.
- The DVR offices moved into closed offices, which increased revenue.
- We are partnering with Community Action Coalition for Koats for Kids, with distribution being held at the WDC.

11. DISCUSS AND APPROVE THE INCREASE FOR AUDIT LIMITS IN 2013 FROM \$25,000 TO \$50,000

Ms. Daniel said that currently providers, such as adult family homes, are required to submit an audit for any income over \$25,000. Ms. Daniel explained that for some providers, this could be an income for only one client, thereby making it very costly to them. She said that thirty-eight counties have asked the State for a Mandated Relief Waiver of the audit threshold to \$75,000 (attached). We require annual audits, but the State approves the waiver for four years. She asked the board to make a motion to increase the threshold to \$75,000 and to forward it to the County Board.

Mr. McKenzie made a motion to approve the increase for audit limits in 2013 from \$25,000 to \$75,000 and to send a resolution to the County Board for approval.

Mr. Jones seconded.

Motion passed unanimously.

16. UPDATE ON WISCONSIN COUNTY HUMAN SERVICES ASSOCIATION

Mr. Mode reported that the Fall WCHSA conference is going to be held in Wisconsin Rapids on December 7. The topic is going to be "Why Counties Matter."

17. SET NEXT MEETING DATE AND POTENTIAL AGENDA ITEMS

The next meeting will be on Tuesday, November 13.

18. ADJOURN

Mr. Tietz made a motion to adjourn the meeting.

Ms. Rogers seconded.

Motion passed unanimously.

Meeting adjourned at 10:30 a.m.

Respectfully submitted by Donna Hollinger

NEXT BOARD MEETING

Tuesday, November 13, 2012 at 8:30 a.m.

Workforce Development Center

874 Collins Road, Room 103

Jefferson, WI 53549

**Jefferson County Human Services Department
Financial Statement Summary
September, 2012**

We are projecting a positive fund balance of \$15,874. This projection includes the carryover we requested from 2011. This projection is very tight so if inpatient costs increase from current trends or children placements increase, this will impact this balance.

Summary of the variances:

Revenue: Overall Revenues are favorable by \$66,171 – currently working on Insurance/Medicaid billing. Ensuring compliance with program requirements and having programming done to check for paperwork to ensure billing is meeting requirements. Procedures are being put in place to review notes to make sure in compliance with billing requirements.

Expenditures: Were over budget by \$47,506

Major Classifications impacting the projected Balance (based on 6 month):

Salary under budget by \$2,553

Fringes under budget by (\$246,893)

Children Alternate Care over budget by \$363,649

Children's Waiver over budget by \$81,702

Hospital/Detox under budget by (\$21,120) See behavioral Health Division for additional discussion

Operating Costs under budget by (\$117,487)

BEHAVIOR HEALTH DIVISION: Projection is favorable by (\$64,694)

- For the month of September Winnebago & Mendota invoice was a net balance of \$38,385.57 we have one expensive family care client that is costing us \$1,184 per day at Winnebago that needs one/one staffing. Depending on length of stay this may impact our hospital projection. In the projection for the remaining months we have 214,624 (Oct-Dec) for Hospitals and Detox bills which averages to \$71,541 per month current average is about \$63,000 a month. Overall projection for Hospital/Detox is under budget by \$21,120 but this is dependent on how long placement will be for existing clients/revenue collections/ and any new placements. See note below.
- **Inpatient costs for Family Care clients are \$130,200 to date. If people are not moved by the end of the year the projected cost is \$268,792.**
- Lueder Haus revenues are projecting to come in higher than budget by \$64,640.

CHILDREN & FAMILIES DIVISION: Projection is unfavorable by \$253,672

- Child Alternate Care unfavorable \$363,649. I used September data to project the remaining months of the year versus average cost. Children being serviced increase unduplicated count in September by 3 children versus August. Some children moved to new providers

and in addition some payments were made in September for previous months amounting to \$23,538. The September payments for alternate care (including the August payments) increased \$20,575 from August. We have one expensive client that has high needs that currently is impacting this area. In the forecast the child is projected to be placed through year end. However other service plans for this child are being reviewed so this may change this projection currently scheduled to go to court in December. In addition TPR cases are also being worked on and depending on the court outcomes these costs may change. Savings from State Charges at Lincoln Hills (no placements currently) amounts to \$165,027 which is offsetting the Alternate Care Cost.

ECONOMIC SUPPORT DIVISION: Projection favorable by (\$12,212).

AGING & ARC DIVISION: Projection is favorable by (\$30,062)

ADMINISTRATIVE DIVISION: Projection is favorable by (\$61,768).

Alternate Care Costs

2012

Type of Placement	# of Children	# of Days	Cost	Cost per Day	Cost Per Child
Note: Group Home exceptional rate and one time payments increased from April; one client retro paid for April.					
June-12					
Foster Care	70	2155	\$126,477.22	\$58.69	\$1,806.82
Foster Care Special	0	0	\$0.00	\$0.00	\$0.00
Foster Home Level - 1	8	240	\$1,760.00	\$7.33	\$220.00
Group Home	5	73	\$13,867.14	\$189.96	\$2,773.43
Kinship Care	25	825	\$6,281.79	\$7.61	\$251.27
Subsidized Guardianship	2	60	\$440.00	\$7.33	\$220.00
Treatment Foster Home	0	0	\$0.00	\$0.00	\$0.00
SpeciltyHosp&Rehab	1	21	\$9,812.25	\$467.25	\$9,812.25
CCI's	5	174	\$31,649.40	\$181.89	\$6,329.88
Total June 2012	116	3548	\$190,287.80	\$53.63	\$1,640.41
July-12					
Foster Care	81	1810	127314	\$70.34	\$1,571.77
Foster Care Special	0	0	0	\$0.00	\$0.00
Foster Home Level - 1	9	255	1,810	\$7.10	\$201.08
Group Home	10	294	57,546	\$195.74	\$5,754.62
Kinship Care	29	902	6,661	\$7.38	\$229.69
Subsidized Guardianship	2	62	440	\$7.10	\$220.00
Treatment Foster Home	0	0	0	\$0.00	\$0.00
60 Day Res Asses	1	5	1,591	\$318.18	\$1,590.90
CCI's	0	0	0	\$0.00	\$0.00
Total July 2012	132	3328	\$195,361.30	\$58.70	\$1,480.01
August-12					
Foster Care	73	2074	133840	\$64.53	\$1,833.42
Foster Care Special	0	0	0	\$0.00	\$0.00
Foster Home Level - 1	9	279	1980	\$7.10	\$220.00
Group Home	10	292	52346.44	\$179.27	\$5,234.64
Kinship Care	29	900	6614.94	\$7.35	\$228.10
Subsidized Guardianship	2	62	440	\$7.10	\$220.00
Main Program	1	31	10535.04	\$339.84	\$10,535.04
Treatment Foster Home	0	0	0	\$0.00	\$0.00
60 Day Res Asses	1	31	9863.58	\$318.18	\$9,863.58
CCI's	0	0	0	\$0.00	\$0.00
Total Aug. 2012	125	3669	\$215,619.97	\$58.77	\$1,724.96
September-12					
Foster Care	87	2296	149033	\$64.91	\$1,713.02
Foster Care Special	0	0	0	\$0.00	\$0.00
Foster Home Level - 1	9	270	1980	\$7.33	\$220.00
Group Home	10	319	58951.68	\$184.80	\$5,895.17
Kinship Care	28	817	6232.39	\$7.63	\$222.59
Subsidized Guardianship	2	60	440	\$7.33	\$220.00
Main Program	1	30	10195.2	\$339.84	\$10,195.20
Treatment Foster Home	0	0	0	\$0.00	\$0.00
60 Day Res Asses	1	30	9545.4	\$318.18	\$9,545.40
CCI's	0	0	0	\$0.00	\$0.00
Total Sept. 2012	138	3822	\$236,377.49	\$61.85	\$1,712.88
(unduplicate 128)					

Alternate Care Costs

2012

Type of Placement	# of Children	# of Days	Cost	Cost per Day	Cost Per Child
January-12					
Foster Care	63	1776	\$105,272.24	\$59.27	\$1,670.99
Foster Care Special	0	0	\$0.00	\$0.00	\$0.00
Foster Home Level - 1	10	305	\$2,164.52	\$7.10	\$216.45
Group Home	6	186	\$39,256.23	\$211.06	\$6,542.71
Kinship Care	31	903	\$6,417.38	\$7.11	\$207.01
Treatment Foster Home	0	0	\$0.00	\$0.00	\$0.00
CCI's	0	0	\$0.00	\$0.00	\$0.00
Total January 2012	110	3170	\$153,110.37	\$48.30	\$1,391.91
February-12					
Foster Care	60	1616	\$104,406.82	\$64.61	\$1,740.11
Foster Care Special	0	0	\$0.00	\$0.00	\$0.00
Foster Home Level - 1	11	319	\$2,420.00	\$7.59	\$220.00
Group Home	7	181	\$38,068.27	\$210.32	\$5,438.32
Kinship Care	22	638	\$4,840.00	\$7.59	\$220.00
Treatment Foster Home	0	0	\$0.00	\$0.00	\$0.00
CCI's	0	0	\$0.00	\$0.00	\$0.00
Total February 2012	100	2754	\$149,735.09	\$54.37	\$1,497.35
March-12					
Foster Care	60	2007	\$123,626.86	\$61.60	\$2,060.45
Foster Care Special	0	0	\$0.00	\$0.00	\$0.00
Foster Home Level - 1	9	273	\$1,937.42	\$0.00	\$0.00
Group Home	6	149	\$28,622.90	\$192.10	\$4,770.48
Kinship Care	22	682	\$4,840.00	\$7.10	\$220.00
Subsidized Guardianship	2	62	\$440.00	\$7.10	\$220.00
Treatment Foster Home	0	0	\$0.00	\$0.00	\$0.00
CCI's	0	0	\$0.00	\$0.00	\$0.00
Total March 2012	99	3173	\$159,467.18	\$50.26	\$1,610.78
April-12					
Foster Care	61	1691	\$108,611	\$64.23	\$1,780.50
Foster Care Special	0	0	\$0.00	\$0.00	\$0.00
Foster Home Level - 1	7	210	\$1,540.00	\$7.33	\$220.00
Group Home	8	191	\$36,656.94	\$191.92	\$4,582.12
Kinship Care	24	745	\$5,457.81	\$7.33	\$227.41
Subsidized Guardianship	2	60	\$440.00	\$7.33	\$220.00
Treatment Foster Home	0	0	\$0.00	\$0.00	\$0.00
CCI's	0	0	\$0.00	\$0.00	\$0.00
Total April 2011	102	2897	\$152,705.50	\$52.71	\$1,497.11
Note: 2 clients are counted twice because moved to another alternate care provider (100 Children in placement).					
May-12					
Foster Care	69	1847	\$117,592.53	\$63.67	\$1,704.24
Foster Care Special	0	0	\$0.00	\$0.00	\$0.00
Foster Home Level - 1	10	307	\$2,178.71	\$7.10	\$217.87
Group Home	8	262	\$52,996.42	\$202.28	\$6,624.55
Kinship Care	24	702	\$4,997.35	\$7.12	\$208.22
Subsidized Guardianship	2	62	\$440.00	\$7.10	\$220.00
Treatment Foster Home	0	0	\$0.00	\$0.00	\$0.00
CCI's	0	0	\$0.00	\$0.00	\$0.00
Total May 2012	113	3180	\$178,205.01	\$56.04	\$1,577.04

**Commitments/Inpatient
Jefferson County - HSD
January - August/September**

Hospital	Clients	Comments	Billed	Status	Outstanding
Fond du Lac Co. Health Care Center	8	Insurance will not pay because clients are not within the age group for payment. See note below.	\$47,964.63	Billed for 8 clients	1
Mendota Health Institute	20	Insurance will not pay because clients are not within the age group for payment. See note below.	\$184,208.78	Billed for 20 clients through Sept. Medicare recouped funds backed from 2010 charged \$15135.02.	1
Rogers Memorial Hospital	2		\$73,380.35	Billed for 2 clients	
Stoughton Hospital Geriatric Psych Program	2	No Insurance	\$1,562.74	Not Billed	1
St. Agnes, Fond du Lac	18	10 clients billed 3 client no insurance not billed for yet.	\$109,744.00	18 clients to St. Agnes billed for 10 clients, possible 2 clients not billed for.	2
Trempealeau Co. Health Care Ctr	2	2 Clients	\$75,919.52	Billed thru Sept 2 clients currently at Trempleau	
UW Hospital, Madison	2	1 Client has Medicaid; other client Vol has insurance	\$23,147.08		
Wheaton Franciscan Health Care All Saints, Racine	2		\$12,159.80	2 clients, 1 has insurance	
Winnebago Mental Health Institute	<u>27</u> <u>83</u>		\$59,949.08 <u>\$588,035.98</u>	27 Clients billed through Sept.	

Note: Winnebago and Mendota bills Jefferson County HSD Monthly and if they collect from insurance reimburses us after the fact.

Winnebago, Mendota, and Fund du Lac Co. are IMD facility so between ages 22-64 Insurance won't pay.

Presumptive MA is looked at if client has no insurance to see if the client qualifies.

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT
STATEMENT OF REVENUES & EXPENDITURES
For 9 Months Ended September, 2012

SUMMARY

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2012 Budget	Year End Variance
Federal/State Operating Revenues	7,285,716	655,393	7,941,109	7,610,118	7,929,782	10,639,214	10,573,043	66,171
County Funding for Operations	7,647,032	(1,911,758)	5,735,274	5,981,516	5,735,274	7,647,032	7,647,032	0
less: Prepaid Expense Transfer	0	0	0	0	0	0	0	0
Total Resources Available	14,932,748	(1,256,365)	13,676,383	13,591,634	13,665,056	18,286,246	18,220,075	66,171
Total Adjusted Expenditures	13,302,950	284,653	13,583,697	13,479,444	13,846,611	18,507,565	18,460,059	47,506
OPERATING SURPLUS (DEFICIT)	1,629,798	(1,541,019)	92,685	112,190	(181,555)	(221,320)	(239,984)	18,664
Balance Forward from 2011-Balance Sheet Operating	177,895		177,895	26,714	177,896	237,194	237,194	0
NET SURPLUS (DEFICIT)	1,807,693	(1,541,019)	270,581	138,904	(3,660)	15,874	(2,790)	18,665

REVENUES

STATE & FEDERAL FUNDING

MH & AODA Basic County Allocation	1,874,808	(392,565)	1,482,243	1,482,243	1,482,243	1,976,324	1,976,324	0
Childrens Basic County Allocation	899,680	(248,310)	651,370	615,905	651,370	868,493	868,493	0
Family Care County Contribution	0	0	0	0	0	0	0	0
Childrens L/T Support Waivers	29,445	24,396	53,841	446,875	439,091	71,788	585,455	(513,667)
Behavioral Health Programs	182,506	40,269	222,775	347,129	187,946	294,306	250,595	43,711
Community Options Program	96,635	18,559	115,194	120,687	114,086	152,115	152,115	0
Aging & Disability Res Center	544,010	38,538	582,548	554,745	566,375	781,175	755,167	26,008
Aging/Transportation Programs	512,021	(51,118)	460,903	422,370	458,992	625,841	611,989	13,852
Youth Aids	369,294	66,431	435,725	419,225	487,460	635,658	649,947	(14,289)
IV-E TPR	3,779	0	3,779	30,124	60,750	67,079	81,000	(13,921)
Family Support Program	47,008	7,674	54,682	40,999	49,757	66,343	66,343	0
Children & Families	78,830	(21,548)	57,282	66,776	63,425	82,972	84,566	(1,594)
ARRA Birth to Three	0	0	0	17,800	0	0	0	0
I.M. & W-2 Programs	160,487	13,841	174,328	701,420	927,840	268,767	1,237,120	(968,353)
Client Assistance Payments	166,036	20,364	186,400	293,095	147,917	223,727	197,222	26,505
Early Intervention	137,970	(13,797)	124,173	166,510	124,883	166,510	166,510	0
Total State & Federal Funding	5,102,509	(497,265)	4,605,244	5,725,902	5,762,135	6,281,099	7,682,846	(1,401,747)

COLLECTIONS & OTHER REVENUE

Provided Services	711,239	914,627	1,625,866	1,253,396	1,582,076	2,140,291	2,109,434	30,857
Child Alternate Care	125,569	0	125,569	102,501	124,747	165,637	166,329	(692)
Adult Alternate Care	91,595	0	91,595	73,190	107,540	122,127	143,386	(21,259)
Childrens L/T Support	359,113	101,877	460,990	32,695	25,925	614,653	34,566	580,087
1915i Program	19,506	18,458	37,964	82,398	72,167	50,619	96,223	(45,604)
Donations	64,985	2,300	67,285	60,699	65,400	88,654	87,200	1,454
Cost Reimbursements	167,268	1,612	168,880	165,523	142,792	225,140	190,389	34,751
Other Revenues	643,932	113,784	757,716	113,813	47,003	950,994	62,670	888,324
Total Collections & Other	2,183,207	1,152,658	3,335,865	1,884,215	2,167,648	4,358,115	2,890,197	1,467,918

TOTAL REVENUES

7,285,716	655,393	7,941,109	7,610,118	7,929,782	10,639,214	10,573,043	66,171
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EXPENDITURES

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2012 Budget	Year End Variance
<u>WAGES</u>								
Behavioral Health	879,621	0	879,621	799,478	863,684	1,173,009	1,151,579	21,430
Childrens & Families	816,503	0	816,503	985,148	1,056,773	1,088,671	1,409,031	(320,360)
Community Support	533,156	0	533,156	535,320	521,649	710,815	695,532	15,283
Comp Comm Services	247,878	0	247,878	204,815	248,285	330,504	331,046	(542)
Economic Support	631,230	0	631,230	633,762	638,129	841,640	850,838	(9,198)
Aging & Disability Res Center	322,856	0	322,856	309,936	312,278	430,475	416,370	14,105
Aging/Transportation Programs	518,933	0	518,933	284,670	293,274	691,911	391,032	300,879
Childrens L/T Support	80,817	0	80,817	78,080	78,809	107,756	105,078	2,678
Early Intervention	216,105	0	216,105	216,492	223,392	288,140	297,856	(9,716)
Management/Overhead	610,997	0	610,997	580,945	615,332	814,663	820,443	(5,780)
Lueder Haus	193,545	0	193,545	199,131	200,887	258,060	267,849	(9,789)
Safe & Stable Families	152,189	0	152,189	139,589	153,345	202,919	204,460	(1,541)
Supported Emplymt	0	0	0	40,970	0	0	0	0
Total Wages	5,203,830	0	5,203,830	5,008,336	5,205,836	6,938,561	6,941,114	(2,553)
<u>FRINGE BENEFITS</u>								
Social Security	388,803	0	388,803	379,155	377,430	518,404	503,240	15,164
Retirement	300,910	0	300,910	501,751	317,471	401,213	423,295	(22,082)
Health Insurance	1,305,605	0	1,305,605	1,382,932	1,470,884	1,740,807	1,961,178	(220,371)
Other Fringe Benefits	8,962	0	8,962	24,372	25,726	14,697	34,301	(19,604)
Total Fringe Benefits	2,004,280	0	2,004,280	2,288,210	2,191,511	2,675,121	2,922,014	(246,893)
<u>OPERATING COSTS</u>								
Staff Training	13,134	0	13,134	11,914	15,830	16,631	21,107	(4,476)
Space Costs	153,267	0	153,267	151,109	194,522	213,845	259,363	(45,518)
Supplies & Services	622,679	(2,806)	619,867	519,580	552,665	810,070	736,886	73,184
Program Expenses	96,534	0	96,534	96,614	134,672	119,273	179,562	(60,289)
Employee Travel	132,583	0	132,583	127,472	157,588	176,326	210,117	(33,791)
Staff Psychiatrists & Nurse	296,827	0	296,827	266,988	280,525	400,388	374,033	26,355
Birth to 3 Program Costs	169,529	0	169,529	159,509	209,372	226,039	279,163	(53,124)
Busy Bees Preschool	1,156	0	1,156	1,058	2,021	1,541	2,694	(1,153)
ARRA Birth to Three	0	0	0	12,348	0	0	0	0
Opp. Inc. Payroll Services	506	0	506	0	0	675	0	675
Other Operating Costs	2,034	0	2,034	779	27,491	7,230	36,654	(29,424)
Year End Allocations	(75)	(1)	(76)	(27,685)	16,451	25,343	21,934	3,409
Capital Outlay	3,685	7,806	11,491	31,445	67,863	97,151	90,484	6,667
Total Operating Costs	1,491,859	4,999	1,496,852	1,351,132	1,658,998	2,094,510	2,211,997	(117,487)
<u>BOARD MEMBERS</u>								
Per Diems	4,950	0	4,950	4,125	5,250	6,600	7,000	(400)
Travel	24	0	24	21	0	32	0	32
Training	509	0	509	310	750	679	1,000	(321)
Aging Committee	0	0	0	0	0	0	0	0
Total Board Members	5,483	0	5,483	4,456	6,000	7,311	8,000	(689)

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2012 Budget	Year End Variance
<u>CLIENT ASSISTANCE</u>								
W-2 Benefit Payments	70,305	0	70,305	61,664	77,870	93,740	103,827	(10,087)
Funeral & Burial	0	0	0	65,484	0	0	0	0
Medical Asst. Transportation	0	0	0	38,782	0	0	0	0
Energy Assistance	85,400	0	85,400	112,053	99,750	133,000	133,000	0
Kinship & Other Client Assistance	83,437	0	83,437	97,896	96,095	110,953	128,127	(17,174)
Total Client Assistance	239,142	0	239,142	375,879	273,716	337,693	364,954	(27,261)
<u>MEDICAL ASSISTANCE WAIVERS</u>								
Childrens LTS	446,045	151,017	597,062	564,597	537,594	798,494	716,792	81,702
Total Medical Assistance Waivers	446,045	151,017	597,062	564,597	537,594	798,494	716,792	81,702
<u>COMMUNITY CARE</u>								
Supportive Home Care	53,331	0	53,331	55,997	58,818	74,112	78,424	(4,312)
Guardianship Services	114,785	12,777	127,562	98,321	99,627	170,083	132,836	37,247
People Ag. Domestic Abuse	33,750	0	33,750	33,750	35,460	45,000	47,280	(2,280)
Family Support	2,511	0	2,511	889	1,438	6,000	1,917	4,083
Transportation Services	39,502	0	39,502	35,908	47,966	52,669	63,954	(11,285)
Opp. Inc. Delinquency Programs	85,797	0	85,797	85,797	98,193	113,832	130,924	(17,092)
Opp. Inc. Independent Living	0	0	0	0	0	0	0	0
Other Community Care	132,773	28,474	157,347	87,856	130,664	240,788	174,219	(102,286)
Elderly Nutrition - Congregate	32,262	0	32,262	46,186	38,177	52,899	50,902	1,997
Elderly Nutrition - Home Delivered	48,030	0	48,030	60,914	55,162	75,185	73,549	1,636
Elderly Nutrition - Other Costs	10,082	0	10,082	5,099	4,592	13,443	6,122	7,321
Total Community Care	552,823	41,251	590,174	510,717	570,095	844,011	760,127	(84,971)
<u>CHILD ALTERNATE CARE</u>								
Foster Care & Treatment Foster	299,261	0	299,261	237,414	250,875	422,129	334,500	87,629
Intensive Comm Prog	0	0	0	0	0	0	0	0
Group Home & Placing Agency	987,148	0	987,148	666,579	563,139	1,439,131	750,852	688,279
L.S.S. Child Welfare	0	0	0	0	0	0	0	0
Child Caring Institutions	97,226	0	97,226	165,664	302,535	162,645	403,380	(240,735)
Detention Centers	32,061	5,240	37,301	23,946	30,000	49,735	40,000	9,735
Correctional Facilities	22,152	0	22,152	14,025	140,384	22,152	187,179	(165,027)
Shelter & Other Care	4,026	0	4,026	680	16,200	5,368	21,600	(16,232)
Total Child Alternate Care	1,441,874	5,240	1,447,114	1,108,308	1,303,133	2,101,160	1,737,511	363,649
<u>HOSPITALS</u>								
Detoxification Services	20,502	4,477	24,979	43,366	44,250	33,305	59,000	(25,695)
Mental Health Institutes	470,280	73,611	543,891	472,700	529,211	750,188	705,614	44,574
Other Inpatient Care	0	0	0	10,000	30,000	0	40,000	(40,000)
Total Hospitals	490,782	78,088	568,870	526,066	603,461	783,494	804,614	(21,120)
<u>OTHER CONTRACTED</u>								
Adult Alternate Care (Non-MAW)	301,433	0	301,433	258,866	304,640	397,303	406,186	(8,883)
Family Care County Contribution	650,369	(6,319)	644,051	906,894	644,051	858,734	858,734	0
AODA Halfway Houses	0	0	0	0	0	0	0	0
1915i Program	120,588	0	120,588	185,841	206,555	160,784	275,406	(114,622)
IV-E TPR	56,146	0	56,146	74,279	65,250	74,861	87,000	(12,139)

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2012 Budget	Year End Variance
Emergency Mental Health	17,254	0	17,254	23,842	11,700	17,254	15,600	1,654
Work/Day Programs	0	0	0	0	0	0	0	0
Ancillary Medical Costs	185,646	8,810	194,456	197,534	197,077	259,275	262,769	(3,494)
Miscellaneous Services	35,134	1,567	36,701	30,088	18,998	48,935	23,241	25,694
Prior Year Costs	698	0	698	0	0	50,502	0	50,502
Clearview Commission	59,564	0	59,564	64,399	48,000	59,564	64,000	(4,436)
Total Other Contracted	1,426,832	4,059	1,430,891	1,741,743	1,496,269	1,927,211	1,992,936	(65,725)
TOTAL EXPENDITURES	13,302,950	284,653	13,583,697	13,479,444	13,846,611	18,507,565	18,460,059	47,506

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Revenue & Expenditures September 30, 2012

Summary Sheet

() Unfavorable

Program	Annual Projection			Budget			Variance
	Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	
Behavior Health							
5000 BASIC ALLOCATION	2,920,932	3,996,681	1,075,749	2,873,321	3,945,517	1,072,196	(3,553)
5003 LUEDER HAUS	176,465	438,947	262,482	111,825	499,205	387,380	124,898
5007 EMERGENCY MENTAL HEALTH	99,766	484,130	384,364	151,196	533,335	382,139	(2,225)
5011 MENTAL HEALTH BLOCK	26,128	25,084	(1,044)	26,128	26,196	68	1,112
5025 COMMUNITY SUPPORT PROGRAM	652,643	1,387,799	735,157	728,686	1,357,855	629,169	(105,988)
5027 COMP COMM SERVICE	337,193	654,191	316,998	337,193	702,488	365,295	48,297
5031 AODA BLOCK GRANT	109,299	102,546	(6,753)	109,299	109,299	0	6,753
5043 CERTIFIED MENTAL HEALTH	38,784		(38,784)	38,784		(38,784)	0
5044 EMERGENCY MENTAL HEALTH	24,837	17,254	(7,583)	15,600	15,600	0	7,583
5049 MAPT Funds	5,572	11,144	5,572	3,098	5,989	2,891	(2,681)
5063 1915i PROGRAM	50,619	160,784	110,165	96,223	298,305	202,082	91,917
5065 Supp Emplymt Evidence Based	0	0	0	0	0	0	0
5066 Medicaid Infrastructure Grant	32,000	32,000	0	0	0	0	0
Total Behavior Health	4,474,237	7,310,559	2,836,322	4,491,353	7,493,789	3,002,436	166,114

Children & Families

5001 CHILDREN'S BASIC ALLOCATION	1,060,882	2,788,271	1,727,389	987,234	2,077,872	1,090,638	(636,751)
5002 KINSHIP CARE	68,832	69,493	661	44,727	92,327	47,600	46,939
5005 YOUTH AIDS	675,340	1,432,205	756,864	728,136	1,985,099	1,256,963	500,099
5006 YOUTH AIDS STATE CHARGES	11,445	22,152	10,707	11,445	187,179	175,734	165,027
5008 YOUTH INDEPENDENT LIVING	24,363	81,823	57,460	24,054	83,079	59,025	1,565
5009 YA EARLY & INTENSIVE INT	3,526	157,752	154,226	6,166	153,084	146,918	(7,308)
5010 COMM OPTIONS PROG	152,115	711	(151,404)	152,115	3,581	(148,534)	2,870
5018 FAMILY SUPPORT	66,343	6,000	(60,343)	66,343	1,917	(64,426)	(4,083)
5020 DOMESTIC ABUSE		45,000	45,000		45,000	45,000	0
5021 SAFE & STABLE FAMILIES	74,095	379,099	305,003	75,000	393,582	318,582	13,579
5036 SACWIS	5,960	28,382	22,422	0	0	0	(22,422)
5039 ARRA BIRTH TO THREE	0	0	0	0	0	0	0
5040 CHILDRENS LTS WAIV-DD	252,257	410,724	158,467	249,161	347,746	98,585	(59,882)
5041 CHILDRENS LTS WAIV-MH	432,126	574,045	141,919	361,210	539,159	177,949	36,030
5042 CHILDRENS LTS WAIV-PD	2,058	1,845	(213)	9,650	17,099	7,449	7,662
5067 CONSORTIUM ARRA BIRTH TO THREE	0	0	0	0	0	0	0
5068 FOSTER PARENT TRAINING	636	2,000	1,364	7,224	17,312	10,088	8,724
5070 IV-E TPR	67,079	90,680	23,601	81,000	211,289	130,289	106,688
5080 YOUTH DELINQUENCY INTAKE	0	489,613	489,613	0	0	0	(489,613)

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Revenue & Expenditures September 30, 2012

Summary Sheet

() Unfavorable

	Program	Annual Projection			Budget			Variance
		Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	
	5175 EARLY INTERVENTION	203,376	678,557	475,181	197,510	755,587	558,077	82,896
	5188 BUSY BEES PRESCHOOL	5,784	53,701	47,917	11,358	53,585	42,227	(5,690)
Total	Children & Families	3,106,218	7,312,054	4,205,836	3,012,333	6,964,497	3,952,164	(253,672)

Economic Support Division

	5050 NURSING HOME M.A. ADMIN.	0	0	0	0	0	0	0
	5051 INCOME MAINTENANCE	938,648	1,501,091	562,443	964,339	1,366,616	402,277	(160,166)
	5053 CHILD DAY CARE ADMIN	120,388	460	(119,928)	110,493	134,144	23,651	143,579
	5054 W-2 Administration	11,576	0	(11,576)				11,576
	5055 W-2 PROGRAM	127,865	93,799	(34,067)	138,857	151,482	12,625	46,692
	5057 ENERGY PROGRAM	133,000	133,000	0	133,000	133,000	0	0
	5071 CHILDREN FIRST	3,050	0	(3,050)	2,800	2,800	0	3,050
	5073 FSET	8,472	0	(8,472)	45,820	37,396	(8,424)	48
	5074 W-2 DAYCARE	0	0	0	0	0	0	0
	5100 CLIENT ASSISTANCE	(38,957)	0	38,957	0	0	0	(38,957)
	5105 KINSHIP ASSESSMENTS	7,164	2,057	(5,107)	6,030	7,563	1,533	6,640
	5110 Non-W2 Emergency Assistance	21,895	41,064	19,169	19,601	38,421	18,820	(349)
Total	Economic Support Division	1,333,101	1,771,471	438,370	1,420,940	1,871,422	450,482	12,112

Aging Division & ADRC

	5012 ALZHEIMERS FAM SUPP	18,112	18,112	0	12,906	12,906	0	0
	5048 AGING/DISABIL RESOURCE	781,275	781,275	0	755,167	729,136	(26,031)	(26,031)
	5075 GUARDIANSHIP PROGRAM	112,119	170,083	57,964	83,708	132,836	49,128	(8,836)
	5076 STATE BENEFIT SERVICES	49,305	48,618	(687)	48,955	57,960	9,005	9,692
	5077 ADULT PROTECTIVE SERVICES	56,827	84,789	27,962	56,827	84,575	27,748	(214)
	5078 NSIP	21,028	21,028	0	21,028	21,028	0	0
	5151 TRANSPORTATION	203,070	220,536	17,466	188,776	229,317	40,541	23,075
	5152 IN-HOME SERVICE III-D	3,819	4,014	195	3,819	5,430	1,611	1,416
	5154 SITE MEALS	161,585	174,851	13,266	163,319	198,766	35,447	22,181
	5155 DELIVERED MEALS	100,569	154,703	54,133	103,241	171,618	68,377	14,244
	5157 SCSP	7,986	6,055	(1,931)	7,986	9,909	1,923	3,854
	5158 ELDER ABUSE	25,025	104,216	79,191	25,025	83,975	58,950	(20,241)
	5159 ADVOCACY PROGRAM	64,456	60,337	(4,119)	61,896	68,034	6,138	10,257
	5163 TITLE III-E	28,579	38,966	10,387	27,463	38,515	11,052	665

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Revenue & Expenditures September 30, 2012

Summary Sheet

() Unfavorable

	Program	Annual Projection			Budget			Variance
		Revenue	Expenditure	Tax Levy	Revenue	Expenditure	Tax Levy	
Total	Aging & ADRC Center	1,633,754	1,887,581	253,827	1,560,116	1,844,005	283,889	30,062
Administrative Services Division								
	5187 UNFUNDED SERVICES	324	50,898	50,574	0	0	0	(50,574)
	5190 Management		836,756	836,756		852,334	852,334	15,578
	5190 Management Cleared		(836,756)	(836,756)		(852,334)	(852,334)	(15,578)
	5195 Vehicle Escrow Account	20	8,252	8,232	40	8,252	8,212	(20)
	5200 Overhead & Tax Levy	7,738,591	1,246,785	(6,491,806)	7,735,293	1,217,198	(6,518,095)	(26,289)
	5200 Overhead Cleared		(1,170,519)	(1,170,519)		(1,031,868)	(1,031,868)	138,651
	5210 CAPITAL OUTLAY		90,484	90,484		90,484	90,484	0
Total	Administrative Services Division	7,738,935	225,900	(7,513,035)	7,735,333	284,066	(7,451,267)	61,768
GRAND Total								
		18,286,246	18,507,565	221,320	18,220,075	18,457,779	237,704	16,384
				0				
	Carry Over 2011 Balance Sheet Reserve	\$237,194	0	(237,194)	237,194	0	(237,194)	0
Balance		18,523,440	18,507,565	(15,874)	18,457,269	18,457,779	510	(15,364)

2013 Provider Contracts (11/09/2012)

Contract Number	Provider	Service	Target	2012		2013			
13-100	ABA of Wisconsin	Counseling	Child	80.00	per hour	80.00	per hour	0.0%	13,000
13-101	Abilities, Inc. - Apartments	Adult Alt Care	CMI	3,540.00	per month	3,540.00	per month	0.0%	42,480
13-101	Abilities, Inc. - EMH Respite	EMH Respite	MH	various	per day	various	per day	0.0%	25,000
13-101	Abilities, Inc. - Locust Corners AFH	Adult Alt Care	CMI	4,563.00	per month	4,563.00	per month	0.0%	54,756
13-101	Abilities, Inc. - Shady Acres CBRF	Adult Alt Care	CMI	4,500.00	per month	4,500.00	per month	0.0%	54,000
13-101	Abilities, Inc. - SHC	Supportive Home Care	CMI	20.40	per hour	20.40	per hour	0.0%	41,473
13-101	Abilities, Inc. - Willow Way	Adult Alt Care	CMI	3,500-5,000	per month	3,500-5,000	per month	0.0%	42,000
13-102	Alcocare - Primary	Halfway House	AODA	130.00	per day	130.00	per day	0.0%	13,000
13-102	Alcocare - Secondary	Halfway House	AODA	70.00	per day	70.00	per day	0.0%	7,000
13-103	Alere Toxicology	Urine Screens	various	38.50	per day	38.50	per screen	0.0%	11,550
13-104	Allied Counseling Services	Psychological	MH	86.35	per hour	86.35	per hour	0.0%	60,000
13-105	ANU Family Based Services - Respite	Respite	Child	91.15	per day	91.15	per day	0.0%	51,135
13-106	Beau Soleil, MD's	Psychiatric	MH	134.21	per hour	134.21	per hour	0.0%	28,000
13-107	Beginnings Group Home (Respite)	Child Respite	Child	139.00	per day	139.00	per day	0.0%	13,900
13-107	Beginnings Group Home*	Child Alt Care	Child	192.10	per day	194.90	per day	1.5%	60,000
13-108	Bell, Robert M.	Guardianship	Adult	158.00	per month	158.00	per month	0.0%	1,896
13-109	Berney, Kent, PhD	Psychological	MH	100.00	per hour	100.00	per hour	0.0%	24,000
13-110	Bilingual Training Consultants	Interpreter	n/a	25.00	per hour	25.00	per hour	0.0%	1,400
13-111	Bommakanti, Chandralekha, MD	Psychiatric	MH	134.21	per hour	134.21	per hour	0.0%	2,300
13-112	Bourne, Amy, MD	Psychiatric	MH	134.21	per hour	134.21	per hour	0.0%	3,100
13-113	Brown Cab	Nutrition Rides	Eld	0.75	per trip	0.75	per trip	0.0%	250
13-114	C.E.S.A. 2 (RENT)	Space Charges received	n/a	1,613.00	per quarter	1,613.00	per quarter	0.0%	-6,452
13-115	Camacho, Paul	Interpreter	n/a	20.81	per hour	20.81	per hour	0.0%	2,700
13-116	Cambridge Counseling Clinic	Spec Couns	MH	57.22	per hour	57.22	per hour	0.0%	2,900
13-117	Camp Matz - Bethesda	Respite Care	Child	425.00	per session	425.00	per session	0.0%	425
13-118	Carlin, Dan	Respite Care	MH	45.00	per hour	45.00	per day	0.0%	2,970
13-119	Center for Communication, Hearing and Deafness	Services as Specifically Authorized	PD	various	per contract	various	per contract	#DIV/0!	n/a
13-120	Children's Service Society of Wisconsin	Respite Care	Child	n/a	per day	75.00	per day	#DIV/0!	n/a
13-121	City of Waterloo	Home Delivered Meals	Eld	18.33	per month	18.33	per day	0.0%	4,700
13-122	Clinical Psychology Associates	Psychological	Child	160.00	per hour	160.00	per hour	0.0%	1,500

2013 Provider Contracts (11/09/2012)

Contract Number	Provider	Service	Target	2012		2013				
13- 123	Community Care Resources*	Child Alt Care	Child	2500-4100	per month	2500-4100	per month	0.0%	524,208	
13- 123	Community Care Resources	Respite Care	Child	100-128.5	per day	100-128.5	per day	0.0%	4,362	
13- 124	Copper's Care, LLC	Child Alt Care	MI	8,881.00	per month	8,881.00	per month	0.0%	106,572	
13- 125	Cox AFH (Regina)	Respite Care	Child	10.00-12.00	per hour	10.00-12.00	per hour	0.0%	1,850	
13- 126	Creative Community Living Services, Inc.	Daily Living Skills	DD	32.05-37.50	per hour	32.05-37.50	per hour	#DIV/0!	10,508	
13- 127	Crossing Bridges, LLC	Adult Alternate Care	MH	7,000.00	per month	7,000.00	per month	0.0%	76,759	
13- 128	Dane County DHS**	Emerg Detention	MH	135.00	per hour	135.00	per hour	0.0%	n/a	
13- 129	Daniel's Sentry Foods	Medical Supplies	Child	300.00	per month	300.00	per month	0.0%	3,600	
13- 130	Dave, Indu, MD	Psychiatric	MH	134.21	per hour	134.21	per hour	0.0%	1,450	
13- 131	Dodge County HSD**	Non-Secure Det	Child	134.54	per day	134.54	per day	0.0%	n/a	
13- 132.1	Easter Seals (Corp Guardian)	Corp Guardian	various	31.00-270.00	per month	31.00-270.00	per month	0.0%	n/a	
13- 132.2	Easter Seals of Wisconsin, Inc. (Respite)	Respite Care	various	975.00	per year	975.00	per year	0.0%	n/a	
13- 133	Edwards Foster Care (Gloria)	Respite Care	DD	45.00	per day	45.00	per day	n/a	4,950	
13- 134	Energy Services, Inc (Pass-thru)- fiscal yr	LIHEAP program	n/a	actual cost	per n/a	actual cost	per n/a	0.0%	n/a	
13- 135	Family Works*	Child Alt Care	Child	1945-2045	per month	1945-2045	per month	#DIV/0!	62,000	
13- 136	Family Youth Interaction	Daily Living Skills	SED	25.95-29.50	per Hour	25.95-29.50	per Hour	0.0%	n/a	
13- 137	Feil's Catering	Elderly Nutrition Program	Eld	3.62	per day	3.70	per meal	2.2%	123,944	
13- 138	Fond du Lac County Human Services**	Inpatient Services	MH	799.00	per day	799.00	per day	0.0%	85,000	
13- 139	Genesis Behavior Service	AODA Detox Service	Adult	325.00	per day	325.00	per day	0.0%	n/a	
13- 140	Goshen Children Home*	Child Alt Care/Respite	Child	192.10	per day	194.90	per day	1.5%	488,057	
13- 141	Grassroots Empowerment Project	Peer Support	CSS/CSP	15.00	per day	15.00	per hour	0.0%	n/a	
13- 142	Haggert, Mel, MD	Staff Doctor	MH	150.06	per hour	150.06	per hour	0.0%	n/a	
13- 143	Hinrichs, Hannah	Childcare	Child	10.00	per hour	10.00	per hour	0.0%	1,110	
13- 144	Hope Haven CBRF	Halfway House	AODA	2,100.00	per n/a	2,100.00	per n/a	0.0%	n/a	
13- 145	Hopeful Haven, Inc.*	Child Alt Care	Child	2,600-4,550	per month	2,600-4,550	per month	0.0%	310,000	
13- 145	Hopeful Haven, Inc. - Respite	Respite Care	Child	125.00	per day	125.00	per day	0.0%	10,625	
13- 146	Horse Power Healing Center	Daily Living Skills	Child	300.00	per session	300.00	per session	0.0%	670	
13- 147	HUGS (Robin Stearns)	Corp Guardian	various	31.00-270.00	per month	31.00-270.00	per month	0.0%	n/a	
13- 148.1	Jefferson County Health Dept	CSP Nursing	MH	actual cost	per n/a	actual cost	per n/a	0.0%	n/a	
13- 148.2	Jefferson County Health Dept	Space Charges	n/a	85,729.00	per year	85,729.00	per year	0.0%	-85,729	
13- 148.3	Jefferson County Health Dept	Supportive Home Care	n/a	60,000.00	per year	60,000.00	per year	0.0%	60,000	

2013 Provider Contracts (11/09/2012)

Contract Number	Provider	Service	Target	2012		2013			
13- 149	Jefferson, City of	Nutrition Rent	Eld	25.00	per month	25.00	per month	0.0%	300
13- 150	Jennifer Stamm OTR, LLC	Daily Living Skills	DD	n/a	per day	70.47	per screen	#DIV/0!	1,198
13- 151	Just Like Home	Adult Alt Care	MH	3,059.00	per month	3,059.00	per month	0.0%	36,708
13- 152	KCC Fiscal Agent Services	Fiscal Agent	DD	n/a	per check	various	per check	0.0%	n/a
13- 153	Lad Lake	Respite Care	Child	37.00	per hour	37.00	per hour	0.0%	35,000
13- 154	Lake Mills Independent Living	Supervised Apt.	CMI	1,350.00	per month	1,350.00	per month	0.0%	16,200
13- 155	Lake Mills, City of	Nutrition Rent	Eld	50.00	per month	50.00	per month	0.0%	600
13- 156	Lakeview Specialty Hospital & Rehab***	Child Alt Care	Child	594.13	per month	594.13	per month	0.0%	216,857
13- 157	Lavigne's Bus Lines	Transportation	various	various	per trip	various	per trip	0.0%	n/a
13- 158.1	Lutheran Social Services	Child Respite	Child	40.00-81.60	per day	77.25-81.60	per day	0.0%	14,800
13- 158.1	Lutheran Social Services*	Child Alt Care	Child	2259.70-3,399	per month	2259.70-3,399	per month	0.0%	120,000
13- 158.2	Lutheran Social Services	Corp Guardian	various	31.00-270.00	per month	31.00-270.00	per month	0.0%	69,350
13- 159	Manitowoc County Human Services	Early Intervetion	Child	20.59	per unit	20.59	per unit	0.0%	-3,295
13- 160	Marsh Country Health Alliance (Clearview	Placement Holding	MH	54,000.00	per year	96,000.00	per year	77.8%	96,000
13- 161	MCFI Fiscal Agent	Fiscal Agent	DD	various	per check	various	per check	0.0%	47,069
13- 162	Meriter Hospital, Inc.	IP Psyc Hosp	MH	U&C	per n/a	U&C	per n/a	0.0%	n/a
13- 163	Norris Adolescent Center*	Child Alt Care	Child	192.10-305.83	per day	194.9-306.80	per day	#DIV/0!	89,500
13- 164	Northwest Counseling & Guidance Clinic	Counseling & Guidance	Child	n/a	per day	175.00	per unit	#DIV/0!	5,000
13- 165	Northwest Passage*	Child Alt Care	MH	362.08	per hour	306.80	per day	-15.3%	20,000
13- 166	Oconomowoc Dev Trng Cnt*	Child Alt Care/Respite	Child	170-340	per day	170-340	per day	#DIV/0!	56,820
13- 167.1	Opportunities, Inc.	Corp Guardian	various	31.00-270.00	per month	31.00-270.00	per month	0.0%	72,850
13- 167.2	Opportunities, Inc.	WDC Space	n/a	1,553.30	per month	1,553.30	per month	0.0%	-18,640
13- 167.3	Opportunities, Inc.	Project JOIN	Child	114,396.00	per year	114,396.00	per year	0.0%	114,396
13- 167.3	Opportunities, Inc.	Respite Care	Child	14.00-30.00	per hour	14.00-30.00	per hour	#DIV/0!	121,584
13- 167.3	Opportunities, Inc.	S.H.C.	Child	14.00-19.00	per hour	14.00-19.00	per hour	#DIV/0!	10,000
13- 167.3	Opportunities, Inc.	Daily Living Skills	SED	50.00	per Hour	50.00	per Hour	0.0%	4,000
13- 168	Oregon Mental Health	Psychological	SED	70.00	per Hour	70.00	per Hour	0.0%	15,200
13- 169	P.A.D.A.	Intervention	Adults	45,000.00	per year	50,000.00	per year	11.1%	50,000
13- 170	Paragon	Respite/SHC	SED/DD	15.00-41.09	per Hour	15.00-41.09	per Hour	#DIV/0!	59,100
13- 170	Paragon	Transportation	SED/DD	13.75-24.00	per trip	13.75-24.00	per trip	#DIV/0!	4,000

2013 Provider Contracts (11/09/2012)

Contract Number	Provider	Service	Target	2012		2013			
13-170	Paragon	Daily Living Skills	SED/DD	17.00	per hour	17.00	per hour	0.0%	300
13-171	Pine Valley Residential	Independent Living	MH	5,368.50	per month	5,368.50	per month	0.0%	64,422
13-172	Plum, Henry	Legal Assistance	Child	200.00	per hour	200.00	per hour	0.0%	87,000
13-173	Portage Co. Detention Center**	Juv Detention	Child	150.00	per day	150.00	per day	0.0%	n/a
13-174	Rehab Resources, Inc.-6 month contract	B-3 Other	DD	8.08	per 1/4 hr	8.08	per 1/4 hr	0.0%	n/a
13-174	Rehab Resources, Inc.-6 month contract	B-3 Therapy	DD	U&C	per unit	U&C	per unit	0.0%	n/a
13-175	Relaxation on the Go	Massage Therapy	Child	55.00	per hour	55.00	per Hour	0.0%	2,600
13-176	Rethink Autism	Daily Living Skills	MH	69.00	per month	69.00	per month	0.0%	828
13-177	River City Psychological	Psychological	MH	86.35	per hour	86.35	per hour	0.0%	16,420
13-178	Rock County Human Services**	Secure Juv Det	Child	165.00	per day	165.00	per day	0.0%	34,000
13-179	Rogers Memorial Hospital**	IP Psyc Hosp	MH	1,055.00	per day	1,055.00	per day	0.0%	n/a
13-180	Smiles, Inc.	Daily Living Skills	PD	20.00	per Hour	20.00	per Hour	0.0%	500
13-181	St. Aemilian-Lakeside*	Child Alt Care	CCS	n/a	per day	306.80	per day	#DIV/0!	111,982
13-182	St. Agnes Hospital	Inpatient Services	MH	1,163.00	per day	1,221.00	per day	5.0%	n/a
13-183	St. Luke's Church	Nutrition Rent	Eld	50.00	per month	50.00	per month	0.0%	600
13-184	St. Mary's Hospital	IP Psyc Hosp	MH	U&C	per n/a	U&C	per n/a	0.0%	n/a
13-185	Stoughton Hospital	IP Psyc Hosp	MH	U&C	per n/a	U&C	per n/a	0.0%	n/a
13-186	Taylor Psychiatric Services-Taylor, Leslie F	Psychiatric	MH	134.21	per hour	134.21	per hour	0.0%	n/a
13-187	Tellurian, Inc. - Med Detox - ARP	Detoxification	AODA	231.00	per day	294.00	per day	27.3%	10,000
13-187	Tellurian, Inc. - Med Detox - Dane	Detoxification	AODA	407.00	per day	410.00	per day	0.7%	25,500
13-188	Thakor, Sheila, MD	Psychiatric	MH	134.21	per hour	134.21	per hour	0.0%	22,400
13-189	The Drug Store	Special Medical Supply	Child	52.00	per box	52.00	per box	0.0%	104
13-190	Three Gaits, Inc.	Daily Living Skills	MH	330.00	per session	330.00	per session	0.0%	n/a
13-191	Tollison, Angela	Childcare	Child	10.00	per hour	10.00	per hour	0.0%	1,560
13-192	Trempeauleau County Health Care Center	Adult Alternate Care	MH	242.62-280.00	per day	242.62-280.00	per day	#DIV/0!	138,556
13-193	Turner, Liz	Service Facilitator	MH	30.00	per hour	30.00	per hour	0.0%	1,560
13-193	Turner, Liz	Therapeutic Resources	MH	52.02	per hour	52.02	per hour	0.0%	13,500
13-194	University Health Care, Inc.	Inpatient Services	MH	various	per day	various	per day	0.0%	n/a
13-195	Washington Co DSS - Shelter Care**	Non-Secure Det	Child	131.00	per day	131.00	per day	0.0%	n/a
13-196	Washington Co Sheriff - Detention**	Secure Juv Det	Child	115.00	per day	115.00	per day	0.0%	n/a
13-197	Watertown Health Department	In-Home Visits	Child	2,778.00	per year	2,778.00	per year	0.0%	2,778

2013 Provider Contracts (11/09/2012)

Contract Number	Provider	Service	Target	2012		2013			
13- 198	Waukesha County Secure Detention**	Secure Juv Det	Child	125.00	per day	125.00	per day	0.0%	n/a
13- 199	Wheaton Fransican Healthcare	Inpatient Services	MH	750.00	per day	750.00	per day	0.0%	49,500
13- 200	Whitney Lodge II	EMH Respite	MH	100.00	per day	100.00	per day	0.0%	10,000
13- 201	WI State AFL-CIO LETC	Space Charges	n/a	300.64	per month	323.50	per month	7.6%	-3,882
13- 202	Willow Winds Living, LLC	Adult Alt Care	Adult	3000-3400	per month	3000-3400	per month	#DIV/0!	72,000
13- 203	Wisconsin Family Ties	WrapAround	Child	12,000.00	per year	12,000.00	per year	0.0%	12,000
13- 204	Wood, Dan	Independent Hearing	Child	70.00	per hour	70.00	per hour	0.0%	n/a
	*State rates for 2013								
	**Rates not established for 2013 yet.								
	***Waiting for court proceedings to address placement and this contract will be replaced by another placement.								

**Human Services Department
October Vouchers**

Payment Date	Amount	Comments
10/4/2012 A	\$ 120,049.77	Children Payments for alternate care
10/9/2012 B	\$ 116,327.72	Children Payments for alternate care
10/15/2012 C	\$ 64,565.12	Abilities, Anu, Opp Inc, Rehab Resources, Provider Payments
10/24/2012 D	\$ 56,763.70	Alcocare, Lakeview Neurorehab Ctr, LSS, Opp Inc, Tellurian, Provider Payments
10/29/2012 E	\$ 16,164.38	Energy Services, Provider Payments
11/5/2012 F	\$ 19,283.71	Hope Haven, Jefferson Utilities, Norris Adol Center, Provider Payments
11/13/2012 G	\$ 123,767.20	Feil's Catering, Dr Mel Haggart, Rehab Resources, PADA, Provider Payments
11/13/2012 H	\$ 20,167.01	Staff Mileage, Volunteer Mileage and MA Mileage
Grand Total	\$ 537,088.61	

*A + R Comm
10-31-12
Refer to HS Bond + LE/EM Comm*

13

RESOLUTION NO.: 39--2012-13

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

MAJORITY

1 Rather than build a corrections system that simply punishes and diminishes people, we believe
2 that our justice system must work to help those who have offended, when possible, to become
3 productive members of our society through effective means that restore both individuals and
4 communities, while also focusing on public safety. The alternatives to incarceration programs
5 already in place have proven effective in: identifying non-violent offenders eligible for
6 alternative programs; reducing re-offense rates; rehabilitating the eligible offender, focusing on
7 holistic rehabilitation that includes treatment, education and personal responsibility; saving tax
8 dollars, and conserving resources for other vital needs in these difficult economic times. The
9 incarceration rate and cost of corrections in Wisconsin has risen dramatically from under \$200
10 million per year in 1990 to more than \$1.3 billion in 2011. Modifications to the correctional
11 system that would return it to an 11,000 inmate prison system would take Wisconsin back to
12 1995 levels, yielding substantial cost savings and a rate of incarceration similar to neighboring
13 states.

14
15 NOW THEREFORE, the undersigned members of the Public Safety Committee recommend
16 adoption of the following resolution.

17 BE IT RESOLVED, that the Outagamie County Board of Supervisors does authorize the
18 Outagamie County Lobbyist to request elected state officials and the Governor to re-examine the
19 policies which have led to historically high incarceration rates in Wisconsin and to make changes that
20 will result in a substantial reduction in the number of mentally ill, chemically dependent and low-risk
21 people in our jails and prisons, and

22 BE IT FURTHER RESOLVED, that these changes should include significant financial
23 incentives for counties to send fewer people to state prisons and a redeployment of \$75 million or more
24 in dedicated funding from the state to counties to enable significant growth in cost effective, innovative
25 and proven local alternatives for non-violent and low risk offenders, and

26 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
27 of this resolution to all other Wisconsin Counties, the Outagamie County Volunteer in Offender Services

1 Director, the Outagamie County Lobbyist for distribution to the State Legislature and the Outagamie
2 County Executive.

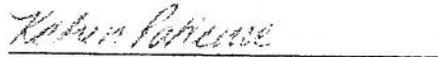
3 Dated this 9th day of October, 2012

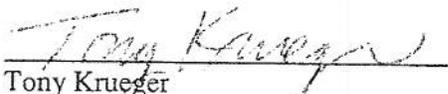
5 Respectfully Submitted,
6 PUBLIC SAFETY COMMITTEE

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9
10 
11 James Duncan

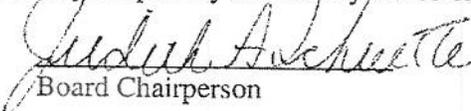
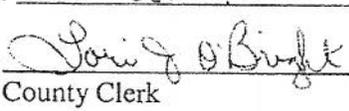
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11 Lee W. Hammen

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15 Nicholas Hofacker

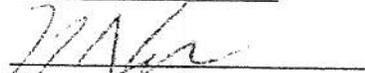
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15 Katrin Patience

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19 Tony Krueger

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25 Duly and officially adopted by the County Board on: October 9, 2012

26
27 Signed:  
28 Board Chairperson County Clerk

29
30 Approved: 10 10 12 Vetoed: _____

31
32 Signed: 
33 County Executive

2012

Dementia Care Specialist Position Funding Proposal

Our vision is to provide information and assistance to our diverse community where the elderly and people with disabilities are respected, healthy and productive.

Our mission is to help people achieve their goals by providing them with comprehensive information so they can make informed decisions; and advocacy support to ensure that they remain in charge of their lives.

Applicant: ADRC of Jefferson County

Address: 1541 Annex Road
Jefferson, WI 53549

Email: adrc@jeffersoncountywi.gov

Phone: 920-674-8734 (Call Center)
920-674-5011 (TTD)
866-740-2372 (Toll Free)

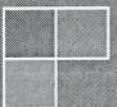
Fax: 920-674-7603

Web: www.jeffersoncountywi.gov
www.facebook.com/jeffersoncounty

Application Primary Contact

Susan Torum, Manager
Aging & Disability Resources Division
920-674-8136 (Direct)
suet@jeffersoncountywi.gov

Sue Torum
ADRC of Jefferson County
9/28/2012



Introduction:

Jefferson County is committed to providing information, assistance and support to persons diagnosed with dementia and their caregivers. In 2006, the department was awarded a Memory Care Connections Grant which led to the development of a Wisconsin Alzheimer's Institute (WAI) affiliated clinic. The clinic continues to operate through Fort HealthCare. Jefferson County and the Alzheimer's Association of Southeastern WI have a strong partnership and continue to collaborate on responding to the needs of persons diagnosed with dementia and their caregivers.

According to the 2010 census, 907 men and 2,226 women aged 65+ live alone in Jefferson County. This amounts to 28.7% of the 65+ cohort and has significantly increased from 9.6% as reported in the previous census. The Alzheimer's Association estimates that 1 out of 7 or 453 people in this category have been diagnosed with dementia. This is 14% of the total population 65+ living alone.

The Helen E.F. Wisconsin Supreme Court ruling is a paradigm shift that directly impacts that way in which Human Services Departments respond to families and/or individuals in crisis; however, prior to the decision Jefferson County was diligent in its efforts to divert persons with dementia from entering facilities that primarily treat people with mental illness. The ruling supports the direction that we have taken and correctly places responsibility back on the long term care system, including nursing homes, health care workers, assisted living providers, managed care agencies, aging units, et al. Furthermore, Jefferson County is privileged to have its Human Services Director, Kathi Cauley, appointed and actively involved on the state legislative **Special Committee on Legal Interventions for Persons with Alzheimer's Disease and Related Dementias**.

At this same time, the Aging & Disability Resources Division has been selected to participate in a pilot project called **Honoring Choices Wisconsin: an Initiative of the Wisconsin Medical Society** which is a major initiative to build systems change, advocacy and education around advance care planning.

The Aging & Disability Resources Division, which encompasses the ADRC, Aging and Adult Protective Services (APS), encounters individuals with dementia on a routine basis. One of the division's long term goals has been to develop a decision tree to help guide the conversation when someone is identified as having dementia. Typically, caregivers are calling to explore assisted living options and eligibility for long term care funding, and the conversation focuses on these options, rather than on the needs of the caregiver.

Persons with dementia are also referred directly to APS because there are health and safety concerns, which may or may not place them in imminent risk and in need of APS intervention. Regardless of the door they enter, persons with dementia and their caregivers

have the right to a comprehensive conversation to help link them to the entire realm of services and resources that are designed to help them including, but not limited to, brief cognitive screening services, memory clinic services, the Alzheimer's Association, medications, advance care planning, options counseling, nutrition services, advocacy, counseling and support groups.

Benefiting Individuals with Dementia:

The Dementia Care Specialist would benefit persons who are living in the community in a variety of ways. As an expert in the realm of dementia, the Dementia Care Specialist would enhance services offered by the Aging & Disabilities Resource Division by receiving and/or following up on all calls when someone has been identified as having dementia. Regardless of job functions, the sole purpose of this position would be to provide support and guidance to those diagnosed and their caregivers. Our vision would be to have the specialist available to meet with individuals and their families to complete assessments, answer questions, provide information, support and case coordination. This service would enrich the services provided by all division staff, not just those working in the ADRC. As an example, our APS unit often receives calls alleging that a neighbor or friend lives alone, is confused and not taking care of themselves. APS staff makes a home visit, assesses needs and safety; they offer to make a referral to the ADRC if no urgent needs are present. At this point, APS is done and we have missed an incredible opportunity to have a meaningful conversation with a person who is suspected of having an irreversible, debilitating illness that will only get worse. The specialist would be involved in these referrals and mentor APS staff so that they could initiate these conversations when the opportunity presents itself.

Another example includes home delivered meal volunteers who often see people daily and are in the best position to report changes. They are a tremendous asset to us in terms of reaching out to our most vulnerable and socially isolated people who are often living alone, yet we have not provided them with the tools they need to link people to dementia resources. The Dementia Specialist would. The specialist would also be responsible for an extensive outreach campaign so that people know the service is available at the ADRC which has been a trusted source of information and assistance since 2008!

Many people with early to mid stage dementia are able to live successfully alone provided that supports are available. In most cases it takes a community of caring by combining informal supports, aging program services, information on dementia, case management, technology, families, friends, the Language Enriched Exercise Plus Program (LEEPS) and personal care workers. As an agency we need to be proactive. People need to know we are here without fear of being removed from their homes. The ADRC is the perfect fit for this service because it is connected, yet independent of the Human Services Department. The ADRC is a welcoming and non-threatening environment.

Outcomes:

- Individuals are linked to memory assessment services;
- Individuals understand the illness and what to expect;
- Individuals think about and plan for the future;
- Individuals are linked to “Honoring Choices” to discuss advance care planning;
- Individuals know where to turn for support;
- Individuals see and avail themselves of the benefits of participating in LEEPS;
- Individuals get the services they need to stay safe within their own homes;

Benefiting Caregivers of Individuals with Dementia:

According to the Alzheimer’s Association, 87% of individuals with Alzheimer’s Disease or other dementia are cared for at home by a family member. Caregivers will benefit from having a Dementia Care Specialist for many of the same reasons as the individual; however, the support, encouragement and guidance they will receive will be the most beneficial. The Jefferson County Caregiver Coalition includes several caregivers and caring for loved ones with dementia has somewhat dominated discussions this past year. At the 9/12/2012 Caregiver Coalition Meeting, this grant application was discussed. When asked what would be most helpful to the family caregivers in attendance, they said the following:

“I would have appreciated it if someone could have attended doctor appointments with me to help me communicate my concerns and advocate for testing and treatment.”

“I want to know what my risk factors are. Will I also get Alzheimer’s Disease?”

“I want someone that I can talk to about issues I am encountering since my dad went to assisted living. I get called to help share the care weekly and am frustrated when facility staff don’t listen to me and/or follow my recommendations. I know what my dad wants, but they aren’t hearing me and try to get him to do things the first time they ask, rather than reapproaching him at a later time.”

“I would appreciate in-home consultations when I am having difficulty.”

The coalition has also identified the following items as priorities for development or expansion: peer support, caregiver training, a self registration/identification process with each law enforcement agency and more education and outreach activities. The specialist would attend these meetings and help in achieving these outcomes.

The connection between APS and this position cannot be overstated. Again, APS has gotten calls from law enforcement after being called to a residence because the caregiver “just can’t handle it anymore” when behaviors increase and result in physical altercations. Typically, the person with dementia is removed from the home and the caregiver is left

behind, very much alone and scared about what has just happened and what will happen. When the individual with dementia is not returned home, the caregiver feels guilt and remorse about what “they” have done. With the likelihood of people being removed lessened due to the Helen E.F. decision, the Dementia Care Specialist is a critical piece to problem resolution. In these situations, the specialist would be part of the intervention team and would focus on the specific needs and concerns of the caregiver, while at the same time diffusing a volatile situation by mentoring techniques and/or assisting in getting the person hospitalized for a voluntary evaluation.

The Jefferson County Police Chief’s Association meets monthly and the Helen E.F. decision, a self-registration system and this grant application was discussed at the 9/19/2012 meeting. Those present wholeheartedly agreed that responding to individuals with dementia and their caregivers is on the rise and they would appreciate a system that not only identifies individuals with Alzheimer’s Disease, but one that would involve a compassionate response by the Dementia Care Specialist in conjunction with the APS social worker at a point in time when there is increased need.

The specialist would work closely with the Alzheimer’s Association Outreach Specialist & Alzheimer’s & National Family Caregiver Support Programs Coordinator to provide information, education and training to caregivers. The Dementia Care Specialist would provide additional support under the New York University Caregiver Intervention Program (NYUCI).

Outcomes:

- Caregivers are linked to memory assessment services;
- Caregivers understand the illness and what to expect;
- Caregivers think about and plan for the future;
- Caregivers are linked to “Honoring Choices” to discuss advance care planning;
- Caregivers know where to turn for support;
 - Support Groups
 - In-home Consultation Services
 - ADRC
 - Private and Public Resources
 - NYUCI Program
- Caregivers learn the skills they need to stay emotionally and physically healthy and safe within their own homes;
- Caregivers experience support during medical appointments;
- Caregivers have a peer support network.

Marketing & Outreach:

The ADRC and Aging Program staff have a lot of experience when it comes to marketing and outreach. Informing the public about Dementia Specialist services would be shared among them all. Aging & Disability Resource Specialists are each assigned to a geographical region within the county and are required to have ongoing contact with service organizations, long term care providers, nursing homes, assisted living, senior centers, libraries, apartment complexes, medical clinics, businesses and any other places that seniors or persons with disabilities frequent. The Nutrition Office would ensure that posters and brochures were distributed to all senior dining sites as well as provided to each home delivered meal recipient. The Transportation Office will provide volunteer drivers with information about services and they will be asked to hand it out to elderly passengers.

The ADRC would continue to reach out by providing information to caregiver support groups, all meal site managers (private and public), transportation providers, hospitals, home health agencies, personal care agencies, staffing agencies, parish nurses, clergy, emergency mental health units, adult day care centers, memory assessment clinics and via MD offices. The ADRC webpage would be update to reflect the Dementia Care Specialist services, in addition to posting this information on the county's Facebook page. Other forms of media would also be utilized including newspapers, resource directories, radio and cable TV.

It is difficult to know the actual number of people we anticipate reaching because once the information has left our office, we need to trust that it is getting to the intended audience. A modest projection would be 125 people, including family caregivers. This projection is based on the number of people suspected of having dementia or those diagnosed entering through the ADRC, being served through the Alzheimer's and Family Caregiver Support Programs, those referred to the Adult Protective Services Unit for guardianship or protective services and those APS encounters when responding to abuse/neglect referrals. Since the Dementia Care Specialist would take the lead in Memory Care Connections we would anticipate serving 125 people. Due to the targeted audience, we would hope to reach and enroll 10-15% of this target into the LEEPS training

Dementia Care Specialist Services Operationalized:

- a) The Jefferson County Aging & Disability Resources Division intends to hire one full-time Dementia Care Specialist. The specialist would be an adjunct position, having an office in the ADRC, and supervised by the Division Manager to ensure that Dementia Care Specialist services are fully integrated and embedded into all of the division's essential responsibilities, including information and assistance, options counseling, brief cognitive assessment, caregiver support, nutrition, transportation, benefits advocacy, adult protective services (including abuse/neglect of vulnerable adults) and volunteers.

The Dementia Care Specialist position exists solely to support persons suspected of having or diagnosed with dementia and their caregivers. The position will support the work that the division does by:

1. Educating all staff members about dementia and keeping discussions about it at the forefront of conversations;
2. Attending all team meetings to discuss cases;
3. Developing dementia specific resource packets;
4. Developing a dementia specific decision tree when callers identify themselves as having dementia or as being a caregiver of someone with dementia;
5. Providing in-person and telephone support to caregivers;
6. Providing Brief Cognitive Screens;
7. Responding to individuals who have had screens that indicate follow-up is necessary;
8. Arranging for and attending Memory Center or doctor appointments;
9. Providing targeted outreach to physician's offices and hospitals;
10. Establishing a presence within the ADRC as a "dementia expert";
11. Attending support groups and caregiver coalition meetings;
12. Developing a county-wide registration system for law enforcement (to help divert people from legal interventions when law enforcement is called);
13. Providing in-home consultations, evaluations and assessments that focus on the individual and caregiver's strengths;
14. Encouraging participation in the LEEPS and NYUCI programs;
15. Referring individuals to the Honoring Choices Program for Advance Care Planning.

Obstacles:

As with the implementation of any new program, we would expect some obstacles. First and foremost is the recruitment process. Our experience, when applicants find that the position is limited term, has resulted in a handful of applications and/or a polite "no thank you" when the job has been offered.

We do not expect any internal obstacles. Staff are excited at the prospect of having someone to support them in the work that they do, and will appreciate that follow up will be provided to people who participate in cognitive screens. There may be some external obstacles in terms of working with the medical community to embrace our goals; however, when we received the Memory Care Connections Grant, the Project Coordinator and Aging & Disability Resources Division Manager we invited to present information to physician's employed through Fort Health Care at a monthly meeting and it was well intended.

To plan for this challenge, we will have a job announcement ready to go to the newspapers the day that we are notified of acceptance. We would use other forms of media to notify the public of this job opportunity, including Facebook, the ADRC website, County HR web

page and mass emailing to our Caregiver Coalition, Community Care Alliance (Dementia Concerns Coalition) and on BadgerAging.

- b) All ADRC professional staff have been trained to conduct cognitive screens. The APS staff will be trained as well. The integrity of the screening process is paramount and competency in offering them is critical. If handled wrong, the intent of the screening process is lost. Screens will be offered in several situations: 1) When people ask for them; 2) When staff detect a memory issue and the person has provided informed consent and 3) As a service during the interview with APS when someone is comfortable and willing to open themselves up to a conversation about possible memory issues.

With the individual's permission the results will be sent to the individual's physician with a letter of explanation. The Dementia Care Specialist would also get a copy of the results so that follow up would be provided. The specialist would encourage the individual to get a medical examination and further testing and would offer to accompany the individual and take notes if necessary. After the visit(s), when diagnosis is given, the dementia care specialist would spend time with the person to provide support, discuss feelings and answer questions.

The ADRC is working a developing a dementia resource kit similar to the one developed by the ADRC of Southwest WI North. The specialist would review and update the information and would provide it to individuals and caregivers as needed.

- c) The ADRC currently works with approximately 175 volunteers who help the division meet its mission in a variety of ways including: delivering meals, serving at meal sites, driving people to medical appointments, handling people's affairs under the volunteer guardianship program, assisting the Elder Benefit Specialist through the Seniors-Out-Speaking and the SHIP programs. Many of these volunteers work for more than one organization and when asked if they have interest or time to volunteer for different opportunities, we find that they are more than willing. The Dementia Care Specialist and Division Manager would recruit and train the volunteers. The ADRC would collaborate with Your-Friends-in-Action to recruit and train additional volunteers if there was a need, and the Dementia Care Specialist and division manager would be responsible for providing them with supervision, support and training to help them succeed.
- d) Because of the nature of the work done by the Aging & Disability Resources Division, referrals come naturally. As a rural county many of the same people work at the same place for many years and providers are well aware of who we are and what we do. The specialist would be required to make personal contact with all of the health care providers that would be most likely to make referrals to the program. The in-person introduction would be followed up with a thank you letter and a monthly bulletin about the work being done in Jefferson County by the Dementia Care

Specialist in order to keep this information current in provider's minds. All referrals would be tracked. Trends identified will be responded to. The specialist would also be asked to attend Community Care Alliance meetings. These meetings served as the "birth place" for our Memory Care Connections project and approximately 30 people attended meetings each month.

- e) Many community partnerships would be strengthened if Jefferson County was chosen to receive funds. As stated previously, law enforcement agencies county-wide are eager to work with the ADRC on a process for identifying, intervening and referring individuals and their families to supportive services at a point in time when they are at crisis, or close to it. The Dementia Care Specialist would also bridge the gap within the Human Services Department which exists between the time when individuals enter the emergency mental health system and exit through the ADRC. The specialist would serve a critical role in providing emotional support to caregivers and their families as they navigate their way through the county system at a time of crisis, which is a time when a lot of time and attention is focused on the patient, but not the family.

In terms of other relationships, the Dementia Specialist would be involved in all community meetings where the long term care needs of individuals with dementia are discussed and would serve as a voice for those who are no longer able to communicate for themselves.

The prevalence of Alzheimer's Disease is nearing epidemic proportions and it is a public health concern. It is a priority for the ADRC and the Dementia Care Specialist to work with the Jefferson County Public Health Department (co-located within the ADRC) to identify ways to provide greater access to basic information that can help those who are diagnosed and their caregivers. In addition, we would ask them to partner with the Alzheimer's Association and ADRC to educate the medical community about the need for early diagnosis and treatment.

The relationship with the Alzheimer's Association would also be strengthened as the ADRC would partner on educational opportunities and provide association information to people through the course of their daily work. One of the association's nation goals is to ramp up their outreach efforts in order to raise awareness about the need for early diagnosis and treatment. The effort will be targeted toward those practitioners who are the top prescribers of medications used to treat dementia. The Alzheimer's Effort will provide practitioners with literature on research and medications. The Dementia Care Specialist would work with the association to provide this same information to the greater medical community.

Thank you for this opportunity to provide state-of-the-art dementia services to the residents of Jefferson County.

Wisconsin Aging and Disability Resource Center
Dementia Care Specialist Pilot Project Funding Application 2012-2013
 Budget Worksheet

1. Personnel: Total Cost \$45,861 (LTE) \$20.108 per hour 40 hour

FTE	Salary	Fringe	Pilot funds requested	In-kind funds provided
1.0	\$41,825	\$4,036	\$45,861	

2. Supplies: Total Cost \$1,600.00 **List Supplies and Funds in the Table**

Supplies	Funds requested	In-kind funds
Required materials for LEEPS- \$600.00	\$600.00	
Public Information Expenditures	\$1,000.00	

3. Training: Total Cost \$2,000.00

Estimated training	Funds requested	In-kind funds
	\$2,000.00	

4. Travel: Total Cost \$4,800.00

Estimated travel	Funds requested	In-kind funds
	\$4,800.00	

5. All Other Expenses: Total Cost \$15,000.00 **Describe Expenses**

Items	Funds requested	In-kind funds
Indirect Costs/ Management/Fiscal Support/ Staff/Telephone, Maintenance, Information Services, Telephones, Postage, Copy Cost, Cleaning of Building, Rent, Overhead, County Indirect Costs (all costs are allocated by Direct Staff FTE counts across the programs operated by Human Service)	\$15,000.00	

6. Total Requested Funds for DCS pilot position: \$69,261.00

Work Plan Template						
Issues	Goals	Strategies	Resources	Timeline	Measurement	Staff Responsible
Providers need to be informed about services provided by the Dementia Care Specialist and make referrals.	By 6/30/13 introduce program to all health care providers that care for persons with AD.	<ol style="list-style-type: none"> Identify providers by 12/31/12. Establish outreach schedule by 12/31/12. 	<ul style="list-style-type: none"> DCS Program Brochures Alzheimer's Assoc. resources Public Health 	1/01/2013-6/30/2013	# of providers contacted # of referrals received from providers	DCS ADRD Mgr.
Caregivers and individuals suspected of having dementia or those diagnosed need to be informed about services provided by the Dementia Care Specialist.	By 1/15/13 develop a process for MD's to follow when referring to the DCS Complete 2 major outreach activities per month.	<ol style="list-style-type: none"> Provide MD's/clinics with a letter of introduction and referral forms by 1/30/13. Develop marketing materials, including PSA's, video, flyers, posters and distribute monthly. 	<ul style="list-style-type: none"> ADRC staff Aging Staff Hospital Discharge Planners Written Materials ADRC webpage Radio Senior Centers Facebook 	1/15/2012-9/30/2013	# of individuals and/or caregivers contacting the DCS # of referrals before and after each outreach effort	DCS ADRD Mgr.
Caregivers accept in-home consultations and other forms of support.	Attend monthly support groups & caregiver coalition mtgs. Visit all Adult Day Care Centers by 1/31/2013 and ask them to provide information to caregivers of those with dementia. Complete 15 in-home consultations during the programs first quarter.	<ol style="list-style-type: none"> Meet with people in groups and explain DCS personalized services. Encourage ADC Centers to "sign on" to help support caregivers via a pledge sheet that says they will provide the information to X number of caregivers. Review information about participants on NFCSP & AFCSP to offer services 	<ul style="list-style-type: none"> ADC Center Staff Support Group Facilitators ADRC staff Caregiver Support Coordinator Personal Care Program staff 	10/1/2013-2/28/2013	# of home visits made % change in attendance at support group when DCS is guest speaker	DCS AFCSP/NFCSP Coordinator
The progression of Alzheimer's Disease is delayed when people are physically active.	Attend LEEPS training within first month of hire. Train Volunteers and begin program by 3/15/13. Offer 1 program by 6/30/13	<ol style="list-style-type: none"> Express understanding of LEEPS. Call volunteers who are interested in the program – introduce self and thank for their willingness to be involved. 	<ul style="list-style-type: none"> Volunteers ADRC staff Written materials Newspapers Clinics Senior Centers Rehab Centers 	12/1/2012-12/31-2012	# of volunteers # of program attendees	DCS DHS The ADR Mgr will be heavily involved in recruiting volunteers and set up training session.
Caregiver's are aware of and accept support via the NYUCI program.	Attend NYUCI training within first month of hire. Offer intervention to families on the AFCSP and	<ol style="list-style-type: none"> Offer program to caregivers whenever the opportunity presents itself. 	<ul style="list-style-type: none"> ADRC Staff Peers Alzheimer's Association ADC Centers 	12/1/2012-12/31/2012 01/01/2013-01/15/2013	# of families offered intervention # of families being served via the intervention	DCS AFCSP/NFCSP Coordinator

	NFCSP programs by 1/15/2013.		<ul style="list-style-type: none"> • Clinics • Volunteers • Senior Centers 			
Law Enforcement is aware of the program, and procedure for accessing the services.	Develop procedure and mail to all jurisdictions.	1. Share information at Chief's meeting by 3/1/13.	<ul style="list-style-type: none"> • ADRD Manager • Police & Sheriff's Association • APS • EMH 	1/1/2013 3/1/2013	# of calls to assist # of jurisdictions implementing self-registration # of people utilizing it	DCS Caregiver Coalition ADR Mgr
ADRC, Aging, Emergency Mental Health & APS staff understand the DCS role and how it can support agency functions.	Attend 4 team meetings with Division Manager to explain role and responsibilities.	1. Maintain an open door policy to provide for ongoing communication with peers.	<ul style="list-style-type: none"> • Staff • Supervisors 	12/15/2012- 1/15/2013	# of appropriate referrals # of requests for assistance	DCS ADR Mgr

Southeastern Wisconsin Chapter
620 S. 76th Street, Suite 160
Milwaukee, WI 53214-1549
www.alz.org/sewi

(414) 479-8800 p
(414) 479-8819 f
(800) 272-3900 24/7 helpline

alzheimer's  association®

September 24, 2012

TO: Sue Torum, Jefferson County ADRC
FR: Tom Hlavacek, Executive Director
RE: Letter of Support

It is our great pleasure to support the ADRC of Jefferson County's application to the State of Wisconsin for a pilot position of a Dementia Care Specialist. We enjoy our strong relationship with you and feel this position would enhance our mutual goal of reaching more families and physicians, and connecting caregivers to needed services.

We support the grant's goal, to afford customers broader access to community-based intervention strategies that increase self-efficacy in caring for themselves or loved ones with Alzheimer's disease or other dementias. The dementia care specialist will be able to provide technical assistance to ADRC staff when working with an individual with Alzheimer's or dementia. Other County staff, including those providing adult protective services, nutrition or prevention programs, even options counseling or I&A will be able to work with the dementia care specialist if they have a situation that would benefit from dementia expertise. Dementia care specialists will be able to provide much-needed short term care coordination for individuals or families who need help putting together a plan for immediate needs, or to plan for future needs.

An important role for the dementia care specialist will be to reach out to physicians in the area and develop referral relationships for positive cognitive screen results, making them aware of the programs and services that become available to individuals with a diagnosis, and all of the services and supports available at the ADRC.

The dementia care specialist will also implement two evidence-based intervention programs. The New York University Caregiver Intervention (NYUCI) and the Language Enriched Exercise Plus Socialization (LEEPS) program. As you know, these programs correspond with programs available through the Alzheimer's Association and we look forward to the opportunity to collaborate with you and expand our mutual reach, both with these programs and through physician outreach.

In closing, best of luck with your application. Please let us know if we can be of further assistance.

Sincerely,

Tom Hlavacek
Executive Director



the compassion to care, the leadership to conquer



Jefferson County Health Department

1541 Annex Road ♦ Jefferson, WI 53549 ♦ 920-674-7275 (Phone) ♦ 920-674-7477 (FAX)

www.jeffersoncountywi.gov

September 28, 2012

Sue Torum
Jefferson County Human Services
Aging and Disability Resource Center
1541 Annex Road
Jefferson, WI 53549

Dear Sue,

On behalf of the Jefferson County Health Department, I am happy to write a letter in support of your grant application for a Dementia Care Specialist. The prevalence of dementia makes it a public health priority. The Department's personal care and public health programs encounter individuals and families who are struggling with symptoms of, or a diagnosis of, dementia on a routine basis. It would be very beneficial for them to have access to someone who not only is an expert in the field, but someone who could meet with them in their own homes to provide, education, support and assistance at a point in time when they need it. We would appreciate being a referral source to this program.

We are also interested in sharing your mission to educate the medical community about the benefits of early diagnosis and treatment. I understand that this is a priority for the Alzheimer's Association and the ADRC. In partnership, I believe that we can have a positive impact in our local community in meeting this objective.

Jefferson County Health Department and Jefferson County Human Services Department have a strong history of collaborating on behalf of County residents. The Health Department looks forward to having a very needed resource for patients and families who are affected by dementia. As the population in the County ages this will only become more of a necessity.

Sincerely,

Director/Health Officer



CITY OF JEFFERSON POLICE DEPARTMENT

Gary E. Bleecker, Chief
Michael Drew, Captain
Dale Lutz, Lieutenant

425 Collins Road Jefferson, Wisconsin 53549 (920) 674-7707 Fax (920) 674-7702
<http://www.law-enforcement.org/jeffersonpd>

September 26, 2012

Sue Torum,
Jefferson County
Aging and Disability Resource Center
1541 Annex Road
Jefferson, WI 53549

Re: Letter of Support

Dear Sue,

Thank you for hosting the 9/19/12 Jefferson County Police Chief's Association meeting. We appreciated the report you provided on the Helen E.F. Supreme Court decision and how it impacts the department's ability to respond to Alzheimer's patients in crisis. We were very interested in hearing about your plans to expand the self-registration system for persons with dementia throughout Jefferson County, and would ask that you include making it available to parents of autistic children.

The Jefferson County Chiefs & Sheriff Association support your application for a Dementia Care Specialist position so that the ADRC can further its work in providing services to individuals and families when dementia is present. These services would be very beneficial to us as we are called out to volatile or self-neglect situations.

Sincerely,

A handwritten signature in cursive script that reads "Gary Bleecker".

Gary Bleecker
Chief, Jefferson Police Department

RESOLUTION NO. 2012 - _____

Resolution creating one Dementia Care Specialist Project Employee for ADRC at Human Services Clinic

WHEREAS, Jefferson County is committed to providing information, assistance and support to persons diagnosed with dementia and their caregivers, and

WHEREAS, the prevalence of Alzheimer's Disease is nearing epidemic proportions and it is a public health concern, affecting approximately 14% of the total population 65+ living alone in Jefferson County, and

WHEREAS, the Human Services ADRC has received a grant from the State of Wisconsin Department of Health Services for \$69,261 to fund a Dementia Care Specialist Project Employee for one year, and

WHEREAS, the Dementia Care Specialist position would support persons suspected of having or diagnosed with dementia and their caregivers, including providing case management coordination between individuals, their families and physicians, and

WHEREAS, the Human Services Board, the Alzheimer's Association of Southeastern Wisconsin, the Jefferson County Health Department Director/Health Officer, and the Jefferson County Law Enforcement Association support the pilot position and the mutual goal to connect individuals and caregivers to needed services, and

WHEREAS, it is understood the Dementia Care Specialist position is a grant-funded project employee and will be eliminated when funding is exhausted, and

WHEREAS, after due consideration, the Human Resources Committee recommends the changes proposed by the Human Services Board and the Jefferson County Human Services Director.

NOW, THEREFORE, BE IT RESOLVED that the 2012 and 2013 County Budgets setting forth position allocations in the ADRC and Aging Services Division at Human Services be and is hereby amended to reflect the above change, to become effective upon passage of this resolution.

Fiscal Note: The Limited Term Dementia Care Specialist Project employee will be fully funded by the State of Wisconsin Department of Health Services. The funds in the amount of \$69,261 will be in the form of an amendment to the ADRC contract. These funds will be allocated as follows: \$41,825 for salary, \$4036 in fringe benefits, \$1600 in supplies, \$2000 in training, \$4800 for travel expenses and \$15,000 in miscellaneous overhead costs. No additional funds are required in 2012 or 2013. As a budget amendment, 20 affirmative votes are required for passage.

AYES _____

NOES _____

ABSENT _____

ABSTAIN _____

Requested by
Human Resources Committee

11-13-12

Community Transportation ASSOCIATION

November 1, 2012

Dear Friend:

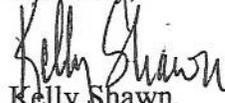
As you may know, Brown Cab, Inc., has been selected as the recipient for an innovative transit planning project to help enhance the mobility of local residents. Earlier this year, the Community Transportation Association of America (CTAA) identified Brown Cab, Inc. as one of only four transit systems in the nation to participate in a unique program to promote economic development through enhanced public transit services. The assistance would address the mobility needs of the area as a whole, but would specifically focus on the needs of the City of Edgerton. The proposed project encompasses the southern portion of the Highway 26 corridor covering the area between Watertown and Janesville and the areas within 10 miles of the highway. The area consists of almost all of Jefferson County and the northern portion of Rock County in Wisconsin. The planning project will be conducted by CTAA, a national membership organization based in Washington, D.C.

To ensure that the project identifies and addresses all potential transit needs in the project area, it is important that any organizations, entities and departments that *use* transportation, *need* transportation, *provide* transportation, or *have an interest* in transportation be involved in the planning effort. I would like to invite you to participate in a Mobility Visioning Workshop to launch our project and to help identify unmet mobility needs in the area. The Workshop will be held on Monday, November 12 from 1pm until 4pm, at the Library in Edgerton, 101 Albion Street, Edgerton, WI 53534.

The meeting will be hosted by representatives from CTAA and Brown Cab, Inc. At the workshop we will ask you to share your perceptions of unmet needs. We are particularly interested in **where** people need to go, **when**, **what** days of the week, **how often** and **why**. We will also discuss possible solutions to the needs identified. CTAA and Brown Cab staff will also be available afterwards to answer questions and discuss the project individually.

If you'd like more information on the project, please don't hesitate to contact me at 1.800.891.0590 x718, or by e-mail at shawn@ctaa.org. We look forward to meeting you on the 12th.

Sincerely,


Kelly Shawn,
Assistant Director

APPLICANT INFORMATION FORM

County Designated Person Who Prepared this Application

Susan Torum, Manager, Aging & Disability Resources Division

Address

Jefferson County Human Services Department
Aging & Disability Resource Center
1541 Annex Road
Jefferson, WI 53549

Telephone Number	920-674-8136
Fax Number	920-674-7603
E-Mail Address	suet@jeffersoncountywi.gov

Person (s) Who Will Administer the Transportation Projects

Susan Torum

Address

Jefferson County Human Services Department
Aging & Disability Resource Center
1541 Annex Road
Jefferson, WI 53549

Telephone Number	920-674-8136
Fax Number	920-674-7603
E-Mail Address	suet@jeffersoncountywi.gov

Person (s) Who Will Submit Required Reports

Susan Torum

Address

Jefferson County Human Services Department
Aging & Disability Resource Center
1541 Annex Road
Jefferson, WI 53549

Telephone Number
Fax Number
E-Mail Address

920-674-8136
920-674-7603
suet@jeffersoncountywi.gov

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT
Aging & Disability Resource Center
1541 Annex Road
Jefferson, WI 53549
920/674-3105

December 30, 2012

Chief Transit Section
Wisconsin Department of Transportation
Bureau of Transit, Local Roads, Railroads & Harbors
P.O. Box 7913
Madison, WI 53707-7913

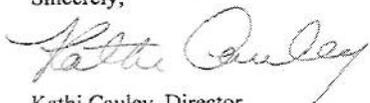
RE: s. 85.21 Specialized Transportation Grant Application

Dear Transit Section Chief:

Jefferson County hereby submits its application for \$181,046 in state assistance under Section 85.21 of the Wisconsin Statutes to provide specialized transportation services for the elderly and disabled. The application assures that \$36,209 in local funds has been included and adopted in the county's 2013 budget and will be available as the share required to match the 85.21 grant.

The applicant affirms that the information submitted in this application is true and correct.

Sincerely,



Kathi Cauley, Director
Jefferson County Human Services Department

SECTION A – APPLICATION AUTHORIZATION AND MATCH ASSURANCE

The Jefferson County Clerk has certified that the Department's CY 2013 Budget Request contains the matching funds required under this grant application. See page 3(a).

The Jefferson County Board has authorized the Human Services Department to prepare and submit the Section 85.21 Grant Application to the Wisconsin Department of Transportation on a continual basis. Resolution #84-56 is dated November 15, 1984. See page 3(b).

SECTION B – ACCESSIBILITY

- a) Jefferson County will use S.85.21 funding to provide accessible transportation to persons who cannot walk or who walk with assistance. This is provided via two vans, which are owned and operated by Jefferson County and as outlined under Section B, sub. c. The van service is popular with many older people because of the personal services the drivers provide including accompaniment to/from appointments, assistance with carrying packages and 1:1 assistance when needed to ambulate or walk up steps. The Driver-Escort Program utilizes volunteer drivers who will transport people using wheelchairs provided that they can transfer with minimal assistance into the driver's vehicle.
- b) Jefferson County will meet the requirements for equivalency of service between ambulatory and non-ambulatory passengers by providing the assistance described in the section, sub. a & c.
- c) In addition, \$2,000 of S.85.21 funding will be set aside in order to fund wheelchair accessible transportation to medical related appointments when other funding sources have been exhausted. See Section E - Project 1, pages 6 & 7.

SECTION C – COORDINATION

Jefferson County's *Coordinated Public Transit-Human Services Transportation Plan* was reviewed in 2012; the goals, which are based on service gaps, are as follows:

1. Increase rural transportation options and/or service for the transportation disadvantaged;
2. Coordinate and consolidate transportation services;
3. Develop and improve communication of transit options and resources;
4. Increase transportation resources; and
5. Increase community awareness and access to information about transportation issues in the county.

On 6/26/2012 a coordinating committee meeting was held. At that meeting, the Director of the Community Action Coalition in Watertown, WI reviewed a grant application for a WETAP (WI Employment Transportation Assistance Program) grant that the organization was applying for. Had they received funding, the grant would have helped with the 1st & 4th coordination goals.

Around that same time, the Aging & Disability Resources Division Manager had a meeting with Carrie Porter, Mobility Manager, with the Greater Wisconsin Agency on Aging Resources to

review the 2012 s. 85.21 Transportation Plan. During that meeting Porter said that Running Inc, who had just purchased Brown Cab, applied for a grant from the Community Transportation Association of America (CTAA) and the USDA to look at making connections within Jefferson County. A representative from CTAA has scheduled an introductory meeting for 11/1/12. Upon completion of the study, an opportunity may exist to expand taxi service on a county-wide basis. This idea will be explored further in 2013 and may significantly impact the 2014 grant application.

The Aging & Disability Resource Center Advisory Committee and Human Services Board establish policy and procedures for county provided transportation services. These entities are responsible for reviewing and approving the s.85.21 plan. When coordinating meetings are scheduled, attendance has been very poor, so the Advisory Committee has taken the lead and interested others are invited to meetings when transportation is on the agenda. The committee meets monthly. Representatives' from Care WI, the Jefferson County Veteran's Service Office, Community Action Coalition, Your-Friends-in-Action and the Jefferson County Transportation Office were present at the June 2012 meeting where the plan was reviewed.

Transportation Resources Available in Jefferson County

- Brown Cab Service – provides taxi services in Fort Atkinson, Jefferson, Lake Mills and Watertown..
- LaVigne's Bus Company – provides specialized transportation throughout the county and regionally.
- Faith-in-Action - provides volunteer drivers for various trips throughout the county and regionally.
- FISH – provides volunteer drivers to people living in Jefferson and Lake Mills for local and regional medical appointments.
- St. Coletta of Wisconsin – provides accessible transportation to persons with disabilities and the elderly.
- Bethesda Lutheran Communities – provides accessible transportation to persons with disabilities and the elderly.
- ProHealth – provides accessible transportation to patients in their service area.
- Watertown Passenger Transit – provides taxi services in the City of Watertown.
- Community Action Coalition – offers 0% interest vehicle loans for qualifying individuals to help people get to work through the *Shifting Gears* Program.
- 2 Time Transport – provides specialized van services to county residents 24/7.
- Logisticare – provides transportation to medical services to individuals on Medicaid.

SECTION D - SERVICE PRIORITIES

Jefferson County intends to use trip purpose priorities for all specialized transportation projects funded with S.85.21 aids.

Priority will continue to be given to medical and nutritional related trips for elderly or disabled consumers using the Elderly/Disabled Van Transportation Program (Project 1) and/or the Driver-Escort Program (Project 3). The Nutrition Program Taxi Subsidy Program (Project 2) provides user

side subsidized transportation services to elderly/disabled consumers who wish to participate in the noon meal programs at four of the county's six Senior Dining Sites.

SECTION E - PROJECTS

Project 1: Elderly/Disabled Van Transportation Program

1. The general type of service is van transportation.
2. The organization sponsoring and providing this service is the Jefferson County Human Services Department. The Department currently employs one van driver and a Transportation Coordinator/Driver. The Human Services Department contracts with LaVigne's Bus Company and Bethesda Lutheran Communities so that fully accessible transportation can be offered when needed.
3. This project does not use s. 85.21 funds as local match for federal funding.
4. The number, type and capacity of vehicles expected to be used are as follows: Van #1 is a 7 passenger, non accessible 2011 Dodge Grand Caravan. Van #2 is a 7 passenger, non accessible 2008 Chevy Uplander mini-van.; LaVigne's Bus Company and Bethesda Lutheran Communities maintain their own fleet of accessible vehicles.
5. The hours of operation for the service are as follows: Van #1 serves individuals living in eight different communities and operates between the hours of 8:00 a.m. to 4:30 p.m. Monday – Thursday, and 8:00 a.m. to 12:00 p.m. Fridays. Van #2 is available between the same hours and service is available on a call-in, as needed basis to elderly/disabled individuals living in any Jefferson County community. Service is available to individuals throughout Jefferson County. When individuals requesting a ride live outside of the service area, the driver will make contact with them to make other arrangements.

LaVigne's Bus Company is available to provide specialized medical transportation between the hours of 6:30 a.m. to 5:00 p.m. Monday – Friday. Bethesda Lutheran Homes is available to provide medical transportation between the hours of 8:00 a.m. to 5:00 p.m. Monday – Friday.

6. The level of service offered through Van #1 is nutrition and medical transportation on a flexible, fixed route basis and the pickup points are primarily at Senior Housing Complexes. Door-to-door pickups are available throughout the county as well. Due to a decrease in ridership, the van service has expanded to include transporting those individuals who are also served under Project #3. This is cost-effective and more efficient.

Van #2 is available for door-to-door service in any community; and specialized medical transportation that is provided by LaVigne's Bus Company and Bethesda Lutheran Homes, offers door-to-door service as needed.

7. The manner in which services may be requested includes a 4-day advanced notice if the requested trip deviates from the scheduled pick up point. The department makes every

attempt to accommodate individuals wishing to ride the van who do not live within the designated communities. New to this plan is a requirement that in those communities where ridership has decreased significantly, passengers must call in to request a ride. The van is no longer dedicated to the following communities on set days/week: Jefferson, Lake Mills & Waterloo.

Individuals wishing to use county subsidized wheelchair accessible transportation are required to contact the Program Administrator or Transportation Scheduler to make arrangements.

8. The type of passengers eligible for this service includes all Jefferson County residents who are 60 years of age or older and disabled adults. The van service will accommodate non-elderly/non-disabled requests only if all priority trip requests have been met and the individuals need transportation in order to receive agency services. Individuals using the van service shall be treated equally.

Types of passengers eligible for county subsidized wheelchair transportation include all elderly or disabled Jefferson County residents who are unable to utilize any other mode of transportation.

9. The passenger revenue policy is a co-payment method of collection for services provided. The co-payment is \$1.00 per one-way trip, and individuals requesting wheelchair transportation shall be asked to contribute \$1.00 for in-county one-way trips and \$5.00 for out-of-county one-way trips.

The driver shall collect co-payments for county operated van services at the time of service. The county, rather than the service provider, shall collect co-payments for wheelchair van transportation. All contributions are used to offset costs.

Trips provided to passengers enrolled in managed care are authorized by the managed care organization who via contract reimburses the county the full-cost associated with each trip.

Project 2: Senior Dining Program Taxi Subsidy

1. The general type of service provided is a user-side subsidy of the taxi service to the Senior Dining Programs located in Jefferson, Fort Atkinson and Lake Mills.
2. The organization sponsoring this service is the Human Services Department; the department contracts with Brown's Cab Company, Fort Atkinson, WI to provide nutritional related transportation to the elderly and disabled.
3. This project does not use s. 85.21 funds as local match for federal funding.
4. The number, type and capacity of vehicles expected to be used are owned and operated exclusively by the taxi company, who owns a combination of taxi cabs and accessible mini vans.

5. The hours of operation are from 10:00 a.m. to 2:00 p.m. weekdays. This project subsidizes transportation to and from four of the county's six Senior Dining Programs. In the remaining four communities that offer Senior Dining services, meal participants are encouraged to ride share. There are no plans to expand this service into those communities.
6. The level of service offered is shared ride, curbside service following no particular route.
7. The manner in which services may be requested is by calling the cab companies directly. This may be done on the day transportation is required or by calling ahead of time. Users run the risk of waiting if calls are made at the last minute, otherwise service is generally timely.
8. The types of passengers eligible for this service and subsidy are elderly persons (60+), their spouses and/or adults with disabilities attending a Senior Dining Program.
9. The passenger revenue policy for this project is a required co-payment; passengers pay the difference between the subsidy (.75 cents per ride) and the actual cost of the service which varies dependant upon each community. The difference is paid directly to the cab driver at the time of service

Project 3: Driver-Escort Program

1. The general type of service provided will be a Volunteer Driver/Escort Service.
2. The organization sponsoring and providing the service is the Human Services Department. Volunteer drivers are recruited and trained by the county's Transportation Coordinator.
3. This project does not use s. 85.21 funds as local match for federal funding.
4. The number, type and capacity of vehicles expected to be used are privately owned by the volunteer drivers. Drivers must certify that they have met the vehicle insurance requirements as established by the county. The liability limits are as follows: \$50,000; \$100,000 & \$10,000. Driver's personal vehicles are generally not accessible.
5. The hours of operations for the service are 6:00 a.m. – 6:00 p.m. weekdays. The service is available throughout the entire county.
6. The level of service offered is door-to-door service.
7. The manner in which services may be requested are via a reservation system which requests notice at least four days in advance. Any person using the Volunteer Driver/ Escort Program will be asked to limit their requests for service to two times per week. The Transportation Coordinator makes every attempt to accommodate late requests.
8. The types of passengers eligible for this service include the elderly and adults with disabilities who need transportation to access medical services. Also prioritized are Human Services Department clients who need transportation to agency appointments. When transportation is provided to a disabled child, a parent, or other responsible adult, is required

to accompany them. This service is available to individuals who have no other means of transportation.

9. The passenger revenue policy requires passengers to make a co-payment toward the cost of all trips provided. In 2013 co-payments have been set at: \$1.00 for in-county, one-way trips and \$5.00 for out-of-county one-way trips. Co-payments shall be collected by the driver at the time of service and are subsequently turned over to the Transportation Scheduler. All co-payments are used to offset costs.

Trips provided to passengers enrolled in managed care are authorized by the managed care organization who via contract reimburses the county the full-cost associated with each trip.

SECTION F - EQUIPMENT ACQUISITIONS; PLAN FOR AIDS HELD IN TRUST

Jefferson County does not intend to acquire any new vehicles in 2013.

PLAN FOR ACQUISITION/MAINTENANCE OF TRANSPORTATION EQUIPMENT

ITEM		OWNER OF EQUIPMENT	PROJECTED COST	PLANNED YEAR OF PURCHASE
Mini Van		Jefferson County Human Services	\$25,000	2016
County	Jefferson	Prepared By	Susan Torum	
Organization:	Jefferson County Human Services		Date	9/30/2012
Amount of s.85.21 Aid Held in Trust as of 9/30/12			\$ 8,226.74	
Total Projected Cost for This Plan			\$5,000	

SECTION G - PLANNING/MANAGERIAL STUDY

There are no plans to study transportation needs using S. 85.21 funds in 2013.

SECTION H - PROPOSED BUDGET

1. Project Budget Summaries
 - a. Elderly/Disabled Van Transportation

- b. Senior Dining Program Taxi Subsidy
- c. Driver-Escort Program