

ANNUAL REPORT



2006

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FOREWARD

April 2007

To the County Board of Supervisors, Health & Human Services Board members, and interested citizens, consumers, and constituents:

This is the second annual report of the staff of the Health & Human Services Department, which began operations in March 2005. During the past year, the department continued to address specific goals set during the planning process. These objectives included:

- Improving access to services for clients.
- Assuring that clients get to see the person they need to see as quickly as possible.
- Improving services to Adams County clients within available resources.
- Creating seamless, coordinated services to clients.
- Maximizing resource utilization.
- Improving coordination and collaboration.
- Developing an evaluation process.

Significant progress has been made in most of these areas. With the inauguration of a central point of contact for individuals requesting services from the department, the vision of seamless access and coordinated service planning is closer to realization. The Intake/Access staff have been universally commended for their dedication, diligence, and their development and dissemination of a compendium of resources available to and for the citizens of Adams County.

Progress has also been noticeable in the area of inter-unit coordination and collaboration. In some cases, this progress has been evidenced by a formalization of a previous informal process, replacing casual discussions between individual staff members with coordinated planning by an assembled team of professionals. In other cases, most conspicuously in the area of case management for individuals with mental health and/or substance abuse issues, collaboration and team-based planning represent a new direction in service delivery and coordination.

The implementation of a program evaluation system is evident in the structure of this document, which now devotes sections to a review of goals and objectives enumerated for 2006 and to the establishment of goals and objectives for 2007, built on progress achieved on those of the previous year.

A number of issues identified last year remain to be addressed or fully realized. Primary among these are the achievement of a unified intake/access system and the implementation of department-wide policies and procedures. With respect to the intake system, having Intake/Access Specialists in place has significantly improved communication within the department and responsiveness to those seeking services. However, the unified data collection and dissemination system is not yet complete. Department-wide policies, procedures, and work rules were addressed in a number of ways during the past year, but much work remains to be done. Finally, as expected, the establishment of a new organizational culture and ethos remains a work in progress.

Finally, the department has had notable success in recruiting professionals during the course of the past year, filling the Clinical Services Manager position and hiring two Mental Health/AODA Counselors, three Social Workers, and one Case Manager. However, turnover among professional staff remains a major impediment to improvement in service delivery. In addition, some concern has arisen regarding the difficulties in attracting and retaining younger workers and in developing the next generation of departmental leadership.

Among the events and accomplishments of the department during 2006 were: the receipt of a Section 5310 grant award for 3 vehicles to be delivered in 2007, assisting seniors in coping with the implementation of Medicare Part D, sponsorship of the annual Senior Health Fair and the first Western Day at the Senior Center, the receipt of a Certificate of Achievement for a high payment accuracy rate in the FoodShare Program during 2005, planning for the dissolution of the five county Bioterrorism Consortium and implementing of county-based objectives, mass influenza pandemic clinic tabletop and functional exercises, passage of the Dangerous Animal Ordinance by the County Board of Supervisors, prohibition of smoking within 30 feet of the HHSD building, consummation of the purchase of the former IGA building as the new home of the Thrift Store, training all HHSD staff in the area of Ethics and Boundaries, recertification of the outpatient mental health and substance abuse clinic (with crisis services and telehealth), completion of the (state) Quality Services Review of the child protective service system, acquisition and promulgation of a toll-free number, and the designation of the Aging and Long Term Support Units, respectively, as the Elder Adult-at-Risk and Adult-at-Risk agencies.

As in last year's report, this document truly represents a joint effort of the leadership of the Health & Human Services Department. Each program report was compiled and written by the respective manager of the unit, and presents his or her perspective on their unit's place within the unified department, as well as their unit's accomplishments over the course of 2006.

In closing, the Health & Human Services Board established four overall department goals for 2007. Three (recruitment and retention, intake, and integration) have been carried forward from 2006 (although revised based upon progress). The fourth goal represents the next stage in the maturation of the department: developing and distributing information and raising public awareness of the department and the services provided.

It is hoped that this Annual Report will provide a concise overview of the scope and breadth of the services offered by the Health & Human Services Department, as well as a brief explanation of the origins, mission, and future of the agency. Our staff look forward to the challenges of continued service provision in a changing environment.

Respectfully Submitted,

Eric G. Furtkamp, Ph.D., Director

HEALTH & HUMAN SERVICES BOARD

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Vacant (physician member)
Citizen Member

HEALTH & HUMAN SERVICES DEPARTMENT

REVIEW OF 2006 GOALS AND OBJECTIVES

Department-Wide

1. Work to improve the recruitment and retention of professional staff.
Progress – The year 2006 again saw significant levels of turnover among the professional staff, with the departure of one Mental Health Therapist, three Case Managers, and one Social Worker. The reasons for the staff resignations were related to family, career advancement, and return to graduate school. However, recruitment during 2006 was more successful than in previous years, with more qualified applicants per vacancy and a shorter interval between resignation and replacement. During 2006, the Department successfully recruited a Clinical Services Manager, two Mental Health/AODA Counselors, three Social Workers, and one Case Manager.
2. Develop and implement a comprehensive intake/access system.
Progress – The Intake/Access Specialists were hired in May 2006, and began taking inquiries and service requests in June. They also began conducting (long-term support) functional screens for prospective clients and became involved in the crisis intervention system, particularly in coordinating the court process and arranging aftercare services. The Intake/Access Specialists assumed responsibility for taking reports of child abuse. Little progress has been made in the area of software development and integration of intake forms and paperwork.
3. Continue the integration of the operational units into an interdependent, cohesive department.
Progress – There was substantial progress in operational integration with respect to individuals and families receiving services from multiple departmental units, with increased team process and collaboration in service delivery and planning. In addition, observational data would indicate an increase in dyadic consultation across administrative units, as well as sharing of consultants and other discipline-specific resources. This progress has been enhanced through monthly all-staff meetings, during which the various units have made presentations regarding their duties, functions, responsibilities, and individual areas of expertise. Management staff have met on a regular basis (weekly) to share unit-based information as well as to address department-wide issues.

Aging Unit

1. With additional money from the Department of Transportation, the Aging Unit will expand the availability of transportation to needed services by providing transportation for the elderly to the Food Pantry.
Progress – The Aging Unit is providing transportation to the local food pantry to approximately twenty-two (22) senior citizens the 4th Thursday of every month.
2. Continue the education and training with the State of the national, web-based information and referral system.
Progress – The Aging Unit has received the application to apply for the Beacon program. The Beacon program is for information & referral.
3. Continue the education and training with the State on the web-based state reporting system.
Progress – The Aging Unit is using this web-based state reporting system daily. All is well!!

Economic Support Unit

1. Continue to serve eligible Adams County residents with economic support services which are available.

Progress – From March 2006 through December 2006 the ES Unit determined eligibility and processed 412 new FoodShare and Medical Assistance applications. Handled 1789 review applications and 4504 case changes were processed in the same time frame. The four Economic Support Specialists have a combined caseload of 2,125 serving 4,673 Adams County individuals with FoodShare and/or Medical Assistance.

2. Continue our 0% error rate in Food Share issuance.

Progress – Economic Support strives daily to maintain the FoodShare 0% error rate, however we did have one error in 2006 of \$51 out of \$1,594,488 FoodShare benefits issued.

3. Combine the customer satisfaction surveys of the various units into one survey for the agency.

Progress – We will continue to work towards bringing all the customer satisfaction surveys of all the HHS Units together as one, to eliminate the client frustration of receiving multiple surveys from the same department through the year.

4. Set up the electronic case file structure for the Economic Support Unit to scan open case folders and subfolders into the State system.

Progress – The scanner was set up in June of 2006 and we began scanning immediately. It is a time consuming process but as of the end of the year we had 49.58% of Economic Support paper files scanned into the Electronic Case File, remaining files to be scanned at the end of the year totaled 1652 which we will have done before the state's deadline of 6-30-08.

Fiscal & Support Services Unit

1. *Support Services* – Incorporate the intake workers, relieving reception staff from responsibilities better handled by professionals.

Progress – The intake workers have been incorporated well and are a tremendous help to the reception staff. Their constant search for resources has given the front desk more tools to offer the clients rather than just turning them away.

2. *Support Services* – Cross-train the four receptionists fully so that they can fill in any post at either front office.

Progress – We are now fully staffed. Three of the Receptionists are trained in all areas and one is in the process of completing her training of the South Reception. When she completes this training all Receptionists will be cross trained.

3. *Support Services* – Look into job training in phone etiquette, dealing with difficult customers, and office professionalism.

Progress – No progress at this time. This is a goal needed to be reset for 2007. Along with phone etiquette training, office professionalism, and dealing with difficult customers, I would like to add email etiquette training.

4. *Fiscal Management* – Streamline the voucher system, creating a procedure that will assure proficiency, create better tracking of the budget, and help the reporting processes.

Progress – This objective will need to be extended into 2007 goals. The WISSIS system does not have exactly what was hoped for within their software to better track the budget. A bit of progress was made when we put more of a responsibility on each Unit Manager to keep track of their individual budgets in order to keep the accounts better in line.

5. *Fiscal Management* – Streamline the deposit system, maintaining one routing system for all the money taken in by the department, assuring better tracking and accurate coding, which will in turn improve budget maintenance.

Progress – We have designed a new way of receipting the money that comes into the Department. All transactions are keyed into the QuickBooks system where a receipt is generated and the transactions are coded. Fewer errors are made due to the fact that the system is pre-set with the accu-

rate codes. Better tracking is maintained through the QuickBooks report system. Money is still taken in at both reception areas so as to convenience the customers. This however is very little.

6. *Fiscal Management* – Train more staff in data entry for the voucher system.

Progress – This is a difficult goal due to the lack of fiscal staff. We have divided the reception work stations in half, that is, we have two receptionists working the North Reception and two receptionists working the South Reception. The hope is that the second receptionist in the South Reception will have more time and can be trained in some data entry of the vouchers.

Long Term Support Services Unit

1. Increase personal care program participation.

Progress – The personal care program received a Community Links grant in the amount of \$13,987, to hire a part-time registered nurse to complete assessments and do required in-home nursing visits. The program increased by 12 participants, from April 2006 to the end of the year. Goal will be continued in 2007.

2. Develop Community Integration slots transferring people out of nursing homes.

Progress – Two nursing home relocations were completed in 2006, one individual continues to reside at a local CBRF and another decided to return to the nursing home. Goal will be continued in 2007.

3. Secure a new building for the Thrift Store.

Progress – Practical Cents Resale Store located at 402 S. Main Street, Adams, was purchased by November 2006. Goal reached.

4. Increase Children's Waiver services to more children and broader range of target groups.

Progress – Still in progress, three children were added to the Children's Waiver in 2006.

5. Increase service providers for Birth to Three program.

Progress – Goal reached, although we continue to use one primary local-area service provider.

6. Assure that Case Management charting and billing is completed monthly.

Progress – Goal reached. 100 % accuracy.

Public Health Unit

1. Complete an Incident Command Structure for an avian flu pandemic by March 2006.

Progress – The incident command structure is completed and has been exercised.

2. Conduct flu pandemic exercises with all partners by August 2006.

Progress – A tabletop mass clinic exercise took place on April 11, 2006 and a mass clinic functional exercise took place on July 11, 2006. Almost all of our community partners were present at both.

3. Obtain signed Memoranda of Understanding with the pharmacy, school, and municipal buildings by 31 December 2006.

Progress – Still in process.

4. Maintain all other public health programs at their current level.

Progress – Not only were our other public health programs maintained at their current level, but, many programs increased in the numbers of citizens that we served.

Youth Services Unit

1. Participate in the State Program Enhancement Plan, undergoing a Quality Service Review in June 2006, and incorporate new standards of practice for Child Welfare cases.

Progress – Overall Adams County did very well in the first Quality Service Review. We have begun to implement different standards of practice and will continue to do so as State Standards continue to evolve.

2. Consider specialization of the staff within the Unit for child protective services and juvenile justice issues, increasing knowledge base and proficiency of the Unit as a whole.
Progress – Limited progress: Goal has been considered and discussed with staff, however not implemented as of yet due to various staffing vacancies and hirings that occurred over the course of the last year. This goal will remain for 2007.
3. Work to develop and fund preventative services, such as in-home detention and youth mentoring, reduced or eliminated by budget reallocation by the (state) Department of Corrections.
Progress – Beginning in February 2007 Adams County is contracting with Professional Services Group (PSG) and continues to contract with Bridges for Youth. This is an ongoing need and will remain for 2007.
4. Search for additional resources/services to families, especially for preventative measures.
Progress – This is an ongoing need and will remain for 2007.
5. Develop a coordinated response to the investigation of child abuse and neglect reports.
Progress – This goal was put on the back burner due to staffing issues among our unit and the changes at the Sheriff's Department. Goal will remain for 2007. There have already been discussions with one of the new Lieutenants at ACSD.

Clinical Services Unit

1. Continue to expand peer-to-peer support opportunities for individuals with severe emotional disorders through participation and sponsorship of activities at the Friendship Connection.
Progress – Friendship Connection is currently operating with 14 program events on average per month. These events include NAMI support groups for individual consumers and their families, a weekly women's support group, men's group, holiday parties, home-cooking events, bowling and shopping outings, birthday parties, movie nights and bingo parties, various mental health awareness programs by topic, etc., all of which entail socialization and life skills training. The program has also gone through its first change of guard with the clinic hiring two new case managers and a clinic manager. These new staff oversee the finances, and facilitate the steering committee and program development. We are exploring grants and fundraising options in order to expand services.
2. Continue to increase the proportion of clients completing and benefiting from outpatient substance abuse services.
Progress – The number of individuals initiating AODA services rose from 121 in 2005 to 149 in 2006. The number served overall was 297. Responses to the satisfaction survey indicate comparable rates of completing treatment at 93% in both 2005 & 2006. The rate of reported abstinence rose from 22% to 62%. The reported rate of control of substance decreased from 67% in 2005 to 62% in 2006. The number of those willing to return to the clinic for services decreased from 96% in 2005 to 81% in 2006. In targeting services to meet the need, we recognize that a high percentage of AODA clients have coexisting mental health issues. The last two professionals hired in the clinic were selected for dual-diagnosis positions; they will serve individuals who have substance abuse and mental health issues. This targeting of services to need will increase accuracy and effectiveness of the interventions and decrease the rate of recidivism.
3. Continue outreach and prevention efforts to reach children and adolescents in need of outpatient mental health and/or substance abuse services.
Progress – The number of children and adolescents that came in to the clinic for services was up from 125 in 2005 to 150 in 2006. We have supported closer partnerships with school professionals who deal with at-risk children. Part of this partnership entails the training and participation of mental health staff on Coordinated Services Teams (CST). We are working closely with intensive in-home psychotherapy providers to engage extended family members that could benefit from in-

creased access to outpatient services before problems turn into crisis events. We are also pursuing the implementation of the Comprehensive Community Services (CCS) program. This program will allow us to readily target children and adolescents whose mental health and AODA issues can be effectively addressed through a team-based, multidisciplinary approach.

4. Continue to increase the proportion of clients reporting satisfaction with the services they receive.
Progress – Overall responses to the client satisfaction survey show a decline in reports that “life has improved” after engaging services from 80% in 2005 to 76% in 2006. Reported willingness to return for services has also decreased from 97% to 76% between the same two years. Many clients were complimentary of their therapists, however, the turnover in clinical staff is cited as the most common concern for clients who completed the survey. This response is understandable as continuity of care is instrumental in the treatment process. Issues related to staff retention are an ongoing concern.

PROGRAM REPORTS

LONG TERM SUPPORT SERVICES (Diane Osborn, B.S., Manager)

The mission of Adams County Health & Human Services Long Term Support Unit is to promote, support, coordinate, and administer programs, policies, and services to residents of Adams County who are elderly, physically disabled, developmentally disabled, mentally ill, or have had a traumatic brain injury. The unit also provides Birth–3 services, Guardianship & Protective Placement, Watts reviews, CBRF-preadmission screening, personal care program, certifies adult family homes and is representative payee for Social Security clientele.

The LTS Unit Personal Care Program averaged serving 49 clients in 2006. The program provided PCW services to 25 clients in Adult Family Homes and 24 clients received services in their homes. The Unit wrote and was awarded a 2006 Community Links grant in the amount of \$13,987 to increase the personal care services by hiring a part-time nurse to complete assessments and 60-day visits. Sixty-four percent of the PCW workers are immediate family members, providing personal care to their parent, sibling, or adult child with a disability. For the first time, the Personal Care program hired workers, to be assigned various clients in the County to complete their cares. This practice will continue to grow because in December 2006, the agency was notified by Northland Home Health that they would no longer be providing MA personal care services.

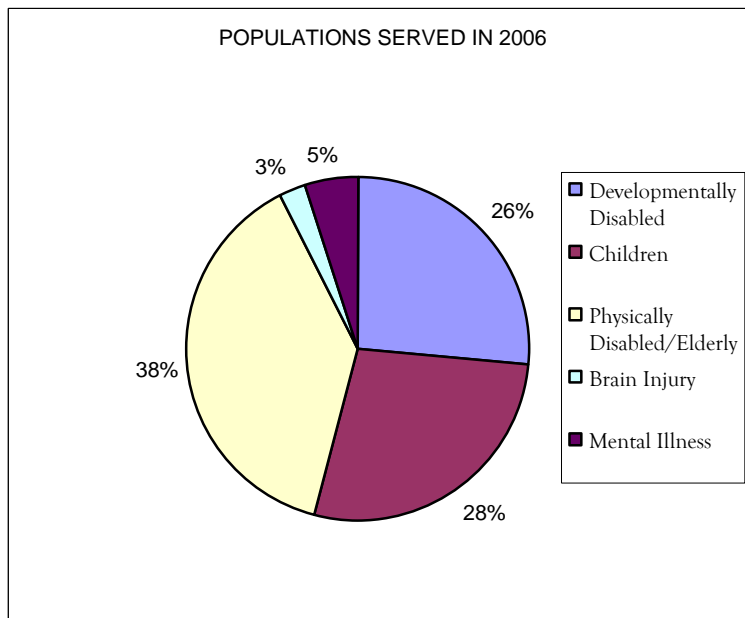
With the implementation of the Community Relocation Initiative, which gave people, who are elderly or physically disabled, living in nursing homes a choice to move home, in an apartment or in an assisted living setting, the LTS unit relocated two individuals from nursing homes back into the community. The LTS Unit has also received eight referrals from nursing home to relocate residents back into the community.

Sixteen children with disabilities received funding for services from the Family Support Program, Children's Wavier (CLTS), and Community Integration Program (CIP 1B). The Birth-3 Program averaged 15 children in 2005 and doubled in 2006, these children received special instruction and service coordination.

During 2006, the LTS unit conducted 11 guardianships, 13 protective placements and 33 annual WATTS reviews. We certified two new adult family homes and recertified eight existing adult family homes. A total of 30 clients resided in AFH's and 12 in CBRF's over the past year. Case managers completed seven CBRF preadmission screenings. (CBRF preadmission screenings are required for anyone who might request public funding in the future) Representative payee services were provided to 60 clients.

The Long Term Support Units job descriptions were rewritten and approved by the HHSD committee on February 10, 2006. Staffing for the Long Term Support Services Unit consisted of 18 employees in 2006. (Unit Manager, clerk typist, 6 case managers, a Children Services Coordinator, PCW Registered Nurse, PCW part-time Registered Nurse, 3 Training Specialist, 1 Long Term Support Generalist, Job Coach and 2 Bus Drivers.) Gemini Employee Leasing also provided 43 full and part-time employees (Liaison Supervisor, two part-time bus drivers, 28 full /part-time PCW workers, 8 part-time Supportive Home Care Workers, a Residential Manager, and 3 thrift store staff)

The LTS Unit provided services to approximately 200 clients per month. (See graph) The Unit opened 62 individuals for services. Those services included case management, supportive home care, personal care, lifeline, daily living skills, chore service, vocational services, respite, residential placements, individual instruction, etc. We conducted 33 COP assessments and wrote 14 case plans for individuals to receive services. At the end of 2006, we had 11 elderly, 37 physically disabled, and 45 developmentally disabled on the wait list for services.



During 2006, an average of twelve clients daily attended the Adams County Adult Day Services Program. An expanded day services program, located in the work activity center provided a variety of social, recreational, vocational, and daily living services to adults who need help to function independently as possible within the home and in the community. The outcome was to maintain quality of life with dignity, improve physical functioning, assist in and maintain daily living skills, develop friendships and interests, and increase involvement in the community. Activities such as bingo, bowling, exercise, crafts, community outings, special events parties, etc. planned around a monthly calendar and implemented into a day services program.

The grand finale for the Long Term Support Unit was the purchase of a new thrift store. A resolution was passed, to purchase the building (former IGA) on 402 Main Street, in Adams, WI in the amount of \$375,000. The actual sale occurred in November and renovation of the building began immediately. A new floor, ceiling, accessible bathrooms, work area, office, front doors, signage, electrical and furnace upgrade were initial items earmarked for renovations. The Practical Cents Resale Store provides vocational services to people with developmental disabilities and mental illness. The store provides vocational training to thirty clients, whose average attendance is four days per week.



AGING SERVICES (Carol Johnson, Aging Director)

The purpose/goal of the Aging Unit is to be a spokesperson for the interests and concerns of any Adams County resident, age 60 and older. As well as to initiate, coordinate, and administer programs, which help older adults remain active, contributing citizens of this community.

This annual report shall give you a general, all around, overview of what the Aging Unit has accomplished in the year 2006.

If there are any questions or comments after reviewing this report; please contact the Aging Unit, 608-339-4251, as we are here to assist in any way possible.

The Benefit Specialist's program was very busy in 2006. This program provided assistance to 573 clients and these services generated \$ 1,305,440.00 back to the seniors either in the form of cash or in value of benefits. 222 individuals applied for the Wisconsin Homestead Tax Credit. Numerous outreach sessions were done to educate individuals on Medicare Part D and to advocate to continue the federal funding of the Wisconsin Senior Care. These sessions were held at town halls, nutrition sites, community center and churches just to name a few. The Benefit Specialist program handled 573 clients but had a total of 1,061 cases; which means for every client there were 1.75 cases opened.

We have 4 volunteers trained by AARP who do income taxes on Monday/ Wednesday evenings and Saturdays. They have assisted approximately 200 individuals as of the middle of March.

The Elder Abuse program is a successful program. The Unit was able to assist 42 individuals. 75% of the cases that came into the Unit in 2006 were self-neglect. Self-neglect is when there is a significant danger to an elderly person's physical or mental health and the elder person is unable or fails to provide him/herself with adequate food, shelter, clothing or medical care. Happy to report they are all well and safe at this time.

The partnership the Unit has with Moundview Memorial Hospital has once again been a huge success. The senior population received services such as diabetic screening, cholesterol screening, informational and educational sessions just to name a few. This is an excellent means to prevent and educate on health and wellness issues. This is done at all three sites every month. One of the successful services, which is greatly used, is the toenail clinic.

The second annual Senior Health Fair was a huge success. The attendance was up from the first health fair. Some of the activities were a presentation on hospice, self-defense and advanced directives. Great Success!!!

The volunteer drivers for the medical transportation traveled a total of 70,129 miles using 3,090.25 hours to transport the seniors to their medical appointments. This is a service, which is constantly utilized. The drivers traveled 8,238 more miles than they did in 2005.

The Unit served a total of 39,308 meals in Adams County with the nutrition program. 36% for the Adams Homebound, 28% for Adams Site, 14% for Easton Site, 12% for Easton Homebound, 7% for Big Flats Site and 3% for Big Flats Homebound. The total donations received were \$80,026.06 with 35% from Adams Homebound, 25% from Adams Site, 15% from Easton Site, 13% for Easton Homebound. 8% from Big Flats Site and 4% from Big Flats Homebound.

The first annual western round up was a huge success serving approximately 230 individuals at the Community Center and delivering approximately 125 meals to the homebound. We offered hayrides and had a horse to pet. Staff was all tired but the seniors and the community enjoyed it.

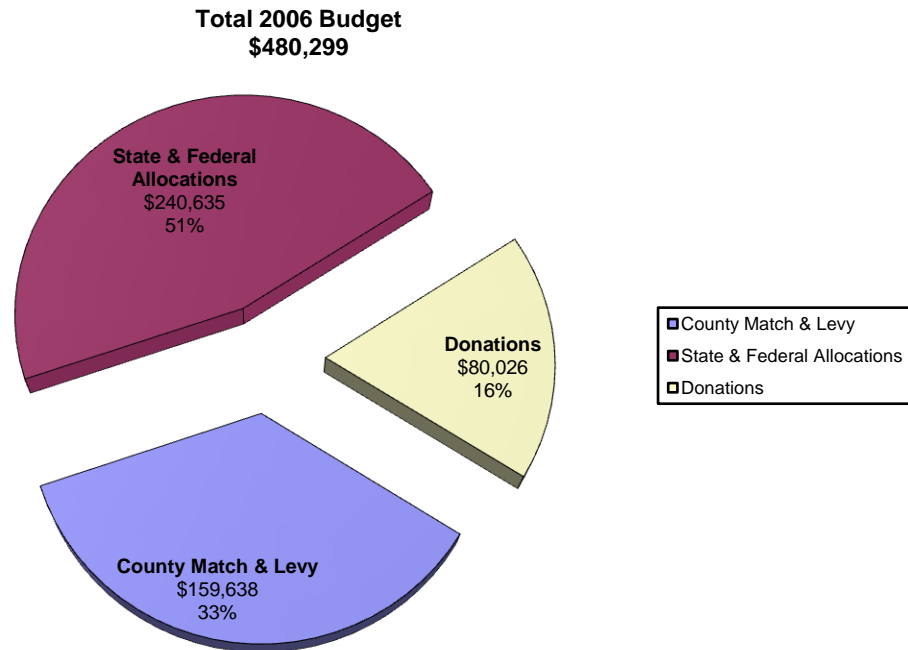
We used 701.50 hours for individuals that volunteered their time and talents to coordinate activities such as cards, bingo, crafts, exercise and answering telephones, etc. We used 5,059.75 hours for individuals that volun-

teered with the meals in one form or another. These volunteer hours are mandated to receive the grants from the State and Federal Government.

The Unit provided services to 100 individuals under the Alzheimer's or Family Caregiver grant.

The Aging Unit had a very busy and successful 2006. The goals for 2006 were all achieved.

2006 Aging Unit Revenues



YOUTH SERVICES (Mandy Stanley, C.S.W., Manager)

The Adams County Health and Human Services Youth Services Unit provides services to children and families involved with abuse and neglect issues, juvenile delinquency, truancy, and uncontrollability. This includes children who are placed in alternate care settings. Both Federal and State Law mandate services to these populations. The Youth Services Unit consists of 1 Unit Manager, 4 Social Workers, 1 Foster Care Coordinator, 1 Family Based Worker and 2 Intake/Access Specialists.

As of June 2006 the intake/access unit began fielding calls and walk-ins for the entire agency. This unit serves as a central access point for county residents who may be in need of a variety of services. Although the duties of these positions continue to be a work in progress, they have already improved customer service and relieved other agency units.

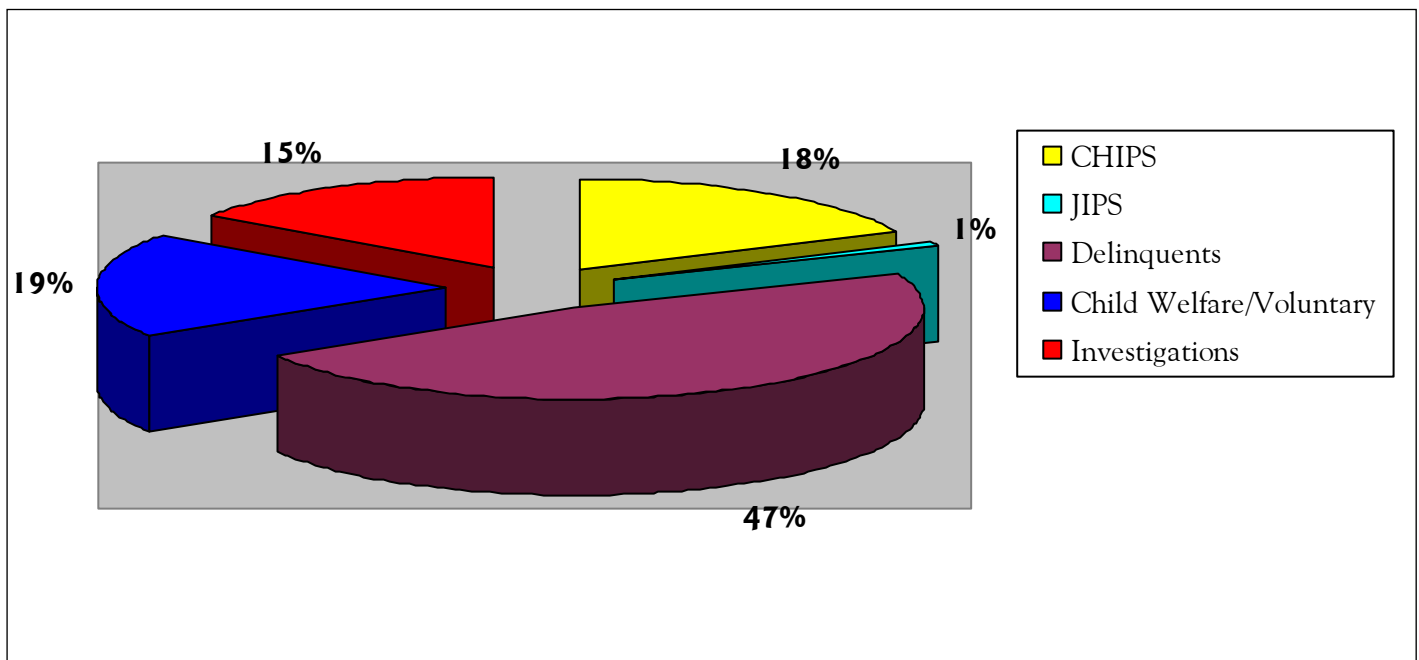
In 2006 the Youth Services Unit averaged service to 72 families and 90 children per month. Services included investigation of abuse/neglect reports, safety services, case management, juvenile court intake, court work, termination of parental rights, juvenile supervision, out of home placements, permanency planning, independent living skills, foster home licensure, kinship care, home studies, information and referral, voluntary family based

services, coordinated service teams and parenting classes. Additionally, staff attends various community meetings and speaks to community organizations on a variety of topics effecting children and families.

Alternate care consists of any setting in which the child does not reside with a parent or legal guardian. These settings can include relative care, kinship care, county foster care, treatment foster care, group care, residential care or corrections. In 2006 Adams County averaged 26 children in kinship care and 15 children in other alternate care settings.

The week of June 12-16, 2006 the Youth Services Unit underwent a Quality Service Review (QSR). The review focused on case practice in county child welfare programs. Many strengths related to engaging families, coordination of services and support were identified. Improving relationships with educational partners, identifying resources for service gaps and exploring specialization in Child Protective Services job functions and case practice were identified as improvement areas. As a result of the QSR, the agency sponsored a community training entitled “Why Doesn’t CPS Do Their Job?” The training was very well attended by a variety of community partners. The agency continues to incorporate other information learned through the Quality Service Review process.

Figure 1 - Youth Services Clientele



CHIPS: Child(ren) in need of protection and/or services refers to ongoing case management with children who have been victims of abuse, neglect or require special treatment or care which the parent(s) cannot provide.

JIPS: Juveniles in need of protection or services refers to truant or uncontrollable youth or youth under age 10 who have committed a delinquent act.

Delinquents: Youth, age 10 to 17 who are referred to the agency for the commission of a delinquent act or acts (crime).

Child welfare and voluntary services: Families assigned to the family based worker and coordinated service teams.

Investigations: Assessment of reports of alleged child abuse or neglect. The agency must respond to screened in reports within 5 working days and has a maximum of 60 days to complete the investigation.

PUBLIC HEALTH (Linda McFarlin, R.N., M.A., Health Officer)

2006 PUBLIC HEALTH ACCOMPLISHMENTS

Preparedness In July public health held a mass clinic functional exercise, with local partners. This exercise was designed to enhance the count's capability to respond and support an incident involving a public health emergency and mass clinic activations at the local and county coordination levels. The exercise outlined the achievements gained through the building blocks of planning, training, and exercising of the county partners.

Our public health readiness for a public health emergency was enhanced. In addition our public health command structure for an emergency has been established and practiced.

Dental Services The fluoride supplement program is flourishing with 106 children receiving these fluoride or drops tablets in 2006. The fluoride supplements are free and are dispensed to parents of children, free of charge, who live in rural areas with unfluoridated water. The fluoride is provided through a grant from the state. 21 clients additionally received fluoride varnish. This is a fluoride that is painted unto the child's teeth by a public health nurse.

Well Woman Program The Wisconsin Well Woman program improves access to preventive health services for low-income, uninsured, or under-insured woman in Adams County. The total active caseload for Adams County in 2006 was 161 women. 3 women were diagnosed with cancer as a result of this program.

Maternal-Child Health water testing Public Health continues to provide free water testing for those woman who are pregnant or who have infants. 76 water tests of well water were done. 17 % of these wells were high in nitrates. These families were counseled in how to provide alternate water sources to prevent illness or harm to their child.

Woman-Infant and Children (WIC) program The WIC program has served generally 100% of the eligible clients during the year. At one time, this year, WIC served 114% of the eligible clients making Adams County the highest-ranking county in serving the eligible persons. Between Juneau and Adams County WIC provides for almost \$500,000 in revenue to grocery stores in our counties.

This is just a few of our accomplishments this past year. We, at Public Health, look forward to continuing to serve the citizens of Adams County.

SERVICES PROVIDED IN 2006

General Public Health

- Health promotion and prevention education for the public, schools, Headstart program and daycare.
- Health Needs Assessment for Adams County – due again in 2008
- Adams County Tobacco Free Coalition – 11 tobacco objectives goals were reached.

Communicable Diseases

- Communicable Disease investigation – 53 cases 83 investigations
- Sexually Transmitted Disease investigation – 32 cases
- TB investigation – <5
- TB medication program – 3
- TB testing – 121
- AIDS/HIV partner notification – <5
- HIV counseling and testing of partners – <5
- Outbreak investigation – 1
- Rabies control: Animal bite investigation – 53
- Blood Borne Pathogen program for county, municipal and school personnel – 519

- Water testing for bacteria – See environmental
- Head lice consultation – daily task
- Epidemiology – daily task

Immunizations

- Children’s immunizations – 527
- Adult Tetanus immunizations – 30
- Hepatitis B shots for county, municipalities and schools – 50
- Influenza immunizations – 700
- Pneumonia immunizations – 30
- Reminder system for children’s immunizations – varies per month.

Maternal Child Health

- HealthCheck Well Child exams – 68 children
- Prenatal and postpartum visits – 66 visits
- New baby visits – 20 families
- Water testing for bacteria, nitrates and fluoride – See environmental
- WIC (Wisconsin Infants and Children’s program) – 1205 monthly participation in Adams & Juneau County.
- Lead testing for children – 227
- Chair of Adams County Maternal Child Health Task Force – 2 meetings
- Fluoride supplements for children – 21 children received dental varnish, 106 children received supplements and 25 children received dental sealants.

School Nursing

- Adams-Friendship School District – full time – School year 2004-05 1,280 health concerns were addressed (997 student issues, 301 employee health).
- Consultation to Head Start Program and Children’s day care centers advisory committee and in-services.
- Vision and hearing testing for kindergarten through third grade.

Environmental

- Human health hazard investigations – 674 contacts
- DNR air quality program – 62
- Public health nuisance investigation contacts – 461
- Water quality testing – 498
- Air quality testing – 41
- Asbestos contacts – 26
- Tattoo and Body Piercing establishment licensing – 2 establishments
- Lead hazard/lead poisoning investigation and consultation – 36
- Radon testing and consultation – 40
- Transient non-community water program – 142 establishments
- Limited agent to state – 66 establishments

Emergency Government

- Preparation, policies and education for any type of community disaster
- Member of Local Emergency Planning Committee

Three-County Public Health Consortium: Adams/Juneau/Sauk

- Environmental Health Program – See environmental
- Well Woman Program – 161 Adams County Women were served
- Dental Health Programs – See Maternal Child Health
- Wisconsin Dells foreign workers special project – No special projects in 2006

Five-County Public Health Consortium: Adams/Juneau/Sauk/Columbia & Marquette

- Bio-terrorism Preparedness and Education Program
- Bio-terrorism Policy and Prevention program

Total Contacts with Adams County residents were **16,012**

CLINICAL SERVICES (Philip Robinson, L.C.S.W., Clinical Services Manager)

Outpatient Mental Health & Substance Abuse Clinics

The Mental Health and Substance Abuse Clinic provides a full range of mental health and alcohol and other drug abuse (AODA) services. The Clinic is staffed by one Mental Health Therapist, two Mental Health/AODA Counselors, one Alcohol and Drug Counselor (0.8 full-time equivalent) and one Clinic Manager (Licensed Clinical Social Worker). In addition, psychiatric, psychological, and nursing (medication monitoring) services are available through consultants retained by the Department. The outpatient programs are certified by the State of Wisconsin, and services are reimbursable through Medicare, Medicaid, and many Health Maintenance Organizations and other insurance carriers. The outpatient mental health and alcohol and other drug programs remain certified under Chapters HSS 61.91 (mental health) and HSS 75 (alcohol and other drugs).

For those individuals without insurance coverage, most fees are based on the ability to pay, as determined by the application of a (state-mandated) sliding fee scale. This fee schedule does not apply in the case of court-ordered assessments and services in the areas of domestic violence (perpetrators), anger management, operating a motor vehicle while intoxicated, consumption of alcohol by minors, and when the Court determines or suspects that the use of alcohol or other drugs has contributed to the commission of a crime.

During 2006, the mental health clinic provided 2,358 hours of individual psychotherapeutic services and 136 hours of family therapy to a total of 907 clients (386 are mental health only). Of these clients, approximately 55% were men, and 96.6% were Caucasian. During the year, 191 new clients began to receive mental health services, and 199 completed (or withdrew from) their treatment. The mental health clinicians had a mean caseload throughout the year of 110 clients each (per full-time equivalent). In addition, on average, another 19.5 individuals per month were seen for one-time “interventions”, and either prior to receiving ongoing therapeutic services or as a diversion from long-term treatment. The number of referrals to the Domestic Abuse Counseling and Education (DACE) program remained consistent, with 10 people receiving assessments, and 12 hours of individual and 215 hours of group treatment provided during the year. Appointments canceled or not kept averaged approximately 28 hours of total staff time per week. Case Management and community-based support were provided throughout the year to 36 clients, with an average monthly caseload of approximately 27.

Alcohol and other drug abuse counseling was provided to 371 clients throughout the year; the average caseload for the AODA Counselor in 2006 was 40. Of these clients, 77.8% were men, and 96.7% were Caucasian. In 2006, a total of 88 individuals initiated treatment, and 74 clients completed or withdrew from treatment. One-time “interventions” were provided for approximately 7.6 hours per month on average. In addition to ongoing counseling, a number of alcohol- or drug-related assessments were conducted, on referral from the Circuit Court of Adams County. A total of 255 assessments resulted from conviction for Operating While Intoxicated. Another 32 adults and 20 juveniles were referred by the Court for assessment as a corollary to other legal issues. Appointments canceled or not kept averaged approximately 3.8 hours per week. In total, 260 hours of individual and 245 hours of group alcohol and other drug abuse services were provided during the year. Case Management and community-based support were provided throughout the year to 11 clients with AODA issues.

A total of 291 clients were seen by the contractual psychiatrist during the course of the year (for a total of 534 hours). His caseload at the end of 2006 was 266 clients (150 are seen by Dr. Cullen for medication only). Of these clients, 54.8% were male. A total of 66 clients initiated psychiatric treatment during the year, and 41 clients ceased treatment. A case load of approximately 40 clients were followed by the psychiatric nurse for the Patient Assistance program. Due to staff shortages over the course of the year, the consulting psychologist was

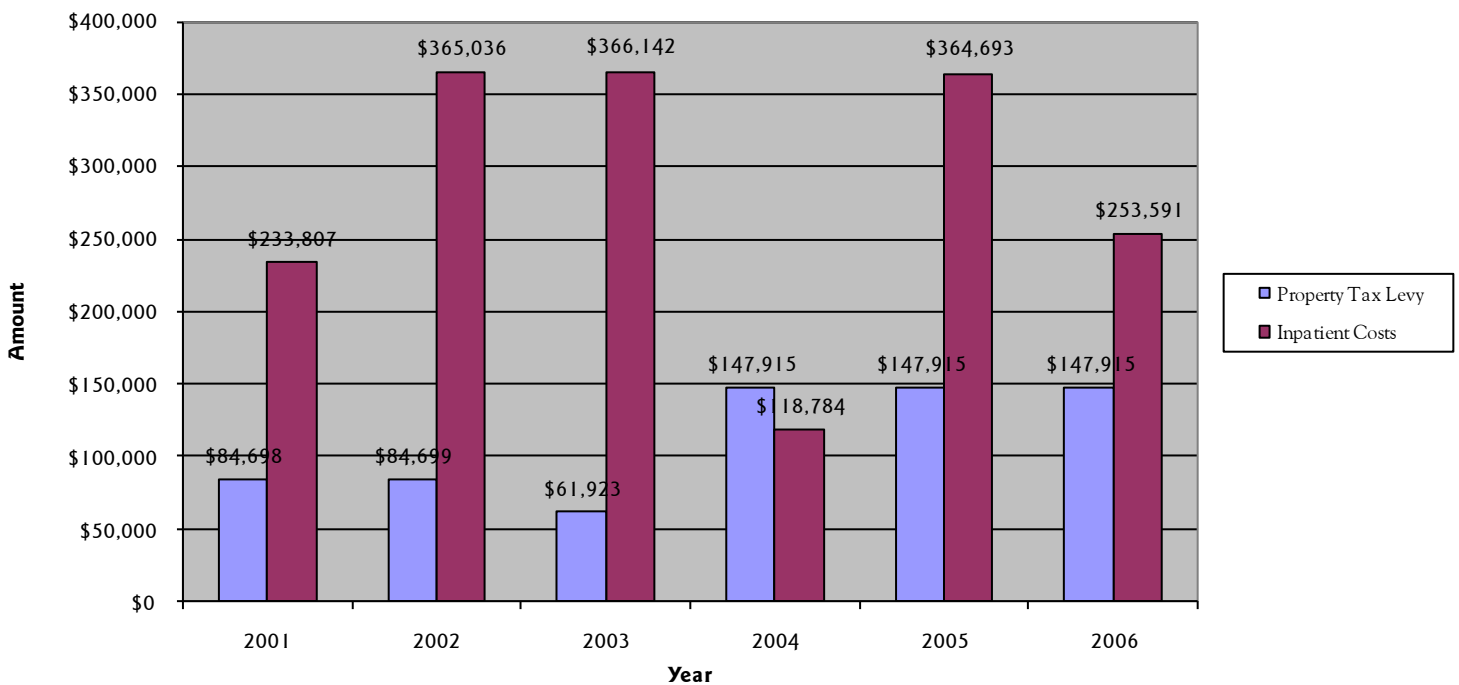
asked to provide direct psychotherapeutic services in addition to her ongoing assessment, testing, and clinical supervision functions. She carried a caseload of approximately 5, and completed 29 comprehensive psychological evaluations and 46 batteries of psychological tests, in addition to providing 150 hours of staff clinical supervision. The registered nurse continued to come to the Department on a weekly basis (under the supervision of the psychiatrist) to dispense and monitor medication for 30 clients, representing a total of 159 billable hours of direct service for the year.

In 2006, the Department continued to provide telehealth services, where clients were seen for medication checks through the use of video cameras on site and at the office of the consulting psychiatrist. This service was initiated in 2005 to increase the amount of psychiatrist time available to Adams County, as well as to provide a more cost-efficient service delivery system. The use of telehealth has increased the number of consultations per month, and reduced the waiting time for appointments from in excess of three months to approximately one month. In 2006 the number of telehealth days increased from 2 to 3, serving 60 clients on average per month.

Inpatient Treatment

The Department, as required under Chapter 51 (Wisconsin Statutes), also obtained and funded inpatient psychiatric, detoxification, and halfway house treatment for a total 58 County residents. Of these individuals, 44 were served in one of the County’s contracted inpatient psychiatric facilities (following emergency detention under §51.15, Wisconsin Statutes); the mean length of stay in those environments was 9.9 days. Five individuals with mental illness resided in adult family homes or CBRFs for most of the year. A total of 24 individuals were admitted for detoxification (under §51.45, Wisconsin Statutes). This group was served in either area hospitals or in inpatient psychiatric facilities; the mean length of stay for inpatient detoxification was 7.6 days. Finally, the Department placed 1 individual in a halfway house for AODA recovery, for a total of 87 days.

PROPERTY TAX LEVY VERSUS INPATIENT COSTS BY YEAR



The chart above illustrates the relationship between inpatient hospitalization costs annually and the total property tax levy (allocated over the five year period totally to inpatient costs).

Crisis Intervention

The Department, as is required of all Counties, must make provision for trained personnel to be available at all times for crisis intervention and emergency psychological services. In Adams County, this responsibility is shared by the Mental Health Professionals employed by the Department (Counselors, Therapists, Social Workers, and two Bachelor's level Case Managers). During the year, a total of 322 requests were received. Of these calls, 71.5% were for mental health issues (crises or requests for information and/or referrals), 28.5% were alcohol or drug related, and none concerned requests for protective services (guardianships, individuals allegedly unable to care for themselves, etc.) or were made by clients receiving protective services. The Department remained certified under Chapter HFS 34, Wisconsin Administrative Code, Mental Health Emergency Care Program (Subchapter II) to provide basic emergency services (not eligible under Subchapter III for Medical Assistance or other third party reimbursement).

ECONOMIC SUPPORT SERVICES (Sandra Wormet, Manager)

Through state contract the Economic Support Unit is responsible to determine the initial eligibility and the periodical renewal of eligibility through case management for the administration of numerous federal, state, and county Income Maintenance Programs. Listing some of the most common programs:

- FoodShare
- Medical Assistance / Badger Care
- Medical Assistance Transportation
- Wisconsin Shares Child Care
- General Relief
- Fraud/Program Integrity
- Caretaker Supplement
- Wisconsin Home Energy Assistance Program
- Wisconsin Funeral and Cemetery Aids Program
- Wisconsin Works

Anyone has the right to apply for all programs and be treated with respect. The Economic Support's vision is to create an atmosphere in which service delivery is effective, seamless, and need fulfilling where the customers are served in a way which enhances their lifestyle so that they may see satisfactory results now and later in life. We have a commitment to human dignity based on respect, honesty and integrity through actions for improving social conditions.

In the current economic climate it is important to continually explore creative approaches to efficient delivery of the Economic Support Services. With this in mind we have worked toward no boundary lines between our county ES Unit and bordering counties in the PAW Consortium. With this collaborative approach we are leading to the providing of better customer service. When needed, appointments were offered to the working clients during noon hour, phone reviews were scheduled, and mail-in-reviews were completed on some cases. We continued to network with other community-based organizations such as UW Extension, Central Wisconsin Community Action Council, Family Planning, Sheriff's Department, Habitat for Humanity, Salvation Army, Catholic Charities, Hope House, St. Vincent's, A-F Area Schools, and Probation and Parole. Often we are able to pool resources with other organizations to help an individual or family with some form of assistance when their need exceeds our set limits.

As the caseloads continue to grow each year, the Economic Support Unit from March 2006 through December 2006 determined eligibility and processed 412 new Food Share and Medical Assistance applications. Review applications totaled 1789 and 4504 case changes were processed for the same time period. Economic Support Spe-

cialists case managed 2,125 cases serving 4,673 eligible individuals. The Economic Support Unit consists of four Economic Support Specialists carrying caseloads on an average of 531, one Prescreen Worker who also does General Relief, and a Medical Assistance Transportation Coordinator.

FoodShare helps individuals and families with little or no income to buy food. FoodShare benefits come on a debit card known as the QUEST Card this allows clients to access their benefits through swipe card point-of-sale terminals at stores taking part in FoodShare Wisconsin. Transitional FoodShare extends the FoodShare benefits for five months to households leaving Wisconsin Works providing a safety net to families who lose their Wisconsin Works cash assistance. The total Food Share Benefits dispersed to Adams County recipients in 2006 totaled, \$1,594,488 issued through the state's Client Assistance for Re-employment and Economic Support (CARES).

According to the FoodShare Negative Error Rate Report, which is derived from data gathered by FoodShare Quality Assurance reviews, Adams had one error case for FoodShare with an error amount of \$51. This consequently changed our status of a zero error rate in payment accuracy which we have held for numerous years, however with the high caseloads that the Economic Support Specialists carry, one error of only \$51 is nothing to be ashamed of. The negative case review measures whether or not negative case actions were done correctly. This review process like FoodShare active case reviews is federally mandated.

Medical Assistance is the state/federal program that helps low income people pay their medical bills. A person is eligible if she/he meets all non-financial and financial requirements. BadgerCare provides access to health care for uninsured, low-income families with children who do not have access to health insurance and with income up to 185% of the FPL, who are not eligible for MA. Some families pay a premium for coverage. Medical Assistance Benefits paid out by the state for Adams County participants in 2006 totaled \$12,145,769.

The MA Transportation Program's purpose is to assure an individual or family access to medical services if the individual or family is eligible. Coordination between a volunteer driver and the MA Recipient is done through the Transportation Coordinator, 6474 trips were authorized to required medical services in 2006. Expenditures totaled \$186,590 for regular Medical Assistance and \$31,259 for the Co-Pay Transportation.

Families are eligible for Child Care subsidies if they are low-income and requiring Child Care to obtain or retain employment, a teen parent in school, or working families needing training to improve employment status. Economic Support Specialists determined eligibility and authorized Child Care for 228 children in the Wisconsin Shares Program expending \$251,644 to Certified and Licensed Child Care Providers in our county.

Each Agency administering public assistance programs is responsible for providing program integrity for the programs administered. Economic Support conducts fraud prevention and fraud administrative functions to comply with the State/County Contract. In 2006, 28 Front End Verification cases and 2 Fraud cases were handled.

Caretaker Supplement is an additional amount added to the monthly State SSI cash benefit of a recipient who is the custodial parent of one or more qualified dependent children. Eligibility determinations are made by Economic Support Specialists.

General Relief Program, the county funded program, is flexible with minimal financial assistance to meet basic needs on a temporary basis for individuals whose needs cannot be met in any other way. This program can also be referred to as the Interim Assistance Program as it can provide basics for an indigent individual who is in the process of applying for SSI or SSDI. Total cases receiving General Assistance for 2006 totaled 21 non-medical clients and 26 medical clients.

One of the Economic Support Goals for 2006 was to develop only one Customer Satisfaction Survey for the whole agency. Although we did not achieve our goal of completing the Customer Satisfaction Survey for the entire agency, Economic Support Services does a FoodShare, Medical Assistance, W-2 Customer Satisfaction

Survey which is sent out with each program review appointment notice. The return rate of the survey is only on the average of about 14%. The survey assesses satisfaction with the initial application process and ongoing maintenance for FoodShare, Medical Assistance, and the W-2 Programs. The Goal of the survey is to evaluate program administration and formulate effective program improvements to maximize customer satisfaction, payment accuracy, program participation, and to reduce agency workload. The following are the main areas addressed in the survey:

- Are customers treated with respect when contacting and working with the agency, are they comfortable talking with the workers?
- Are customers receiving enough information to make informed decisions concerning their participation in various programs?
- Are agency decisions explained clearly to the customer and delivered in a timely manner?
- Are customers advised of their rights and responsibilities with respect to the programs they receive?

ACCESS, the Wisconsin Internet tool for getting and managing low or no cost health and nutrition benefits, www.access.Wisconsin.gov, was a new beginning this year. Since the implementation of Apply For Benefits in June 2006 customers are able to apply online for FoodShare, Family Medicaid and/or Family Planning Waiver. The site offers information on programs people might be eligible for, get up to date information on their benefits and report some changes. Even though a person may apply on line for benefits it does not eliminate the need for a face-to-face or phone interview with an Economic Support Worker to verify case specific data for FoodShare. In September 2006, Report My Changes was implemented to allow recipients to access their secure account and report a change in income to their account, which is assigned to a primary Economic Support Specialist in our agency. The concept of ACCESS is good, however it has created many time-consuming issues for the Economic Support Specialists.

An additional workload for the Economic Support Specialists in 2006 was the scanning of paper case files into the Electronic Case File. This was another one of our goals for 2006. We received our scanner provided by the state in June and we were set up and ready to roll with the scanning project in which we foresee to have completed before the state's deadline of June 2008. In six months time the Economic Support Specialists have 49.58% of the caseload already scanned to the ECF. All ongoing or day to day scanning is maintained and kept current so all ECF are current to within 30 calendar days of the reported/required case action having been performed in CARES. If a file is requested from the state for Quality Assurance it must be completed and scanned within ten business days of the request.

Wisconsin Home Energy Assistance Program (WHEAP) administers the federally funded LIHEAP and Public Benefits Energy Assistance Program. The program assists eligible individuals and families with heating and electric, can include emergency fuel assistance, counseling for energy conservation and budgets, emergency furnace repair and replacement. Although the county Economic Support Services Manager is the coordinator of the program, administration of the program is contracted out to CWCAC. Total household energy assistance applications taken in the 2006-heating season, was 1199 with \$521,174 in expenditures. The average benefit of \$436 is paid out to the verified service provider on behalf of the eligible applicant. Total Crisis Assistance applications taken, was 386 with \$111,720 in expenditures paid to vendors.

The PAW W2 Consortium built in much efficiency to run a cost effective program and yet removed some bureaucratic barriers for the benefit of the participants. County lines were eliminated so that participants could receive services from whichever Job Center they lived closest to. The PAW (Portage, Adams and Wood Counties) W2 Consortium has received \$637,985 less to spend on services in 2006 and 2007. Immediate workforce attachment is a goal of the W2 program. Our benefit allocation (W2 cash payments) received a minimal reduction but without sufficient services it is reasonable to assume the benefit caseload will only increase.

An additional \$2035 was received for our county through the Wisconsin Employment Transportation Assistance Program (WETAP) grant application submitted for additional funding for the Job Access Loan Program for Wisconsin Works. This is a two-year grant. The seven county Consortium consists of Adams, Columbia, Dodge, Green Lake, Marquette, Sauk, and Waushara Counties.

Our Job Center has access to a “Resource Room” for the Employment and Training Services offered by WIA’s partner programs and organizations for the general public. With funding cuts the Job Center was only able to offer services three mornings a week from 8:30 a.m. to 11:45 a.m. and this was done with volunteers.

FINANCIAL REPORT (Wendy L. Pierce, Financial Manager)

The Financial Reports that follows summarize Department resources and expenditures. Data is presented in numeric format and in bar graphs. Total expenditures for 2006 were \$7,743,155.62; total revenues, including County tax levy, were \$7,487,660.43. Some adjustments to these figures are expected as a result of reconciliation of the State/County contract and the County audit.

2006 REVENUES & EXPENDITURES (change expected upon final audit)

REVENUES	ACTUAL	BUDGET	VARIANCE
State & Federal Aid	\$4,167,130.34	\$3,958,145.00	\$208,985.34
Other Revenue Sources	\$1,908,824.09	\$2,518,297.00	-\$609,472.91
County Tax Levy	\$1,411,706.00	\$1,411,706.00	\$0.00
**Total Revenue	\$7,487,660.43	\$7,888,148.00	-\$400,487.57

***Revenue does not reflect \$157,434.00 expected as a result of annual State (Medicaid) Waiver reconciliation.*

EXPENDITURES	ACTUAL	BUDGET	CARRYOVER	VARIANCE
Public Health	\$346,970.52	\$352,712.00		\$5,741.48
Medicaid Services	\$14,799.23	\$12,999.00	\$8,805.21	\$7,004.98
PH Grant Services	\$118,491.12	\$109,942.00	\$5,471.86	-\$3,077.26
Outpatient Clinic	\$676,241.43	\$706,353.00		\$30,111.57
Hospitalizations	\$253,591.05	\$219,976.00		-\$33,615.05
LTS/Waiver Services	\$3,196,304.34	\$3,464,268.00		\$267,963.66
Income Maintenance	\$287,845.95	\$274,702.00		-\$13,143.95
W2 – Child Care	\$27,196.82	\$36,627.00		\$9,430.18
Energy Assistance	\$74,036.09	\$62,366.00		-\$11,670.09
Fraud Investigations	\$8,000.00	\$8,162.00		\$162.00
Funeral/Cemetery	\$53,975.77	\$30,551.00		-\$23,424.77
General Assistance	\$19,010.16	\$35,000.00		\$15,989.84
MA Transportation	\$202,935.78	\$204,646.00		\$1,710.22
s.85.21 Transportation	\$115,049.99	\$85,257.00		-\$29,792.99
Transportation Grant	\$13,990.51	\$19,999.00		\$6,008.49
Transportation Non-Grant	\$38,947.72	\$69,832.00		\$30,884.28
Children & Family Services	\$454,675.86	\$569,205.00		\$114,529.14
Title IV-E Services	\$117,252.14	\$122,163.00		\$4,910.86
Kinship Services	\$61,508.27	\$87,045.00		\$25,536.73

Child Care Institutions	\$400,212.86	\$270,000.00	-\$130,212.86
Foster Care	\$212,745.63	\$210,000.00	-\$2,745.63
Independent Living	\$16,456.02	\$17,248.00	\$791.98
Aging	\$199,877.96	\$194,364.00	-\$5,513.96
Alzheimer Services	\$0.00	\$8,133.00	\$8,133.00
Elder Abuse	\$13,070.72	\$10,288.00	-\$2,782.72

EXPENDITURES	ACTUAL	BUDGET	CARRYOVER	VARIANCE
Benefit Specialist	\$32,537.25	\$31,042.00		-\$1,495.25
Medicare Part D	\$4,913.07	\$4,210.00		-\$703.07
Nutrition Sites	\$147,176.76	\$141,337.00		-\$5,839.76
Homebound Services	\$79,202.03	\$68,792.00		-\$10,410.03
Family Care Services	\$17,122.28	\$15,042.00		-\$2,080.28
Health & Wellness Services	\$2,982.54	\$2,894.00		-\$88.54
Restricted Dedicated Funds	\$13,313.87	\$0.00		-\$13,313.87
Administration	\$522,721.88	\$442,993.00		-\$79,728.88
*Total Expenditure	\$7,743,155.62	\$7,888,148.00	\$14,277.07	\$159,269.45

**Budget does not reflect increased expenditures due to changes in State/County Contract revenues.*

NOTES: Retroactive salaries were charged to our expense lines without being budgeted.
Settlements were charged to our expense lines without being budgeted.

SUMMARY	ACTUAL	OUT OF HOME CARE	VARIANCE
Revenue	\$7,487,660.43	MH/AODA Hospitalization	-\$33,615.05
Expenditures	\$7,743,155.62	Child Care Institutions	-\$130,212.86
**LTS Reconciliation	\$154,283.00	Foster Care	-\$2,745.63
Net Deficit	-\$101,212.19	Total Out of Home Care Costs	-\$166,573.54

***The Revenue does not reflect \$157,434.00 expected from the State Waiver reconciliation.*

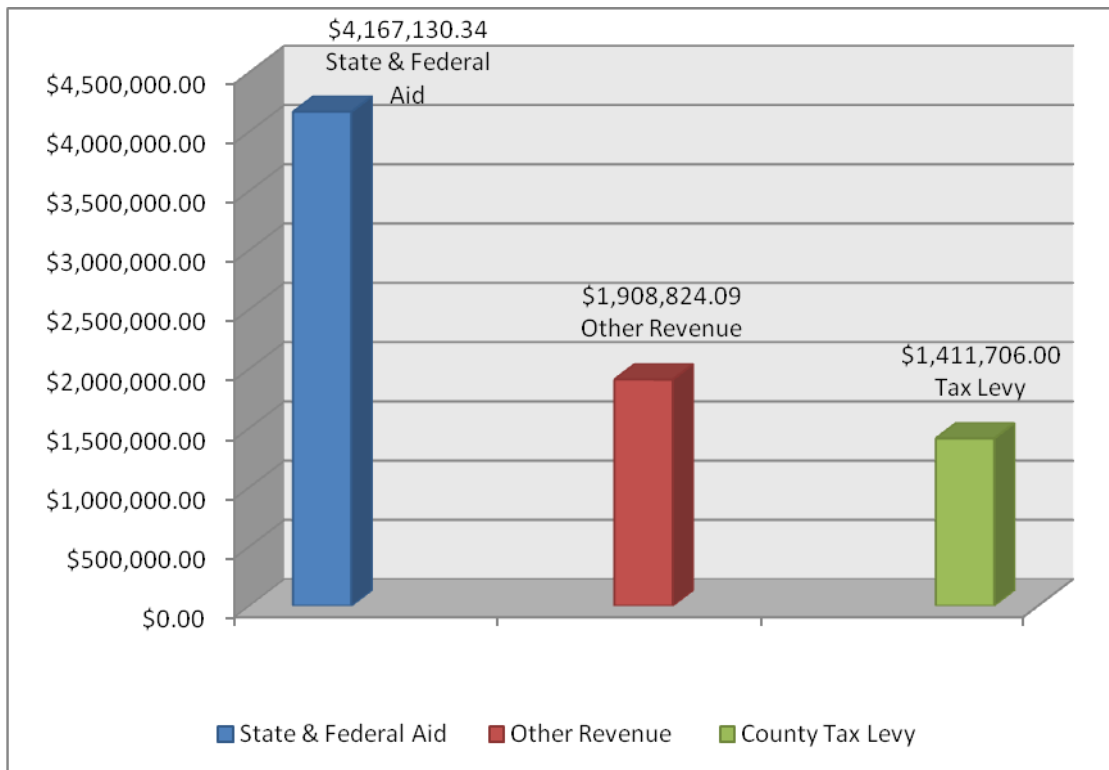
The actual costs less revenue for Health & Human Services show a \$101,212.19 deficit.

Emergency detention (crisis and court-ordered mental health/AODA hospitalizations) costs went over budget, as did (court-ordered) care in Juvenile Corrections facilities, while the Foster Care costs came in under. This left a deficit of \$166,573.54 in out of home care.

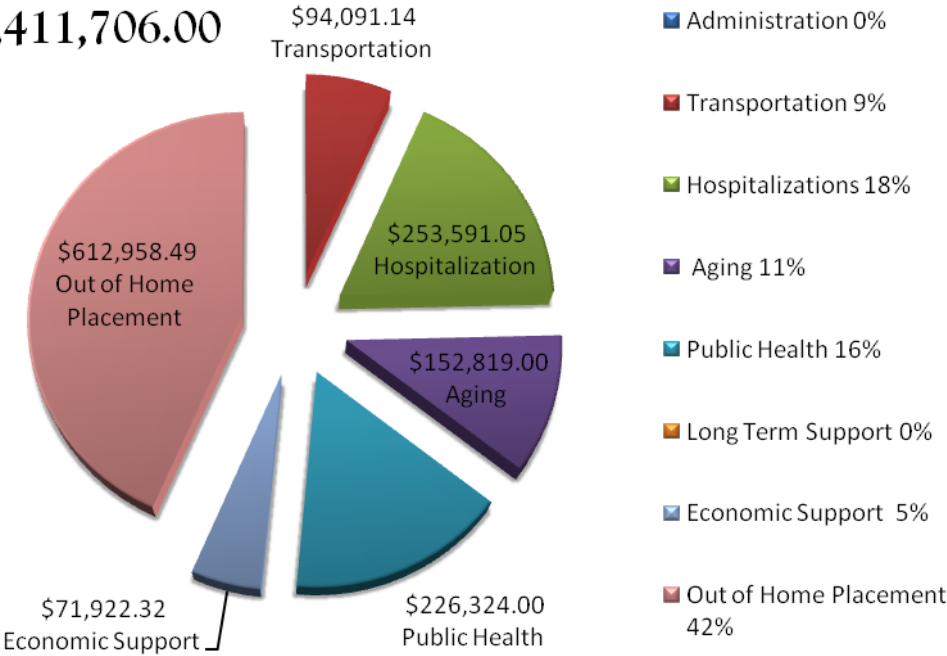
DEDICATED ACCOUNTS & NON-LAPSING FUNDS	
Consolidation Expense	\$7,196.25
Building Improvement	\$148,832.13
COP Risk Reserve	\$38,994.42
Senior Home Repair	\$3,722.50

THRIFT STORE – PRACTICAL CENTS		EXPENDITURES
Salaries		\$115,210.21
Client Payroll		\$55,797.91
Client Payroll Taxes		\$3,799.57
Rent/Lease		\$17,650.00
Operating Expenses		\$41,120.02
Total Expenses 2006		\$233,577.71
		REVENUES
Sales		\$165,244.43
Waiver Funds		\$95,660.00
Total Revenue 2006		\$260,904.43
Thrift Store Net Profit 2006		\$27,326.72

Revenue Sources



Tax Levy \$1,411,706.00



2007 HEALTH & HUMAN SERVICES DEPARTMENT GOALS AND OBJECTIVES

Department-Wide

1. Work to recruit, identify, and develop next generation of department leadership.
2. Refine and expand the comprehensive intake/access system.
3. Continue the integration of the operational units into an interdependent, cohesive department.
4. Increase public awareness of department services through updated brochures and other materials, development of department website, etc.

Aging Unit

1. Track all incoming telephone calls.
2. Have the benefit specialists operational with the state web-based reporting system, SAMS.
3. Report all elder abuse cases on the state web-based reporting system, WITS (Wisconsin Incident Tracking System).
4. Obtain and be trained on the Information and Assistance database, Beacon.
5. Maintain all aging programs at their current level.

Economic Support Unit

1. Continue to serve eligible Adams County Residents with Economic Support Services.
2. Strive to maintain a 0 Error Rate in Food Share issuance.
3. Continue working to combine the Customer Satisfaction Surveys of the various Units into one Survey for the Agency.
4. Increase the percentage of Economic Support cases scanned into the Electronic Case Files to 75%.
5. Continue working with the PAC and PARIS projects.

Fiscal & Support Services Unit

1. *Support Services* – Look into job training in phone etiquette, email etiquette, dealing with difficult customers, and office professionalism.
2. *Fiscal Management* – Streamline the voucher system, creating a procedure that will assure efficiency, create better tracking of the budget, and help the reporting processes.
3. *Fiscal Management* – Assume responsibility for the remaining State fiscal reporting not presently done by the fiscal staff.
4. *Fiscal Management* – Train more staff in data entry for backup to and assistance with the voucher system.

Long Term Support Services Unit

1. Continue to increase personal care program participation.
2. Continue to develop Community Integration slots transferring people out of nursing homes.
3. Continue to increase Children's Waiver services to more children and broader range of target groups.
4. Continue to assure Case Management charting and billing is completed monthly.

Public Health Unit

1. To assure that public health has finalized its plans for preparedness in Adams County. This would include having a final copy of a containment plan ready, having ongoing exercises with community partners, and having many forms of education to the community on what the public can do to protect themselves should a public health disaster occur.
2. Continue to expand the programs that public health currently offers.

3. Have a strong plan for communicating the dental health gaps in service to those at the state and federal level who have the ability to bring about changes (legislators).
4. Complete the 2008 Needs Assessment.

Youth Services Unit

1. Search for additional resources/services to families, especially for preventative services. Maintain the Intensive Supervision program through Professional Services Group.
2. Reduce the number of children in out-of-home care, especially delinquents through the use of the Intensive Supervision Program.
3. Compliance with all standards in accordance with the State Program Enhancement Plan (PEP).
4. Develop a coordinated response to the investigation of child abuse and neglect reports.
5. Consider feasibility of specialization of case loads and implement if deemed feasible.

Clinical Services Unit

1. Continue to expand peer-to-peer support opportunities for individuals with severe emotional disorders through participation and sponsorship of activities at the Friendship Connection.
2. Continue to increase the proportion of clients completing and benefiting from outpatient substance abuse services.
3. Continue outreach and prevention efforts to reach children and adolescents in need of outpatient mental health and/or substance abuse services.
4. Continue to increase the proportion of clients reporting satisfaction with the services they receive.
5. Initiate the Mental Health, AODA & Crisis Advisory Committee to address needs within the community and the delivery system.
6. Expand quality improvement measures using a client satisfaction survey for the 90 day review of outpatient services to clarify treatment goals and objectives.
7. Secure initial approval for the Comprehensive Community Services (CCS) program.

Long-Term Goals (enumerated at July 2006 HHS Board meeting)

1. Maintain Aging Unit services at present level despite budgetary constraints by continually reviewing revenue sources and seeking ways to contain or reduce costs.
2. Increase security of Aging Unit property and vehicles following incidents of vandalism.
3. Assume, as part of three-county consortium, full agent status for inspection of hotels and restaurants, obtaining office space for up to five additional Sanitarians and operating as fiscal agent, setting fees commensurate with costs.
4. Maintain and expand awareness of increasingly complex environmental health issues.
5. Eliminate individual public health services (e.g. immunizations, well baby, etc.) adopting a population-based model of service provision.
6. Explore merger into a multi-county Health Department.
7. Analyze outpatient (mental health/substance abuse) clinic needs with stakeholder input and revise service delivery system accordingly.
8. Review and redefine delivery of case management services.
9. Design and achieve certification for Comprehensive Community Services (mental health) program, emphasizing recovery and healthy lifestyle values within a team-based treatment approach.
10. Increase Economic Support staffing levels to manage increasing caseloads.
11. Continue to explore the implementation of Family Care in a way which best serves the residents of Adams County and leaves intact the service delivery system and safety nets in place.
12. Explore ways of initiating Adult Day Care services as population continues to age.
13. Maintain achievements in serving elderly and disabled populations in their own homes.
14. Increase county residents' access to jobs and job services through local, one-stop options.
15. Coordinate client-based and county-wide transportation systems in order better to serve county residents.
16. Continue to explore satellite sites and/or other remote operations to meet the health and human services needs of residents in their own communities.

HEALTH & HUMAN SERVICES DEPARTMENT STAFF ROSTER (December 2006)

Aging Services Staff

Carol Johnson	Aging Unit Director
Rita Riedel	Nutrition Director
Jill Helgeson	Benefit Specialist
Mary Deane	Benefit Specialist
Diane VanBeek	Cook – Adams Site
Peggy Hargett	Senior Center Aide
Chris Lange	Cook/Site Manager
JoEllen Foster	Cook/Site Manager
Gene Raatz	Elderly Transportation Worker

Clinical Services Staff

Philip W. Robinson, L.C.S.W.	Clinical Services Manager
Tom L. Charles, Ph.D., I.C.S.W.	Mental Health Therapist
Mark C. Rossano, M.S.	Therapist/Counselor
Diane Anderson, M.S., LPC, DRL	Mental Health/AODA Counselor
Linda L. Noble, CSAC	Alcohol & Drug Counselor
Amy J. Kessler, B.S.	Case Manager
Tara Kircher, B.S.	Case Manager
Jackie Schwingel	Clinical Records Technician
Julie Paepke	Support Specialist
Norma Cekan	Case Worker

Consultants/Contracted Staff

Randy Cullen, M.D.	Psychiatrist/Medical Director
Kaye Eckert, Psy.D.	Psychologist
Jan Cole, R.N.	Registered Nurse
Kay Spicer, CCS II	AODA Clinical Supervisor

Economic Support Services Staff

Sandra K. Wormet	Economic Support Services/Wisconsin Works Program Manager
Linda S. Gilman	Economic Support Specialist – Family FoodShare, MA, Child Care
Dana L. Henriksen	Economic Support Specialist – Family FoodShare, MA, Child Care
Rachel L. Babcock	Economic Support Specialist – Family FoodShare, MA, Child Care
Patricia A. Zant	Economic Support Specialist – Elderly, Blind, Disabled, N.Home, FS & MA
David L. Sabin	Economic Support Specialist – General Relief, Prescreens for various services
Doris M. Gullickson	Transportation Coordinator

Public Health Staff

Linda L. McFarlin, R.N., M.A.	Health Officer
Lisa Krizan, R.N., B.S.N.	Public Health Nurse
Lorie Tomsyck, R.N.	Public Health Nurse
Christine Saloun, R.N., B.S.N.	Public Health Nurse
Debra Dunn-Ryan, L.P.N.	School Nursing
Kathleen Challoner	Secretary/Bookkeeper
Carrie Allard	WIC/Public Health Technician

Consultants/Contracted Staff

Joe Lally	Registered Sanitarian
Kathy Nelson, R.D.	WIC
Jodie Fields, R.N.	Well Woman
Jennifer Froh, Health Educator	Well Woman
Kathleen Mintari, R.N.	Tobacco Control
Renee Schindlbeck, R.D.H.	Dental Sealants
Audra Wilhorn	Dental Sealants

Long Term Support Services Staff

Diane F. Osborn, B.S.	Long Term Support Services Manager
Lisa Etheridge, B.A.	Case Manager
Marcy Johns, B.S.S.W.	Case Manager
Judith Kaye, C.S.W.	Social Worker/Case Manager
Connie Rogne, B.S.	Case Manager
Kristine L. Senn, C.S.W.	Case Manager
Jill Zaucha, B.S.	Case Manager
Candy Schraufnagel, B.A.	Children's Services Coordinator
Luan Jacobson, R.N.	Registered Nurse
Karen Lindner, R.N., M.S.	Registered Nurse
Pamela Parks	Long Term Support Generalist
Kristi Breszee	Clerk-Typist
LouAnn Hippe	Training Specialist – Day Services Program
Norma Osterloh	Training Specialist – Day Services Program
Roberta Ritchhart	Training Specialist – Thrift Store
Betty Meinhardt	Job Coach
Gary Silka	Bus Driver
Ed Robinson	Bus Driver

Consultants/Contracted Staff

Sherry Manning	Thrift Store Manager (Gemini)
Karen Amell	Thrift Store Worker (Gemini)
Denise Straka	Thrift Store Worker (Gemini)
Leigh Ann Systma	Supported Apartment Manager (Gemini)
Jim Letcher	Bus Driver (Gemini)
Jim Boyle	Bus Driver (Gemini)

Youth Services Staff

Mandy Stanley, C.S.W.	Youth Services Manager
Corey Anfinson, M.S.	Social Worker
Kelly Oleson, C.S.W.	Social Worker
Tina M. Smith, B.S.	Social Worker
Vacant	Social Worker
Tracy Sipla, M.S.S.W.	Foster Care Coordinator
Michele Hylar	Family Based Service Aide
Erin Schiferl, C.S.W.	Intake/Access Specialist
Emma Williams, C.S.W.	Intake/Access Specialist

Support Services Staff

Wendy L. Pierce	Fiscal & Support Services Manager
Kathy Williams	Clerk/Bookkeeper
Penny Maleski	Accounts Receivable/Billing Specialist
Mary Gruber	Clerk/Receptionist
Renee Julseth	Clerk/Receptionist
Tammy Pieper-Larrabee	Clerk/Receptionist
Deb Roberts	Clerk/Receptionist
Eric G. Furtkamp, Ph.D.	Director

Purchase of Service Contracts and Leases – 2006

<u>Vendor</u>	<u>Location</u>	<u>Service Purchased</u>
Advantage Home Care	Wisconsin Rapids	Supportive Home Care
Alterra-Sterling House	Milwaukee	CBRF
Aspirus (Wausau Hospital)	Wausau	Inpatient MH/AODA
Bellon Adult Family Home	Grand Marsh	Adult Family Home
Better Days	Hillsboro	Therapeutic Resources
Big Flats Town Hall	Big Flats	Nutrition Site lease
Blandine House	Fond du Lac	AODA Halfway House
Boscobel Area Health Care	Boscobel	Inpatient MH/AODA
Bowser Foster Home	Adams	Foster Care
Bridges For Youth	Friendship	Community Intervention
Bunts Adult Family Home	Friendship	Adult Family Home
Central Wisconsin Community Action Council	Wisconsin Dells	Energy Assistance, Food Pantry
Child Care Resource And Referral Of Cent. Wis.	Wisconsin Rapids	Day Care Certification
Clinicare Corporation	West Allis	Child Caring Institution
Cole R.N., Jeannette	Arkdale	Medication Checks
Collins Adult Family Home	Adams	Adult Family Home
Columbia County Commission On Aging	Portage	Home-Delivered Meals
Community Care Resources	Middleton	Treatment Foster Care
Community Living Arrangements	Elkhorn	Adult Family Home
Cullen M.D., Randy	Madison	Psychiatry
Dungarvin, Wisconsin	Wisconsin Rapids	Residential Support
Easton Town Hall	Easton	Nutrition Site lease
Eckert Psy.D., Kaye	Nekoosa	Psychology
Family and Children's Center	LaCrosse	Treatment Foster Care
Fosnow Adult Family Home	Adams	Adult Family Home
Franciscan-Skemp Community Programs	LaCrosse	MH/AODA Halfway House
Friends Of Women In Recovery	Fond du Lac	AODA Halfway House
Gary's Cleaning Service	Friendship	Janitorial
Gemini Employee Leasing	Slinger	Various
Gianformaggio Adult Family Home	Adams	Adult Family Home
Goerke, Kenneth, Attorney At Law	Adams	Legal (CHIPS)
Grossbier Adult Family Home	Grand Marsh	Adult Family Home
Hams Adult Family Home	Adams	Adult Family Home
Heartridge Homes	Wisconsin Rapids	CBRF
Hollyhome Adult Family Home	Adams	Adult Family Home
Home Instead Senior Care	Baraboo	Supportive Home Care
Homeward Bound	Lancaster	Supportive Home Care
Homme Youth & Family Programs	Wittenberg	Child Caring Institution
Horicon State Bank	Horicon	Thrift Store lease
Innovative Counseling Center	Green Bay	In-Home Counseling

<u>Vendor</u>	<u>Location</u>	<u>Service Purchased</u>
Johnson, Flora Adult Family Home	Adams	Adult Family Home
Kenosha County Aging Services	Kenosha	Case Management
Krueger Adult Family Home	Adams	Adult Family Home
L.E. Phillips, Libertas Center	Chippewa Falls	Inpatient AODA
Liberty Manor CBRF	Adams	CBRF
Marquette County Commission On Aging	Montello	Home-Delivered Meals
Matekel Family Group Home	Hillpoint	Treatment Foster Care
Meta House	Milwaukee	Halfway House
Miller & Miller	River Falls	Legal (TPR)
Mintari R.N., Kathleen	Friendship	Tobacco Control
Moundview Memorial Hospital & Clinics	Friendship	Inpatient & Therapies
Moundview Supportive Home Care Agency	Friendship	Supportive Home Care/Lifeline
North Star Services, Inc.	Friendship	Day Services
Northland Community Services	Westfield	In-Home Psychotherapy
Northland Home Health	Westfield	Supportive Home Care
Northwoods Youth Camp	Rhineland	Type 2 Child Care
Norwood Health Center	Marshfield	Inpatient Mental Health
Novak Adult Family Home	Wisconsin Dells	Adult Family Home
O'Brien & Associates	Holmen	Fraud Investigations
Oconomowoc Developmental Training Center	Oconomowoc	Child Caring Institution
Oens Adult Family Home	Adams	Adult Family Home
Peterson Foster Home	Friendship	Foster Care
Pinelane Adult Family Home	Middleton	Adult Family Home
Prentice House	Ashland	Treatment Foster Care
Rake's Adult Family Home	Adams	Adult Family Home
Rawhide Boys Ranch	New London	Child Caring Institution
River Cities Estates	Wisconsin Rapids	Adult Family Home
Schindlbeck RDH, Renee	Friendship	Dental Sealant
Shekels Foster Home	Friendship	Foster Care
Spicer CCS II, Kay	Baraboo	AODA Clinical Supervision
St. Agnes Hospital	Fond du Lac	Inpatient MH/AODA
St. Clare Hospital (SSM, Inc.)	Baraboo	Inpatient AODA
Timber Trail Adult Family Home	Richland Center	Adult Family Home
Tomorrow's Children	Waupaca	Child Caring Institution
Trempealeau County Health Care Center	Whitehall	Inpatient Mental Health
VNA Extended Care	Wisconsin Rapids	Supportive Home Care
Ward, Lori Adult Family Home	Friendship	Adult Family Home
Waushara County Commission On Aging	Wautoma	Home-Delivered Meals
Wilhorn, Audra	Friendship	Dental Sealant
Wisniewski Group Home	Mosinee	Children's Group Home
Woodgreen Estates	Richland Center	MH Group Home
Work Plus	Madison	Supported Employment

HEALTH & HUMAN SERVICES DEPARTMENT TABLE OF FUNCTIONS & PROGRAMS

Health & Human Services Board

Director

PUBLIC HEALTH

Public Health Nursing
 Communicable Diseases
 Immunizations
 Maternal Child Health
 WIC Program
 School Nursing
 Environmental Health
 Well Woman Program
 Agriculture Advisory
 Dental Health
 Foreign Workers
 Disaster Preparedness
 Bioterrorism
 Emerg. Management
 Tobacco Control
 Blood borne Pathogen
 Mini Agent
 Community Health
 Needs Assessment
 County Assurance of
 Services
 Disease Surveillance
 Family Planning
 Guidance to child. prog.
 Billing/Data Entry
 Clinical Records

FISCAL & SUPPORT SERVICES

Reception/Scheduling
 Clerical Support
 Office Support
 Inventory

 Accounts Payable
 Accounts Receivable
 Voucher Preparation
 Bookkeeping
 Billing
 Collections
 Supplies
 Client Payroll

 Data Entry
 Computer Support
 Web Page Maintenance

 State Service Reporting
 State Fiscal Reporting
 Contract Management

AGING & LONG TERM SUPPORT

Senior Center
 Meal Sites
 Meals on Wheels
 Benefit Specialist
 Elder Abuse Investig.
 Health & Wellness
 Family Caregiver Prog.
 Alzheimer's Caregiver
 Senior Care
 Senior Home Repair
 Volunteer Services
 Outreach/Call Pal
 Peer Support
 Information & Referral
 Transportation (\$85.21)
 Case Management
 Community Support
 Personal Care Program
 Adult Day Services
 Thrift Shop
 Supported Employment
 Residential Placement
 AFH Certification
 Adult Protective Serv.
 Rep. Payee (Soc. Sec.)
 Supportive Home Care

CHILDREN & FAMILY SERVICES

Child Protective Services
 Juvenile Justice
 JIPS/Truancy
 Kinship Care
 Child Foster Care
 Out of Home Placement
 Foster Care Licensing
 Family Based Services
 Coordinated Support
 Teams Program

 Central Intake

 Mental Health Clinic
 AODA Clinic
 Crisis Services
 Inpatient Treatment
 Residential Placement
 Case Management
 Community Support
 Psychiatric Services
 Psychological Services
 Nursing (Medication
 Management)

 Clinical Records

ECONOMIC SUPPORT/ WISCONSIN WORKS

Income Maintenance
 Prescreening & Resourcing
 Eligibility & Monitoring
 Emergency Assistance
 Medical Assistance
 BadgerCare
 Food Stamps
 Day Care
 Wisconsin Works (W-2)
 WHEAP (contracted)
 Case Management
 Medical Assistance
 BadgerCare
 Food Stamps
 Day Care
 Wisconsin Works (W-2)
 FS Employment Training
 Job Center Partner
 General Relief
 MA-GR Burial
 Fraud Investigation
 Third Party Liability
 Benefit Recovery
 Emergency Management
 Rep. Payee (Social Sec.)
 Transportation (MA)
 Transportation Coordination