

2015 Annual Report

Rock County Human Services Department

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Rock County Human Services Management Chart

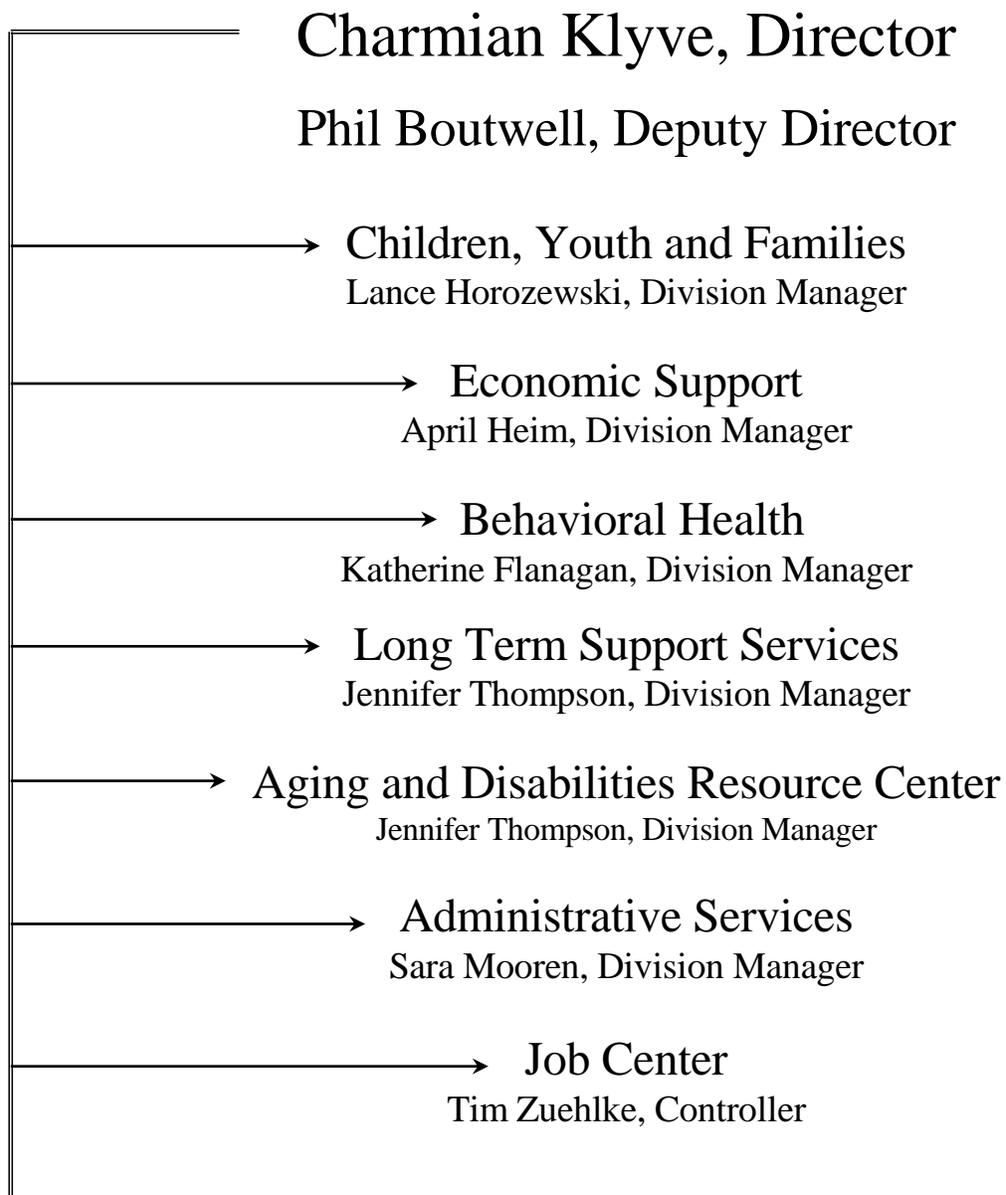


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Human Services Mission Statement

Building upon the strengths of clients to encourage independence by providing quality services with respect for the dignity of all persons served.

During calendar year 2015, the Department experienced a significant increase in demand for substance abuse, mental health, and child protective services. Unfortunately, the legislature continued to impose a 0% levy cap on counties. In August of 2015, the Department increased AODA funding to address the significant heroin/opioid addiction problem. The Behavioral Health Division also received a drug court grant and the County Board accepted the Treatment Alternative State grant funding to ensure clients in the criminal justice system received behavioral health services.

The new Comprehensive Community Services (CCS) program continued to grow and develop. The Department was certified in July of 2014 to provide mental health services as a region in collaboration with Jefferson and Walworth County. The CCS regional model enables the county to receive 100% MA reimbursement. In June, CCS services within the Department were consolidated into one unit and a supervisor hired for the unit. Given both the demand for CCS services and the favorable medical assistance (MA) revenue, we project CCS services will continue to grow.

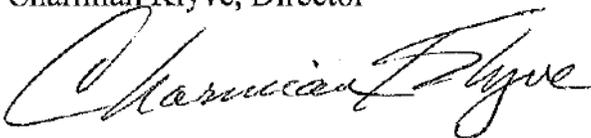
The Department was fortunate to receive a Trauma Informed Care (TIC) grant from the State. Trauma informed care training took place over almost one year. Not only were staff within HSD trained but we worked in collaboration with our community partners as well. Our CCS partners in Jefferson and Walworth also received trauma informed care training and therefore obtained a similar base of knowledge.

In Economic Support the State mandated all Food Share beneficiaries to sign up for Food Share Employment and Training (FSET). FSET was designed for able bodied adults to encourage job search and job readiness skills. The Board approved an additional three positions to assist with the FSET workload. The Economic Support Division also met the continuing challenge of signing people up for the ACA health benefits.

Mid-2015, the State contacted the County to confirm Rock County was still interested in transitioning to Family Care. Rock answered affirmatively. The legislature passed a bill designed to address Rock County's transition to Family Care beginning July 1, 2016. Consequently, preliminary Family Care planning began.

The Child Protective Services (CPS) and Juvenile Justice (JJ) Divisions' were integrated into the Children, Youth and Families (CYF) in 2014. However, in 2015, it was decided that the diversion unit would be returned to the CYF Division to better integrate the diversion services with the CPS/JJ service. Caseloads within the Division continued to be high particularly in the CYF ongoing units. Staff adjustments were made to assist the ongoing units with the workload. In addition, more supervised visitations were provided by a contracted agency.

Charmian Klyve, Director



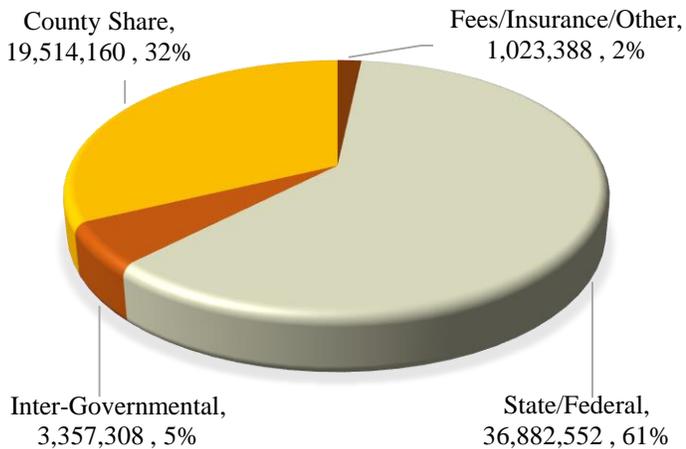
2015 Financial Overview

As of April, 2016, Human Services department 2015 unaudited expenditures totaled \$60,777,408. The portion of HSD services funded with county levy was \$19,514,160. The table below breaks out 2015 expenditures and revenue for each of the main HSD program areas.

Description	Agency Management, Support & Overhead	Children, Youth & Families	Economic Support	Behavioral Health	Long Term Support	Aging and Disability Resource Center	Job Center	Total HSD
FTE Positions	32.0	122.0	55.0	120.7	23.0	15.5	2.0	370.2
Salaries & Fringe	2,376,785	9,338,256	3,314,674	10,329,648	1,619,244	1,026,738	97,107	28,102,452
Operating Expenses	1,001,432	1,408,071	184,654	1,375,763	146,417	78,094	510,312	4,704,743
Program/Contracted	25,306	6,867,535	4,081,263	7,459,873	9,600,126	20,257	66,208	28,120,568
Capital Outlay	4,224	30,557	69,420	32,061	534	504	14,471	151,771
Allocation of Services	<u>(3,384,644)</u>	<u>1,310,657</u>	<u>697,154</u>	<u>890,642</u>	<u>343,454</u>	<u>224,359</u>	<u>(383,748)</u>	<u>(302,126)</u>
Total Expenses	23,103	18,955,076	8,347,165	20,087,987	11,709,775	1,349,952	304,350	60,777,408
Revenues	8,571,808	5,470,651	7,729,440	6,453,020	11,384,027	1,349,952	304,350	41,263,248
County Share	(8,548,705)	13,484,425	617,725	13,634,967	325,748	0	0	19,514,160

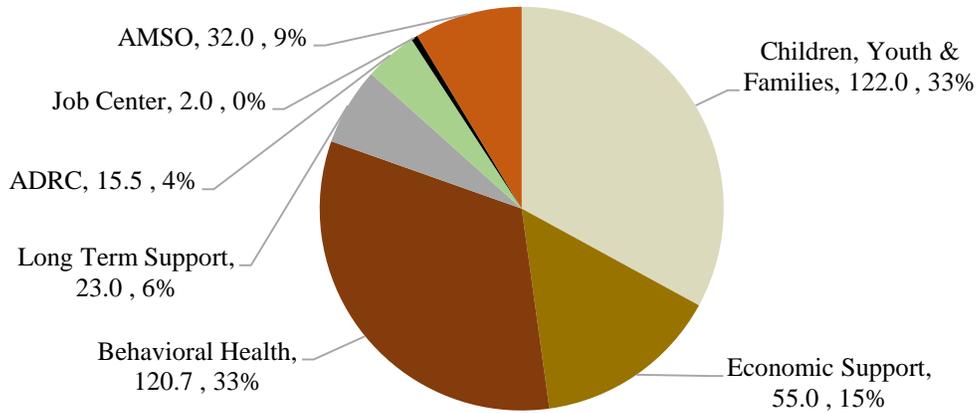
Agency Management Support & Overhead (AMSO) includes Administrative staff, the Administrative Services Division, which provides support to the entire Department, and Department overhead costs. Costs that fall under AMSO are allocated out to each program division based on the number of full time equivalent (FTE) staff. AMSO revenue includes State Community Aids and Wisconsin Medicaid Cost Reporting (WIMCR) revenue. There is additional fiscal detail for each of the program areas further in this report.

SOURCE OF FUNDS



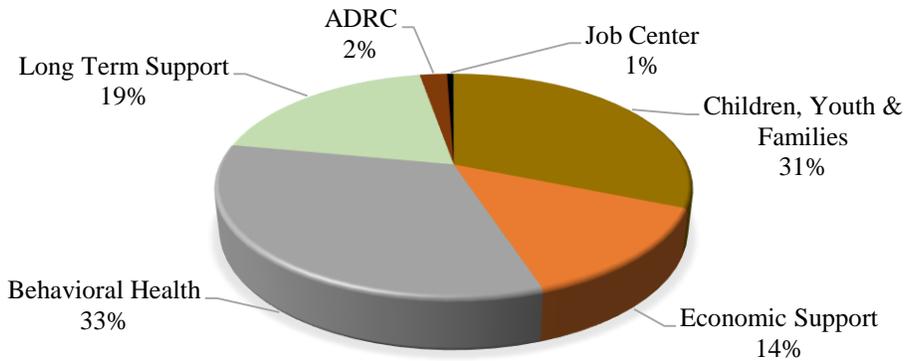
State & Federal revenue accounted for 61% of funding and includes State Community Aids, other State/Federal program allocations, WIMCR, and various State and Federal grants. Intergovernmental revenue (5%) primarily includes Medicaid and Medicare billing revenue, and funds from other Wisconsin Counties. Fees/Insurance/Other (2%) includes client fees, Job Center rent, private and insurance payments, and any non-governmental grants. Thirty-two percent of funding was provided by county levy funds.

FTE BY DIVISION



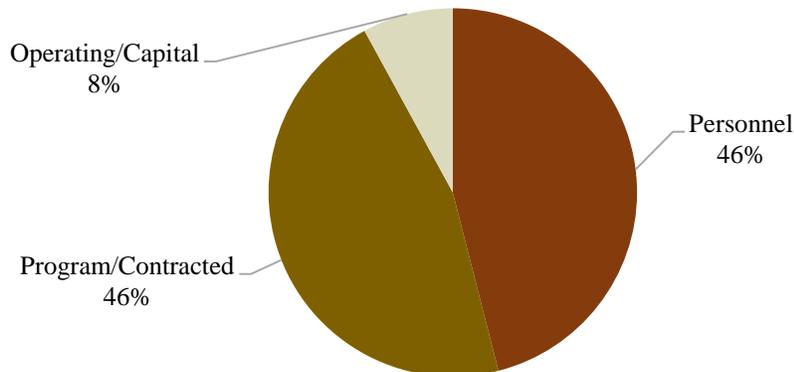
In 2015, the two largest HSD Divisions in terms of staff and expenditures were the Behavioral Health and the Children, Youth and Families Divisions. The graph below does not include AMSO expenses as a separate category as those expenditures are allocated to each program area based on FTE count.

USE OF FUNDS BY PROGRAM



The graph below breaks out 2015 expenditures into three main categories. In 2015, Personnel and Program/Contracted services each accounted for 46% of expenditures. Personnel includes salaries and fringe benefits. Program/Contracted includes program expenses used to directly support specific programs and/or clients, contracted services, and pass through funding. Operating/Capital includes other expenses that do not fall in the prior categories and are used to support general Department operations such as space costs, training, equipment, utilities, and travel.

USE OF FUNDS BY CATEGORY



Children, Youth & Families

Lance Horozewski,
Division Manager

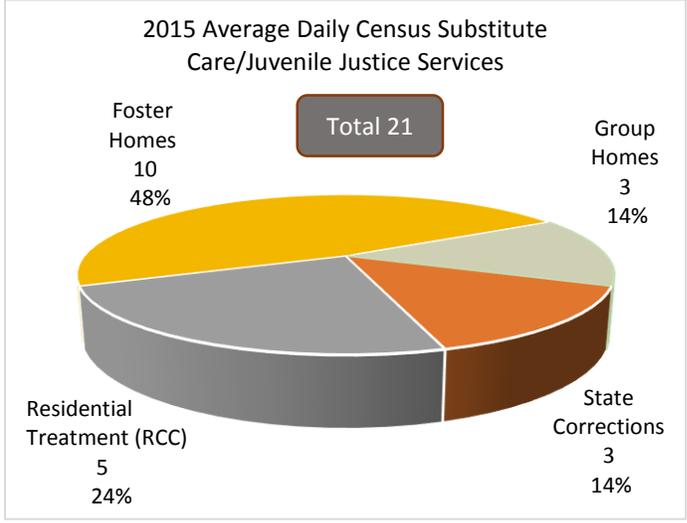
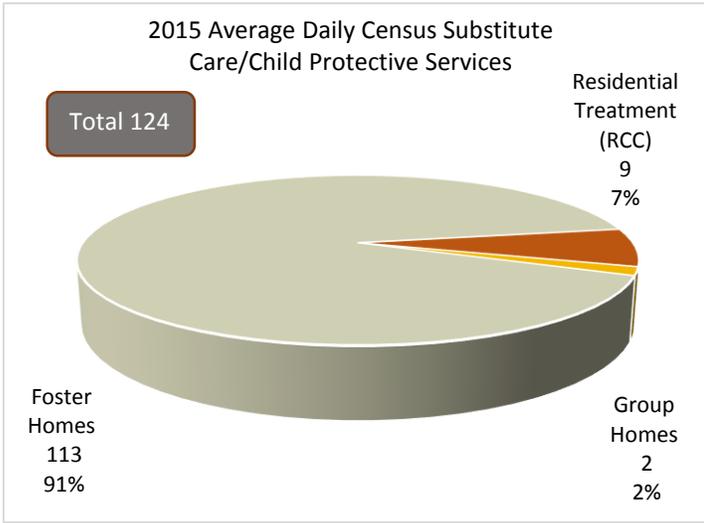
The CYF Division encompasses Juvenile Justice, Child Protective Services and the Youth Services Center. The mission of the CYF Division is “to empower families and youth by building upon strengths through services and relationships that center on family, encourage hope and establish a supportive team that ensures safety within the family and community.” The work of the CYF Division is primarily directed by state and federal laws and regulations. The majority of clients served by the division are those involved in the child protection and juvenile justice systems. Often times work with clients is accomplished as an extension of the juvenile court.

For 2015 the Organizational Effectiveness (OE) Team set several strategic improvement goals. The goals were the following: 1) implement a CPS safety roundtable staffing process, 2) develop a critical incident stress management (CISM) process and team, 3) eliminate backup CPS Access 4) Develop a local Dialectical Behavior Therapy (DBT) Program, 4) Improve CPS worker recruitment and retention, 5) recruit and retain foster families, and 6) Implement an improved CPS family interaction process. For the Youth Services Center the strategic improvements were the following: 1) improve the quality of cognitive behavioral training in secure detention, 2) implement trauma informed care practices, 3) implement moral recognition training for the ACTIONS program, 4) increase the number of volunteer groups supporting youth placed at the YSC, and 5) reduce the overall number of cell confinements.

Child Protective Services
⋮
Juvenile Justice Supervision
⋮
Youth Services Center

FTE's

Child Protective Services – 62.0
 Juvenile Justice – 25.0
 Youth Services – 35.0
 Total – 122.0



Several of the OE goals were accomplished in 2015. Most notable accomplishments were the Safety Roundtable, CISM, development of a DBT program and implementing trauma informed care for youth at the YSC. The development of the safety roundtable process was started in mid-2015 and 6 safety roundtables were held. The goal of the safety roundtable is to support CPS case managers in developing comprehensive and sufficient safety plans when children are deemed unsafe.

2015 Juvenile Supervision Referrals ~ 1,282

Youth Services Center	Annual Census Days	Average Daily Census	Occupancy Rate	Average Length of Stay
Shelter Side	2,249	6.2	18%	10.3
Secure Side	5,129	14.1	42%	10.1

The critical incident stress management (CISM) team was developed in partnership with the Janesville Police Department to support CYF social workers when dealing with a critical incident or managing the significant stress related to working with clients in the CPS and JJ systems. CISM team members meet with staff on a voluntary basis as a peer support. The team also organizes debriefings after a critical incident occurs. Examples of critical incident debriefings have been client suicides, severe child abuse situations or a violent interaction with a client. The primary goal of the CISM team is to reduce secondary trauma related to the work and promote retention of CPS staff.

The Division successfully wrote for a grant to train Behavioral Health therapists to provide DBT therapy for high-risk girls involved in the JJ and CPS systems. The primary goal of the DBT program is to support high-risk girls and their families to remain in the community and reduce associated risk factors.

The trauma informed care (TIC) improvements at the YSC have been significant. All staff have been trained in the principles of TIC. In addition to the training, several policies were changed or modified to ensure principles of TIC were being implemented on a daily basis. Youth now have relaxation options to help deal with stress and anxiety associated to past trauma. Youth are being taught relaxation skills and spend less time in their cells and rooms. The primary goal of the TIC improvements is to reduce behavioral acting out while placed at the YSC and improve each youth's functioning.

Challenges for the Division continue to be the increased caseloads in CPS as well as increased mandates from the State. An additional challenge in CPS continues to be worker turnover and the lack of experienced CPS staff across the Division. In 2015 there was a significant increase in the number of children entering foster care. Moreover, the length of time children spent in foster care was longer and the amount of children achieving permanence decreased as compared to past years. The focus for 2016 will be the continued efforts to reduce CPS worker turnover as well as improving services and supports to decrease the length of time children spend in foster.

Access Reports

Year	Screen In	Screen Out	Total
2015	1,225	2,310	3,535
2014	1,260	2,310	3,570
2013	1,547	1,898	3,445
2012	1,537	1,758	3,295

Source: DCF Dashboard

Ongoing Caseload Trends

Year	Avg. Months in Sub Care	CHIPS Filed	Cases Opened for Ongoing Services
2015	9.9	129	83
2014	9.1	124	72
2013	7.9	157	87
2012	9.8	113	77

Source: CCAP, eWisacwis

Schedule of 2015 Expenditures, Revenues and BCA/Tax

Children, Youth & Families	Child Protective Services	Juvenile Justice Services	Youth Services Center	Home Visitation Grant	Total
Salaries & Fringe	4,594,912	2,145,218	2,487,610	110,516	9,338,256
Operating Expenses	853,901	275,912	263,932	14,326	1,408,071
Program/Contracted	4,821,829	1,545,466	151,309	348,931	6,867,535
Capital Outlay	8,953	2,558	19,046	0	30,557
Allocation of Services	682,628	256,659	362,834	8,536	1,310,657
Total Expenses	10,962,223	4,225,813	3,284,731	482,309	18,955,076
Revenues	1,500,671	3,308,690	178,981	482,309	5,470,651
County Share	9,461,552	917,123	3,105,750	0	13,484,425

Economic Support

April Heim,
Division Manager

The Affordable Care Act (ACA) was implemented in October of 2013. The County hired 12 new ACA project workers and one project ACA Supervisor with the funding that the State provided. The ACA funding levels were reduced significantly starting in 2015. The ACA project positions were allowed to decrease by attrition throughout the year. By year end, the ACA funded project positions stood at 5.0 FTE, which is the budgeted level in 2015. ACA open enrollment period began again in October 2015.

As part of Wisconsin's 2013-2015 biennial budget, FoodShare (FS) eligibility and work requirements for Able Bodied Adults Without Dependents (ABAWDs) were implemented statewide April 1, 2015. Participation in the Food Share Employment and Training (FSET) program is one of the primary ways in which ABAWDs can meet the new work requirement. The FSET program changed from being operated by the local IM Agency to being administered by a third party under a state contract.

An ABAWD participant who does not meet the ABAWD work requirement and is not exempt from meeting the work requirement will only be allowed to receive up to three (3) full months of FS benefits in a 36-month time period. Significant workload increases resulted from policy and system changes. The State supplemented funding to IM for the additional workload and the County hired three project positions to meet the challenge. Cross training that began in September 2015 allowed piloting into team based models. All childcare cases were pooled into the same unit. This allowed for greater coverage of the daily workload and assignments, as well as any absences. The success of this model continued with expansion into two Family Units in September and the Bilingual Unit in October. The other Units are projected to case pool in 2016. Following Rock County's success with the case pool/team model, Consortia partners Grant and Lafayette have begun using the same model. DHS conducted an Income Maintenance Operational Analysis (IMOA) in 2015. The IMOA Report provided a detailed analysis of the current state of IM administration in Wisconsin and opportunities for improvement. This resulted in a State/Consortia collaborative effort to focus on enhancing the customer experience and pursuing operational efficiencies.

The Southern Call Center (SCC) has begun working on Standard Operating Procedures (SOPs) with the encouragement of the State. These SOPs allow the Consortium partners to work cooperatively in areas outside the call center. Some of the SOPs in progress were training, the Southern Consortia Call Center guide, and implementation of FS on Demand for Priority Service (PS) applications. The SCC began processing these requests in October 2015. The State is planning a roll out of FS on-Demand for non-priority services in 2016. The SCC is scheduled to implement FS on-Demand for non-priority services in July 2016.

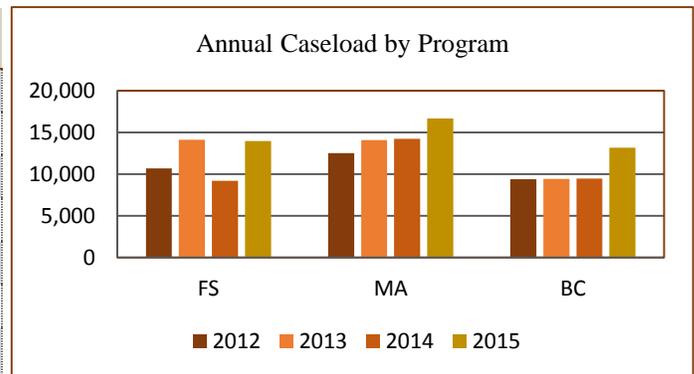
FTE's

- Division Manager ~ 1.0
- ES Supervisors ~ 5.0
- Support Staff ~ 2.0
- Bilingual Team ~ 4.0
- Child Care Team ~ 6.0
- EBD/LTC Team ~ 5.0
- Family Team 1 ~ 6.0
- Family Team 2 ~ 6.0
- Family Team 3 ~ 5.0
- Family Team 4 ~ 5.0
- Family Team 5 ~ 5.0
- Lead Team ~ 3.0
- Lobby Services ~ 2.0

Total 55.0

Households Served by Energy Assistance in 2015 – 7,126

Program	2015 Average Monthly Cases
Food Share (FS)	13,966
Medical Assistance (MA)	16,664
Badger Care (BC)	13,153
Kinship Care	223
Caretaker Supplement	186
Child Care	637
Unduplicated Total	22,334



Schedule of 2015 Expenditures, Revenues and BCA/Tax

Economic Support	Economic Support	Child Care	IM Consortium	LIHEAP	Total
Salaries & Fringe	2,896,759	417,915	0	0	3,314,674
Operating Expenses	184,654	0	0	0	184,654
Program/Contracted	65,199	19,838	3,567,635	428,591	4,081,263
Capital Outlay	69,420	0	0	0	69,420
Allocation of Services	632,041	65,113	0	0	697,154
Total Expenses	3,848,073	502,866	3,567,635	428,591	8,347,165
Revenues	3,226,156	512,978	3,561,715	428,591	7,729,440
County Share	621,917	(10,112)	5,920	0	617,725

Behavioral Health

Kate Flanagan,
Division Manager

In 2015, The Behavioral Health Division (formerly known as the Mental Health/AODA Division) worked to improve access to care, with implementation of a redesigned “front door” intake process to provide a welcoming, accessible system of care that is responsive to consumer and community needs. Funding for Substance Abuse treatment was increased to continue to meet the increasing need in the community for evidence based treatment services at multiple levels of care. The Comprehensive Community Service program expanded to provide psychosocial rehabilitation services to individuals across the lifespan. The Behavioral Health Division prioritized continued collaboration efforts with criminal justice partners through the delivery of co-occurring treatment for Drug Court and OWI Court clients and partnership with the Rock County Sheriff’s Office on the Jail Reentry Program. A final key initiative was the commitment to the implementation of Trauma Informed Care systems change through the Wisconsin Trauma Project.

Crisis Services

Throughout 2015, The Crisis Intervention Unit worked to enhance outreach and prevention efforts by proactive engagement in emergency mental health situations. Continued efforts toward collaboration with Law Enforcement were improved through continuation of a group of Mental Health Liaison Officers who are CIT trained Officers designated to take a lead role in collaborating with the Crisis Intervention Unit to improve outcomes for clients. The Community Crisis Response Group continued to function as a workgroup of the Behavioral Health Redesign Steering Committee (BHRSC) and worked toward achievement of SMART goals defined in the BHRSC strategic Plan.

Outpatient Crisis Stabilization services continued to fill a key gap in the continuum of care by providing short term intensive case management services for individuals following a mental health emergency. The PATH program provided outreach and case management to homeless individuals living with mental illness and connected them with treatment and housing supports. The Jail Reentry Services Team, which began July 2014 as a Justice in Mental Health Collaboration Grant awarded to the BHRSC through the federal Bureau of Justice Assistance experienced its first full year of operation providing service individuals with behavioral health needs, both in the jail and after release, until permanent services are established in the community. The mission of the reentry initiative is to reduce criminal justice involvement, improve quality of life, and promote hope for people identified with behavioral health needs by linkage to comprehensive treatment and support upon reentry from the jail.

A new initiative in the Crisis Services area is the strategic planning for a School Based Diversion Program, which is scheduled for implementation in Fall of 2016. This program is a pilot program in collaboration with three schools in the Beloit School district. This initiative and collaborative effort is through the National Center for Mental Health and Juvenile Justice with a mission to reduce juvenile justice involvement of youth with behavioral health needs by diverting from arrest in schools and creating clear pathways to effective individualized assessment, treatment, and supports.

Outpatient Counseling Centers

In 2015, the Behavioral Health Division launched Intake, a welcoming and helpful “front door” for the community to more easily access behavioral health services. The Counseling Centers continued to focus on integrating Mental Health and Substance Abuse Services by increasing the number of dually-licensed clinicians and including Walk In AODA staff in routine clinic staffing’s. The Counseling Centers in Janesville and Beloit continued to serve many individuals with complex needs who have no other options for care in our community. Outpatient Services achieved increased stability in medication management by retaining all prescribers and identifying gaps for future prescribing needs. In the area of integrated Substance Abuse treatment, the BH Division received excellent feedback during the first year of operating the Drug Court program and continued to manage the OWI Court program. The Juvenile Justice AODA program served juveniles referred from CYF and established structure for BH and CYF to coordinate treatment. Community AODA services were enhanced by increased case management efforts by Walk In AODA staff, and an additional AODA Case Manager position was funded and contracted through Block Grant funds.

Community Recovery Services

The Community Recovery Services Program Area includes the Community Support Program Teams and Comprehensive Community Services (CCS) Program. The Community Support Programs (CSP) in Rock County provide treatment, rehabilitation and support services to adults living with severe and persistent mental illness. CSP staff use a person centered and recovery oriented approach with a goal to increase the quality of life for those served, allowing individuals to maintain independence and achieve their life goals. These services include but are not limited to: medication management, psychotherapy, psychiatry, psychosocial rehabilitation (money management, employment related services, social or recreational skill training), assistance with daily living skills, coping skills for dealing with symptoms of mental illness, and case management. A majority of these services (70%) are provided to the individuals in the community either at their homes or other community locations with the goal of serving people in their natural environment.

Crisis Services
⋮
Outpatient Clinics/Intake
⋮
Community Recovery Services
(CRS)
⋮
Clinical Services/Children & Families

FTEs

Crisis Services – 23.6
Outpatient Clinics/AODA – 29.9
Community Recovery Services
(CRS) – 36.2
Clinical Services for Children &
Families – 31.0
Total – 120.7

In 2015, CSP continued to provide, encourage and support consumer participation in Illness Management and Recovery groups, now utilizing a curriculum developed by NAMI (Wellness Self-Management). This change was made based on feedback from consumer surveys completed by those who had participated in the group, which provides psychoeducation and focuses on developing and improving skills to cope with symptoms. There continues to be a weekly consumer facilitated group for peer support and an opportunity for socialization. CSP programs also continue to utilize other evidence based practice models, including Integrated Dual Disorder Treatment and Motivational Interviewing.

Following the certification of the Comprehensive Community Services (CCS) Program, in August of 2014, CCS has continued to develop and grow. In 2015 CCS served 77 individuals in Rock County, with 38 of those being youth under the age of 20 and 39 of those being above the age of 20. In order to continue to grow CCS will additional staff will continue to be added to meet the needs of this growing program.

As regional partners with Walworth and Jefferson Counties, the JRW region has worked together to bring on new community providers to increase our CCS service array in addition having developed a regional contract for providers. In 2015 we reviewed Quality Improvement data and shared that with our regional CCS Coordinating Committee. The Regional Coordinating Committee is a group made up of regional CCS staff, providers and CCS consumers who work together to improve CCS services for consumers. Based on information received from the Regional Coordinating Committee the CCS region is currently working on a Niatx project to increase CCS consumer involvement in vocational related activities. CCS staff in the JRW region continue to incorporate best practices into their day to day work including: Motivational Interviewing strategies, Trauma Focused Cognitive Behavioral Therapy, and concepts of Dialectical Behavioral Therapy.

Total Clients Served in 2015

Crisis Services – 4,433
 Outpatient Clinics/AODA – 1,195
 Community Recovery Services (CRS) – 252
 Clinical Services for Children & Families – 505
Total – 6,385

Clinical Services for Children and Families

In 2015, Clinical Services for Children and Families (CSCF) programs worked on improving access to care and maximize collaboration with the Children, Youth and Families Division. A significant focus was the implementation of the Trauma Informed Care Grant which focused on: introducing evidence based trauma screening, assessment and intervention, train parents and county social workers on childhood trauma to increase their ability to effectively identify and respond to trauma, and provide greater safety and stability in the home environment, increase trauma informed collaborative responses by our community stakeholders, collect and monitor data for program effectiveness, and sustain changes for continuations of trauma informed changes and perspective shift across the system.

The PATHS Grant assists with homelessness and prevention for youth transitioning out of foster care. Of those in the program, 8 of 15 graduated in May 2015 and 13 of 15 were either in an academic program or working by August 2015. Nurturing Skills Training (NEST) Program reported a reduction in OHC placements for participants after successfully ending services, reduction in calls to Access for clients during and after services, reduction in Juvenile Justice Referrals during and after services, and they started parenting groups using the Active Parenting and Nurturing Parenting curriculums. The Children’s Long Term Support Program worked on increased access to needed services and expanding options for participants by outreaching agencies. CLTS worked on the development of a Level 5 Shift Staffed Home in order to bring children out of higher levels of care into the community. Coordinated Services Teams Initiative provided wraparound services for children and families in Rock County and in addition worked on the development of a parent support group run by parents. The CST team continues to outreach community partners to share the philosophy and benefits of collaborating across systems to benefit families. Functional Family Therapy focused on continued fidelity to the model, served 65 families, and families who finished three phases of treatment per the FFT post assessment reported increased family functioning in the areas of communication, reduced conflict, improved supervision of the client, and improved parenting skills, and adolescent behavior. Lastly, Family Crisis focused on enhancing crisis planning and collaboration with community partners and our Youth Services Center.

Schedule 2015 Expenditures, Revenues and BCA/Tax

Behavioral Health	Crisis Intervention & Stabilization	Outpatient Mental Health & AODA	Community Recovery Services	Clinical Services for Children & Families	Total
Salaries & Fringe	1,962,277	3,077,448	2,756,901	2,533,022	10,329,648
Operating Expenses	408,195	332,375	365,587	269,606	1,375,763
Program/Contracted	4,222,448	762,281	857,907	1,617,237	7,459,873
Capital Outlay	4,550	18,073	0	9,438	32,061
Allocation of Services	84,982	111,077	601,433	93,150	890,642
Total Expenses	6,682,452	4,301,254	4,581,828	4,522,453	20,087,987
Revenues	833,138	1,686,329	1,646,414	2,287,139	6,453,020
County Share	5,849,314	2,614,925	2,935,414	2,235,314	13,634,967

Long Term Support

Jennifer Thompson,
Division Manager

Long Term Support (LTS) staff assisted almost 800 frail elderly and physically disabled Rock County residents in 2015. Of those, LTS staff were able to relocate 9 individuals out of nursing home's and back into the community and diverted 16 more individuals from moving into nursing home's due to an imminent risk of institutionalization.

Services provided to Medicaid eligible individuals included supportive home care, respite, meals, transportation, home modification projects, and the purchase of medical supplies/adaptive equipment.

As the lead Elder/Adult at Risk agency, LTS continued to see an increase in abuse/neglect referrals in 2015. This unfortunate circumstance seems to be the ongoing trend across the state. In addition, these types of cases are getting more complex and are often extremely time-consuming for the worker to navigate through the situation.

At the end of 2015, it began to look more clear that Rock County would finally have to begin to plan for the potential implementation of Managed Care. This was an exciting new development as the LTS waitlist continued to increase. By December 2015, there were approximately 140 people waiting for the COP and/or Waiver Long Term support programs. Despite the growing waitlist, LTS staff worked diligently on opening new clients to the program while serving those ongoing cases who continued to need their support and service.

2015 Rock County Adult/Elder Abuse & Neglect Statistics

Type	Elders 60+	Adults -60
Physical Abuse	11	8
Financial Exploitation	55	14
Emotional Abuse	16	3
Neglect by Others	41	12
Self-Neglect	52	11
Sexual Abuse	1	2
Other	1	2
Total	177	52
Alleged Abuser Relationship	Elders 60+	Adults -60
Son	23	0
Daughter	23	4
Grandchild	12	0
Friend/Neighbor	15	5
Spouse	13	3
Service Provider	8	3
Other Relative	12	14
Substantiation	Elders 60+	Adults -60
Substantiated	54	13
Unsubstantiated	91	14
Unable to Substantiate	32	25

FTE's

Supervisor ~ 3.0

Unit 1 ~ 9.0

Unit 2 ~ 9.0

Court Services ~ 1.0

Support Staff ~ 1.0

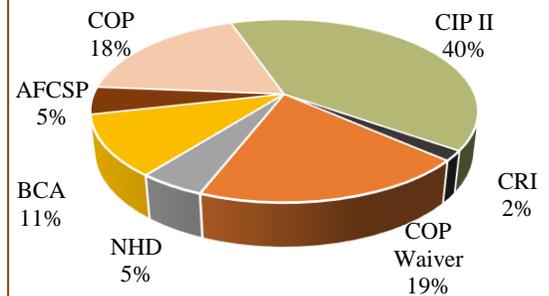
Total ~ 23.0

Adult Family Homes – 67 Homes
Number of Beds – 118
Number of beds Occupied - 94

Contracted Providers:

Comm. Based Res. Facility - 33
Residential Care Apt. Complex – 3
Supportive Home Care – 19
Meal Program – 5

2015 Clients Served by Program



Schedule of 2015 Expenditures, Revenues and BCA/Tax

Long Term Support	Long Term Support	Elder Abuse & Neglect	Alzheimer's Family Caregiver Support	Total
Salaries & Fringe	1,581,345	23,759	14,140	1,619,244
Operating Expenses	146,417	0	0	146,417
Program/Contracted	9,516,090	26,641	57,395	9,600,126
Capital Outlay	534	0	0	534
Allocation of Services	343,454	0	0	343,454
Total Expenses	11,587,840	50,400	71,535	11,709,775
Revenues	11,262,092	50,400	71,535	11,384,027
County Share	325,748	0	0	325,748

Aging & Disability Resource Center

Jennifer Thompson,
Division Manager

The Aging and Disability Resource Center (ADRC) of Rock County continued to make itself known around Rock County in 2015. This is clear by the rise in contacts. See chart below. The increase in the ADRC awareness is mainly due to the role of the Marketing and Outreach Coordinator who took several different approaches when reaching out to the public. Advertising on the exterior of the city buses, television commercials, and presence in the local phone books were ways to get the ADRC's name visible. However, several presentations at local Senior Fairs, conferences, and business events were also provided to educate organizations about the ADRC so that they may be able to make referrals for assistance.

Although the Dementia Care Specialist (DCS) started in 2014, it wasn't until 2015 when the programs and services really began to take off. The DCS held over **268 events** including memory café's, support groups, radio interviews, education/outreach opportunities, and many-many more. In addition, the DCS was able to train eight local businesses in Rock County to become "Dementia Friendly," including the ADRC, Beloit Health System Alertline, Walgreen's, and Janesville Transit System. Between all the families the DCS has helped, the education provided, and the knowledge shared with staff, the DCS at the ADRC is helping to make Rock County a Dementia Friendly Community.

The ADRC had great success in 2015 and we look forward to more outreach opportunities, assisting many more individuals in the community and making the ADRC even more recognized in Rock County in 2016.

FTE's

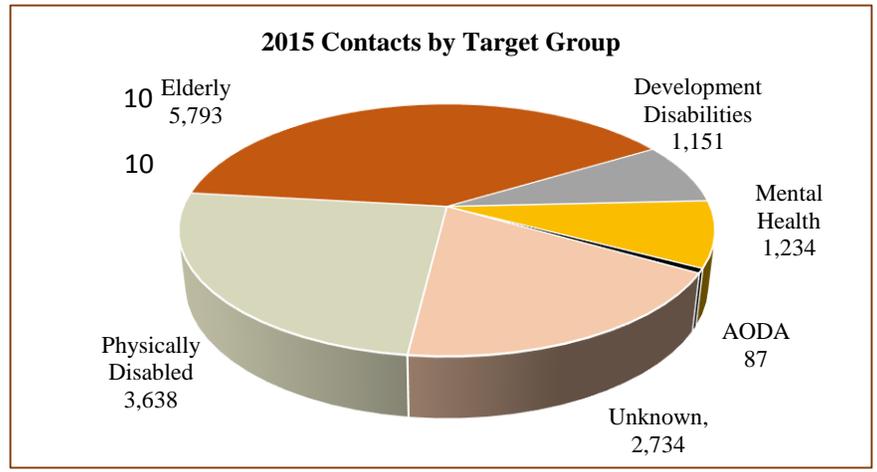
- Supervisor ~ 1.5
- Information & Assistance Specialist ~ 10.0
- Disability Benefit Specialist ~ 2.0
- Support Staff ~ 1.0
- Contracted Staff ~ 1.0
- Total ~ 15.5**

2015 ADRC of Rock County Contact

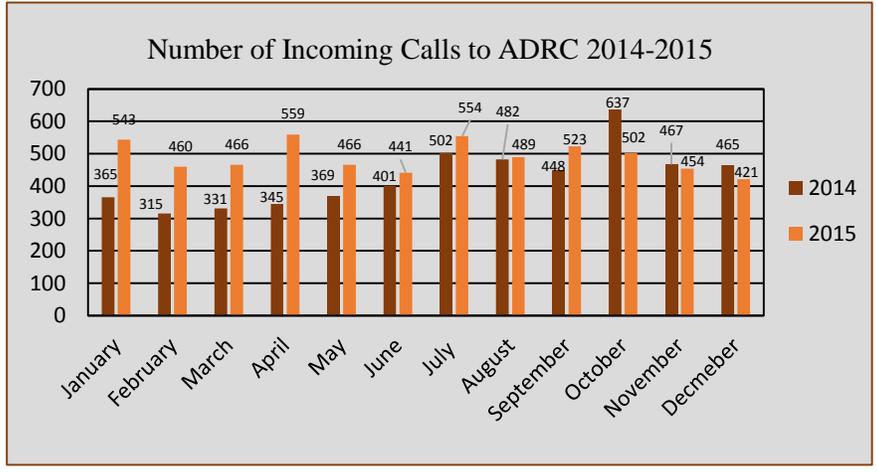
Who made contact with the ADRC?	No. of Contacts
Self	3,272
Relative/Friend/Guardian	2,603
Agency/Service Provider	2,118
Nursing Home/Facilities	108
Caregiver	61

Categories Discussed	No. of Contacts
Public Benefits	4,957
In-Home Services	2,106
Housing	1,829
Health	1,166
Caregiving	720
Abuse/Neglect	594
Legal Services	490
Food	375
Financial Assistance	338
Transportation	326
Assistive Technology	323
Mental Health/Addictions	232
End of Life Issues	160
Veterans	73
Employment	65

2015 Contacts by Target Group



Number of Incoming Calls to ADRC 2014-2015



Job Center

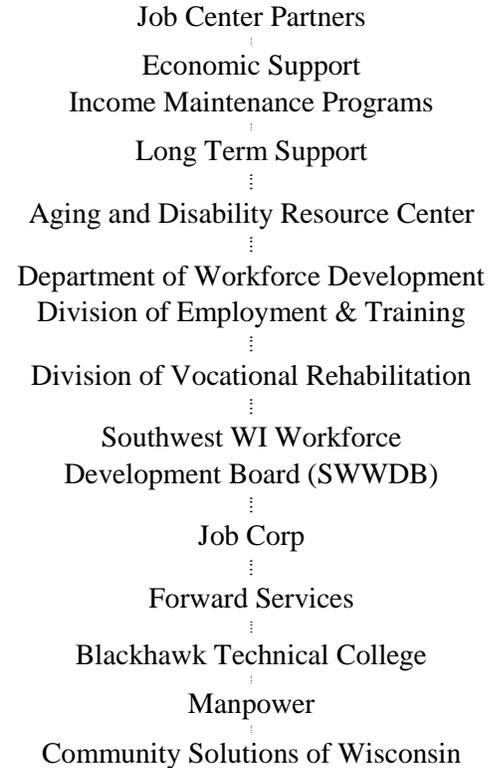
Tim Zuehlke,
Controller



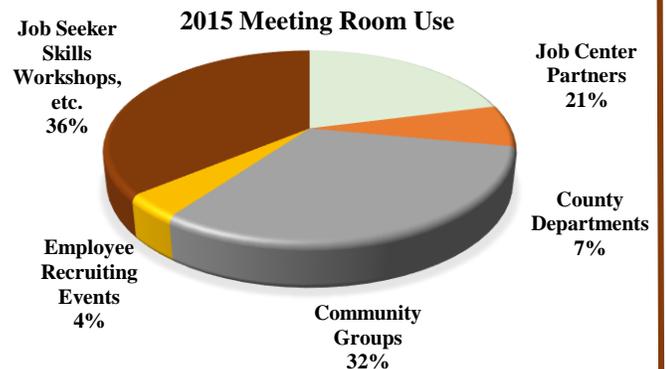
The Job Center continues to pull together for our community by providing a variety of employment, training and supportive services at a convenient one-stop location.

The Job Center Partners not only assist job seekers with finding jobs through on-line job search sites and newspaper help wanted ads and by providing interviewing and resume writing training, but also provides a wide range of other support services. These support services include training and educational opportunities such as Adult Basic Education/GED classes, skills training for dislocated workers, English as a Second Language classes, employment preparation for youth ages 14-21 and work experience for low income seniors are all provided at the Job Center.

The Job Center can assist employers with recruitment needs by providing application and interviewing help, posting on-line job notices and hosting job fairs. In addition, incentives are available to employers hiring from certain target groups or within certain target areas.



	2010	2011	2012	2013	2014	2015
Meeting Room Use	2,809 ↓ 6%	2,947 ↑ 5%	2,709 ↓ 8%	2,780 ↑ 3%	2,792 0%	2836 ↑ 2%
Job Seeker Skills Workshop	993 ↓ 7%	1034 ↑ 8%	964 ↓ 7%	991 ↑ 3%	990 ↓ 1%	999 ↑ 1%
Employer Recruiting Room Use	97 ↓ 6%	105 ↑ 4%	108 ↑ 3%	115 ↑ 6%	114 0%	120 ↑ 5%



List of Acronyms Used in Report

ABAWS	Able Bodies Adults without Dependents
ACA	Affordable Care Act
ACTIONS	Alternative to Corrections by taking Immediate Ownership of New Skills
ADRC	Aging and Disability Resource Center
AFCSP	Alzheimer's Family Caregiver Support (AFCSP)
AMSO	Agency Management and Support Overhead
AODA	Alcohol and Other Drug Abuse
BC	Badger Care
BCA	Basic County Allocation
BH	Behavioral Health
BHRSC	Behavioral Health Redesign Steering Committee
CCS	Comprehensive Community Services
CHIPS	Children in need of Protection or Services
CISM	Critical Incident Stress Management
CIT	Crisis Intervention Team
CLTS	Children's Long Term Support
COP	Community Options Program
COP-W	Community Options Program – Waiver
CPS	Child Protective Services
CRS	Community Recovery Service
CSCF	Client Services for Children & Families
CSP	Community Support Program
CYF	Children Youth & Families
DBT	Dialectical Behavior Therapy
DCS	Dementia Care Specialist
DHS	Department of Health Services
ES	Economic Support
FS	FoodShare
FSET	Food Share Employment Training
FTE	Full Time Equivalency
GED	General Education Diploma
HSD	Human Services Department
IA	Initial Assessment
IM	Income Maintenance
IMOA	Income Maintenance Operational Analysis
JRW	Jefferson, Rock, Walworth
JJ	Juvenile Justice
LTS	Long Term Support
MA	Medical Assistance
NAMI	National Alliance on Mental Illness
NEST	Nurturing Skills Training
OE	Organizational Effectiveness

OHC	Out-of-Home Care
OWI	Operating While Intoxicated
PATH	Projects for Assistance in Transition from Homelessness
PATHS	Permanent Connections, Academics, Training & Employment, Housing, Social & Emotional Wellbeing
PS	Priority Service
SCC	Southern Call Center
SOP	Standard Operation Procedure
SWWDB	Southwest WI Workforce Development Board
TAP	Treatment Alternative Program
TIC	Trauma Informed Care
WIMCR	Wisconsin Medicaid Cost Reporting
YSC	Youth Services Center