

Department of Community Programs

Director **OZAUKEE COUNTY** ADMINISTRATION OFFICE
Frederick R. Hesselbein 121 W. Main Street PHONE: METRO (262) 238-8127
P.O. Box 994 LOCAL (262) 284-8127
Business Manager Port Washington, Wisconsin 53074 FAX (262) 238-8104
Karl C. Harris TDD (262) 238-8499

TO: Members of the Ozaukee County Board of Supervisors

FROM: Fred Hesselbein, Director

Many individuals and families in Ozaukee County are dramatically affected by problems resulting from mental illness, developmental disability, or chemical dependency, as will be evident from this report. Anyone facing these problems could be at risk of being overwhelmed by them. That risk is much greater when there is no help available. If you know someone whose child is mentally ill, disabled, or chemically dependent, you probably understand. If you know a child whose parent is mentally ill, disabled, or chemically dependent, you probably understand.

People usually survive these problems, but effective help can make a world of difference as they struggle with their challenge. Different kinds of help are needed for different kinds of problems. Often it isn't possible to make the problems go away, but the right kind of help can make them more manageable.

Ozaukee County continues to respond to a growing number of persons whose needs must be addressed with limited resources. All of the programs provided by the Department of Community are in some way related to the general state mandate created in s. 51.42 (1) (b) and s. 51.437 (4) (a), but other more specific mandates (laws and regulations) also apply. The state has passed on its responsibility to provide for the needs of citizens who are mentally ill, chemically dependent or developmentally disabled to counties. In most states this is a responsibility that remains with the state. The lack of adequate state support to accomplish this is keenly felt. State financial assistance to address this responsibility has remained basically unchanged for the past fourteen years.

One of the goals that we established for 2003 was to conduct another agency wide consumer satisfaction survey. There was a two-fold purpose in undertaking this kind of study. The report, of course, may be used in additional ways but these were our primary concerns. The first is to provide an adequate degree of accountability to county decision makers and interested members of the community. The second is to assist with our management responsibilities to reinforce the motivation of staff members who provide the services. Individuals hired for these purposes come to the department highly motivated to deliver quality services to people.

The day-to-day frustrations that occur in the course of trying to accomplish this work (in what sometimes is a challenging environment) can wear away this important motivation. This is why management needs to find ways to help staff step back and remember what we are trying to accomplish. By reviewing these questions together, we remind ourselves about how we want people who have received our services to respond. The fact that we find a high degree of satisfaction helps all of us to continue to do our best to continue that tradition.

The results of this effort are shown in a 58 page report that is available for inspection by anyone who would want to look at it. It compares the outcomes discovered this year with the findings that resulted in similar surveys that were conducted in 1993, 1996, and 1999. The staff members of this department and members of the board can take pride in the responses which showed a 99% overall satisfaction with services received (page 10 of the report). This is the highest level of overall satisfaction ever reported.

OZAUKEE COUNTY DEPARTMENT OF COMMUNITY PROGRAMS

COMMUNITY PROGRAMS BOARD (2004)

- Supervisor Kathlyn M. Callen - Chairperson 12865 N. Oriole Lane, Mequon
- Supervisor Mark A. Cronce 9309 W. Stanford Ct., Mequon
- Supervisor Kimberly J. McCulloch N79 W5286 Bywater Ln. Cedarburg
- Supervisor Richard C. Nelson 1432 Noridge Tr., Port Washington
- Supervisor Stan T. Kulfan 12139 North Lake Shore Dr., Mequon
- Mary Jo Knauf -Vice Chairperson 9830 N. Otto Road, 2W, Mequon
- Arlen G. Egel 10675 Foxcroft Drive, Cedarburg
- Tammie Pergande W70 N715 Monroe Ave., Cedarburg
- Ronald R. Yokes 612 Port Washington Rd., Grafton

DEPARTMENT OF COMMUNITY PROGRAMS STAFF

- Bruce E. Weffenstette, M.D. Psychiatrist, Medical Director* (Part-Time)
- Frederick R. Hesselbein, MS, LPC Director
- Eileen S. Engl, MS, LCSW Coordinator, Developmental Disabilities
- John H. Pankow, MSW, LPC Case Manager, Developmental Disabilities
- Ellen L. Zonka, BS, LPC Case Manager, Developmental Disabilities
- Howard P. Mulloy, BSW, LPC Case Manager, Developmental Disabilities
- Kathryn M. Schmitz, BS, CSW Case Manager, Developmental Disabilities
- Zoë A. Gerrard, MSW, CAPSW Case Manager, Developmental Disabilities
- Joan Kojis, Ph.D., CCS-I Coordinator, Mental Health & Substance Abuse
- Nancy R. Latton, MSSW, LCSW Supervisor, Outpatient Services
- Margaret M. Fenno, MSW, APSW Clinical Social Worker
- Sandra L. Jacques, MSW, LCSW Clinical Social Worker
- Paul D. Grady, MSW, LCSW Clinical Social Worker
- David W. Merrifield, MSSW, LCSW Clinical Social Worker
- Glenn A. Zipperer, MS, CADC III, LCSW Clinical Social Worker
- Barbara C. Arcuri, CADC III Substance Abuse Counselor
- Lynette Bauer, CADC III Substance Abuse Counselor
- Michael D. Vann, CADC III Substance Abuse Counselor
- Dawn Zak, BSW, CADC III Substance Abuse Counselor
- Michael A. Lappen, MS CSP Clinical Coordinator
- Laurelle A. Rathke, MS, CAPSW Community Support Professional
- Nicole C. Prohuska, MSW, CAPSW Community Support Professional
- Richard A. Schloegel, BSW, CSW Community Support Professional
- Renee M. Keranen, MSW Community Support Professional
- Lynn R. Hollmann, RN,C, BSN Psychiatric Registered Nurse
- James P. Hurth, M.D. Psychiatrist* (Part-Time)
- Eleazar S. San Agustin, M.D. Psychiatrist* (Part-Time)
- Michael W. Tetkoski, Ph.D. Psychologist* (Part-Time)
- Karl C. Harris, BBA Business Manager
- Denise M. Plutowski Secretary - Counseling Center
- Debra A. Plier Secretary - Administration & DD Program
- Penny Mentzel Medical Billing Clerk

- Debbie Thursten Office Assistant -Counseling Center
- Kathleen Paulsen Office Assistant-Counseling Center (Part-Time)

(*) Indicates that services are purchased through a contract.

2003 HIGHLIGHTS OF MENTAL HEALTH SERVICES

2003 was reflective of the down turn of the economy. Loss of jobs and subsequent loss of health insurance resulted in more requests for mental health services. In order to meet the need and be sure that there was never a significant waiting list, the staff of the Counseling Center continued to utilize groups, as well as individual sessions to maximize the number of persons that we can serve. The mental health and chemical dependency staffs work together to provide **Alternatives to Violence** group and the **Sex Offenders** treatment group. In addition, we provided groups for special populations for example, groups in the jail, groups for women, a group for adolescents, as well as groups for coping with particular diagnoses or problems. The predominant presenting problem remains feelings of depression and/or anxiety, and thoughts of suicide. This was followed by marriage and family problems, social and interpersonal problems, difficulties coping with daily life and being involved with the criminal justice systems either as a victim or a defendant.

We continued to provide programming to the **Ozaukee County Jail**. Our staff is available, both during business hours, and on call, to respond to the need for mental health assessments even on an emergency basis. We also provide regular hours at the jail to do assessment and treatment for inmates, individually and in-group settings. This includes both mental health and drug and alcohol treatment.

Our staff also continued to provide **critical incident stress debriefings** for first responders (law enforcement officers, fire fighters, and EMTs). This service was provided in conjunction with **St. Mary’s Hospital-Ozaukee**. Since it’s inception in 1990, the **Critical Incident Stress Management Group** has been providing debriefing services to Ozaukee and Washington Counties as well as occasionally helping out in other counties.

Our staff continued to provide a variety of services to the County at large. We participated in initiatives to prevent domestic violence. We periodically do **suicide prevention** training in the schools and with newly hired staff. We are part of the **Ozaukee CARE Committee (school liaisons)**, we do quarterly training of **COPE hotline** volunteers, consult with the staff at **Advocates** (domestic violence shelter) and many other efforts to address mental health/chemical dependency concerns that affect the quality of life in our County.

For over 30 years we have been a resource to the University of Wisconsin- Milwaukee graduate school in social work. In 2003 we had two 2nd year students from the School of social work complete their field placement at our agency and we also hired a former student to fill a vacancy. Two of our clinical social workers share the responsibility of supervising, evaluating and grading the student interns.

This year we were fortunate to have the assistance of a graduate student who completed a customer satisfaction survey for the entire department. The results were excellent with clients indicating a high degree of satisfaction (99.5%) with the services received at the counseling center and the majority of clients (89% much better) indicating they had accomplished their treatment goals through the counseling received here.

COUNSELING CENTER

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
CLIENTS	394	447	471	513	525	436	501	562	667

HOURS	3,725	4,767	4,192	4,380	4,671	3,850	4,038	4,013	3,535
AV. HOURS/CLIENT	7.45	10.6	8.9	9.3	8.9	8.8	8.1	7.14	5.3

Prevention/Education Services: The most frequently requested topics include suicide prevention, self-mutilation, critical incident stress management, domestic violence and sexual abuse prevention. Each year more of our staff become involved in a variety of community involvements and public presentations. We also have been instrumental in bringing other speakers in to do training for our staff. For example we hosted a presentation on deescalating potentially violent situations for school personnel, social services, department of aging staff and jail nurses..

Protective Services: The Department of Social Services has primary responsibility for SS Chapter 55 Adult Protective Services. However, our department provides case management services for those persons with a history of mental illness or chemical dependency. In 2003, we monitored 9 individuals who were under protective placement at various locations. The case management hours involved in this service

Can be as high as 15-20 for each client.

Protective Services	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF CLIENTS	9	8	9	10	9	7	9	10	9

Crisis Intervention Services/Non-Billable Contacts/Jail Services/Case Management Services: Many of the services provided by our staff are not readily "billable" services. The clinical staff participates in an on-call system so that we have someone available to the County 24 hours/day, seven days a week. We utilize a beeper and cellular telephone to provide rapid access in the event of a crisis. In addition, staff is available to handle any walk-in or telephone crises that may occur during the workweek. Many of the persons who come into the system "in crisis" do not end up becoming a Counseling Center client, but are referred to appropriate other systems for follow up. In 2003 we documented **667** contacts, **445** by telephone and **222** in person responding to immediate crises or requests for information.

Staff also provides regular and "crisis" related consultations to many different departments and agencies throughout the county. These include the courts, law enforcement agencies, the Ozaukee County Jail, The Department of Social Services, The Office of Aging, Public Health, the Department of Veteran's Affairs, the Department of Probation and Parole, schools, social service agencies, private sector employers, Fire Departments, Rescue Squads, Department of Vocational Rehabilitation, service clubs, hospitals and other professionals. Some of these consultations are handled by a brief telephone call, and others may involve many hours in a school or community addressing the aftermath of a tragedy.

It becomes quite labor-intensive to document every hour provided by every staff member in this area of vital service. For example, each involuntary hospitalization that does not go to court takes about two to three hours of staff time. For each one that goes to court and is not committed, it involves about 4 – 6 hours of staff time. For those that eventually get committed, it takes about six to ten staff hours each. However, we have tried to monitor certain service areas to assess the extent of our staff involvement, time-wise. We feel this is the direct result of dealing with increasingly complex and difficult persons who have a variety of very serious problems going on at the same time.

Because of the increasingly complex and difficult situations persons find themselves in and the increasing costs of addressing these problems, we have fairly regular **Utilization Review Committee Meetings**. These meetings usually involve our Medical Director, Director, Program Coordinator, Outpatient Supervisor, CSP Coordinator, and

case managers. The meetings usually take place during the noon hour in order to find a time when all of these persons can actually meet. Utilization review meetings are required when high cost alternative care (inpatient, residential treatment) is potentially required to address the most effective treatment that is also cost-effective.

Voluntary Hospitalizations: Short-term voluntary hospitalizations occur when a person is exhibiting serious mental health problems and exhibiting some degree of potential dangerousness to self or others. They are willing to obtain help for these problems. Typically, the person is significantly depressed, psychotic and/or suicidal. The need for inpatient care is based on an assessment to determine the least restrictive treatment needed to insure safety for the individual and those around him/her. In 2003 we saw a decrease in the number of voluntary hospitalizations, and a decrease in the average number of days per client. This is due to close case management that allowed us to utilize less expensive and restrictive settings sooner. Most of the voluntary hospitalizations for adults took place at **St. Mary's Hospital-Ozaukee**, **Aurora Behavioral Health** and **Rogers Memorial Hospital** are used for adolescent admissions and when Saint Mary's is full.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF CLIENTS	23	25	33	40	36	35	31	21	29
NO. OF DAYS	135	160	292	409	292	272	198	83	87
AV. DAYS/CLIENT	5.9	6.4	8.9	10	8.1	7.8	6.4	4	3

Long-term Inpatient Care: Long-term inpatient care occurs when certain individuals with very severe mental illnesses do not respond to short-term acute inpatient care and need to be hospitalized for much longer periods of time. Typically, these individuals do not respond well to the usual psychotropic medications. They are frequently dually disabled - that is, they have both a mental illness and a chemical dependency. These persons are typically committed to the Board and require extensive inpatient care. In 2003 we had to place 6 such individuals at the **Winnebago Mental Health Institute** and 3 at **Mendota Mental Health Institute**. These placements are not done lightly (each day costs over \$500.00) and frequently involve weighing not only what is best for the individual, but also what is "safest" for both the individual and the community. On occasion we will place an individual at one of the specialty units at **Winnebago** because they have had numerous unsuccessful hospitalizations locally. This year we also began to utilize Trempealeau County Health Care Center. This has been successful and also more cost-effective. We placed one client there.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF CLIENTS	0	9	6	5	7	8	9	7	10
NO. OF DAYS	0	565	357	644	590	1,056	960	1,141	1,013
AV. DAYS/CLIENT	0	63	60	129	84	132	107	163	101

Involuntary Hospitalizations: An involuntary hospitalization occurs when an individual is exhibiting threatening behavior (to self or others) as a result of a serious mental illness, drug dependency and/or a developmental disability. Law enforcement officers can do these hospitalizations at any time. A petition to the court by three adults can also initiate them. A medical director of a psychiatric inpatient facility may also initiate a hold on a voluntary patient who wishes to leave and that departure would present a danger. In 2003 we had a record number of detentions. We also were able to average the lowest number of days per client thanks to prompt and efficient case management from our staff.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF CLIENTS	179	195	231	171	219	189	211	163	233
NO. OF DAYS	705	902	1,208	857	1,196	895	1,115	729	658
AV. DAYS/CLIENT	5.1	4.6	5.2	5.0	5.5	4.7	5.3	4.4	2.8

Facilities used for involuntary hospitalizations include **St. Mary's Hospital - Ozaukee,**

Aurora Behavioral Health and Rogers Memorial Hospital.

COMMUNITY BASED RESIDENTIAL FACILITIES

Ozaukee County residents with more severe and chronic mental health problems, requiring continued treatment in the community, were referred to: **Productive Living Systems (Whitewater), Deerpath Estates (Necedah), Barnett House (Milwaukee), Barry House (Milwaukee), Transitional Living Services, (Milwaukee), and Day Break (Horicon).**

These services are invaluable to our program in that they provide care for individuals who would otherwise require a great deal more of inpatient care at a much higher cost. Residential care allows clients to transition back to the community in a controlled supervised setting.

CBRFs	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF CLIENTS	14	12	12	14	17	21	25	27	14
NO. OF DAYS	2,318	2,469	2,766	3,175	3,838	6,033	6,238	7,090	5,110
AV. DAYS/CLIENT	249	166	206	231	226	287	250	262	365

EMPLOYMENT SERVICES

Portal Industries, Inc. (Grafton), can provide sheltered workshop services (and transportation), recreation/leisure activities (and transportation) and supported employment services to mentally ill clients.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
SHELTERED EMPLOYMENT									
NO. OF CLIENTS	17	16	19	18	18	17	14	12	11
HRS. OF SERVICE	9,469	8,632	9,121	11,638	11,855	9,915	7,274	6,599	6,053
AV. HOURS/CLIENT	557	540	480	647	659	583	520	550	550
	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>

**SUPPORTED
EMPLOYMENT**

NO. OF CLIENTS	3	4	6	6	6	6	5	5	5
HRS. OF SERVICE	654	720	674	770	669	722	526	595	599
AV. HOURS/CLIENT	218	180	112	128	117	120	105	119	119

HOTLINE SERVICES

COPE Services, as it has for many years, continued to provide around the clock hotline services to county residents. A published, 24 hour hotline is a requirement of our certification. It is also a very important part of the "safety net" for citizens of the county who are experiencing emotional difficulties and/or mental illnesses, as well as chemical dependency problems. While information and referral is part of the service provided by **COPE**, the majority of calls are related to mental health issues. We will never know how many persons have avoided attempts at suicide or other more serious consequences, were it not for being able to "vent", early in their crisis, to a trained listener. The Department provides training and backup to the many volunteers (over 60 teens and adults) who make this service available to the County.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NUMBER OF CALLS	8,332	10,034	9,581	11,121	10,865	10,443	10,280	10,887	14,369
MONTHLY AVERAGE	694	836	798	927	905	870	857	907	1,197

Joan Kojis, Ph.D.

Mental Health/AODA Coordinator

**2003 COMMUNITY SUPPORT PROGRAM
HIGHLIGHTS**

Chapter HSS 63 of the Wisconsin Administrative Code states that a Community Support Program (CSP) must provide treatment, rehabilitation, and support services for individuals who suffer a long-term, severe and persistent mental illness, and live in the community. The objectives of CSP treatment interventions are to help these persons function with a better quality of life and to prevent, or at least to reduce placements in more costly and restrictive settings. The CSP relies on a coordinated case management system to provide a broad spectrum of services and clinical interventions. A distinguishing feature of CSP services is that the majority of these services, including therapy and symptom management, occur in the community where the person lives. Because many psychiatrically impaired persons resist treatment, our interventions are characterized by an assertive approach. To enable CSP staff to provide the needed level of services, and because of the frequent contacts required by this population, the Administrative Code has set specific maximum staff to client ratios.

In the year 2003, the Ozaukee County CSP served a total of fifty-nine persons. There were ten new admissions to the program and five discharges. With help, recovery can occur in terms of clients gaining control over the symptoms, which have prevented them from leading more normal lives. The recovery model we follow helps many clients to focus on their personal strengths versus the limitations imposed by their illness. Clients, over time, can learn to manage their illness independently. In some cases this means that the client no longer needs CSP. Prior to

discharge, we focus our efforts toward helping the person to develop the skills and community resources they need to be independent of the intensive level of CSP services.

The CSP works closely with the Criminal Justice System. Historically, persons with mental illness have often become involved with the legal system when they are not adequately treated. Should someone from CSP be in jail, the CSP staff, including the medical director, provides psychiatric services in the jail setting. Additionally, CSP works closely with State Probation and Parole agents, combining our clinical expertise with that agency's ability to require some level of cooperation with treatment. Ultimately, this cooperation often results in effective intervention and keeps our clients out of the legal system. This cooperation also provides for maximizing safety for the community and the individual, and maximizes treatment resource effectiveness.

Sixteen persons were referred to the CSP during 2003. A detailed screening process was conducted on each referral by the CSP clinical coordinator. If the person was more appropriate for other community services, a referral was made to that service. Several CSP referrals were found to be appropriate for admission but were receiving or able to receive adequate and appropriate services elsewhere. These alternatives included mental health outpatient services, AODA outpatient services, inpatient care, and long-term intensive residential care. There are times when an individual referred to CSP rejects treatment from our program because it is defined as being for the long-term severely mentally ill, even though that may be what they need. When this happens, the CSP Clinical Coordinator stays in contact with the person and/or their family to continue to offer support, provide education about how to deal with the illness and its symptoms, and to hopefully engage the individual so they do become open to involvement with the program. Often this familiarity leads the client to accepting treatment in a time of crisis and quickens recovery time. This proactive work limits hospital stays and minimizes treatment costs.

CSP clients who are stable on medications and are able to manage their symptoms are encouraged to find suitable structure for their day. Referrals to programming are facilitated by CSP staff. Of the fifty-nine persons served by CSP in 2003, five were involved at Portal Industries. Eighteen clients were competitively employed working part-time in the private sector, one full time. Types of jobs held included custodial, food service, retail, and medical technician. Six of our clients raise children under eighteen years of age, three as a single parent. Three of the parents share custody with a divorced partner, and three are full-time homemakers.

Complicating factors such as severe physical illnesses and drug and alcohol abuse result in treatment challenges and highly specialized needs. CSP staff work to address co-morbid issues with support from the Department of Community Programs' medical director, registered nurse, AODA and Mental Health staff. We also work with our clients' physicians in the community and other specialists as referred. Currently, 20% of our client population experience serious medical issues.

Six CSP clients were hospitalized for psychiatric reasons in 2003 for a total of 94 hospital days in eleven separate admissions. Two of these admissions were primarily due to AODA issues, and included detoxification. Most of the other hospitalizations were relatively short and were focused on adjusting a client's medication regimen.

Our drop in center—"The On Center", continues to function in Cedarburg. It is well used by the CSP clients, with midweek lunches and group activities such as the music group, cards, and movie nights being especially well attended. This center provides social and educational opportunities for our folks in a supportive, healthy environment, seven days a week. The center is a vital tool for our program and has been instrumental in keeping several clients with lengthy histories of institutionalization living in the community.

In July 2003, the CSP program ended a long-standing contract with Transitional Living Services that had provided a supported apartment program to our consumers. Given the challenging fiscal environment, we were asked to do our best to continue the vital services we provide at the lowest cost possible. By hiring an additional CSP case manager and creating a budget for emergency housing, transitional housing, and transportation via the County Shared Ride Taxi, the CSP program was able to continue to serve the clients who had utilized the supported apartment program at a dramatic savings to the County. This transition was done without compromising client care and in fact resulted in no hospitalizations or group home placements. Each client now receives services in a private apartment with regular contacts from their CSP case manager. Because we are now providing services directly, there will be

additional Medicaid revenue that was unavailable with the previous contracted program. There has been an additional benefit for the consumers who now are able to chose their own apartments and have become more invested in their independence.

Overall, 2003 was a challenging and exciting year for the CSP program. We were able to complete a consumer satisfaction survey in which 72% of our clients participated. The overall results were very positive and elicited specific comments and suggestions which we will consider as we strive to provide quality, client-centered services. Challenges for 2004 include addressing the growing cost of medications and our dependence on sample medication, the shortage of affordable housing in Ozaukee County, and a steady increase in the number of referrals. We look forward to the challenges and feel that we are well prepared for another successful year and beyond.

Michael A. Lappen MS

Community Support Program

Clinical Coordinator

2003 HIGHLIGHTS OF CHEMICAL DEPENDENCY SERVICES

As in the Mental Health area, we have seen an increase in the number of more chronic, long term or dually diagnosed (mental health and AODA) clients who require much more "case management" and non-billable type services. The Chemical Dependency staff continued to provide many services to the jail population, both juvenile and adult; they continued to co-lead the **batterers' groups** with the mental health staff and participate in the **standby crisis intervention services**. In addition they have provided various consultations to a number of agencies including the Courts, Probation and **Parole**, Advocates, Department of Social Services, Law Enforcement Agencies, Schools, Colleges and various community groups. In 2003 we documented over **389** contacts either by phone or in person requesting information on treatment for drug and/or alcohol abuse. Along with the mental health staff the AODA staff enjoyed the same high (99.5%) degree of satisfaction with the services they offered.

The **Victim Impact Panel** continued for convicted intoxicated drivers. Our staff collaborating with Washington County Council on Alcohol and Other Drug Abuse spearheaded a task force that led to the creation of the **Ozaukee & Washington County Victim Impact Panel**. A Victim Impact Panel is a scheduled gathering of a pre-selected small group of victims of drunk driving tragedies who relate the story of their losses to a group of OWI offenders. The purpose of the panel is not punitive in nature. It attempts to educate the attending offenders how irresponsible actions of driving under the influence of alcohol (or other drugs) has or may have affected others around them. There were four panels in 2003, two in Port Washington and two in West Bend. In 2001 we had 112 attendees; in 2003 it more than doubled to 234 people attending. Most attendees had 3 or more convictions. Attendance was mandated by the court or by the assessor. Almost all of the offenders, based on feedback sheets were very moved by the presentations: many indicated they had gained some insights from the presentation and that the panel had changed their opinion about drinking and driving. Almost all indicated that they would be more likely to think of the potential consequences of driving and drinking in the future as a result of the presentation.

COUNSELING CENTER

Outpatient Services: Our regular staff have been much more active in case management activities and providing non-billable services as noted in the mental health write-up.

COUNSELING CENTER:

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF CLIENTS	176	178	121	132	151	120	162	202	185
HOURS OF SERVICE	2,033	1,901	1,497	1,588	1,551	1,184	1,241	2,760	3,314
AV. HOURS/CLIENT	11.6	10.7	12.4	12.0	10.3	9.9	7.6	13.0	18.0

INTENSIVE OUTPATIENT SERVICES (DAY TREATMENT):

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF CLIENTS				15	23	36	25	17	28
HOURS OF SERVICE				732	1,055	1,621	824	638	998
AV. HOURS/CLIENT				48.8	45.9	45.0	32.9	38	36

Intoxicated Driver Program: 2003 saw a change in the drunk driving laws. The legal level of intoxication changed from .10 to .08 resulting in the highest number of assessments in the past 8 years.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF ASSESSMENTS	380	352	328	348	355	338	374	356	401
% REFERRED TO TREATMENT	46%	55%	51%	41%	46%	41%	44%	52%	41%

Underage Drinking Assessments:

This program assesses youth who are referred by the courts for offenses related to underage drinking. Like the OWI program, these youth are assessed and then referred to either an educational program or treatment. Failure to follow through with the assessment or the recommended program may result in legal consequences for the youth involved. This year we were able to initiate (through working with the school districts and the Council) a uniform way to address the problem of underage drinking in the county. As with other AODA programs we saw a substantial increase in numbers.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
# Youth Referred for Assessment				47	53	46	49	29	85
Number of Youth Assessed:				33	42	25	42	22	77
% Referred to Treatment:				NA	36%	58%	43%	50%	41%

INPATIENT CARE

In 2003 we saw an increase in the number of persons needing detoxification services. The seriousness of their condition resulted in more days utilized. **St. Mary's Hospital-Ozaukee** provides the detoxification services.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
<u>DETOXIFICATION</u>									
NO. OF CLIENTS	43	36	15	30	37	25	17	29	31
NO. OF DAYS	122	103	45	92	92	71	65	88	135
AV. DAYS/CLIENT	2.8	2.8	3	3.1	2.2	2.8	3.8	3	4.3

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
<u>INPATIENT</u>									
NO. OF CLIENTS	1	4	2	2	2	5	5	7	15
NO. OF DAYS	13	58	14	28	20	106	70	79	159
AV. DAYS/CLIENT	13	14.5	7	14	10	21	14	11.3	10.6

-

COMMUNITY BASED RESIDENTIAL FACILITIES

Several facilities are utilized for this transitional living service. They are **Exodus** (Kewaskum), Pinecrest (Elroy and LaCrosse), **Beacon House and Beacon Harbor** (Fond du Lac), **Nova** (Oshkosh), and **Tellurian** (Madison). Halfway houses are considered extremely important in the successful treatment of the chemically dependent person. They provide a much longer treatment period in a community based setting for much less money than traditional inpatient care. Ozaukee County limits halfway house services to intoxicated driver clients (when moneys are available) and court ordered clients and active clients of the Counseling Center. Recently we have been able to expand our outpatient services to include an intensive program that has allowed us to manage many more people on an outpatient basis.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF PERSONS	22	25	22	29	36	28	28	23	19
NO. OF DAYS	1,415	1,609	1,307	1,982	2,551	2,056	2,160	1,341	1,168
AV. DAYS/CLIENT	64	64	59.4	68.3	70.9	73.4	77.1	58	61

PREVENTION/EDUCATION/INTERVENTION SERVICES

The Community Programs Board contracts with the Ozaukee Council, Inc. to provide our prevention, education and intervention services for alcohol, tobacco and other drug abuse. Many of the programs and services provided by the Ozaukee Council are well known in the county and have been recognized on both the state and national levels. The State of Wisconsin's Alliance for a Drug Free Wisconsin recognized the Ozaukee Prevention Consortium, which the Council coordinates, for its "exemplary efforts in fighting alcohol and other drug abuse.

The Ozaukee Council works collaboratively with the others, including school districts, to maximize resources. The Community Programs Board supports this coordination because it recognizes that while schools have a responsibility and an interest in the well being of their students, it is not an exclusive interest. These young people are not just students. They are part of the county and their lives and actions affect other county residents. Many of them will be parents of families who will live in the county. If, as adults, their lives become severely damaged by chemical abuse their treatment costs may have to be paid by the county. Those costs would not be assumed by the school district in which they were educated.

The Ozaukee Council makes these specific programs available in any school district that chooses to participate. Its **Peer Resource Education Program (PREP)** offers a countywide network of high school students who provide positive peer support and activities for students who make a commitment to live an alcohol, tobacco and other drug-free lifestyle. PREP members can volunteer to be trained by the Ozaukee Council as **cross-age educators** or participate in the **PREP-PRIDE** performance team, which visits elementary schools throughout the county. The PRIDE team encourages younger children in an entertaining way to follow their example in choosing to resist peer pressure and remain drug free.

The **Middle School Awareness Plus Program (MAPP)** is aimed at 6th, 7th, and 8th graders and focuses on gateway drug use prevention/education. In 2003 a total of 3,085 students completed this program. 96% of those returning evaluations reported an increase in skills to stay drug free. The **Systematic Alcohol/tobacco/other drug Intervention Linkage (SAIL)** program serves as an early intervention tool for the interruption of ATOD use by youth. This program began in the high schools, but in recent years, several of the middle schools utilize the program since that is where early and initial use seems to occur. In 2003 622 students were referred to this program.

A community-based program, **Positive Parent Involvement (PPI)** educates, motivates and mobilizes parents in identifying prevention strategies that will promote a healthy drug free lifestyle for their children.

The **Ozaukee Prevention Consortium**, mentioned above, includes representatives of the Department of Community Programs, the Department of Social Services, the Public Health Department, all Ozaukee County school districts, law enforcement agencies, Positive Parent Involvement, clergy, business, the Medical College of Wisconsin and others.

The Ozaukee Council coordinates the **Ozaukee Red Ribbon Campaign**, and the **Healthy Communities – Healthy Youth** Initiative. It also coordinates an annual event called **Family Fun Night**, an alcohol and tobacco-free event for families, which draws about 3,000 children and parents.

The Council publishes a countywide newsletter, called the **O.C.I. County Lines**. During the past year, its staff members have been active in the various Family Preservation and Support efforts in the county, including ongoing work on "developmental assets".

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
INTERVENTION CONTACTS	5,613	4,830	4,284	3,477	2,457	3,339	3,215	5,354	5,294
INFORMATION &	1,079	1,178	1,051	1,076	652	710	866	1,456	1,458

**REFERRAL
CONTACTS**

**PUBLIC
INFORMATION &**

EDUCATION 210,155 207,156 221,206 209,429 224,615 226,806 231,939 266,414 220,655

CONTACTS

"INTERVENTION CONTACTS" includes SAIL program; "PUBLIC INFORMATION/EDUCATION CONTACTS" includes PREP, MAPP, PPI, Red Ribbon Campaign, Other School Programs, Family Fun Night, and Newsletter Outreach.

Joan Kojis, Ph.D., Program Coordinator

Mental Health & Chemical Dependency Services

2003 HIGHLIGHTS OF DEVELOPMENTAL DISABILITIES SERVICES

The lives of people with developmental disabilities are frequently challenged in more than one way. Some may also have emotional disabilities that require psychiatric and/or therapy services from the Counseling Center of this department. Many people with developmental disabilities have significant medical needs and require assistance in accessing resources in the community. The following sections of this report discuss the major services provided or purchased by the Department of Community Programs to assist people with developmental disabilities. Multi-year trends are noted for each of the service areas.

CASE MANAGEMENT SERVICES: Case managers from the Department of Community Programs offer assistance to persons with developmental disabilities and their families in planning attainable life goals. The decisions concerning which services eligible persons should receive and for what period of time are made by the developmental disabilities case manager, together with the developmentally disabled person and/or the legal guardian. Case managers provide service coordination and ongoing monitoring of these services. They encourage people with disabilities and family members to be an essential part of the service team. They function as consultants and provide intervention services to families and the agencies from which we purchase services. Case managers are responsible for completing specific program assessments, ensuring ongoing compliance with program regulations to secure funding, developing individualized case plans, creating needed resources, providing reports to the court and providing information and referral services.

During 2003, case management staff completed "Annual Protective Placement Review" reports for the court and continued to monitor 44 people under protective placement at different locations. The Developmental Disabilities staff also did 15 Comprehensive Evaluation Reports for the Court. Ongoing "Representative Payee" reports for the Social Security Administration were regularly completed for 66 people with developmental disabilities. Ozaukee County Department of Community Programs continues to be certified as a Medical Assistance Case Management Provider and must comply with the Federal regulations for those services. During 2003, 6,336 hours of case management services were provided to 538 people through the developmental disabilities program.

This year a total of 150 Consumer Satisfaction Surveys were randomly mailed to families or individuals who receive case management services through the Developmental Disabilities Program. There was a 58.7 % response to this

request for comments about their satisfaction with their case management services. This represents a higher response rate than we received with the previous survey which was conducted in 1999. Of those, 97 % of the respondents are satisfied with how their case manager is handling their case. This is higher than the findings of the 1999 and the 1996 consumer satisfaction surveys and slightly lower than the finding of the 1993 survey. There were a slightly lower percentage of people from the previous survey that reported satisfaction with their frequency of contact with the case manager. The comments related to this question indicated that people would prefer to have increased contact with their case manager. In addition to this survey, as in previous years, an annual "Consumer Satisfaction Survey" is mailed to all consumers receiving services in the Special Summer Recreation Program, the Birth to Three Program, and the Family Support Program. Completion of these survey are also voluntary. Overall, the survey respondents were very satisfied with the services that they had received. Responses concerning those programs are included in the applicable sections of this report.

ADULT GROUP HOMES (CBRF's): The regulations defining a Community Based Residential Facility (CBRF) include only homes with 5 or more unrelated residents. Prior to 1995, these rules included homes for as few as three people. Homes for three or four residents are now licensed as Adult Family Homes. Persons residing in CBRF's need supervision, care and services beyond room and board but not as much, if any, nursing care. No CBRF may operate in Wisconsin without being licensed by the Department of Health and Family Services. A license is evidence that the home complied with the Department's rules for CBRF's, Ch HSS 83, at the time it was issued. In Ozaukee County, two homes were licensed as Community Based Residential Facilities (CBRF's) for people with mental retardation. Each home provides individualized services based upon the person's identified needs. A local provider, Individual Growth Services, Inc. operates these two Port Washington group homes. The Oak Court home has an eight person capacity. The Norport home is designed to provide care for six residents with significant medical care needs. The figures below include nine persons placed in CBRF's outside of Ozaukee County. Those additional homes include Brotoloc Health Care Systems, Bethesda Lutheran Home, Everly House, and Productive Living Systems.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF RESIDENTS	21	24	24	23	27	25	27	24	24
NO. OF DAYS	7,160	6,545	7,661	7,942	7,897	8,663	9,051	7,068	8,104

ADULT FAMILY HOMES: These are family homes in which care and maintenance above the level of room and board is provided to up to four adults with developmental disabilities. The Ozaukee County Department of Community Programs thoroughly screens and certifies the one and two person homes annually. These homes must meet specific standards and comply with State Adult Family Home regulations. Three and four person homes, formerly licensed as CBRF's, are now licensed by the state as Adult Family Homes.

A special needs Adult Family Home, located in Saukville, is operated by Lutheran Social Services of Wisconsin and Upper Michigan, Inc. A second special needs Adult Family Home, located in Port Washington, is operated by Individual Growth Services, Inc. Each of these homes has the capacity to serve 3 adults with severe disabilities. Both of these homes are physically accessible and are staffed to manage individuals with intensive needs and/or challenging behaviors. Individual Growth Services, Inc. also operates a 4 person Adult Family Home located in the town of Port Washington. Balance, Inc. operates three specialized programs serving two individuals in each home. All of the individuals served have intensive needs. Payment for the services provided to the individuals is dependent upon the amount of care and guidance, the significance of challenging behaviors and the degree of supervision needed. Recruitment for a sufficient number of suitable Adult Family Care Homes in Ozaukee County remains difficult. The figures below include persons placed in Adult Family Homes outside of Ozaukee County. These additional homes are Alpha Homes, Inc., Care Homes, Inc., Brotoloc Health Care Systems, Inc., Creative Community Living Systems Inc., Community Living Arrangement, Productive Living Systems, Inc., Lifestyles Inc., Improved Living Services, the Martin Home, the Fliess Home, and the Wirts Home.

<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------

NO. OF RESIDENTS	22	26	27	30	29	29	28	36	38
NO. OF DAYS	7,054	9,547	8,099	8,698	8,674	9,958	10,516	12,948	12,554

ADULT SUPERVISED APARTMENTS (For persons who require daily assistance): These are settings arranged for and controlled by an agency in which one or two people with developmental disabilities live.

Supervised apartments are provided by Balance, Inc. and Individual Growth Services, Inc., and Improved Living Services.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF RESIDENTS	2	2	2	3	4	5	5	10	9
NO. OF DAYS	730	732	730	700	1,312	1,522	2,735	3,367	3,185

ADULT SUPPORTED APARTMENTS (For persons who require frequent assistance): These are services delivered for the purpose of supporting persons with developmental disabilities in a community living residence. The amount of staff support service needed varies depending upon the needs of the person(s). However, staff involvement is significantly greater than can be provided through the Adult Supported Living Program. Balance, Inc. provides these services.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF RESIDENTS	4	4	4	4	4	5	3	3	4
NO. OF HOURS	1,860	2,130	2,086	2,261	2,278	2,709	1,095	1,998	2,486

ADULT SUPPORTED LIVING PROGRAM: Supported living is characterized by settings in which no more than three individuals share a home. The individuals or their guardians, rather than a residential services agency, maintain the lease on the apartment or are the owners of a home and are responsible for it. We purchase these services from Balance, Inc. to provide independent living supports to twenty-eight people with developmental disabilities in order to meet their daily living needs and to insure adequate functioning at home and in the community.

A through assessment is conducted by Balance, Inc. for each person referred to the program. In the assessment, areas of need are identified, recommendations are provided; including the estimated amount of contact required to maintain the person adequately in an apartment or in their own home. The amount of staff contact varies depending upon each individual's need. In some situations, after a period of time, the direct staff support may be able to be reduced. Supportive follow-along services include: assistance with finances, shopping, homemaking, meal planning, laundry, self-care, nutrition, first aid, life safety skills and community awareness.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF RESIDENTS	19	17	14	19	22	23	29	30	28
NO. OF HOURS	2,610	3,038	2,827	2,295	4,587	5,177	6,509	7,249	7,117

BIRTH TO THREE PROGRAM: This program provides early intervention services to children under age 3 who have developmental delays or developmental disabilities. In 1993, the Department of Community Programs was designated the central referral point for those in need of services and began administering the program under state-mandated guidelines. We purchased Individual Service Coordination from Lutheran Social Services of Wisconsin and Upper Michigan. The Lutheran Social Services Service Coordinator works closely with the families to develop an Individualized Family Services Plan which may include speech, occupational or physical therapy, special instruction, social work services, assistive technology, assistance with transportation and a variety of other services, as needed.

There were 215 children (**unduplicated count**) served by this program in 2003. 132 of these children were new referrals. Some children were served by more than one agency. We were able to collect approximately \$25,000 from the Parental Cost Share System in 2003. It is hoped that the Parental Cost Share will continue to assist the County in meeting the growing fiscal demands of this program.

A major Birth to Three provider discontinued providing Birth to three Services in January. Having the remaining early intervention service providers meet the growing service demands was an on going challenge. Some potential service providers contacted the department about our Birth to Three Program. Hopefully, some of these agencies will decide to provide Birth to Three services in Ozaukee County. The program's philosophy and the manner in which it is administrated, encourages a high amount of parental involvement in the child's developmental experiences. Professional therapists are encouraged to do as much as they can to teach parents how to address their child's developmental needs within the child's daily environment. The reduction in the average number of professional services hours needed for each child, is evidence that this change is having its desired effect.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF CHILDREN	70	90	122	110	140	170	190	187	215
NO. OF HOURS	9,116	9,484	11,701	9,763	7,021	6,814	6,829	6,775	6,003

Of the 6,003 hours of services provided, 43 % were for individual speech therapy, 18 % individual occupational therapy, 15 % individual physical therapy, 10 % individual special instruction, 2 % services for visual impairments, and 12 % were for various group therapies. In addition to the hours of service reported above, the program was billed for 2,147 hours of travel time needed to provide the services in the children's natural environment, as required.

In January, the state completed a formal in-depth Program Review of the Ozaukee County's Birth to Three Program. State Representatives spent several days meeting with county staff, service providers, families, and the Advisory Committee. This committee is made up of parents, professionals, service providers and members of the Community Programs staff. In preparation for the Program Review, state written Consumer Satisfaction Surveys were mailed to families who had taken part in the Birth to Three Program. These surveys were returned to the state office of the Department of Health and Family Services and a summary of the responses was tabulated. Completion of this survey was voluntary. There was a fair, response rate, 47%. As in previous years, overall, respondents reported a high degree of satisfaction with the program. The following are representative of the responses received.

Proposed Statements Satisfaction Rate

a.) I understood how the Birth to Three Program could help us. 92%

b.) Our Individualized Family Services Plan is based upon my family's ideas

about what is important. 90%

c.) Program staff treat my child and family with respect and courtesy. 100%

c.) I am satisfied with the quality of my child's services. 98%

d.) My child has made progress toward meeting the outcomes or goals on the

Individualized Family Services Plan. 94%

e.) The Birth to Three Program has helped my family learn ways to help our child at home. 95%

RESPITE CARE SERVICES: Families of children with severe disabilities frequently experience a significant amount of stress in living with and/or providing care to their disabled family member. Sometimes this stress can impair a family's ability to keep things in balance and can break it apart. In a crisis situation, families may seek an alternative living arrangement outside of the family home for the person with a developmental disability. When the natural family is no longer able to provide care, the person with the disability often requires a very costly alternate care arrangement.

It is the goal of our community system of services to preserve a healthy relationship between the person with disability and the natural family. When a family knows there are supportive service programs available to share some of the responsibility for care of the disabled family member, it becomes less likely that the family will enter an unbearable crisis situation. The family will be less afraid to commit to the long-term care responsibility for the child with disabilities if help is available. Respite care services allow the primary care giver to take a break from their care giving and allow a qualified and caring person to provide care for the child. Respite care also provides the person with a disability the experience to meet and spend quality time with someone other than his or her primary care giver. For the second year, United Cerebral Palsy coordinated the Ozaukee County Respite Care Program. The number of families who were able to use this service more than doubled from the previous provider and far more hours of services were provided for the same dollar amount. Families continued to verbally report a high degree of satisfaction with this program. In the majority of instances, the family was able to recruit their own Respite care providers. Respite Care services can be provided either in the family home or in the home of the worker.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF PERSONS	19	25	31	23	23	23	25	60	71
NO. OF HOURS	2,047	3,251	2,908	1,366	1,429	1,861	1,003	4,338	5,254

FAMILY SUPPORT PROGRAM: This is a state funded program to assist families with a severely disabled child, 21 years of age or younger. It allows families to obtain the help they need to enhance their ability to care for their disabled child at home. The program assists families in defining their needs and coordinating their resources. It is intended to reduce some of the stresses these families experience. The program provided limited funding to purchase specific categories of authorized services and/or goods the family needs but cannot obtain through other sources. The Family Support Program is based upon the belief that parents of children with severe disabilities are in the best position to know their own needs and those of their child. Families in crisis situations are given priority. Many children continue on the program year after year.

In 2003, we only served a few new children from the waiting list. We did serve 2 families in crisis situations. The Family Support Program Advisory Committee, made up of many parents, school personnel and community service providers continued to meet regularly in 2003. Again, the Advisory Committee oversaw and provided direction to the program and assisted in the development of the Annual Family Support Program Implementation Plan as required by the State. In 2003, 52 families were eligible for Family Support Program services. However, due to funding limitations, only 29 of those families were actually served. As in previous years a waiting list for Family Support Program services continued throughout the year. At the end of December, 19 families were on this waiting list.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
FAMILY SUPPORT									
NO. OF RECIPIENTS	29	27	26	28	27	26	27	32	29

SUPPORTED EMPLOYMENT SERVICES: Many people with developmental disabilities are successfully employed in competitive community jobs. Others require long-term supports and the assistance of an Employment Specialist to develop a job specifically for them and provide on-site job coaching services. In this program, people with disabilities are integrated into jobs with non-disabled persons. Through the Supported Employment Program, supports are provided to the person to maintain his or her job. Participants are both clients of the Division of Vocational Rehabilitation and the Department of Community Programs. The Division of Vocational Rehabilitation provides funding for up to 18 months and thereafter the person is transitioned to the Department of Community Programs for long term support funding. Candidates for the Supported Employment Program must display work motivation, have a realistic job goal and a pre-established plan for transportation to the workplace. The Supported Employment Program continues to grow at a steady pace. The Supported Employment Program has developed new employment positions for Ozaukee County residents with developmental disabilities in the following areas: production worker, grocery store bagger, nursing home activity aide, maintenance and cleaning, donations attendant, retail stocker and clerk, mailing assembler, factory worker, and dishwasher. Many of the persons receiving Supported Employment services would otherwise be receiving facility-based day programming services.

The figures below report the number of people transitioned to the Department of Community Programs for long term support funding and the number of total job coaching hours provided to them. It is apparent that this is a program that over the years has been well received by more and more disabled persons. At the end of December 2003, 18 people with developmental disabilities were funded by the Division of Vocational Rehabilitation for Supported Employment Services. Three Ozaukee county residents placed in homes located in other counties are also receiving Supported Employment Program services but are not included in the figures below.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF PERSONS	25	30	34	38	39	47	50	54	54
NO. OF SERVICE HOURS	5,464	5,547	9,947	11,669	11,774	12,073	13,113	14,785	15,688

WORK RELATED SERVICES: We purchase work related services from a number of Rehabilitation facilities. Our largest contract is with Portal Industries, Inc. Typically, Work Services Programs provide a structured work setting where each individual challenged by a substantial disability can develop vocational skills, perform meaningful work and earn a wage. The services can provide a long-term work opportunity or it can assist persons in building and strengthening work skills and behaviors to prepare them for supported employment or placement into a community work setting. In 2003, individuals served through Portal Industries completed a variety of sub-contracted jobs. The types of work included, but not limited to, were assorted bagging jobs; such as large sheets of non-woven polyester sheets, multiple pieces of hardware, cedar blocks and cedar hang ups. Assembly of tape dispensers, medical kits, display boards, safety tags, brake pads, shoe racks and various flag kits were also completed. Bagging and packing of electrical wire connectors provided on-going and consistent work opportunities; as well as breaking off die cast runners for the automotive industry. Reupholstering panels, folding electrical insulators, cutting conductor cables, and folding large banners were also performed. Some of the work the participants completed utilized a heat sealer, shrink wrap machine, electric drill, electric scale and stapling machine. Overall, participants in the Work Services Program accomplished a total of 52 different sub-contracted jobs.

Throughout this past year, participants were very busy and productive on the jobs indicated above. In 2003, participants spent an overall of 10% of their time involved in non-work related activities (down time). There was more down time during the first 6 months of the year. During this period of down time, a variety of opportunities

were provided which addressed social skills, vocational skills, healthy living, and community involvement. The following activities were offered: safety in the work place, nutrition and exercise, current events, open computer lab, anger management and relaxation. Participants were also involved in their community going bowling, touring the fire department, other local community service organizations and various businesses. They also visited the art museum, libraries and participated in sports activities using the gymnasium at area Grafton Schools. The number listed below also includes work related services purchased from ten agencies located outside of Ozaukee County.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF PERSONS	88	95	85	82	81	82	89	87	108
NO. OF HOURS	83,356	80,532	87,421	91,056	89,494	94,869	101,650	98,893	105,217

ADULT DAY SERVICES: Some adults with developmental disabilities do not have their needs met in a sheltered work or a work activity day program. These individuals need a high level of assistance and structure throughout their day. Adult Day Services programs provide a significantly higher staff to client ratio. Programming is designed to enrich the lives of participants through community involvement and supported participation in a wide variety of activities. Activities focus on assisting individuals in further developing skills in areas of leisure time, daily living, self-help, relationship building and community integration. Activities are directed toward the attainment of individualized goals. Locally, we have two Adult Day Services providers; Portal Industries, Inc. and Balance, Inc. Both follow a community based Person Centered programming model.

At Portal Industries' Adult Day Services focuses on individualized, person centered activities that will provide the opportunity for growth and increased independence for each individual served in this program. The composition of these activities, therefore varies from person to person, as personal needs determine which activities will be most beneficial. For 2003, the participants in the Portal Industries' Adult Day Services program averaged 46% of their time in community-based activities including recreation, volunteer opportunities, community integration, and the development of living and social skills. Individuals participated in weekly music therapy at the Wisconsin Conservatory of Music, along with many diversified recreational activities. Those activities include hiking at local parks, rollerskating, visiting museums and the zoo, exercise and swimming at the Feith YMCA, touring the Shalom Nature Center, and a boat tour of the Horicon Marsh. Adult Day Services participants have taken part in volunteer opportunities that include delivering Meals-on-Wheels in Grafton and West Bend, visiting residents at LaSata Nursing Home, folding bulletins for a local church, cooking projects at Ozaukee Family Services and delivering informational brochures for COPE Services. Adult Day Services also assisted the Volunteer Center with a donation project, and a participant volunteers at Family Sharing each week. Community integration experiences provide the chance for our neighborhood to become acquainted with fellow citizens. Individuals involved with Adult Day Services at Portal Industries also collected and delivered donations to a local food bank, attended local theater productions, and visited areas schools. During service hours at Portal a number of Adult Day Services participants regularly worked on subcontracted jobs within Portal Industries. A variety of structured classes are held each week that encompass such topics as nutrition and healthy eating, relaxation, sign language and exercise. Staff time is also spent working with the participants on in-house cooking projects and seasonal craft projects.

Balance, Inc. operates an Adult Day Services program that they call PACE. In 2003, PACE participants spent an average of 75% of their time involved in community based activities. General program areas of the Pace program included: skill building, daily living skills training, personal care, community recreation, community volunteering and physical conditioning. Individuals at Pace participated in YMCA activities several times each week. Examples of the YMCA activities include swimming, aerobics, weight conditioning and various sporting activities. Participants frequently take walks through the community and visit local and state parks. In addition to these community outings, in 2003, PACE participants participated in several volunteer work activities such as animal care at the Humane Society, assisting at a Day Care, and assisting Advocates of Ozaukee County with community donations. Participants also maintained a weekly newspaper route, cleaned at libraries, shredded paper for various human services organizations, assisted with church, and Red Cross mailings and provided volunteer assistance with the Meals-on-Wheels program. As part of the Pace program, individuals also participated in Music and Occupational

Therapy, art and craft projects, lunch preparation activities, planned and shopped for their next day's lunch. Individuals at Pace had many opportunities to visit museums, the zoo, and various community festivals. In October, 2003 a waiting list for Adult Day Services began. The numbers listed below also include the Adult Day Services purchased for Ozaukee county residents elsewhere.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF PERSONS	23	23	27	36	34	41	40	43	48
NO. OF HOURS	26,576	27,888	31,248	35,309	39,357	45,391	49,584	52,098	51,941

ADULT RECREATION/ALTERNATIVE ACTIVITY SERVICES: Isolation and boredom frequently contribute to serious social and emotional problems for adults with developmental disabilities. People with these disabilities need opportunities for pleasurable and rewarding experiences. Aspects of disability, such as, limited mobility, communication, or cognition often prevent independent access to recreational opportunities. The Ozaukee County Department of Community Programs contracts with Portal Industries to coordinate and supervise a variety of recreational opportunities for persons with disabilities for their enjoyment and to encourage further development of community awareness, social skills and appropriate leisure skills and behaviors. The Portal Industries Recreational Specialist coordinates and plans a monthly calendar of activities and events for participants to experience. An average of 6 activities are offered each week. Participants attend an average of 4 activities each month. Typically these activities involve a group of 12 persons or less. In 2003, participants went to various festivals and fairs, shopping at local stores, dinners out at local restaurants, movies, sporting events, bowling, hiking, spectator sporting events (baseball, soccer, and hockey), music events (concerts, musicals), art activities (crafty corner, gift making, creative cooking) book club, dances, bingo and VSA classes (Very Special Arts: Music and Movement, and Sculpture). The quality of life is enhanced by these real-life experiences. Volunteers assist staff with the necessary program supervision.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF PERSONS	129	128	133	141	148	152	148	154	150
NO. OF HOURS	11,837	12,802	13,198	16,731	15,783	10,546	12,851	13,094	13,520

TRANSPORTATION: In a largely rural community many services are available to persons with developmental disabilities only if they are assisted in getting to them. The service providers included Portal Industries, Inc. and Balance, Inc. In 2003, door-to-door transportation is provided to the majority of individuals attending Portal Industries, Inc. and Balance, Inc. for their services. Portal's transportation operates with eight, 15 passenger vans, one mini van and one compact car. Portal Industries transportation service is provided on a fixed route basis throughout Ozaukee County and includes services to 10 individuals who require the use of a lift or wheelchair accessibility for safe transportation. The numbers listed below also include Transportation Services purchased for Ozaukee county residents elsewhere

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF PERSONS	94	95	98	114	121	125	125	129	145
NO. OF TRIPS	30,938	29,632	32,397	35,704	36,914	39,028	40,334	42,142	44,664

SPECIAL SUMMER RECREATION PROGRAM FOR CHILDREN: Children with severe disabilities do not have the same opportunities for interesting activities that take other children out of the home during the summer. To bring enjoyment to the children and relief to their family, a four week afternoon program was developed 27 years ago. The Village of Grafton, the Grafton and Port Washington School Districts, and the Ozaukee County Association for Retarded Citizens, Inc. collaborate with the Department of Community Programs to make this program possible. The program is open to children ages 5 to 15. Once again we were fortunate enough to use the facilities at Wooview Elementary School, located in Grafton. The school gymnasium serves as the program's hub.

Cheryl Harp Belongia directed the program again and she planned a wide variety of activities and field trips. Christel Waldner also returned as the Assistant Director. Both women's creativity, hard work, and commitment made the 2003 program a marvelous success. One to Two days each week the group traveled by bus to the Thomas Jefferson Middle School Aquatic Center in Port Washington for swimming. The recreation program activities included a variety of music related activities, free play, art activities, games, etc. Three days per week were designated as field trips days and the group visited a variety of places, including: Regatta Lanes for bumper bowling, Festa Italiana, Privates Cove Outdoor Pool, Ranch Mini Golf, Betty Brinn Children's Museum, the Jelly Belly Factory, Above and Beyond Children's Museum, Kohler Terry-Andrae State Park and Beach, the Spinning Top Museum, the Grafton Aquatic Center, Fun World and Cool Waters Park.

Enrollment in this program is limited to twenty-one children to assure that the program will remain manageable and safe for the participants. However, this limitation means that not all eligible children can be served. Family fees and contributions from some municipal recreation departments are collected to assist with a portion of the program's expenses.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF CHILDREN	13	16	16	25	21	21	21	21	21
NO. OF HOURS	634	882	895	1,425	1,202	1,207	1,150	1,160	1,152

*****In August**, families of participants were requested to complete a questionnaire to tell us about their experience with our 2003 Special Summer Recreation Program. There was a 62% response rate. The following are representative of the responses received.

Items on Questionnaire Responses

a.) Overall, the services our child received through the Summer Recreation

Program were: (Excellent, Very Good, Good, Fair, or Unsatisfactory 62% said Excellent

38% said Very Good b.) The Summer Recreation Program helped to minimize the stress of raising our child this summer. 100% Agreement

c.) My child enjoyed the swimming activities and the majority of field trips offered through the Summer Recreation Program. 92% Agreement

d.) The staff and volunteers of the Summer Recreation Program worked well with my child. 100% Agreement

e.) My family received ongoing and meaningful communication about our

child's involvement in the program. 92% Agreement

The transportation provided for field trips was adequate for my child's needs. 100% Agreement

The number of people assigned to work with the children in the program

appeared to be adequate. 100% Agreement

STATE INSTITUTIONAL CARE: As late as the 1960's, the only public assistance available to families with a severely disabled child was to remove this child from the family home and place him or her in a state institution. These state institutions, then known as the "Wisconsin Colonies and Training Schools", provided poor and often impersonal care at a relatively high cost. Typically these placements were expected to be for the lifetime of the person.

The Ozaukee County residents currently residing within state institutions have been placed there because of extreme medical problems or significant behavioral challenges. The Federal/State Medical Assistance Program, known as Title XIX, pays for the care given to Ozaukee County residents at the Wisconsin Centers for the Developmentally Disabled. In 2003, the cost of care at these centers averaged \$511.00 per day, per person. The Federal government regularly reviews the utilization of its funding for developmentally disabled persons. Over the years, the standards for funding these placements have become more strict and as a result, it is sometimes determined that people no longer meet the level of care required for Title XIX to pay for their care at the state centers. Therefore, counties have had to relocate many persons to residential programs developed in their home communities or elsewhere in the state. Admissions to the state Centers today can only occur under very unusual circumstances and are almost impossible.

The State has implemented a Medical Assistance waiver program titled the "Community Integration Program" (CIP) to assist counties with the cost of community relocations. The CIP 1A program provides Medical Assistance (Title XIX) reimbursement when counties relocate persons from the state Centers to appropriate community placements. In 2003, Ozaukee County had 17 persons residing in community placements with funding from this program. Another program, CIP 1B, provides full or partial reimbursement to counties for the diversion of persons into community placements rather than admitting them to the State Centers for the Developmentally Disabled or some other Intermediate Care Facility for the Mentally Retarded (ICF-MR). The State has allocated a very limited number of CIP 1B State Matched diversion slots to each county. Ozaukee County served 13 people with this funding this year. This CIP 1B funding for additional persons now requires the use of county funds to match a percentage of the Federal funds received.

Whenever possible we utilize COP funding to provide the required local match. By the end of 2003, the total number of people served through the CIP program increased to 148. The CIP program has resulted in a substantial amount of additional funding for developmental disabilities services. We also received funding to serve two people through the Brain Injury Waiver (BIW) program. These services are very expensive and this funding has been very important.

Moving some people from State institutions and Intermediate Care Facilities for the Mentally Retarded is necessary to avoid losing all Federal assistance for the cost of their care. State institutions and ICF-MRs are considered to be the most restrictive alternatives in the array of residential services. It is law that people who are protectively placed by the Court must reside in the least restrictive environment. The law also requires that these persons must be given the opportunity for a full due process hearing every year to contest their living arrangement, if they or their guardians choose. As a result of these hearings, known as "Watts Reviews", the courts are ordering counties to immediately begin to relocate some persons to a less restrictive community environment such as a Community Based Residential Facility, Adult Family Care Home or Supervised Apartment Program. Residential, day programs and supportive resources for persons with developmental disabilities are not readily available. Finding a sufficient number of quality direct care staff continues to be an on-going challenge for all of our service providers. An essential component of the relocation of people living in institutions with severe disabilities is the development of new community resources. The process of developing these needed resources for the care of each person is very

individualized and must be repeated whenever the service provider chooses to withdraw from this responsibility. The level of staff support needed to maintain these community placements is intensive.

The numbers below include long term care recipients living at the Central and Southern Wisconsin Centers for the Developmentally Disabled. At the end of December there were seven people receiving long term care at the state Centers for the Developmentally Disabled.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
NO. OF RESIDENTS	13	13	11	10	9	9	9	9	9
NO. OF DAYS	4,715	4,239	3,804	3,604	2,997	3,360	3,267	3,269	2,181

Waiting lists for some services to persons with developmental disabilities continued. We experienced similar numbers of people waiting for most of the program areas as the previous year. However there were 41 people waiting for developmental disabilities Residential Services in December, 2003 compared to 35 people waiting for developmental disabilities Residential Services last year. Last year we did not have a Adult Day Services Waiting List either. At the end of December, 2003 19 people were waiting for Family Support Programs services, 120 for services through the Community Options Program, and 8 for Supported Employment Assessment Services.

In 2003, we provided information and referral services to 377 people. Case Management services were provided to **538** people through the developmental disabilities program. Alternate care services were provided to 92 people (unduplicated count).

In the near future, we face the challenge of meeting the residential service needs of many people who are still living with their parents who are in their 60's or older. (We know of thirty-five individuals who are residing with caregivers over the age of 70). We expect that we will be seeing an increase in the number of people in this situation.

People with developmental disabilities are aging, as is the general population. Researchers have discovered the onset of age related conditions for people with developmental disabilities may occur earlier for certain conditions such as Down's Syndrome. It is estimated that the number of adults with developmental disabilities age 60 and older will double by the year 2030. Currently, our service providers are seeing a substantial increase in the number of people with significant health needs and medical conditions related to aging. These factors present numerous residential and support service challenges for us both now and in the future.

Many of the developmental disabilities programs we administer require a case management commitment in order to earn the revenue for them. These include: the Community Integration Programs (CIP 1A, CIP 1B), the Brain Injury Waiver Program (BIW), the Community Options Program (COP), the Family Support Program (FSP), the Birth to Three Program, and Medical Assistance Case Management benefit payments. Each of these programs has a different set of regulations for which we are audited.

Although, the client caseload sizes are extremely high, cases are increasingly more complex and the work demands are tremendous; the Developmental Disabilities Case Managers are doing an excellent job and are dedicated professionals. They remain committed to stretching the available resources as far as possible. The Developmental Disabilities Case Managers are responsible for generating over 3.7 million dollars in revenue in 2003, from the Medical Assistance Community Integration Program and Brain Injury Waiver Programs. It is evident from the extremely positive responses we received to all of our 2003 Consumer Satisfaction Surveys that the consumers and families continue to be pleased with the services that we provide. I am extremely proud of the quality of our developmental disabilities case management staff. They deserve the recognition for the approval of the developmental disabilities consumers and their families.

	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>
Hours of DD Case Management	4,468	4,607	4,917	5,553	6,209	5,914	5,968	6,188	6,336
Information and Referral Requests	289	274	179	228	210	284	295	292	377
Number of DD Clients Served	329	359	387	413	430	416	472	496	538
Number of CIP Clients	33	51	62	100	121	129	141	145	150
CIP Case Management Hours	1,569	1,648	1,816	2,520	3,643	3,547	3,730	3,922	4,130

Eileen S. Engl, MS, LCSW

Developmental Disabilities Program Coordinator