

Sheboygan County Health and Human Services Department
2006 Annual Report
(Division on Aging, Division of Community Programs, Division of Economic Support/W-2,
Division of Public Health, and Division of Social Services)

Mission Statement and Summary of Responsibilities

“Improve the quality of life and self-sufficiency of Sheboygan County residents.”

The five Divisions, in carrying out the Department mission, shall:

- ❖ Focus on the needs of individuals and families
- ❖ Treat others fairly and with respect
- ❖ Value diversity
- ❖ Demonstrate integrity and commitment in all actions
- ❖ Encourage collaboration throughout the Department and with external partners
- ❖ Recognize the importance of individuals and families in the assessment of need and delivery of services
- ❖ Provide and purchase services in the most appropriate, inclusive, and integrated manner possible
- ❖ Manage public resources responsibly

Within the Department, the five Divisions, supported by the Clerical and Accounting Units, strive to meet the multitude of state and federally mandated purposes and to provide an effective service delivery system.

- **Aging Services** has as its purpose “to plan, coordinate, and promote services and programs needed by older adults so that they can lead independent, dignified, and meaningful lives and be active in their community to their fullest potential.” The Division on Aging is responsible for the local planning, administration, and oversight of state and federally funded aging programs. Authorization is through and under the Older Americans Act 1965 as Amended and The Wisconsin Elders Act, 1991 Wisconsin Act 235. In Sheboygan County, the Division operates the nine Senior Dining sites and contracts with City of Sheboygan Transit to provide the Specialized Transportation Assistance Program Outreach. Advocacy for older persons, preventive health, the Elderly Benefit Specialist Program, the Alzheimer Family and Caregiver Program, the National Family Caregiver Support Program, and the Senior Community Services Program are provided by the Aging and Disability Resource Center. Beginning in 2007, Aging Services were relocated to the Division of Community Programs.
- The **Division of Community Programs** strives to “improve the quality of life and self-sufficiency of Sheboygan County residents with disabilities.” This mission is accomplished through both purchased and provided services for persons with mental illness, alcohol and drug abuse, developmental disabilities, physical disabilities, and infirmities of aging. The services include a single point of access for information and assistance, assessment, individual and group psychotherapy, certified community support, case management, and adult protective services. Inpatient treatment, residential services, vocational training, day services, adaptive equipment, supportive home care, and Birth to Three services are purchased from community providers. These comprehensive services enable individuals with disabilities to receive the supports they need to reside and participate in their community.
- The **Division of Economic Support** provides eligibility and benefit determination and case management services to low-income individuals and families of all ages for financial assistance and employment and training programs. The primary programs administered by the Division are Medical Assistance, FoodShare Wisconsin (formerly Food Stamps), Wisconsin Home Energy Assistance, Wisconsin Shares Child Care, Wisconsin Works (W-2), and Sheboygan County Works. These programs have varying eligibility guidelines, which are governed by Federal, State, and County regulations. Intake, assessment, program placement, case management, and benefit issuance are provided by the Economic Support Specialist. Employment and training services, formal assessments, and educational resources are purchased services. These services provide a variety of supports that assist recipients to maintain or achieve their highest level of self-sufficiency.
- The **Division of Public Health** has as its mission to “promote conditions in Sheboygan County in which people can be healthy.” It is clear and concise and serves as a solid foundation for health promotion and prevention programs. The Division has a wide range of statutory and community responsibilities. Communicable disease control, human hazard abatement such as methamphetamine lab contamination, childhood lead poisoning, tobacco education activities, refugee health screening, immunizations, WIC (Women, Infants, and Children) health and nutrition, facility licensing and inspections, and prenatal care coordination are examples of local programming. In recent years, the Division has expanded emergency preparedness and response activities to assure rapid intervention in the event of biological, chemical, radiological, or natural disasters. This includes plan development, training, and testing of various scenarios. The need to collaborate and develop strong partnerships has never been greater and will continue to be an ongoing theme.
- The **Division of Social Services** has as its mission to “foster healthy, self-reliant individuals and families through the provision and coordination of services geared toward building on individual and family strengths and meeting the family’s needs.” The Division works with families who are experiencing difficulties in the

areas of child abuse or neglect and/or juvenile justice. State laws and practice standards guide an assessment of the family's strengths and needs, as well as ongoing services. The Division provides and purchases services to meet family needs, including local treatment programs and out-of-home placements, as well as placements outside of Sheboygan County. The primary focus of the Division is on both individual and community safety, along with permanence for children in order to lead stable and productive lives. The Division firmly believes that effectively addressing child maltreatment concerns at an early stage helps to prevent more serious delinquent acts in the future, which occasionally result in costly out-of-home placements.

Goals and Objectives Achieved in 2006

Division on Aging

The Division continued to meet the needs of the elderly in an efficient and effective manner. Services were delivered by nine capable, talented, and dedicated staff members, four conscientious, hard-working senior aides, and 359 committed and knowledgeable volunteers. Accomplishments in 2006 included:

- Completed the planning process to transfer the operation of the transportation program to the City of Sheboygan Transit Department.
- Improved coordination between the Division on Aging and Long Term Support Unit through quarterly meetings and joint training sessions.
- Incorporated the appropriate aging services into the Aging and Disability Resource Center.
- Began implementation of the new State-provided software system (BEACON) that supports the tracking of client contact information and a comprehensive listing of resources.
- Successfully closed the Homespun Post.
- Work continued with the Department in the implementation of developing the technical specifications of the new computer system targeted to be in place in July 2007.
- Continued to assist seniors in making application to Senior Care Prescription Drug Program as well as the many Medicare Part D programs.
- Transitioned the Nutrition Program provider from the Sheboygan Area School District to Aramark.

Division of Community Programs

The Division continued to meet the needs of individuals through services provided by 57 staff members and over 50 contract agencies and providers. Accomplishments in 2006 included:

- Completed the implementation process for the Aging and Disability Resource Center, which became operational in July 2006.
- Completed the planning and transition process for all of the individuals who had resided on the ICF-MR unit (Woodland Village) at Rocky Knoll including moving to community setting or to a nursing home placement, allowing the ICF-MR unit to close.
- Work continued with the Department in the implementation of developing the technical specifications of the new computer system targeted to be in place in July 2007.
- Instituted a coordinated training effort for staff, contracted service providers, and consumers on recovery and crisis to improve the coordination of services and provide for increased billing opportunities.
- Continued to build on the successful Victim Impact Panel for Operating While Intoxicated second offenders in collaboration with Manitowoc and Calumet counties.
- Provided assistance to approximately 70 individuals each month with medication through samples or the pharmaceutical indigent programs. The value of this medication is over \$360,000 annually.
- Assisted 21 elderly people or individuals with physical disabilities to relocate from a nursing home to a community setting through the Community Relocation Initiative.
- The Open Door, a consumer-operated drop-in center, had an average daily attendance of 35-40 individuals.
- Continued to address the needs of the elderly through the Elder Abuse I-Team, which deals with self-neglect, abuse, and financial exploitation of the elderly, with the support of community partners. Legislative changes late in 2006 added the Adult At-Risk population to the service delivery system, and this will expand the role of the Department and I-Team.
- Training was provided by the Community Support Program (CSP) to Home Support and Supported Employment staff to increase the coordination within these programs and offer more opportunities for CSP consumers.
- 134 individuals received services from the Huron House Crisis Diversion program, a residential program for people with mental health issues.
- Staff responded to mental health crisis calls from the law enforcement detention center and completed over 400 suicide and mental health assessments.
- Operating While Intoxicated (OWI) assessments were completed for over 900 individuals.
- In excess of 2,500 behavioral health crisis contacts were addressed by staff and contract providers.
- Successfully completed the state certification process for the Outpatient Clinic.

Division of Economic Support/Wisconsin Works (W-2)

The Division continued to address the needs of low-income individuals and families through services and programs provided by 23 staff. This is done in cooperation with Job Center partner agencies and Manitowoc County, who is our W-2 program consortium partner. Accomplishments in 2006, which are based upon the goals cited in the last annual report, included:

- Implementation of conversion to CARES Electronic Case File (ECF) began in the 2nd quarter of 2006. Through December 2006, the State is indicating that Sheboygan County has completed scanning approximately 73% of its current caseload. Several staff have the majority of their caseload either converted to ECF, or have their cases ready for the scanning process to take place. The success of this project has been dependent upon a collaborative effort between the State of Wisconsin and Sheboygan County Economic Support, Clerical, and Information Systems staff. This goal has been met, and in some areas exceeded.
- The customer service needs analysis of all programs has been completed. Based upon this analysis, we are currently in the process of appropriately adjusting services provided and staffing levels. This is being accomplished in relation to allowable funding and is occurring in both Economic Support staffing levels and clerical support functions/levels.
- Current data available in the FoodShare Wisconsin program has been measured through August 2006. Sheboygan County's error rate is 4.19%, which meets the goal of remaining under current state and federal tolerance levels.
- Sheboygan County implemented the State Medicaid Contract required Targeted Case Review (TCR) system in 2006. The cumulative completion rate for Sheboygan County will equal 100%. This goal was also met in the FoodShare TCR requirements.
- All W-2 performance standards were internally tracked, until Department of Workforce Development (DWD) began to provide their own state reports. At a minimum, weekly internal follow-up is done with staff.
- Sheboygan County succeeded in meeting the goal of maintaining a spending level of approximately 1/24th of the total W-2 contract funding in 2006. This is a four-year contract and includes 2 years of funding.
- The goal of increasing participation levels in the Wisconsin Home Energy Assistance Program by 10% was exceeded in both the number of applicants served and benefits issued. The number of applicants served increased by approximately 24% and benefits issued increased by approximately 75%.
- Work continued with the Department in the implementation of development of the technical specifications of the new computer system. The actual build of the system and analysis of the most efficient means of integrating the Economic Support Division programs will remain a goal for 2007.

Division of Public Health

Public Health staff accomplished a variety of direct-service goals and administrative milestones in 2006, including:

- Conducted investigations and follow-up related to 641 reports of communicable disease among county residents. Communicable disease issues of particular note in 2006 include:
 - Mumps outbreak in the Midwest. Cases identified at a local college. Public Health provided vaccine to students and faculty at UWS and Lakeland College to prevent further spread.
 - 385 cases of Sexually Transmitted Diseases were reported, reflecting an increase of 23% since 2005.
 - 2006 was the first year in 15 years when no active cases of Tuberculosis (TB) disease were identified in Sheboygan County.
 - Public Health Nurses (PHNs) worked with health care providers to conduct case investigation and follow-up of nine "suspect" cases of TB. All nine cases were found to be free of disease.
 - 857 TB skin tests were administered, resulting in 64 people receiving care management services necessary to prevent their TB infection from developing into active TB disease. Public Health staff established a tuberculosis screening program for homeless individuals in cooperation with the Salvation Army.
 - Provided HIV screening and follow-up services to 59 individuals.
- Public Health staff worked with eight refugees who arrived in the US in 2006 to receive appropriate screening, education, and health care services.
- Environmental Health staff conducted 917 inspections of public facilities, including restaurants, pools, spas, campgrounds, lodging facilities, schools, tattoo establishments, and temporary events.
- Administered 8,112 doses of vaccine to 3,229 clients.
- Completed 9,383 vision and hearing screens in Sheboygan County public and private schools. As a result of these screenings, 632 (6.7%) of children were referred for evaluation with their vision specialist or medical provider.
- Provided nutrition and health screening services to an average of 2,022 clients per month in the Women, Infant, and Children Program (WIC).
- Provided 5,404 public health nurse visits to 1,006 Sheboygan County residents.
- Worked with community partners and lead certified contractors to make 73 homes lead safe.

- Public Health staff completed an oral health survey of 401 3rd grade students at nine Sheboygan County Schools in an effort to assess the oral health status of Sheboygan County children. Projections from these findings demonstrated that 22.5 percent of Sheboygan County children have unmet dental needs requiring attention.
- Successfully initiated a program in collaboration with Sheboygan County Head Start to apply fluoride varnish to the teeth of 158 children.
- Acted as the financial agent for Medical Assistance billing for the Sheboygan School District to allow for the application of dental sealants and fluoride varnishes to 257 students in four schools. A total of 944 teeth were sealed and 542 fluoride varnish applications were completed.
- Provided lead screening to 1,053 children; 48 children, or 4.5%, were found to have elevated lead levels requiring intervention.
- Sheboygan County Division of Public Health hosted a mass clinic functional exercise and a special needs tabletop exercise in conjunction with community partners to address emergency preparedness needs in our community. Representatives from law enforcement, fire, EMS, hospitals, Health and Human Services, Red Cross, schools, Emergency Management, the medical community, and elected officials participated.
- Public Health staff partnered with colleges to provide public health clinical experiences for students preparing for careers in nursing, medicine, and dietetics.
- Public Health staff participated in a variety of community events such as Farm Technology Days, the Hispanic Information Fair, and the annual Hmong Festival by providing environmental health services to assure safe food handling, administering tetanus-diphtheria vaccinations or tuberculosis screenings, and conducting health education regarding topics such as preparing for emergencies, tobacco cessation, obesity prevention, etc.

Division of Social Services

- During 2006, 1,305 referrals were received regarding child maltreatment. This is an increase of 27 referrals, or 2%. Of these referrals, 690 were assigned for investigation, with a total number of 1,103 alleged victims.
- A Memorandum of Understanding (MOU) with Safe Harbor was completed in February 2006. As part of that MOU, training was provided to all staff on the dynamics of domestic abuse relationships.
- The Child Protective Services (CPS) Access Unit staff provided education to various community professionals on recognizing and reporting child maltreatment. In collaboration with the District Attorney, a letter was sent to every public and parochial school reminding them of their duties as mandated reporters of child maltreatment.
- The CPS Ongoing Units participated in the weeklong Quality Service Review (QSR) in April of 2006. The QSR prepares counties for the next Federal Child Welfare Review and focuses on strengths of the system and areas for improvement.
- Training in the use of Coordinated Service Teams to best meet a family's needs has resulted in increased coordination within the Department and with community agencies.
- During 2006, eight new foster homes were licensed and 24 homes were re-licensed. At the end of 2006, the County had 56 licensed foster homes, compared to 54 in 2005. Of our existing homes, 41 are "regular" foster homes, six are "foster/adoption" homes, and nine are licensed for "relative/specific child only" purposes.
- Two series of the 36-hour PACE (Partners in Alternate Care Education) training were provided to prospective foster parents, local child group home staff, and existing foster parents during the year.
- The Concurrent Planning Specialist social worker funded through Title IV-E Incentive Grants served 57 families during the year. This worker quickly coordinates family and community teams to address the needs of children and youth placed in out-of-home care. The impact is that the biological parents and the Department feel supported in our united efforts to serve children and families in need.
- Through the efforts of our Volunteer Coordinator and others, 715 children and 315 families were provided with Christmas gifts donated by members of our community. Easter food baskets went to 20 families, Thanksgiving food baskets to 42 families, and Christmas food baskets to 47 families. 80 children were entertained at a Christmas party hosted by the Knights of Columbus. 17 families and 35 children received reduced memberships to the YMCA, and six additional children received scholarships to Camp Y-Koda.
- Parental rights were terminated to 12 children throughout the county in 2006. One child was adopted by grandparents, while the others are pending adoption by relatives or foster parents.
- Wraparound and Creative Services programming served an average of 55 families per month, an increase of nine over the 46 families served on average in 2005. These services continued to emphasize maintaining children in their homes rather than having to resort to more costly out-of-home placements.
- The Independent Living Skills Program, contracted through Lutheran Social Services, served 80 eligible youth and young adults during the year. In addition, \$6,581 in grants was provided to four eligible youth to pursue post-secondary education.
- Of the 79 STRIVE students and siblings, only three were placed out-of-county in 2006, compared to seven placed in 2005. The population at STRIVE continues to be some of the most difficult emotionally and behaviorally disturbed youth in the county, almost all who were at risk of placement upon entry into STRIVE.
- Referrals to Juvenile Court Intake were 1,035 received in 2006 versus 1,036 in 2005. Of this number, 605 were handled by the Intake workers and 430 were assigned to workers already involved in that juvenile's case. Of

those assigned to Intake, 182 were eventually opened to ongoing social workers for additional services and 45 cases were maintained by Intake on a Deferred Prosecution Agreements.

- During 2006, 22 children were served by Residential Care Centers (RCCs), down from a four-year average of 27. 11 youth were actually “placed” during the year compared to 18 in 2005. Only two juveniles were placed in out-of-county group homes in 2006. All together, six youth spent some time in out-of-county group homes.
- The Division did see a significant increase in the use of treatment foster care in 2006, with 11 new placements as compared to four in 2005. However, a number of these placements are with private providers in or contiguous to Sheboygan County, which makes visitation and reunification efforts with biological families more feasible. Additionally, these placements are less costly than group homes and/or RCCs and are a less restrictive and more normal setting.
- Hearthside, the local girls group home, closed in June 2006 due to chronic low census figures. The money saved by this closure helped to offset expenses in juvenile corrections. Friendship House, the local boys group home, averaged over six boys per day in residence. Eight boys were placed after being discharged from Lincoln Hills, while seven boys were on county jurisdiction.
- Placements in Juvenile Correctional Institutions (JCI) exceeded budgeted amounts for the second consecutive year. These cost overruns include youth placed in Lincoln Hills or Southern Oaks, as well as those released and receiving aftercare. 31 youth were in juvenile corrections programming in January 2006, but we finished the year with 22 in juvenile corrections programming. This is 29% less than 2005, and less than our five-year average of 23. Eight new placements occurred in 2006, compared to 18 in both 2004 and 2005. The Division held a number of meetings with Division of Juvenile Corrections State workers and administrators to address the high number of JCI placements. These meetings resulted in the ability to utilize local video conferencing capabilities to keep families involved with their child and also resulted in a “promise” to increase funding for family counseling services for our incarcerated and aftercare youth.
- The Division continues to assess a parent’s ability to pay for the case management services they receive for their delinquent youth. During 2006, \$18,000 was collected out of \$76,000 billed.
- During 2006, \$22,977 was collected for victims of crimes by the Juvenile Restitution Program, which is an increase of \$5,729 over 2005. In addition, 2,175 hours of uncompensated community service were provided in 2006.

Budget – Over/Under Budget

Revenue	Budget	Actual	Variance
Property Tax	\$ 11,403,552	11,403,552	-0-
State Grants	25,610,030	28,465,491	2,855,461
Licenses, Permits & Fees	230,000	217,820	<12,180>
Client/Client Related	4,836,675	4,998,578	161,903
Total Revenue	42,080,257	45,085,441	3,005,184
Expenditures			
Personnel Related	10,678,790	10,714,020	<35,230>
Purchased Services	26,977,099	28,931,586	<1,954,487>
Maintenance/General Operating	763,024	928,953	<165,929>
Employee Related Insurance	2,860,590	2,828,419	32,171
Interdepartmental	1,338,396	1,337,967	429
Other	110,268	127,961	<17,693>
Total Expenditures	42,728,167	44,868,906	<2,140,739>
Other Financing Services			
Other Financing Uses	<582,270>	<582,270>	-0-
Change in Fund Balance	<1,230,180>	<365,735>	864,445

The Department will use less of the Fund Balance than budgeted in 2006.

Issues, Concerns or Constraints

Division on Aging

- Many of the traditional Aging services are required to be integrated into the Aging and Disability Resource Center. This transition was initiated in 2006 and will be completed in 2007.
- Congregate meal program participation continues to decrease at most meal sites.
- Tighter budgets have resulted in the City of Sheboygan and the Plymouth Senior Center requesting funding or an increase in funding from the County for the space used for the congregate meal site programs.
- Federal and State grants for aging services have not kept pace with the program costs. This has not allowed the outreach that is necessary to reach the senior consumers who would benefit from aging programs.

Division of Community Programs

- The new Comprehensive Community Services Initiative could not be implemented for adults or children with mental health issues due to the need to reduce staff to meet the budget targets. This had a negative impact on services and also eliminated a revenue source.
- The needs of individuals with mental illness who are homeless continues to be an area of concern. The stress of homelessness leads people to seek more costly resources such as hospitalization or group home placement.
- Ensuring the availability of psychiatric care is a growing concern in our community. We continue to see what appears to be a rise in the number of youth diagnosed with significant mental health disorders. Resources for this population are very limited.
- The number of new clients who continue to present with significant alcohol and drug abuse and/or serious mental health problems that require intensive treatment continues to be a concern.
- Individuals continue to be unable to meet basic needs due to a lack of financial resources and the length of time required for the state disability determination. This increases individual stress and causes an increase in the demand for mental health inpatient and residential services.
- Community Programs established a wait list for all non-emergency services in October 2005. The increased demand caused a budget overage that must be addressed. Wait list numbers continue to grow. The wait list was in effect for the entire year in 2006.

Division of Economic Support/W-2

- Although the total caseload administered by the Division of Economic Support increased at a lower rate (2.73%) than in the last several years, the rate increase still translates into an additional 168 cases. Since the end of 2001, the caseload has increased by over 65%, with no increase in staffing levels. In 2006, the Division also experienced unanticipated staff turnover of 2 positions. The Division continues to be administratively responsible for a very large amount of customer benefit dollars that are spent in, and have an effect upon the economy of, our county. In 2006, the total was in excess of \$64.2 million dollars. Our concern continues to be matching staff ratios to caseload and program administrative responsibilities.
- There are many major changes being proposed, including BadgerCare Plus, Family Care expansion, and a new Department of Children and Families. Economic Support customer service provision and staffing levels will be impacted by any and all of these proposals.
- Caseload trends within the W-2 program are causing some concern. The strengths and barriers of individuals in need of services have shifted from the Community Service Jobs to Transitional Jobs, as individuals are less job ready and require intensive case management services. This shift may also cause some expenditure pattern concerns.

Division of Public Health

- Barriers to quality health and dental care continue to exist among community members with limited income and inadequate insurance coverage.
- Staff training and department competencies must be systematically moved forward to assure that we can have a positive impact on state and local priorities including those of Healthy Sheboygan County 2010 and a Healthier Wisconsin.
- We continue to work towards the creation of an integrated data base and recording system leading to a reduction in excessive and redundant reporting and recording.
- The emphasis on emergency preparedness and pandemic planning has led to increased staff training and program demands, reducing the division's ability to maintain the same level of traditionally provided services for community members.

Division of Social Services

- Locating community agencies and resources who will accept Medical Assistance for mental health, behavioral disorders, sexual abuse services and evaluations, and dental services continues to limit the availability of services to many we serve.

- New State standards of practice are creating workload issues. Each new policy and standard requires additional documentation of case activity, which takes away from direct client service. Workers are constantly stressed between meeting client service demands and documentation and paperwork demands. Learning and implementing these new standards of practice has reduced the amount of time workers have to spend with those they serve.
- As these standards of practice become more defined and specialized, staff will require training and supervisory support and consultation to ensure consistency of application. This may also impact on the assignment of duties to staff that may not have the level of expertise to meet the standards.
- Program changes at STRIVE continue to require constant adjustment, staff support, and creativity in dealing with a more change-resistant population, coupled with parents who are not always partners with us in the process of teaching and managing their children.
- The demographics of Sheboygan County continue to shift. There is an ongoing need to ensure that we are adequately prepared to effectively and efficiently provide services to our entire population in a culturally competent manner.
- Increasing budget concerns requires ongoing assessment of caseload management and how we use resources to adequately address the needs and challenges of the families and youth on our caseloads.
- The ability to control out-of-home placement costs is an ongoing concern. As 2006 progressed, significant strides in the right direction were made. However, the lack of predictability in human behavior could result in a sudden increase in costly placements. It is historically clear that as our placements in our RCCs and JCI's go, so goes the budget for the entire Division. The significance of lowering these costs cannot be overstated.

Goals and Objectives for 2007

Division on Aging

- Further integrate services and programs for the elderly into the Aging and Disability Resource Center and ongoing Long Term Care System and update the Table of Organization to reflect these changes.

Division of Community Programs

- Participate in the Family Partnership Care Management Coalition to develop the plan to transition long term care programs to a family care/managed care system in 2008.
- Modify the Aging and Disability Resource Center's plan to deliver service to meet the requirements of a managed care environment.
- Improve the delivery of Crisis Services through the implementation of a new phone/crisis and mobile system and Diversion/Stabilization program.
- Implement Comprehensive Community Services.
- Work with the City of Sheboygan and Regional Transit Connections to further improve the transportation program.
- Incorporate the aging program staff and services into the Division of Community Programs.
- Implement the new state provided software system (BEACON) in the Aging and Disability Resource Center and the Aging Unit. This will allow for the tracking of contact information and a comprehensive listing of resources.
- Continue to assist with the implementation of the new software system for the Department.

Division of Economic Support/W-2

The goals listed below are designed to maximize customer satisfaction and quality outcomes.

- Complete the CARES Electronic Case File (ECF) implementation, with all cases converted by the end of the third quarter of 2007. Monitor staff utilization and estimate cost/time savings.
- Reduce the final 2006 FoodShare Wisconsin error rate by 2% and maintain a Medicaid error rate that is under state and federal tolerance levels and meets contract performance requirements.
- Monitor legislation and funding in relation to BadgerCare Plus, Family Care expansion, and a potential new Department of Children and Families. If legislation and funding plans are approved, determine the best means and most cost effective manner for customer service delivery. Consideration will need to be given to staffing levels, program specialization, staff location, and current service provision back-up. This will be an ongoing goal throughout 2007.
- If the recently submitted plan for the ADRC is approved, determine the best mechanism for providing Economic Support services on-site. The timeframe for this goal may be dependent upon when the plan for Family Care expansion is implemented.
- Continue to monitor the W-2 contract performance standards, with an emphasis on the customer satisfaction survey requirements. Work with staff, the state performance standards workgroup, and the Regional Administrator to continue to identify standards that may require state modification.
- Assess the staffing changes made in the employment and training subcontract to determine whether the level of staffing is adequate based upon the current caseload programmatic needs. Determine whether the decrease in

subcontract staffing and adjustment in services will enable the W-2 consortium to realize adequate cost savings in this component of W-2 contract funding.

- Assess the effectiveness of the current Wisconsin Home and Energy Assistance Program (WHEAP) outreach sites and develop a plan to add additional sites that will enhance awareness of the program for different target groups. This should be completed prior to August 2007.
- Continue to work with the Department in the build and implementation of the new software system. Analyze the most efficient means of integrating the Economic Support Division programs, including those that will actually run out of the system and those that will only be maintained in the master file.

Division of Public Health

- To complete computer projects and activities within the division.
- To continue to work with community partners to strengthen community pandemic and emergency preparedness plans.
- To meet or surpass the consolidated contract goals and complete all required activities of the categorical programs.

Division of Social Services

- All Child Protective Services Intake policies will be reviewed and revised during 2007 to reflect the new State Standards and local practice. Continue to incorporate recommendations from the Quality Service Review, along with the standards set forth in the State Program Enhancement Plan.
- Maintain adequate foster care resources and foster care respite resources with a focus on the recruitment of homes in areas of the county where none exist, as well as reaching out to the Hispanic, African-American, and Hmong communities.
- Continue collaboration with other Divisions and community agencies in the use of the Coordinated Service Team Model with complex client situations.
- Maintain out-of-county placements for STRIVE clients and their siblings to no more than 10% of that population.
- Continue to participate in the development/automation of Juvenile Justice documentation, statistical gathering, and measurement of individual case progress within the software system.
- Finalize the policy and procedures for case transfer and teaming between units of the Division.
- Continue community presentations and education in an effort to strengthen partnerships with other segments of the community in the areas of Child Protective Services and Juvenile Justice.

The Department will be undergoing major changes in 2008. The most significant changes include transitioning from the current waiver programs (Community Options and Community Integration) to Family Care and managed care. The state is also rolling out SSI Managed Care. Based on what we know at this point in time, this may impact the Outpatient Services area in terms of billing under a managed care model. The expansion of Medicaid through BadgerCare Plus announced by the Governor will increase the workload for Economic Support and we are advocating that money follow for any increase in work and caseload. The new Department of Children and Families will incorporate some of Economic Support, Wisconsin Works (W2), Child Care and emergency food programs, Child Support, WIC, and Child Welfare. The balance of the services currently in the Department of Health and Family Services will be in a Department of Health, which will include current Public Health, behavioral health, and Long Term Care/Aging. Counties through the Wisconsin County Human Services Association have contacted the Governor to request participation in the planning process for these new departments. The new Child Protective Services Standards will impact on the service delivery system and workload for social work staff. 2007 will be an exciting and challenging year as we plan for implementing these numerous changes.

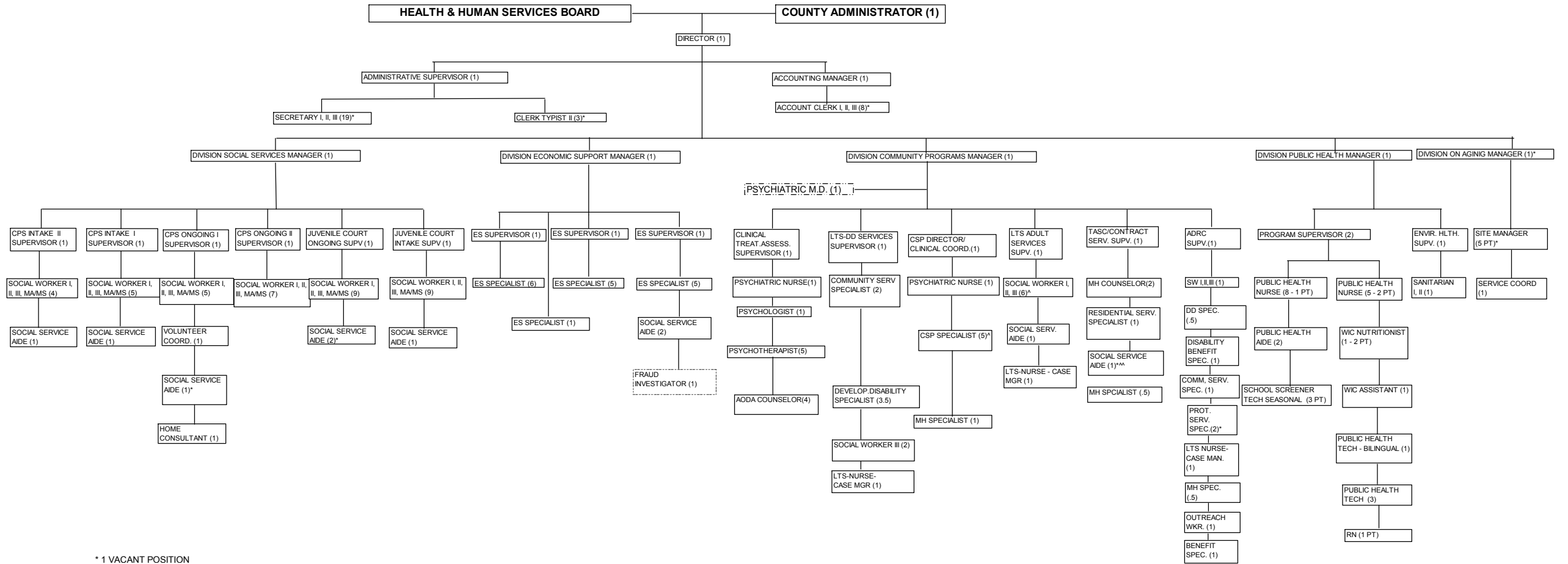
CLOSING:

I appreciate the opportunity to work with knowledgeable and dedicated staff who take pride in providing quality, cost effective services to Sheboygan County residents. It has been a privilege to work with the members of the Health and Human Services Board during this past year. We also appreciate the dedicated staff of the agencies we contract with to provide services. It is our partnership with them that results in the effective and efficient administration of public health and human services. It is through these combined efforts that Sheboygan County residents are able to access and receive services throughout their life span.

Respectfully,

Ann M. Wondergem, Director

HEALTH AND HUMAN SERVICES DEPARTMENT



* 1 VACANT POSITION

^ 1 SHARED POSITION IN DEPARTMENT