

SHEBOYGAN COUNTY PROGRAM WORKSHEET
January 28, 2009

Department: Health and Human Services Agency

Date: April 20, 2009

Program	Description	Priority	Service Level Required	2008 Actual Expense	2009 Budgeted Expense	2009 Budgeted Grants/Fees Revenue	2009 Tax Levy
Coordinated Services Team	A special grant to implement department and community wide systems changes in working with children and their families. Interdepartmental 2009 Budget = 0	1	N/A	\$38,943	\$32,934	\$32,934	
Safe & Stable Families	Federal funds to support children and families including internal and purchased services designed to preserve families, reunite families and provide for permanency for children who have been abused or neglected or are at risk of abuse or neglect. Interdepartmental 2009 Budget (SSF = \$0 and IV E = \$43,276)	2	100 %	\$188,149	\$111,559	\$101,300	\$10,259
IV E Children & Families				\$172,376	\$264,321	\$132,759	\$131,562
Child Integrated Services	Specialized program to provide treatment, education, care, and support services in a coordinated manner for a child with severe emotional disturbances and his/her family. Interdepartmental 2009 Budget = \$24,863	3	8 consumers at any given point in time	\$109,337	\$186,029	\$80,000	\$106,029
Mental Health Block Grant	Funds used to develop and expand agency capacity to provide mental health services for children and adolescents with severe emotional disturbances. Interdepartmental 2009 Budget = \$5,405	4	100 %	\$84,731	\$56,232	\$51,197	\$5,035

Program	Description	Priority	Service Level Required	2008 Actual Expense	2009 Budgeted Expense	2009 Budgeted Grants/Fees Revenue	2009 Tax Levy
WI Works & Related Programs	Programs to provide employment and training and employment-related support services such as child care to low-income individuals and families. Interdepartmental 2009 Budget = \$56,841	5	100 %	\$481,506	\$547,340	\$550,771	(\$3,431)
Aging & Disability Resource Center/Information & Assistance	Provides Information and Assistance, outpatient counseling, disability benefit specialist services, and protective services to Sheboygan County residents. Interdepartmental 2009 Budget = \$188,767	6	100 %	\$1,051,634	\$1,144,317	\$1,010,985	\$133,332
Benefit Specialist Program and Advocacy	Provides information and assistance in obtaining Federal, State, and other financial entitlement programs such as Social Security, Medicaid, Medicare, etc. Interdepartmental 2009 Budget = \$23,131	7	100 %	\$72,660	\$84,170	\$54,297	\$29,873
National Family Caregivers	Provides counseling, assessment, and arranging of needed services for older/family member caregivers. Interdepartmental 2009 Budget = \$16,214	8	100 %	\$70,386	\$91,361	\$50,740	\$40,621
Transportation Program	Provides transportation to older persons and people who are disabled to meal sites, employment, shopping, medical appointments, and personal business. Interdepartmental 2009 Budget = \$3,240	9	100 % up to capacity	\$396,266	\$397,802	\$316,342	\$81,460

Program	Description	Priority	Service Level Required	2008 Actual Expense	2009 Budgeted Expense	2009 Budgeted Grants/Fees Revenue	2009 Tax Levy
Serious/Violent Chronic Offender & Community Intervention	Funding for Intensive Supervision Program and Electronic Monitoring for juvenile delinquents. Interdepartmental 2009 Budget = \$2,162	10	10 consumers at any given point in time	\$94,118	\$97,831	\$87,590	\$10,241
Children with Special Health Care	Provides case management services to children with special health care needs. Interdepartmental 2009 Budget = \$5,039	11	100 %	\$12,191	\$17,744	\$9,127	\$8,617
Transient Water Supply	During a hotel, restaurant or other environmental health inspection, a well that is used by the business and impacting on the public is also inspected. Interdepartmental 2009 Budget = \$906	12	100 %	\$8,051	\$22,603	\$15,500	\$7,103
Great Lakes Public Beach Water Sampling	During the summer months designated swimming beaches on the Lake Michigan shoreline are sampled to determine water safety. Interdepartmental 2009 Budget = \$0	13	100 %	\$10,798	\$12,725	\$12,725	
HIV Counseling & Testing	Anonymous HIV counseling and testing is provided along with partner investigation and notification of AIDS clients. Interdepartmental 2009 Budget = \$3,005	14	100 %	\$8,599	\$13,329	\$0	\$13,329
Refugee Health	Public health screening, education, and referral services are provided to all foreign refugees. Interdepartmental 2009 Budget =	15	100 %	\$11,458	\$7,924	\$3,600	\$4,324

Program	Description	Priority	Service Level Required	2008 Actual Expense	2009 Budgeted Expense	2009 Budgeted Grants/Fees Revenue	2009 Tax Levy
	\$1,427						
Sheboygan County Works	Provides minimal shelter, personal and medical payments to very low-income adult Sheboygan County residents. Interdepartmental 2009 Budget = \$0	16	100 %	\$34,946	\$28,800	\$14,500	\$14,300
Foster Parent Training & Education/Training	Provides training to Sheboygan County foster parents with reimbursement from the State; also, vouchers/scholarships to youth who have left, or are leaving, out-of-home placements to continue education beyond high school. Interdepartmental 2009 Budget = \$2,594	17	100 %	\$20,473	\$32,866	\$20,588	\$12,278
Nutrition Program	Provides meals at Senior Dining Sites and through Home Deliveries. Interdepartmental 2009 Budget = \$100,825	18	Up to available funding and match required	\$537,578	\$540,139	\$369,327	\$170,812
Volunteer Services	Volunteer opportunities at Dining Sites, home delivered meals, and transportation to medical appointments. Interdepartmental 2009 Budget = \$0	19	100 %	\$26,597	\$21,798	\$18,394	\$3,404

Program	Description	Priority	Service Level Required	2008 Actual Expense	2009 Budgeted Expense	2009 Budgeted Grants/Fees Revenue	2009 Tax Levy
School Health	The purpose of this program is to identify hearing and vision deficits of students which may have negative effects on their ability to succeed in the school setting. Interdepartmental 2009 Budget = \$4,838	20	100 % of targeted grades	\$4,010	\$15,607	\$0	\$15,607
Family Care	Family Care replaced the former Community Options and Community Waiver Programs. It is a community based long term care, managed care program for eligible adults who are elderly or have a disability. Interdepartmental 2009 Budget = \$297,265	21	100 %	\$3,489,578	\$3,457,570	\$3,611,682	(254,112)
Alzheimer's Family Care	Provision of information and referral services to individuals with Alzheimer's and their family and any linkage needed to needed resources. Interdepartmental 2009 Budget = \$0	22	Up to available funding and match required	\$48,903	\$44,200	\$43,744	\$456

Note: Interdepartmental 2009 Budget amount shown does not include Health, Dental or Printing costs. Interdepartmental costs include maintenance services, information systems, workman's compensation and other insurances allocated back to the Health and Human Services Department.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program must be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Community Programs and Elder Support

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: COORDINATED SERVICES TEAMS (CST)

1. Describe the program, its purpose and goals.

The grant titled Coordinated Services Team (CST) is a systems change grant. The purpose of the grant is to plan for and implement a change in how services to children and families are delivered and is based on a collaborative approach with the family and all key supports identified by the family. The grant must be used to provide training, support, and collaboration for both Health and Human Services staff and community partners (e.g. schools, Head Start, Safe Harbor, Family Resource Center, law enforcement).

2. Who is the program intended to serve? How many are served?

CST is designed to serve children and their families. At this time, 8-10 families are actively receiving services. In the systems change component, staff from Behavioral Health, Children's Long Term Support, and Social Services as well as school, Head Start, and Family Resource Center staff and mentors are all receiving training.

3. Are the program benefits long-lasting and essential to the service populations?

An essential element of CST is for the family to come to the table as an equal partner to address their needs. The long lasting benefit is the process develops the family strengths and natural supports to build their capacity to problem solve. Counties that have fully implemented CST report a reduced number of re-referrals for abuse or neglect or delinquency, families willingly seek help before situations escalate and a crisis occurs, and there is improved community response to working with and supporting families.

4. Is this program directly or indirectly related to or does it support any other program in this department or another department? If so, how?

As stated in number 2, CST supports Behavioral Health, Children's Long Term Support, and Social Services through training opportunities and case consultation. This is vital to implementing and supporting the change process required of both staff and families. The CST process also supports changes in the Behavioral Health system requiring use of the Recovery Process and Peer Supports.

5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?

The CST process is outcome oriented and based on research of successful collaboration with families. This program will improve the delivery of services to children and families through collaboration with our community partner agencies, schools, and law enforcement. As an example, a child and family may meet for 1 hour with a teacher, then 1 hour with the social worker, then 1 hour with a mental health counselor, and then have numerous contacts with a school liaison officer regarding behaviors and activities. These professionals (teacher, social worker, counselor, and officer) now spend time trying to contact one another via phone, e-mail, or in person to coordinate their work with the child and family. In the meantime, the child and family are trying to assimilate all they need to do to try and implement individual plans provided by the school, social worker, and counselor. With CST, the team meets (teacher, social worker, counselor, officer, child, family members, and other supports) for 1 or 2 hours and develops the plan including activities, outcomes, who will monitor, and timelines. CST is a more efficient and effective way of working with children and families.

6. How do you determine/measure if this program has been effectively provided and implemented?

As this is a systems change grant, our outcomes identify training initiatives and initial implementation with a small number of families. Meeting these outcome measures determines the effectiveness of the grant. We have submitted annual reports to the State on our progress and the State has approved ongoing funding for this

change process. The State also provides oversight through White Pines Consulting which makes reports to the State on our progress.

7. Could the County cost-effectively subcontract this program?

This small grant of \$32,000 has been used for consultation, training, and internal administration; therefore, it would not be cost-effective to sub-contract. At one point, we did seek a vendor to assist with meeting the outcomes; however, the proposal from the potential contract agency exceeded the grant amount.

8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.

This program was rated 1 out of 22 by the Department. It is a time limited funding source to allow the Department to better integrate services to children and families.

9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?

As a systems change grant, the process involves many community partners and the number of community partners over time will grow as they become involved in actual CST Family Team Meetings. As demonstrated in other counties, eventually other agencies will have staff trained and able to facilitate CST Family Team Meetings without involvement or support from the Health and Human Services Department.

10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?

There would be no added risk, liability or legal issues, but this funding source which we are using to meet an outcome that would improve service delivery would be lost. Also, if families cannot meet their own needs, there could be an increase in out-of-home placements which are much more costly than CST.

11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)

CST systems change grant is entirely funded by the grant. This is a new initiative so its impact in Sheboygan County is in process. Other counties have found this process to be highly effective in engaging community partners and empowering families to identify and address their own needs without resorting to costly out-of-home placements.

12. Is this program currently duplicated by another County department or provider in the community?

No. However, we hope that over time, many other community agencies will incorporate the CST philosophy into the way they conduct their business.

13. What adjustment or plan of action would you implement if funding is reduced?

The Department would continue to develop collaborative efforts to work with children and families. The additional funding to support this systems change would be lost.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Social Services

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: SAFE & STABLE FAMILIES AND IV-E CHILDREN & FAMILIES INCENTIVE

1. Describe the program, its purpose and goals.

The Promoting Safe and Stable Families (PSSF) program is funded entirely through Federal funds. The purpose of this program is to enable counties to develop or expand community-based programs to accomplish the following objectives: 1) To prevent child maltreatment among families at risk through the provision of supportive family services; 2) To assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively; and 3) To address the problems of families whose children have been placed in out-of-home care so that reunification may occur in a safe and stable manner.

The IV-E Incentive Grant is also funded entirely through Federal funds. At least 50% of the grant amount must be used for children who are at risk of abuse or neglect in order to prevent the need for child abuse intervention services. The remaining funds can be used for other programs/activities related to children and families. These funds cannot be used to supplant other funding sources or existing services.

2. Who is the program intended to serve? How many are served?

Federal requirements for expenditures of PSSF are that 25% of the county's grant be spent on Family Support activities, 25% on Family Preservation, and 25% on Time-limited Family Reunification, with the remaining 25% in any of the three aforementioned categories. Sheboygan County has chosen to allocate 50% of the grant to Family Support, which is a prevention-focused program for the community at large. We contract for the Parents as Teachers Program with the Family Resource Center (FRC), a voluntary service targeting new parents and offering education, resources, and support. In 2008, Parents as Teachers served 305 children, with 127 of those being funded through PSSF. The other 50% of the grant is split equally between Preservation and Reunification, which target wraparound services either purchased or provided by our Department. Preservation and Reunification services are much more intense programs and serve smaller number of families. The IV-E Incentive Program provided funding for 4 families for intrafamilial sexual abuse treatment services through community agencies, funding for a Child Protective Service (CPS) Intake Supervisor position, a Child Placement Specialist, funding for a Division of Public Health Nurse providing health education and resource information to teen parents, and additional funding to the Parents As Teachers Program.

3. Are the program benefits long-lasting and essential to the service populations?

Efforts to alleviate factors which are known to contribute to child abuse or neglect have not only an economic payoff, but also an untold effect on the lives of children. These programs are essential to the populations they serve. The sexual abuse treatment services provided through the resources that have been identified are the only services available to address this population. Many of the other programs are the only preventative programs that this Division offers. Prevention is the key to stopping the intrafamilial, generational cycles of child maltreatment.

4. Is this program directly or indirectly related to or does it support any other program in this department or another department? If so, how?

The only other Division that practices primary prevention is Public Health, who cannot operate an extensive program as does the FRC. Preservation and Reunification services are provided as a part of DSS wraparound flexible funding to keep children in the community. The services of these programs work closely with other Divisions.

- 5. How does this program make the department or county government more effective or efficient, including any intergovernmental relationship?**

Prevention services are intended to reduce the incidence of child abuse/neglect. This has a huge effect when considering that in 2008, we received 1,286 reports of alleged abuse/neglect. Children who are abused or neglected are much more likely to suffer long-term consequences which impact their lives and require governmental services. For every \$9,300 a month that could be spent on residential care for one child, we can serve many more in the community. We have worked very hard at reducing out-of-home placement costs so that resources could be developed and utilized effectively to keep families together.
- 6. How do you determine/measure if this program has been effectively provided and implemented?**

The effectiveness of pure prevention programs are measured in part by a reduction in child abuse/neglect referrals. It is only long term that positive impact is noticeable. Wraparound services have measurable outcomes attached to demonstrate child safety and well-being, but the bottom line is again by reducing the cost of out-of-home placements. DSS employees sit on various boards and committees, which review the programs funded by Safe and Stable Families and IV-E. Also, a report is submitted to the State annually.
- 7. Could the county cost-effectively subcontract this program?**

Other than the CPS Intake Supervisor, partial funding for a Division of Public Health Nurse, and the Child Placement Specialist Social Worker, all of the services funded by this program are contracted out. CPS Intake Services cannot be contracted out per State Statute.
- 8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**

This program was rated 2 out of 22 by the Department.
- 9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**

There are no current alternatives to this program in the community. The FRC continues to serve large numbers of children and their families, with the funding from this Department just being a portion of their overall budget.
- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**

Prevention programming is seldom funded by other sources, as most of the grants and allocations are specific to service provision. Ramifications to the county include increased reports of child maltreatment which may mean a need for additional social workers, or opening the Department to the risk of being held liable for children being put at risk of harm or worse. If funds were eliminated, Wraparound service costs could shift to another source, leaving less money available for community services. This would potentially increase out-of-home placements, leaving even less money available for in-home services. Federal IV-E monies will be eliminated in 2010, leaving the Department to find alternative ways to provide mandated services to abused and/or neglected children and families.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**

The Family Resource Center served 305 children during 2008, with 127 of these targeting Safe and Stable Families funding. 100% of the families indicated they access formal support when needed and can identify at least one source of informal support. The Intake Supervisor Position has allowed the Division to most effectively review and assign CPS referrals for investigation within the Statutory timeframes. The Child Placement Specialist coordinated and scheduled 141 Primary Care Team meetings, serving a total of 58 families in 2008. This process has greatly benefited children in terms of harnessing family resources to achieve permanency and family cohesiveness.
- 12. Is this program currently duplicated by another county department or provider in the community?**

None of these services are duplicated by other providers in the community.
- 13. What adjustment or plan of action would you implement if funding is reduced?**

If the funding for this program is reduced, the Department is still going to have to provide service to many of these families. That service need may increase if the preventative services are no longer available and those families end up in crisis. It is likely that if the funding is reduced for these families, the impact would be widespread as it would possibly mean reallocating or eliminating resources to others who are also in need.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Social Services

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: CHILD INTEGRATED SERVICES

1. Describe the program, its purpose and goals.

Child Integrated Service Programs are defined in Section 46.56 of the Wisconsin Statutes as, "treatment, education, care, and support services provided in a coordinated manner for a child with a severe disability and his/her family." Sheboygan County receives an \$80,000 grant from the State to fund this program and services. The goal of the program is to maintain each child in the community rather than placing the child in an out-of-home setting.

2. Who is the program intended to serve? How many are served?

State Statute requires that this grant money be spent only for severely emotionally disturbed children, through community-based family teams who are engaged in multiple systems of service delivery. A "child with severe disabilities" is defined in State Statutes as "an individual who has not attained 18 years of age and whose mental, physical, sensory, behavioral, emotional or developmental disabilities, or whose combination of multiple disabilities meets all of the following conditions: 1) Is severe in degree; 2) Has persisted for at least one year or is expected to persist for at least one year; 3) Causes a substantial limitation of the child's ability to function in the family, school, or the community and with the child's ability to cope with the ordinary demands of life; 4) Causes the child to need services from two or more service systems. In 2008, nine children with severe emotional disturbances, and families, were formally served by the program, with another twelve informally served.

3. Are the program benefits long-lasting and essential to the service populations?

Research indicates that children and families receiving services at an early age are likely to be more successful than those who receive services later in life. By addressing the needs of this identified population at an early age, the families will be better able to handle issues throughout the life of the child.

4. Is this program directly or indirectly related to or does it support any other program in this department or another department? If so, how?

By virtue of its design, the Child Integrated Services Program works closely with, and supports, several other programs such as Sheboygan County school districts, community agencies, and other Divisions within this Department. The concept of the program is to bring a community team together to meet the needs of the child and family preferably using informal supports. The project coordinator also assists the family in accessing other resources to meet the child's needs, including Supplemental Security Income Disability, Katie Beckett funding, and/or child support.

5. How does this program make the department or county government more effective or efficient, including any intergovernmental relationship?

While the overall caseload of this program may seem small, the needs of these children and families are very high. All of these children present themselves with significant mental health issues. Working together as an integrated service treatment team, the family and providers communicate and operate more efficiently to meet identified needs.

6. How do you determine/measure if this program has been effectively provided and implemented?

The Child Integrated Services Project operates within strict guidelines as imposed by the State. There are several ways the State assists the County in measuring effectiveness with this program. These include the required documentation through the Child & Adolescent Needs & Strengths (CANS) Assessment Tool, the annual report that addresses eight key components of collaborative systems of care, the systems services survey, and the family satisfaction surveys. In addition, each child and family has a specific, individually-tailored treatment plan to meet their needs. Effectiveness is further measured by whether or not these

children are maintained in the community, within their families, and in their own schools. Of the children served in 2008, one child was in placement for a short period of time before being returned home. He and some of the other children served receive respite services but have not required extensive out of home placements.

7. Could the County cost-effectively subcontract this program?

Prior to the beginning of the 2002-03 school year, this program was contracted out to the Sheboygan Area School District. However, this contractual relationship was not successful for a number of reasons. Bringing the program in-house has been of great benefit, as it has assured greater collaboration within our Department, allowing for more efficient access to the Division of Community Programs and the Division of Public Health, as well as a variety of Wraparound providers. The services of this program are now available to all of the school districts in Sheboygan County which previously had not been the case.

8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.

This program is rated 3 out of 22 by the Department.

9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?

Due to the multiple and complex needs of these children, they and their families are receiving services from a number of different systems. There is no other community agency serving this population that provides the coordination and integration services of the program. The current program combines provided and purchased services.

10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?

Without this program, it is likely that many of these children would require expensive out-of-home placements. Due to the special needs of these children, many of them would require placement in Residential Care Centers (RCCs). These RCCs average \$9,300 per month, per child (2009 figures). Even a few of these children in RCC placements would be devastating to the Division's budget. If the program were eliminated, the Department would also lose the grant funding from the State. Without the grant funding, these children and families would still need to be served by the Department.

11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)

Sheboygan County receives a grant of \$80,000 from the State of Wisconsin to operate this program. At an extreme, if all of the nine children were placed in RCCs, the cost would be approximately \$1,004,400 for the year. If only one of these children went into an RCC, that annual cost alone would be \$111,600. In 2008, only one child in this program was placed out of the home for part of the year and he was able to be maintained locally rather than in a RCC placement. It should also be noted that the Department has made an effort to evaluate children in this program and others who may be eligible for the Children's Long Term Support Waiver (CLTS). This is important as the children in this program have special needs that may allow for use of the CLTS waiver where the County could receive a 60% reimbursement on approved services.

12. Is this program currently duplicated by another County department or provider in the community?

This type of program is not duplicated by another County department or provider in the community. The formation of the Children & Family Resource Unit will impact this program and the Department and community as a whole in that it will take the philosophy of the Coordinated Service Team process and use it to better meet family needs.

13. What adjustment or plan of action would you implement if funding is reduced?

If the funding for this program was reduced, the Department would still have to serve these children. For the children who do not meet jurisdictional criteria for Child Protective Services or Juvenile Justice, their situation would likely deteriorate to the point of being at crisis which would require the Department to put a plan together to address the crisis, or resort to a more costly out-of-home placement.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Social Services

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: MENTAL HEALTH BLOCK GRANT

1. Describe the program, its purpose and goals.

The Mental Health Block Grant (MHBG) was created in July 1992 pursuant to Public Law 102-321. This law states funds may only be used for: 1) carrying out the State's Mental Health Plan for Persons with Serious Mental Illness; 2) evaluating programs and services carried out under the plan; and 3) planning, administration, and educational activities related to providing services under the plan. MHBG funds are used to develop and expand our capacity to provide mental health services for children and adolescents with severe emotional disturbance. These funds may be used to initiate new programs, or strengthen existing programs for these children. Services are provided through the Wraparound process and the Family Training Program. MHBG funding may only be used to be purchase services from non-profit agencies.

2. Who is the program intended to serve? How many are served?

One of the groups eligible for MHBG funding is children and adolescents with Severe Emotional Disturbance. Severe Emotional Disturbance refers to a severe and persistent emotional disturbance resulting in a substantially diminished ability to function in the family, school, and/or community, and requiring services from two or more of the following service systems: mental health, juvenile justice, social services, and special education.

During the course of 2008, 28 children and youth, and 22 families were served by the MHBG. This did not include all of the children and youth who were able to utilize the memberships/activities purchased from the John Michael Kohler Arts Center and the Sheboygan County YMCA. One family received services from the Family Training Program through the MHBG.

3. Are the program benefits long-lasting and essential to the service populations?

Due to the nature of those eligible for this funding, a high level of services is required to maintain these children in their homes, schools, and community. Research indicates addressing mental health needs at an early stage of life will help prevent more complex issues and high-cost placements later in life. Without assistance, many of the families served would likely request placement out of the home for their children or more restrictive and more costly placements may be needed for children already in care.

4. Is this program directly or indirectly related to or does it support any other program in this Department or another Department? If so, how?

Services provided through the MHBG are part of an overall treatment plan for the children and families. As part of Wraparound services, the intent is to provide whatever services might be necessary to maintain these children in their homes. Children in the program may be victims of child abuse and/or neglect, while others may be involved in delinquent activity. Services may be provided to these families through the Division of Community Programs. The Family Training Program, a purchased service, provides a high level of intensive services to children and families right in their own homes.

5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?

This program allows this Department the ability to provide these services to children and families who meet the target group criteria, in order to address their mental health needs. Services are purchased from community resources. Services on a local level are much more efficient and effective than resorting to higher-cost out-of-home placement options. Providing Wraparound and In-Home Treatment services has reduced the out-of-home placement numbers and costs. The Wraparound process incorporates providers and resources from many local service systems, including schools, social service agencies, and law

enforcement. These children and their families would require, and be eligible for, services even if this funding source was not available.

- 6. How do you determine/measure if this program has been effectively provided and implemented?**
Progress is measured by the ability to maintain children in their own homes, or establishing permanency for children who are currently in an out-of-home placement. The Department also looks at whether or not there is progress in terms of the child's behavior in their various environments such as home, school, and the community. Out-of-home placement numbers are detailed in question 11.
- 7. Could the County cost-effectively subcontract this program?**
The majority of our MHBG services are contracted. A Division of Social Services Social Worker must serve as the case manager, and coordinates the activities of all the involved parties. The Supervisor who oversees the Wraparound program regularly reviews program costs and searches for more effective and efficient services. The Family Training Program is a private agency with which we contract to provide In-Home Treatment services.
- 8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**
This program was rated 4 out of 22 by the Department.
- 9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**
Mental health services for children and adolescents are both difficult to find and access in our community. Local child psychiatrists are overwhelmed by the number of patients they see, and are sometimes forced to only monitor behaviors and medications. Private agencies throughout the county may deny services based on a number of eligibility requirements. Some children and families have exhausted insurance funding, and others have "failed" in private treatment and are no longer welcomed by providers. Even with therapy and possibly medication, there are times that more services are needed to address children's needs which is when the MHBG services can be utilized.
- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**
If MHBG programming were reduced or eliminated, the Department would not receive this grant. These children would be at increased risk of out-of-home placement or more restrictive placements in Residential Care Centers (averaging \$9,300 per month per child) or Treatment Foster Care placements. Children or adolescents with unmet mental health needs also pose a greater level of danger to themselves or others in their homes or community for either property damages and/or personal harm. The courts could order treatment, including out-of-home placement, for children or adolescents, whether or not the Department has the funding or programming in place to address their needs. We would still need to serve these children.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
The Family Training Program is assigned very difficult families, and their staff struggles on an ongoing basis to overcome the chronicity of child neglect in order to maintain children in their homes or safely reunify children with their parents.

Wraparound services were utilized as follows: Nine youth received services through Empower (adolescent male mentoring group). All but two of these youth were able to be maintained in their home. One adolescent spent a few weeks in Deland Receiving Home due to parental issues and the other was placed at Rawhide. Nineteen children participated in programming through the YMCA. Of those children, sixteen were able to be maintained in their homes. The other three children were residing in an out-of-home placement where they were able to be maintained.
- 12. Is this program currently duplicated by another County department or provider in the community?**
There is no grant funding for children/youth specifically related to mental health issues in the community, but private providers could provide services, if funding were available. The key is payment for the services. Some private or employer-sponsored insurance plans have restrictions and/or limits on covered services. The populations we serve have no insurance, or lifetime limits have already been exhausted. Another issue has been that although families may have Medical Assistance coverage, their insurance may not be accepted by the private providers so services cannot be accessed.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
If the funding for this program is reduced, the Department will legally have responsibility for these children/youth in some capacity. Most, if not all, are on supervision for delinquency or child protective services issues.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Economic Support

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: WISCONSIN WORKS & RELATED PROGRAMS

Note: Sheboygan County administers W-2 for the Lakeshore Consortium consisting of Manitowoc and Sheboygan Counties. The responses to the following 12 questions covers Sheboygan County's population in the W-2 program.

1. Describe the program, its purpose and goals.

The components within the Wisconsin Works (W-2) Program are: Wisconsin Works Payment, Case Management and Employment and Training Services, Child Care Eligibility, Contracted Child Care - Job Center Day Care, Emergency Assistance, Refugee Services, Children First, and Job Access Loans. The purpose of the program is to provide employment and training, case management, eligibility, and support services to low-income parents and families in Sheboygan County.

2. Who is the program intended to serve? How many are served?

Services are provided to low-income parents and families in Sheboygan County who are experiencing barriers to employment. This may be in the form of no or poor employment history, child care, job retention, physical or mental health issues, AODA, domestic violence, lack of basic education or a high school diploma, child welfare, or legal issues. December 2008 statistics show the following monthly level of service:

Program	Individuals
Wisconsin Works	90
Child Care Eligibility	471
Contracted Child Care	71
Emergency Assistance	11
Refugee Assistance Program	6
Children First	13
Job Access Loans	1

3. Are the program benefits long-lasting and essential to the service populations?

Access to employment and training, support, and cash benefit services, although time-limited in nature, has long-lasting effects on the quality of life of our customers and their ability to make progress toward and sustain self-sufficiency for themselves and their families. In addition, these services directly impact the local labor market in providing workplace skills to new, existing, and advancing job seekers/employees, as well as cash payments that are used to meet basic needs and add to the local economy. Wisconsin Works programs provide needed support to low-income individuals and families. For example: newly arrived refugee families seeking their first job in the United States; single-parent families in which mom or dad has developed a physical or mental health disability and is attempting to return to the workforce or seek Supplemental Security Income; or a parent lacking basic education or skills that has prevented them from employer attachment.

4. Is this program directly or indirectly related to or does it support any other program in this department or another department? If so, how?

Most Divisions within the Health and Human Services Department refer low-income families for Wisconsin Works as a means to seek employment and training skills in advancing toward self-sufficiency. The Wisconsin Works program also provides non-custodial parent referrals to the Child Support Department, assisting them with establishing paternity and child support orders, meeting their performance standards, and generating state and federal revenue. Customers of most Divisions rely on this W-2 subsidy to assist in stabilizing their financial and personal situation, while working on other precipitating issues (e.g., mental health, child abuse and neglect, AODA) with staff in these Divisions. Currently, there are several cases in co-case management with Social Services, in which W-2 is assisting in meeting needs of the family to prevent out-of-home placement of the children.

5. How does this program make the department or county government more effective or efficient, including any intergovernmental relationship?

The Wisconsin Works Program is integrated into all financial assistance and employment and training programs in the Division and the services provided assist in supporting individuals and families in most of the other Divisions within the Department, as well as other County departments and community service providers. This integrated program approach has proven to be the most effective and efficient approach to customer service delivery, with a lower cost per case.

6. How do you determine/measure if this program has been effectively provided and implemented?

The State has established 10 base quantitative performance standards and currently our agency is meeting or exceeding 9 out of the 10. An example would be the standard for wage at employment is \$7.95 per hour and our customers are achieving \$8.90 per hour.

7. Could the County cost-effectively subcontract this program?

In this program, the County already subcontracts the job readiness workshops, job search, work experience, job development, Children First, and Job Center child care services. The administration, eligibility, and placement/case management functions are retained by the County to most effectively provide integration of all program supports that these families benefit from.

8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.

This program's ranking in the Department is 5 of 22.

9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?

No, there is only one W-2 provider and the agency that we subcontract with for employment and training services.

10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?

The added risk would lie in the dismantling of the infrastructure of the Economic Support Division's integrated service-delivery approach for customers and the negative effects that this would cause for them and the integrated service plans that exist with other Divisions within the Department. There is no County tax levy in the W-2 program.

11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)

Program	Benefits
Wisconsin Works	\$375,917.00
Child Care Eligibility	NA
Contracted Child Care (sub contract)	\$72,087.70
Emergency Assistance	\$46,876.00
Refugee Assistance Program	\$29,212.00
Children First	\$18,400.00
Job Access Loans	\$4,804.73
Total	\$547,297.43

A December 2008 comparison of expenditures (minus direct client benefits) with individuals served indicates a Wisconsin Works per individual rate of \$247.00 (this includes subcontracted service costs), a Children First per individual rate of \$400.00, a Refugee Cash Assistance per individual rate of \$130.00, and a Job Center Child Care monthly per child rate of \$70.00.

12. Is this program currently duplicated by another County department or provider in the community?

No.

13. What adjustment or plan of action would you implement if funding is reduced?

The state would need to award the contract to another entity. The cost-effectiveness of our integrated public assistance programs would be lost in having 2 different agencies with different infrastructures serving the same population. Another physical location would need to be found to relocate the staff for the entire Economic Support Division. The Economic Support Division would need to realign resources and develop appropriate referral and information exchange with another agency. The Division of Social Services would need to develop a working agreement with the new agency for co-case management of some of its child welfare cases. Manitowoc County would also be impacted, as Sheboygan County is the lead agency for our W-2 Consortium.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program must be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Community Programs and Elder Support

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: AGING & DISABILITY RESOURCE CENTER (ADRC) – some mandatory/some discretionary

1. Describe the program, its purpose and goals.

The Aging and Disability Resource Center (ADRC) is a one-stop shop for any Sheboygan County resident who needs advice or assistance on the services available for an adult who is elderly or has a disability. The core components of the ADRC are information and assistance, options counseling, functional assessment for public long term care programs, short term case management, and youth transition support. The ADRC also has a position called Disability Benefit Specialist (DBS). The DBS assists people between the ages of 18 and 59 regarding benefit issues, including, but not limited to, Supplemental Security Income, Social Security, and housing issues.

The goal of the ADRC is to reach out to the public to maximize an individual's independence and minimize the need for publicly funded services. To that end, evidence-based prevention activities (Falls Prevention) and public awareness of the ADRC services are important components.

2. Who is the program intended to serve? How many are served?

Aging and Disability Resource Centers serve adults in the following populations – adults with developmental disabilities, adults with physical disabilities, and the elderly. Individuals 17 ½ years of age and older are eligible for ADRC services. Contacts from families regarding younger people are linked to appropriate resources. Individuals with mental health or substance abuse needs are provided information and assistance, options counseling, disability benefit assistance, and short term case management. In 2008, the ADRC addressed 3,863 consumer contacts which is an average of 15 contacts per day not including health fairs or group presentations.

3. Are the program benefits long-lasting and essential to the service populations?

Aging And Disability Resource Centers are a nationwide initiative. They have proven to assist people with long term care planning to support aging in their residences and maximizing participation in community resources.

4. Is this program directly or indirectly related to or does it support any other program in this department or another department? If so, how?

This program is directly integrated with the following programs: Elderly Benefit Specialist, Family Caregiver Program, and the outreach component of the Senior Dining Sites. It also serves as a link to the Children and Family Resource Unit, Behavioral Health programs and services, Economic Support, and Family Care. The ADRC supports and participates in programs with Public Health, most recently the Falls Prevention Grant. The ADRC works closely with the transportation program for elderly and disabled, Regional Transit Connection. (RTC and the Elder Abuse and Adult at Risk staff are co-located with the ADRC to coordinate resources.)

5. How does this program make the department or county government more effective or efficient, including any intergovernmental relationship?

As this is a one stop shop for County residents seeking assistance or information on long term care services, the program provides a very efficient means for the County to serve the entire population. Any person can call one phone number to access services or using the internet access the ADRC or County website to obtain information. The ADRC during office hours will have a person available to talk with a person seeking assistance. The ADRC staff work closely with the Social Security Administration, schools to assist youth with disabilities transition to the adult system, Veteran's Services, law enforcement, and the fire department. Recently, the Sheboygan Fire Department through the ambulance service requested ADRC brochures to

provide to family members when called out to assist an elderly person or a person with a disability. In assisting individuals to maintain financial independence and appropriately accessing public resources, when needed, allows them to pay taxes, shop and participate in the community, and live safely.

- 6. How do you determine/measure if this program has been effectively provided and implemented?**
A state sponsored evaluation of our ADRC was recently completed. It combined interviews of staff and consumers. The results identified that our ADRC ranked higher than the State average in empowering individuals and families in making their own decisions and also in guidance which includes providing the necessary information for them to make decisions. In addition, a monthly satisfaction survey is sent to 10% of the callers from the previous month contacts. Surveys from 2008 indicated that 95% of the callers found the information helpful, 96% said their questions were answered, and 97% stated they would recommend the ADRC to others. The January 2009 survey was sent to 57 of the 621 callers and 28 surveys were returned. All 28 of the respondents indicated that they received a timely response, 21 indicated their experience was excellent, 5 rated it as good, 1 rated it fair, and 1 rated it poor. Of the 28, 26 indicated they were treated with respect and 27 stated the information they received was helpful.
- 7. Could the county cost-effectively subcontract this program?**
When the grant proposal for the ADRC was developed in 2005, a public entity had to be the applicant. There is no other public entity qualified to deliver these services in Sheboygan County. With the integration of all allowable aging services (co-location within the ADRC of Adult Protective Services, Elder Abuse, Family Caregiver Support, Elderly Benefit Specialist, Nutrition Program, volunteer transportation), the current delivery system is efficient and cost-effective.
- 8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**
This program ranked 6 out of the 22 discretionary programs. It is a service available to all Sheboygan County residents to assist with an objective assessment of need and information about available options.
- 9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**
There is no alternative that provides the scope of services available in the ADRC. The goal of providing a one-stop shop could not be met if arrangements were made with alternative providers. That would greatly diminish the effectiveness of the service.
- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**
There would be no added risk to the County, liability or legal issues. There would be a potential impact to County residents who would have more difficulty accessing information about services. A potential impact could be an increase in elderly needing to access protective services or more costly deep end services that could require a public benefit or some county match funds.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
The program receives funding through a State grant and Federal Medicaid. The services of the ADRC are available at no cost to any Sheboygan County resident. The Disability Benefit Specialist has assisted Sheboygan County residents accessing benefits that have a monetary impact of \$796,309.90 for 2008. The Options Counselors have assisted 161 consumers (seniors, adults with developmental disabilities, physical disabilities) with accessing long term care funding.
- 12. Is this program currently duplicated by another County department or provider in the community?**
No, some community agencies may provide information specific to their area of responsibility such as Senior Center activities, home delivered meals within the Meals on Wheels delivery area, home care, etc. but the ADRC is the only entity that provides the scope of services from information and assistance to accessing the public funded long term care system.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
If funding for this program were reduced, there would need to be an evaluation of the level of reduction. An initial area we would consider would be to end services for the mental health and substance abuse population and refer them directly to County Behavioral Health. At this time, Behavioral Health can respond to crisis situations but appointments for services with an outpatient counselor are about 6 weeks out based on the current wait list and appointments to see the psychiatrist are being booked three months out.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Community Programs and Elder Support

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: BENEFIT SPECIALIST PROGRAM AND ADVOCACY

1. Describe the program, its purpose and goals.

The Benefit Specialist Program provides residents (age 60 years and older) with assistance regarding benefit issues, including, but not limited to, Supplemental Security Income, Social Security, Medicare, Medicare Part D, Medicaid, Food Share, Senior Care, Homestead Tax Credit, and housing issues. This includes representing them in disputes/appeals involving any public benefit program. The Benefit Specialist is trained and monitored by the Elder Law Center in Madison.

The goal of the program is to be an advocate for older people to secure benefits and to provide information and assistance on programs that may be of benefit to them.

2. Who is the program intended to serve? How many are served?

The Benefit Specialist program is available to serve all Sheboygan County residents aged 60 or older. In 2008, 746 persons were directly served. This position also provides articles to the local papers on issues directly relevant to this population.

3. Are the program benefits long-lasting and essential to the service populations?

The Program benefits are often long lasting, as once a person becomes eligible for a benefit; they generally continue to receive it. For example if someone completes a Homestead Tax Credit, Medicare Part D or Senior Care application, they automatically receive a renewal application the next year. The benefits are used to help pay their property taxes and reduce their prescription drug costs. The service helps seniors select the appropriate prescription drug plan to cover their personal prescriptions to save them money and improve health outcomes. The newspaper articles provide education and information on when and where to apply for financial assistance, how to prevent being taken in by a scam, how to select the right program for you in terms on prescription drug programs, long term care, etc.

4. Is this program directly or indirectly related to or does it support any other program in this Department or another Department? If so, how?

Directly related to other services of the Division of Community Programs and Elder Services. The Benefit Specialist is located in the Aging and Disability Resource Center (ADRC) and coordinates services with ADRC staff to maximize the consumer's resources. It is also a link to Economic Support services. Meal site managers often refer people they see on outreach or at the Senior Dining Sites to the Benefit Specialist. This position also coordinates with the TRIAD program.

5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?

Because this program has a close working relationship with the Social Security Office, Veterans Service, Tax Aide Program, the Family Care program, and the Senior Centers, the Benefit Specialist is able to assist elders over 60 get connected with the needed service. The elderly Benefit Specialist has been able to help facilitate information and conversation between agencies and helped prevent the agencies from duplicating their efforts.

6. How do you determine/measure if this program has been effectively provided and implemented?

The program is reviewed annually by the backup attorney from the Elder Law Center and ADRC Supervisor as to meeting program goals. They determine if the cases have been handled properly, if clients are receiving services they are eligible for, and what the monetary impact of the service is, such as if a person was eligible for a financial benefit and was not receiving the benefit prior to the Benefit Specialist intervention what did the person receive.

- 7. Could the County cost-effectively subcontract this program?**
Benefit Specialist services are integrally linked with the ADRC. It would not be efficient or cost-effective to subcontract this program. As an example, during peak application times for Senior Care, ADRC staff can provide additional support to assist the Benefit Specialist.
- 8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**
The program is ranked 7 out of the 22 discretionary programs. It directly supports the services available through the ADRC.
- 9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**
The Salvation Army has a legal program that serves low-income people in very limited legal areas. Older persons would have to seek the assistance of an attorney or accountant depending upon what service they needed.
- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**
If this program were eliminated, some elders would be greatly affected. The Benefit Specialist has been able to assist individuals in getting Social Security and Medicare benefits and saving other safety net programs from incurring additional costs. In other instances, the Benefit Specialist has been able to work with credit card companies to write off debt incurred when an elder's child or grandchild accrued debt on the elder's credit card, enabling the elder to remain in her own home rather than a more costly nursing home placement.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
Program costs are covered by Older Americans Act grants. The grant requires a 10% county match. The Division does not incur the costs for backup legal assistance through the Elder Law Center, a significant savings to the program.
- 12. Is this program currently duplicated by another County Department or provider in the community?**
No, the funding is part of aging services and specifically is directed at counties. The ADRC grant provides that Benefit Specialist services, both elderly and disability, be co-located with the ADRC.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
This program provides significant benefit to citizens of Sheboygan County. If the funding was reduced, it is likely we would prioritize delivery of this service by cutting back elsewhere with aging programs and services.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Community Programs and Elder Support

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: NATIONAL FAMILY CAREGIVERS

1. Describe the program, its purpose and goals.

This program provides information and assistance to caregivers to support them in their caregiving role. The program provides family member caregivers with an opportunity to maintain some degree of normalcy (e.g., being able to attend church, participate in outings with friends, shopping) and support from peers in realizing that they need not be the only person providing the care for their loved one and that others are experiencing similar challenges.

In conjunction with community partners, the program offers educational programs, Living Well With Chronic Disease and Powerful Tools for Caregivers, that are proven to support the safety and well-being of caregivers and the individuals with a chronic condition and delay the need for residential care.

2. Who is the program intended to serve? How many are served?

The program and services are available to Sheboygan County residents age 60 years and over who receive care from a family member or family members who are providing primary care for someone 60 years of age or older. In Sheboygan County, there are 20,044 people age 60 years and over. The population over age 85 is 2,298. Approximately \$10,000 or 20% of grant money is available for direct services to the caregiver for respite type needs. The equivalent of 43 days of paid respite was provided to spousal caregivers for respite in 2008. Due the high care needs of the individuals, the respite often occurs in a nursing home. In 2008, approximately 96 individuals were enrolled in the Caregiver Support program.

3. Are the program benefits long-lasting and essential to the service populations?

The caregivers are very appreciative of the service that helps them keep their loved one in the community. Many of the caregivers are spouses caring for spouses. The educational component of teaching less stressful and demanding means of providing care is beneficial as well as inclusion of other natural resources and supports. The caregiver spouse often has as many health problems as the one they are caring for and without assistance, both may end up in another living arrangement. Research has shown that programs and supports in place to assist caregivers improve the health outcomes for both the caregiver and the person receiving care. Responses from caregiver surveys specify the following benefits: better at caring for themselves, fewer feelings of anger, guilt and depression, increased confidence and ability to cope with the demands of care-giving and take more advantage of community services

4. Is this program directly or indirectly related to or does it support any other program in this Department or another Department? If so, how?

This program works closely with the Alzheimer Family Care program and Alzheimer funds can be used as match for the National Family Caregiver Program. The staff person who does the counseling is also responsible for prevention activities within the Aging and Disability Resource Center (ADRC). This provides a good link to resources. The location of the staff within the ADRC also allows for coordination with Options Counselors and referrals to Family Care. Many of the caregivers are also referred to the Benefit Specialist program for a benefit assessment.

- 5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?**
The program fills a gap in services. Previous to the funding being made available, persons found ineligible for most programs had no other means of consultation. The counseling service can help relieve caregiver stress, which can be a contributor to elder abuse. This program can help by providing options, reduce stress, and prevent the potential for abuse. We currently work cooperatively with Lutheran Social Services/Senior Solutions, UW-Extension, and other service providers to offer Caregiver classes. Currently, the UW-Extension is in the process of conducting a caregiver survey of all County employees.
- 6. How do you determine/measure if this program has been effectively provided and implemented?**
By the number of people who remain in their homes. And also by the contacts to the ADRC to access Options Counseling as the Caregiver program is a source of community outreach.
- 7. Could the County cost-effectively subcontract this program?**
Contracting was considered upon receipt of this grant funding. The provision of this service within the ADRC is the most cost-effective way to deliver the services. The funding received through this grant plus the ADRC funding provides a comprehensive coordinated service for Sheboygan County residents. The actual services, such as respite care, identified in the case plans are purchased from community providers.
- 8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**
This program is ranked 8 out of 22 discretionary programs. It is an integral part of the service package for Sheboygan County residents through the ADRC.
- 9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**
Community alternatives do not exist for the agency-provided components of this program. Services are provided and purchased on behalf of eligible program participants through community agencies. Grant funding is used to purchase materials for caregivers to attend classes provided by the hospitals, Lutheran Social Services, and home health care agencies.
- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**
Risk to the County would be minimal.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
The presenting caregiving issues included Alzheimer's and related dementia, physical health needs, and uncontrolled seizures. Crisis services to prevent placement outside the home are instituted within 24 hours of the referral. The program is funded through Older Americans Act Title III-E, which requires a 25% match. The 25% is non-County funds including the Alzheimer's Grant.
- 12. Is this program currently duplicated by another County department or provider in the community?**
No.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
If this funding was reduced and no other source of funding was identified, the position would need to be eliminated. As some of the services provided under this grant are related to providing services to the elderly, it is likely there would be additional calls to and work required by the ADRC. We would lose the grant funds as these funds are designated for use as described.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program must be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Community Programs and Elder Support

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: TRANSPORTATION PROGRAM

1. Describe the program, its purpose and goals.

The county receives State funding to provide specialized transportation services for Sheboygan County residents who are elderly or have a disability and are unable to utilize standard public transportation. The primary goal of the program is to provide transportation services to those people who would not otherwise have an available or accessible means of transportation.

In 2007, Health and Human Services entered into a partnership with the City of Sheboygan Transit via a contract to provide the elderly and disabled transportation program. This partnership is coordinated with the American with Disabilities Act (ADA) transportation the City is required to provide. Previously the City-County partnership was administered by the County and contracted to Handicare for both the elderly and disabled and the ADA. The current partnership is called Regional Transport Connection (RTC). Transportation is provided through wheelchair-equipped buses. The program operates 8 buses, 4 owned by the County and 4 by the City. Buses are purchased with grant funding from the State, with 80% provided by the grant and 20% being County matching funds for County buses.

Transportation is provided both through regular routes and on an appointment basis. The passengers are taken to medical appointments, nutritional services, which include Senior Dining Sites, employment, and personal business, social and grocery shopping.

2. Who is the program intended to serve? How many are served?

The program serves Sheboygan County residents who are elderly or adults who have a disability. According to the 2005 Department of Transportation estimates, 16,016 elderly over 65 and 2,084 non-elderly adult persons with a disability reside in the county. The chart below shows the usage of the Sheboygan County elderly and disabled transportation program in 2008. Please note that trips are calculated based on one-way and the numbers will not add up as caregiver ride-alongs are in the total and not included in the breakout numbers.

Total Trips	Elderly	Physically Disabled	Medical	Nutrition	Employment	Social*
40,184	32,499	6,554	7,167	11,324	7,696	12,276

*includes grocery shopping trips.

3. Are the program benefits long-lasting and essential to the service populations?

The individuals using this service are not able to use standard transportation. They often are reliant on wheelchairs, walkers, or canes to assist with mobility. They often do not have family or friends who can assist them with transportation. This program may be their sole or primary source of transportation. They use this service to attend medical appointments, to access the nutrition sites, to get to work, to go grocery shopping, and to access community resources. If they use the transportation service to get to work, they are also paying taxes. The individuals taking the bus for shopping and other personal business are spending money with local business operators and helping the local economy.

4. Is this program directly or indirectly related to or does it support any other program in this Department or another Department? If so, how?

RTC, as stated previously, brings participants to the Senior Dining Sites and allows clients to access office services of the Division of Community Programs and Elder Services, Economic Support and the Aging and Disability Resource Center. This service also assists clients in accessing services purchased by the Department, such as Project Independence and the Rehabilitation Center. The elderly also use this service

to access services at other County departments, including paying their taxes, visiting loved ones or friends at Rocky Knoll, conducting research at the County Museum, etc.

- 5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?**
This program is a shared service between Sheboygan County Health and Human Services and the City of Sheboygan. By utilizing the expertise of the City Transit to maintain the buses and coordinate the program, the County is able to run an efficient service. We are also able to draw down State and Federal dollars to benefit Sheboygan County residents for both delivery of the service and the purchase of the vehicles.
- 6. How do you determine/measure if this program has been effectively provided and implemented?**
Annually, we host public hearings on the transportation program. The comments have been favorable in terms of service and timeliness. At the 2008 hearing, the only request was for a pick-up to be added for the Village of Howards Grove. The cost per trip, mileage, and trips per hour statistics are kept and monitored monthly to assure the program is continuing to operate effectively and within budget.
- 7. Could the County cost-effectively subcontract this program?**
The program was subcontracted out from 1993 until 2006 to Handicare. Prior to 1993, the County provided and staffed the program. In 2007, the County entered into a contract with the City of Sheboygan to provide these services.
- 8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**
This program was ranked 9 out of 22 discretionary programs. It provides a service to elderly and people who have a disability that allows them to access community resources.
- 9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**
For the elderly in the cities of Sheboygan, Sheboygan Falls, and Kohler, City of Sheboygan Transit regular bus service is available; however, many elderly cannot use this transportation because of mobility problems. There is no other mass transportation service for the rest of the County. The users of this program have limited and fixed incomes and the current alternative for specialized transportation is expensive. Currently, for this specialized transportation service, a one-way or round trip within the city is \$45 before 5:00 p.m. and \$65 after 5:00 p.m. In addition, there is a \$1.35/mile charge. Most private providers limit transportation to medical or other specialized needs.
- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**
The ramifications would be the potential for increased expenses in other programs to fund paid staff and contract agencies to transport individuals. People requiring specialized transportation (a wheelchair lift or other mobility assistance) would likely not have access or would not be able to afford needed transportation. There could be ADA or other legal issues if transportation was not provided to those with a disability or who were denied access to services due to lack of transportation. Individuals could lose employment. Some of the elderly could not get to the meal sites impacting on their health and well-being as well as impacting the number of residents attending the meal site program.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
Coordination of the transportation program for the elderly and those with a disability effectively deploys buses on both fixed routes and on a reservation basis. RTC is currently exploring consolidating rides to frequently utilized stops or vendors. For example, hair care establishments that are frequented by several of the riders would be asked to see if appointments could be coordinated to maximize bus usage. This shared program with the City of Sheboygan maximizes available resources. The Transportation Coordinating Committee provides oversight and planning direction. The program currently has to deny about 5 rides per day due to capacity limits.
- 12. Is this program currently duplicated by another County department or provider in the community?**
No.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
If funding is reduced, we would consider further consolidation of routes. As a last resort, a plan to reduce the number of rides or eliminate routes would be implemented.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Social Services

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: COMMUNITY INTERVENTION PROGRAM (formerly known as Serious/Violent Chronic Offender & Community Intervention)

1. Describe the program, its purpose and goals.

The Intensive Supervision Program/Electronic Monitoring (ISP/EM) program serves high-risk juvenile offenders in the community with their families rather than placing them in high-cost facilities, while ensuring community safety. The ISP/EM program is authorized by Section 938.34(2r) and (3g) of the Wisconsin Statutes and the Department has opted to contract for this program. It is a four-step program, designed to be completed in 180 days. Youth start out wearing an electronic monitoring device for the first 45 day phase, and must provide a detailed schedule to the contract agency. Unscheduled daily contact occurs by program staff with each youth. At stage two, the monitoring bracelet is removed but a detailed schedule must be adhered to and the contract agency makes daily, unscheduled contact with the youth. During the two additional steps, youth are allowed increasing levels of free time and unscheduled contact levels decrease. Contract staff also assists families learn more effective ways of managing their delinquent youth. The goals of the program are to: reduce the number of juveniles in state correctional facilities, thereby reducing corrections costs; reduce recidivism; increase participation in education and/or employment; and prevent non-correctional out of home placements and reduce associated costs.

2. Who is the program intended to serve? How many are served?

The ISP/EM program serves juveniles age 10 to 17 years who have been adjudicated delinquent, and their families. These are juveniles who have committed serious offenses, such as burglaries or assaults, or who have committed a number of lesser offenses over time, such as disorderly conduct, without positively responding to less restrictive alternatives and who are on the verge of out-of-home placement, but who can be safely served in the community with this level of intensive supervision. By Statute (938.534) a caseworker providing services under an ISP may have a caseload of no more than 10 juveniles at a time, and shall have no less than one face-to-face contact per day with each juvenile who is assigned to that worker. In calendar year 2008, 22 juveniles were served by the program.

3. Are the program benefits long-lasting and essential to the service populations?

This program is essential if out-of-home placement is to be avoided for this specific population of high-risk juvenile offenders. The program can have long-lasting benefits to the juveniles and families they serve. A youth successfully completing the program should have learned better decision-making, that there are significant consequences to criminal behavior, that when laws are broken one's freedom can be restricted, and that if one cooperates and becomes a law-abiding citizen, his/her freedom is maintained and windows of opportunity for self-sufficiency are opened.

4. Is this program directly or indirectly related to or does it support any other program in this department or another department? If so, how?

This program is closely linked with court-ordered supervision provided by Department staff and funded by Community Youth and Family Aids. Additional County Departments, such as the District Attorney's office, Sheriff's Department, and the Juvenile Courts benefit from the services provided by the ISP/EM in that their goal of addressing community safety is enhanced relating to this population of high-risk juvenile offenders. Electronic monitoring also reduces time and cost associated with holding high-risk juveniles in detention.

- 5. How does this program make the department or county government more effective or efficient, including any intergovernmental relationship?**

This highly structured program provides effective services, reduces financial costs to the County, and maintains community safety. If we did not have this program and had to place the youth for the protection of the community, most of the placements would be out of Sheboygan County. Non-correctional placements now require monthly face to face contact by workers, the majority of which must be at the placement location, which would increase travel time and cost, hours away from the agency for social worker staff, and would be much less efficient. This program utilizes a high level of cooperation and collaboration between this Department, law enforcement, and the courts, and is most effective when parents are fully cooperative with the staff.
- 6. How do you determine/measure if this program has been effectively provided and implemented?**

During 2008, 64% of youth in the ISP/EM program successfully completed programming or are projected to do so in 2009 and avoided out-of-home placement. During the 07-08 state fiscal year ending 6/30/08 (corresponding with the source of funding from the State), only 4 youth from Sheboygan County entered a juvenile correctional facility (one less than the year previous.) Recidivism is measured by tracking the number of charges juveniles in the program had 6 months before entry, during the program, and for 6 months after discharge. While in the program youth experienced a 58% reduction in charges and a 30% reduction after leaving the program. Youth leaving the program experienced a 29% improvement in school attendance.
- 7. Could the county cost-effectively subcontract this program?**

This program is currently subcontracted to a private agency.
- 8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**

This program was rated 10 out of 22 by the Department.
- 9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**

This type of program is not available to the general public. Community agencies would not provide this program without a contract and funding. Providing this program and services internally would be cost prohibitive.
- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**

If this program was eliminated, we would lose the state grant that primarily funds the service. In order to responsibly carry out our duty to provide an appropriate level of juvenile court supervision to high-risk clients, we would likely have to place these youth to avoid the risk, liability, and possible legal ramifications of failing to adequately protect the community from the delinquent (criminal) acts of these juvenile offenders.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**

Youth are admitted to this program in lieu of out-of-home/out-of-county placement. The 12-month contract to purchase ISP/EM for State FY 07-08 was \$82,727 with client payments of \$143. Each youth admitted to ISP/EM has an identified out-of-home placement alternative. We project placements costs based on the actual days of client services (1,713 days) and the average per day placement cost of \$166.54. By utilizing the ISP/EM to serve these youth in the community at \$48.21/day/youth, the amount the County saved/did not spend on out-of-home placement was \$202,699 during SFY 07-08. The average cost is based on a youth in state corrections in 2008 was \$268/day, in Residential Care it was \$277/day and in a group home \$165/day. The current budget proposal from the Governor beginning on 7/1/09 for Juvenile Corrections placements is \$270 per day per juvenile. That is \$98,550 for one juvenile for one year or \$13,341 more than the total current one year contract for the approximately 20-23 youth served locally per year by the ISP/EM program.
- 12. Is this program currently duplicated by another county department or provider in the community?**

No other County or community organization provides this program and services to the juvenile population. The Division of Juvenile Corrections Corrective Sanctions program provides electronic monitoring without the daily contact for youth under their jurisdiction and the current rate is \$101 per day (over twice the cost of this program with less service.)
- 13. What adjustment or plan of action would you implement if funding is reduced?**

There would be no alternate funding available other than tax levy to continue this program/service. If this grant was reduced, we would purchase fewer slots which could result in youth being placed out of home/out of county at the higher cost of placement. This could result in a spiral effect of greater costs for placement resulting in additional reduction in community based services, resulting in more placements.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services - Division of Public Health

DEPARTMENT MISSION STATEMENT:

To improve the quality and self-sufficiency of Sheboygan County residents.

PROGRAM: CHILDREN WITH SPECIAL HEALTH CARE NEEDS

1. Describe the program, its purpose and goals.

This program provides case management services to children with special health care needs. Public Health Nurses provide assistance that allows for referral and follow-up to community resources. These children are ages birth to 21 with a long-term, chronic physical, developmental, or emotional illness or condition that meets specific requirements of the program.

2. Who is the program intended to serve? How many are served?

The program provides case management assistance to children (birth to age 21) and their families to meet their many special health care needs. In 2008, 21 children and their families were served.

3. Are the program benefits long-lasting and essential to the service populations?

This program offers a long-lasting benefit to the clients served by identifying resources that can be of assistance to them. With case management in place, the Public Health Nurses are able to assist with prompt identification of needs and methods to assist the clients. An example would be a child with multiple congenital malformations. The staff assists the family with resources to allow the surgical experience to go smoothly.

4. Is this program directly or indirectly related to or does it support any other program in this Department or another Department? If so, how?

Clients served by this program often receive services such as WIC or immunization services. In addition, the clients may be receiving assistance from Social Services, Economic Support, or Community Programs.

5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?

Prompt identification and coordination of care for these children allows for more effective management of their needs. We coordinate services through the Regional Children with Special Health Care Needs Center.

6. How do you determine/measure if this program has been effectively provided and implemented?

Contract objectives are reviewed at 6 months and on an annual basis. Fifteen (15) children must be provided services, including finding doctors and dentists, identifying services in the community, problem-solving, transitioning planning, and coordination with the Regional Office.

7. Could the County cost-effectively subcontract this program?

We are not aware of another organization that would be able to provide the needed services to children within our community.

8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.

This program was rated 11 out of 22 by the Department.

9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?

There are no other organizations providing CSHCN programming at this time. We are unaware of another organization that would be able to assist the clients in the multiple areas of need.

- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**
Eliminating this program would decrease assistance that is available to children with special health care needs. When needs are identified at a crisis point, in the future, increased cost would result.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
Because of the high needs of the children served and families served the program's coordination activities help provide effective service delivery.
- 12. Is this program currently duplicated by another County department or provider in the community?**
No other program in the community serves the number of clients assisted by Public Health.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
Children would need to be served through parental phone calls to the regional center. No local assistance would be provided.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program must be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Public Health

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: TRANSIENT WATER SUPPLY

1. Describe the program, its purpose and goals.

Non-community public water supplies provide potable water to public facilities, such as hotels, restaurants, industries, and recreational facilities, that do not have access to municipal water distribution systems. The source for the water is onsite water wells. The purpose is to sample the wells for contamination and to complete sanitary surveys to assure proper construction and maintenance. The primary goal of the program is to help assure that safe drinking water is available to patrons, owners, and employees that utilize the supply.

2. Who is the program intended to serve? How many are served?

Services, i.e. sampling, surveys, and postings, are provided to approximately 160 public premises. The purpose of the program is to help assure a safe drinking water source for all people who drink from these wells.

3. Are the program benefits long-lasting and essential to the service populations?

The businesses and premises that rely on water wells for their patrons are required to provide safe water. The water sampling and sanitary survey are essential to minimizing contamination.

4. Is this program directly or indirectly related to or does it support any other program in this department or another department? If so, how?

Yes; many of the supplies are the water source for restaurants, lodging, facilities, recreational facilities, and temporary food operations that we license.

5. How does this program make the department or county government more effective or efficient, including any intergovernmental relationship?

Combining this with our other Environmental Health activities has decreased redundant visits and provided an efficient and cooperative program with the Wisconsin Department of Natural Resources.

6. How do you determine/measure if this program has been effectively provided and implemented?

We are required to report all activities and provide documentation for our contractual obligations. Over 200 samples were collected and analyzed for contamination. Twelve (12) wells were issued "boil water" orders until corrections were completed.

7. Could the county cost-effectively subcontract this program?

No; the DNR only contracts with certified Local Health Departments.

8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.

This program was rated 12 out of 22 by the Department.

9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?

As the only Local Health Department in Sheboygan County, there are no other local alternatives.

10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?

We believe our involvement provides a more comprehensive program that can identify and respond to water related human health hazards. It also provides a funding source that allows for more comprehensive inspections of our restaurants, etc.

- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
All wells are sampled for contamination annually, and sanitary surveys are completed with no County tax levy.
- 12. Is this program currently duplicated by another county department or provider in the community?**
No.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
If the contracted amount from the DNR was drastically reduced, we would discontinue the activities which would the Department of Natural Resources to explore alternatives, for example higher fees.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program must be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Public Health

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: GREAT LAKES PUBLIC BEACH WATER SAMPLING

1. Describe the program, its purpose and goals.

This is an Environmental Protection Agency/Wisconsin Department of Natural Resources (EPA/DNR) fully funded Lake Michigan public beach water sampling and health hazard posting program that monitors 12 Sheboygan County public beaches, including four locations at the Terry Andrae State Park, King Park Beach, Blue Harbor Beach, DeLand Park Beach, Amsterdam Beach, KK Road Beach, and VanEss Road Beach. The primary goal is to monitor lake water quality and properly post the beaches to reduce water-borne outbreaks.

2. Who is the program intended to serve? How many are served?

Those residents and visitors who visit our public beaches and swim or have contact with the waters of Lake Michigan.

3. Are the program benefits long-lasting and essential to the service populations?

Yes – Our sampling program has identified high levels of bacteria that have resulted in numerous warning and closing of the beaches because they are unsafe for recreational use. In 2008, 18.1% of the samples exceeded advisory level standards.

4. Is this program directly or indirectly related to or does it support any other program in this department or another Department? If so, how?

Beach sampling and monitoring supports our required communicable disease surveillance activities.

5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?

It is much more efficient to have a coordinated sampling effort centralized than to have each location's municipality or department run individual programs.

6. How do you determine/measure if this program has been effectively provided and implemented?

The contracted agreement with the EPA and DNR is very specific in sampling schedules and monitoring. Timelines must be met to assure posting results on various websites.

7. Could the county cost-effectively subcontract this program?

We actually subcontract the laboratory work and some sampling activities. It is a very efficient private/public relationship.

8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.

This program was rated 13 out of 22 by the Department.

9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?

The base contract must come to the Local Health Department and as noted before, we contract to assure efficiency and appropriate back-up.

10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?

We believe based on the past history of water sample results that without proper beach posting, people would unknowingly use the beaches and place themselves and, particularly, toddlers and small children at risk for disease.

- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
The program is fully supported by the EPA/DNR grant which is approximately \$12,000 annually. This small, but efficient, Environmental Health Program provides a huge “bang for the buck.”
- 12. Is this program currently duplicated by another County department or provider in the community?**
No.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
We would prioritize the high usage beaches and those with higher levels of contamination.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Public Health

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: HIV COUNSELING & TESTING

1. Describe the program, its purpose and goals.

Human Immunodeficiency Virus (HIV) counseling and testing is provided via the Sheboygan County Division of Public Health, as HIV and acquired immunodeficiency syndrome (AIDS) continues to occur in our county. Anonymous and confidential blood testing and counseling are provided to persons self-identified to be at risk of having HIV/AIDS. Additional testing and counseling is provided to partners of HIV positive individuals via referrals to the agency. Counseling focuses on reducing “risky” behaviors and referral to HIV case managers and health care providers as needed. As a part of this initiative, Public Health Nurses are also active participants in the Sheboygan County AIDS Taskforce.

2. Who is the program intended to serve? How many are served?

The program is targeted to reach those at risk of HIV infection, including, but not limited to, sexual/needle sharing partners of individuals known to be infected with HIV. In 2008, 41 tests were conducted as requested by self-referral with no positive findings identified. Since January 1, 2005, two of the individuals seeking services at our testing site were found to have a positive HIV result. In addition to the above, four individuals were seen in 2008 for HIV testing after being referred to our Partner Notification and Referral Service.

3. Are the program benefits long-lasting and essential to the service populations?

Benefits are long lasting and essential. Early identification of HIV, coupled with early initiation of antiretroviral drugs, significantly improve the disease prognosis of infected persons and can provide an opportunity to provide education intended to reduce the likelihood of transmission to others. Education on transmission of HIV and it’s prevention is a proven strategy in decreasing rates.

4. Is this program directly or indirectly related to or does it support any other program in this Department or another Department? If so, how?

This program is indirectly related to a number of other programs. HHSD workers will refer clients for HIV counseling and testing program. All clients referred to DPH for sexually transmitted disease follow-up are encouraged to seek HIV testing at either our agency or their health care provider. People with drug addictions and tuberculosis infections are encouraged to be tested. Those without resources are able to access our testing services.

5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?

Educating the public regarding HIV infection, reducing the incidence of HIV, and identifying infections early leads to a reduction in health care costs and tax burden.

6. How do you determine/measure if this program has been effectively provided and implemented?

Informal evaluation occurs on the agency level; clinic statistics are reviewed. Feedback is received from State HIV staff.

- 7. Could the County cost-effectively subcontract this program?**
At this time, we are unaware of any agencies that would be able to effectively manage the anonymous portion of this testing program.
- 8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**
This program was rated 14 out of 22 by the Department.
- 9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**
Individuals can receive confidential HIV testing services at their healthcare provider's office for a fee. Our office is the only local facility that can provide anonymous testing (no names, client is assigned a number) and without charges. We are able to provide free testing for all seeking services, as lab tests are performed at the Wisconsin State Lab.
- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**
Individuals at risk may be less likely to receive testing. Early identification and treatment would be less likely to occur. Additional transmission of HIV may occur.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
In 2000, the U.S. Department of Health reported that estimated *health care costs associated with treatment* of an HIV infection from time of infection to death to be \$155,000. HIV/AIDS significantly affects the health of the public as well as the social and economic well being of individuals, families, and communities.
- 12. Is this program currently duplicated by another County department or provider in the community?**
No other county sites offer free, anonymous, and confidential and partner referral-testing services.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
We would adjust by referring clients to other counties for free and anonymous testing.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Public Health

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: REFUGEE HEALTH

1. Describe the program, its purpose and goals.

This program provides public health screening, education, and referral services for refugee arrivals throughout their first 90 days in the United States. The purpose of the program is two-fold: first, to assure that refugees gain access to necessary primary health care in our community and learn to effectively utilize the U.S. Healthcare system; and secondly, to identify and minimize any community-wide communicable disease risk associated with the arrival of this population.

2. Who is the program intended to serve? How many are served?

This program is provided specifically for those individuals designated as refugees and admitted through the U.S. admissions process. Thirty-four (34) Burmese and Hmong refugees were served during the past year.

3. Are the program benefits long-lasting and essential to the service populations?

Yes. Refugees arrive with health needs requiring medical attention and possess a limited understanding of how to access health care. Their early access to health care reduces the risk of transmission of communicable disease and provides an opportunity for refugees to establish positive health habits and appropriate utilization of services in their new country.

4. Is this program directly or indirectly related to or does it support any other program in this department or another department? If so, how?

The program relates directly and indirectly to other HHS programs. Refugee clients are referred for a variety of Public Health Services (i.e., immunizations, WIC, communicable disease follow-up, vision and hearing screenings, etc.). They are also served by Economic Support to gain access to Medicaid, W2, and Refugee Assistance benefits. Refugees are also referred to other HHSD Divisions as needs for services are identified (i.e., Birth to Three Program, Mental Health Services, etc.).

5. How does this program make the department or county government more effective or efficient, including any intergovernmental relationship?

Community partners such as medical providers, dentists, hospitals as well as members from the other Divisions within the Health and Human Service agency have worked in close collaboration to facilitate an efficient, effective program to assist refugees in the relocation process. Partners turn to the Division of Public Health for guidance related to the unique health needs of the refugee population.

6. How do you determine/measure if this program has been effectively provided and implemented?

Individual health assessments, which include information regarding screening results, treatments obtained, and referral data are reviewed. Feedback from refugees as well as community partners is encouraged and consistently has been positive in nature. The Sheboygan County Division of Public Health refugee health program is well respected throughout the community and throughout Wisconsin.

7. Could the county cost-effectively subcontract this program?

We do not believe that subcontracting is a viable or cost-effective option at this time based on the central communicable disease control aspect of this program.

8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.

This program was rated 15 out of 22 by the Department..

9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?

The State contracts with the Division because no other alternatives have been identified. The refugee population has unique needs related to communicable disease and access to care. Public Health staff are in the ideal position to be successful in assuring refugee needs are met on a timely basis. This program provides ease in access to other programs such as WIC, immunizations, etc.

10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?

The greatest risk of program elimination relates to potential risk of disease spread to community members associated with any delay in identification and treatment of communicable diseases identified within the refugee population (i.e., tuberculosis, hepatitis, etc.).

11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)

The number of refugee arrivals has decreased over the past five (5) years with 34 new arrivals resettling in Sheboygan County during the past 12 months. Despite this reduction in the number of refugees arriving, the impact and effectiveness of the program has not waned. The program's impact is best demonstrated by the fact that Public Health staff have facilitated screenings of the arrivals which have led to the prompt identification and treatment of latent tuberculosis, Hepatitis B and C, malaria and parasitic infections, scabies and head lice, dental disease, vision and hearing deficits, and various chronic diseases. These public health interventions reduce the risk of communicable disease transmission to others in the community with associated costs. Delay in identification of vision and hearing deficits and chronic diseases may pose significant challenges to the refugees in relation to their success in reaching education and employment related goals.

12. Is this program currently duplicated by another county department or provider in the community?

No.

13. What adjustment or plan of action would you implement if funding is reduced?

If funding is reduced, it would reduce our ability to conduct prompt outreach and screening for refugees, with a potential for an actual increased cost and fragmentation of health care services for this at-risk population. Our agency could request that the State of Wisconsin identify another community agency to conduct the outreach/screening, but limited success in this endeavor would be anticipated.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Economic Support

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: SHEBOYGAN COUNTY WORKS

1. Describe the program, its purpose and goals.

Sheboygan County Works is a financial assistance program for Sheboygan County residents who lack sufficient resources for medical and shelter needs and do not qualify for other public assistance programs. The program provides time-limited and minimal shelter, medical, Supplemental Security Interim benefits, and personal payments. There is an employment and training component requirement for non-medical payments. All benefits issued are subject to repayment and collection.

2. Who is the program intended to serve? How many are served?

The program generally serves very low-income individuals or childless couples who have resided in Sheboygan County for at least six (6) months and have exhausted all other resources. The following chart indicates recipients of Sheboygan County Works for the year 2004:

Program	Non Medical	Medical	Non Medical/Medical
2008 Total Unduplicated Recipients	80	8	8

3. Are the program benefits long-lasting and essential to the service populations?

The non-medical component of the program provides short-term assistance, up to three (3) months in any calendar year. The medical component is capped at \$1,000 in benefits in a calendar year. Even though the benefits are capped or short term, they are essential to this population, as this service is a last resort after all other options have been exhausted. The program maintains health and shelter needs and allows a small personal allowance of \$40 monthly for up to three (3) months in any calendar year to purchase necessities that cannot be purchased through the FoodShare program. The program also issues benefits that are essential to those waiting for Supplemental Security payments to be approved and are recovered through an agreement with the Social Security administration. The medical component of this program is set to be eliminated by the State on 7/1/09, when they expand Medical to this population.

4. Is this program directly or indirectly related to or does it support any other program in this Department or another Department? If so, how?

All Divisions within the Health and Human Services Department refer low-income individuals with no other resources for Sheboygan County Works as a means to ensure medical and shelter needs. Many customers/clients of each Division rely on this subsidy to assist in stabilizing their financial and personal situation, while working on other precipitating issues. For example, physical or mental health or employment and training with staff in these Divisions. The Sheboygan County Works program also works closely with the Veterans Services Department to ensure non-duplication of services and maximization of county resources.

5. How does this program make the department or county government more effective or efficient, including any intergovernmental relationship?

The Sheboygan County Works program is integrated into all financial assistance and employment and training programs in the Division, and the services provided assist in supporting individuals in all other Divisions within the Department, as well as the Veterans Service Commission and community service providers. This integrated program approach has proven to be the most effective and efficient approach to customer service delivery. One-stop eligibility, referral to non-county resources, and the dollars invested back into the community through payments to the landlords, utility companies, and medical providers assist in making the County operations more effective and efficient.

6. **How do you determine/measure if this program has been effectively provided and implemented?**
Ten (10) of the eighty (80) non-medical recipients were approved for Supplemental Security Income (SSI) and the agency received reimbursement for costs paid from the Social Security Administration. Also, 100% of the non medical recipients were co-enrolled in the FoodShare Employment and Training Program.
7. **Could the County cost-effectively subcontract this program?**
No. State Statute 49.027 allows counties to operate this program and receive some reimbursement for the medical component.
8. **State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**
This program's ranking in the Department is 16 of 22.
9. **Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**
No.
10. **If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**
The Veterans Services Commission could see increased costs, as over the past few years, coordination of the two programs has assisted in stabilizing some of their costs.
11. **What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
The following chart illustrates the amount of program benefits issued to or on behalf of customers in this program in the year 2008:

Program	Benefits	Repayment (includes SSI Interim payments)
Non Medical	\$23,526.72	\$8,434.49
Medical	\$3,768.72	\$5,188.37
Total	\$27,295.44	\$13,622.86

At year end, a comparison of expenditures (minus direct client benefits) with individuals served indicates an annual per individual rate of \$58.07. Inclusion of the benefits paid, would establish a per individual rate of \$342.40.

12. **Is this program currently duplicated by another county department or provider in the community?**
No.
13. **What adjustment or plan of action would you implement if funding is reduced?**
The State will replace the medical component with a core plan through Medical Assistance on 7/1/09. There will still be some unmet needs that are not covered by this plan. Also there is an enrollment fee, which some individuals may not be able to afford. For the non-medical component, we would need to work with the other Divisions within the Health & Human Services Department, the Veterans Services Commission, the Sheboygan Housing Coalition, and community-based agencies to attempt to find alternative resources for this target population. Based upon current resources and target groups served by these agencies, it is unlikely that the need would be met.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Social Services

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: FOSTER PARENT TRAINING & EDUCATION/TRAINING VOUCHER PROGRAM

1. Describe the program, its purpose and goals.

The Foster Parent Training Program provides competency based training to our foster parents to equip them in caring for children who have been abused or neglected, or have committed delinquent acts, and who, at least temporarily, cannot live in their own homes. Comprehensive, competency-based training is critical to recruiting, supporting, and retaining quality foster parents. Through this program, the foster parents develop the specialized knowledge and skills to care for other people's children, and learn the Wisconsin Laws and Administrative Rules governing the environment and practices of foster care. The goal is that the foster parents will be able to care for children who have inordinate or specialized needs as a result of developmental injuries or trauma. The Education and Training Voucher (ETV) Program is a mandated program through the John H. Chaffee Foster Care Independence Act, offering financial assistance to eligible youth who have aged out of alternate care. The funds can be used to complete post-secondary education and job training. The goal of the ETV Program is to help youth make the transition to self-sufficiency and receive education, training, and services necessary to obtain employment.

2. Who is the program intended to serve? How many are served?

The Foster Parent Training Program provides training for all of our foster families. The staff of group homes contracted by Sheboygan County are also welcome and encouraged to attend, as are relatives caring for children through court ordered Kinship Care. When space allows, the training is available for a fee to private treatment foster homes in Sheboygan County. Sheboygan County had 48 licensed foster homes at the end of 2008. The ETV Program is intended to serve any youth that had been placed in out-of-home care at least six months at the age of 15 or older and left care after age 18 or were adopted after age 15. In 2008, we helped two youth continue their education at UW-Sheboygan and at Lakeshore Technical College.

3. Are the program benefits long-lasting and essential to the service populations?

The Foster Parent Training Program is essential to meeting the needs of foster parents and the children they serve. Children being served come from extremely dysfunctional, abusive, and/or neglectful homes, and often have had little or no structure or nurturance in their lives. Adequately trained foster parents are better equipped to meet the needs of the children they serve, and also to interact with, and help train, the child's parents. Well-trained foster parents tend to remain in the program longer, and some chose to adopt children who become eligible after terminations of parental rights. Research has shown that children/youth leaving foster care at age 18 have far greater challenges and difficulty becoming self sufficient than those who come from supportive, parental homes. With ETV assistance, these youth have additional support to continue their education or seek job training.

4. Is this program directly or indirectly related to or does it support any other program in this department or another department? If so, how?

The Foster Parent Training Program is crucial to the Child Protective Services and Juvenile Justice Units who served 77 children in foster care (an average of 37 per month) in 2008. Some of the children served are also being served by the Division of Public Health, Division of Community Programs, and Economic Support. The foster parents are critical members of the treatment team helping to bring about positive change for these children and families, and are integral to the Court system in being available to provide care when children and families are in crisis. The ETV Program connects youth with Economic Support and other community resources as needed.

- 5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?**
A well-trained foster parent can help maintain the child/youth in the community, rather than resorting to more costly out-of-home placement alternatives. Being local, the child is able to maintain ties with his/her family, social workers are able to quickly respond to issues that may develop, and the child may be able to continue in their same school program. The ETV Program helps youth get on their feet, instead of floundering in self-destructive behaviors such as alcohol/drug abuse, sexual acting out, or criminal acts, which would then impact other agencies.
- 6. How do you determine/measure if this program has been effectively provided and implemented?**
Every year, the evaluations of the training program have been rated exceptionally high by the participants, reflecting the quality of the content, and of our trainers. The stability and success of the children placed in their foster homes, and the foster parents' skill in caring for them attests to the effectiveness. The ETV Program can be difficult to monitor, due to the transient nature of the population. Our best measure of its success is the number of youth who actualize the means of support to further their education or job training.
- 7. Could the County cost-effectively subcontract this program?**
No. The Department receives 40% reimbursement from the State for the provision of the Foster Parent Training Program. It is of great benefit to train our own foster parents, as the foster parents are then very clear on the expectations of the Department, and the Foster Care Coordinator can assess the foster parents during the course of their training sessions. The training is done in a group setting by a former foster care coordinator as the lead trainer, and also with 2 or 3 foster parents (a requirement of the State if we are to receive reimbursement). The amount of money received for the ETV Program is small (\$5,478 for 2009). Coaching, contracted through Lutheran Social Services, along with authorization of expenses, constitutes our delivery of this program.
- 8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**
This program was rated 17 out of 22 by the Department.
- 9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**
There are no current alternatives to either program in Sheboygan County at this time. Foster parent training is provided through a contract with a former foster care coordinator and two of our current foster parents. If we were to contract out the ETV Program, any administrative costs claimed by that agency would significantly reduce the grant.
- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**
Children could be placed in foster homes with adults unprepared or unqualified to address their needs, resulting in poor quality care, disrupted placements and loss of foster homes. In the worse case scenario, a child could be maltreated once again, by someone who is expected to protect them. The County could be subject to legal action for damages or injuries to a child. Out-of-home placement costs in much more expensive settings would increase as well. We are mandated to offer this program to eligible youth. Any unused money must be returned to the State.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
In 2008, we were able to provide two 30-hour pre-service sessions as well as recruitment/informational meetings and ongoing training for our foster parents, some social workers and outside agencies. We charge private agencies \$100 per person, recouping some of our costs. The cost of the program in 2008 was \$15,131, considerably under the \$28,652 budget approved by the State for 40% reimbursement. The ETV Program funds are allocated based upon the number of youth who apply two years prior.
- 12. Is this program currently duplicated by another County department or provider in the community?**
Neither of these programs is duplicated by another County department or provider.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
We would offer fewer series of training sessions. This would result in long delays before we could place children in newly licensed homes, potentially increasing costs in other placement settings. The ETV program is mandated, has always been grant supported, and can be expected to remain the same.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Community Programs and Elder Support

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: NUTRITION PROGRAM

1. Describe the program, its purpose and goals.

The purpose of the elderly nutrition program is to provide nutrition services that assist older individuals in Wisconsin to live independently, by promoting better health through improved nutrition and reduced isolation through programs coordinated with nutrition-related supportive services. The program provides hot, nutritious congregate meals to seniors age 60 and over at nine (9) Senior Dining Sites and provides home-delivered meals from the sites and through a contract with Meals on Wheels, Inc. The sites are open from one (1) to five (5) days a week. Nutrition services include the procurement, preparation, transport, and service of meals; nutrition education; nutrition screening; and nutrition counseling to older individuals at community dining centers or in their homes. The goals of the program are to prevent malnutrition and promote good health behaviors through nutrition education, nutrition screening, and intervention of participants; serve wholesome, delicious meals that are safe and of good quality through the promotion and maintenance of high food safety and sanitation standards; promote or maintain coordination with nutrition-related and other supportive services for older individuals; and target older adults who have the greatest economic or social need, with particular attention to low-income minority and rural individuals through outreach services.

2. Who is the program intended to serve? How many are served?

The program is intended to serve all older persons aged 60 or older and:

- Any spouse who attends with their spouse who is aged 60 or older.
- A disabled individual who resides at home with and accompanies an older individual to the dining center.
- A person aged 60 or older (and their spouse) who is frail and essentially homebound because of illness, disability, or isolation for whom an assessment concludes that participation is in the individual's best interest is eligible for home delivered meals.

According to the 2000 census, there were 20,044 persons aged 60 and over in Sheboygan County including those in institutions. In 2008, 633 individuals participated in the congregate nutrition program and 203 individuals in the home-delivered meal program. Overall, 33,908 congregate meals and 27,715 home-delivered meals were served.

3. Are the program benefits long-lasting and essential to the service populations?

Program benefits are nutritious meals and socialization. The food benefits are long lasting and essential to the quality of life of our customers and their ability to care for themselves. Community and current information is presented at the dining sites, and sites serve as community focal points for delivery of services such as Energy Assistance applications, flu shots, and tax preparation. The Senior Dining sites also offer volunteer opportunities to the participants. They assist site managers in all aspects of the operation of the site and in the delivery of meals to homebound individuals.

4. Is this program directly or indirectly related to or does it support any other program in this Department or another Department? If so, how?

Dining Site Managers oversee the Senior Dining program and, in addition, provide outreach services within assigned geographic areas of the county. Site Managers may also refer consumers or their family members to other services and programs within the Division of Community Programs and Elder Services, and the Division of Economic Support. For many seniors, the nutrition program is the first link to any Health and Human Service programs. Nutrition program services can assist in preventing or delaying the need for more costly long-term support services, and staff can assist in monitoring to assure safety in the provision of community-based services.

5. **How does this program make the department or county government more effective or efficient, including any intergovernmental relationship?**
The program encourages early intervention before situations worsen. The ability to link seniors with the correct, needed service provider saves time and money. Two of our dining sites are located in city-operated senior centers, two are located in village halls, two are located in churches, one is located in the County owned Ag Building, one in a village senior center, and one is located in a restaurant. All the meals, except at the restaurant, are prepared by Aramark, meeting nutritional guidelines of the program.
6. **How do you determine/measure if this program has been effectively provided and implemented?**
Direct customer and service provider contact and home-delivered meal service surveys are utilized as one measure. We also closely monitor monthly reports that are submitted regarding the numbers of customers utilizing our services.
7. **Could the County cost-effectively subcontract this program?**
This program could be subcontracted. The challenge is that funding for this program continues to decrease and food and other expenses continue to increase. All County residents over 60 years of age are eligible for the Congregate Meal Program component and the regulations restrict charging for the actual cost of the meals.
8. **State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**
This program's ranking in the Department is 18 of 22.
9. **Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**
There are two meal programs in the city of Sheboygan and one in Elkhart Lake that serve one day a month to all age groups. We currently coordinate services with Meals on Wheels for home-delivered meals.
10. **If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**
Risk to the county would be minimal.
11. **What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
A total of 344 people receiving meals reported being unable to perform two or more Activities of Daily Living, which indicates they are at risk of needing long-term care services. We have been downsizing the program. In 2008, the number of meal site managers went from five (5) to four (4) with no reductions in service dates.

Senior Dining Site	Days Meals are served	Average daily attendance
Sheboygan Senior Center	Monday-Thursday	55 at site; 20 Home Delivered
St. Luke's Church	Fridays	22 site; 2 Home Delivered
Adell Senior Center	Monday thru Friday	12 site; 35 Home Delivered
Cascade Village Hall	Mondays	12 site
First Reformed Church-Cedar Grove	Mondays	20 site; 2 Home Delivered
Howards Grove Community Center	Tuesday and Thursday	25 site; 5 Home Delivered
Knotty Pine Restaurant –Oostburg	Wednesdays	15 site
Plymouth Senior Center	Monday thru Friday	45 site; 4 Home Delivered
St. John's UCC-Random Lake	Wednesday	12 site
Sheboygan County Ag Building	Monday thru Friday	26 site

12. **Is this program currently duplicated by another County department or provider in the community?**
No.
13. **What adjustment or plan of action would you implement if funding is reduced?**
We would look at reducing a site or establishing a wait list for home-delivered meals.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Community Programs and Elder Support

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: VOLUNTEER SERVICES

1. Describe the program, its purpose and goals.

This program develops volunteer opportunities for the senior citizens of our county, recruit senior volunteers, and provides ongoing support to volunteers in their various volunteer activities. Included in the goals of the Older American's Act is "participating in and contributing to meaningful activity..." Volunteering provides a sense of purpose and a feeling of worth. Volunteer activities add to the quality of life for our seniors and through this activity, assist in helping them remain independent. Many low-income seniors volunteer as a way of paying for the service they are receiving. Volunteers assist in all aspects of the nutrition program, take people to medical appointments in and outside the county, serve as office receptionists, are Peer Friends, serve as courthouse greeters, serve on the Aging Advisory Committee and Senior Dining Site Councils, assist with special events and so much more. Most volunteers receive no compensation and a few receive mileage reimbursement. We could not operate many of our programs without the assistance of volunteers. The Department holds an annual Volunteer Banquet to recognize the volunteers for their services.

2. Who is the program intended to serve? How many are served?

The program is open to any Sheboygan County resident age 60 years and over. Younger volunteers do participate in many of our programs, but are not included in this portion of the program, based on the parameters of the Older Americans Act. In 2008, 400 senior volunteers provided 21,917 recorded hours of service.

3. Are the program benefits long-lasting and essential to the service populations?

Each volunteer will cite a variety of reasons they find volunteering important. These include that they find the volunteer job rewarding, they have an opportunity to do for others rather than be on the receiving end of services, it motivates them to get out of bed or out of the house as they are responsible for helping, they know that others depend on them so it provides a feeling of self-worth, etc. Many of these seniors have always volunteered and, based on age or conditions related to aging, many groups or volunteer activities are not able to accommodate these senior volunteers. The aging programs and staff actively seek and develop volunteer activities that allow a person to use their strengths and abilities.

4. Is this program directly or indirectly related to or does it support any other program in this Department or another Department? If so, how?

Volunteers are an integral part of Elder Services. Many of the programs, such as the Senior Dining Sites, could not operate without the volunteers. Senior volunteers are vital to the composition of many of our advisory boards and committees. Seniors assist with meal delivery outside of the areas covered by the Meals on Wheels program. Seniors also provide other seniors with transportation to medical appointments. In cooperation with TRIAD, the Division provides support to the seniors that volunteer for the Sheboygan County Courthouse Greeters Program.

5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?

The Courthouse Greeter Program arose from TRIAD, an association of law enforcement and seniors. All county law enforcement agencies are represented in TRIAD. Staff from Elder Services coordinate the Courthouse Greeter Program. Volunteers reduce the cost of operating our programs by assisting with meal set up, serving, clean up, and doing the dishes.

- 6. How do you determine/measure if this program has been effectively provided and implemented?**
While finding volunteers is not easy, we have been able to recruit the necessary volunteers. We are able to provide home-delivered meals countywide. We have very few people that we cannot arrange to get to medical appointments. Based on the 21,917 recorded volunteer hours worked in 2008, if paid at minimum wage (\$6.55/hr.) totals \$143,556. The Department also received feedback from the volunteers themselves or family members on the importance of this program in their lives.
- 7. Could the County cost-effectively subcontract this program?**
No, as it is integrated into other services provided by and within the Department. As an example, a meal site manager on an outreach visit may encounter a situation where a newly widowed senior is experiencing depression. This person is invited to the meal site but expresses that they have limited financial means. The meal site manager will work with the person to ensure they can volunteer at the site. An Aging and Disability Resource Center (ADRC) staff person during a presentation on Elder Abuse may have individuals who express an interest in becoming Peer Support Specialist or volunteer drivers.
- 8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**
This program is ranked 19 out of 22 discretionary programs. It is a small grant that allows the Department to enhance opportunities for seniors, but does not provide a core service.
- 9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**
There are no current alternatives. Many organizations recruit and use volunteers, but for many of our seniors either due to age or physical limitations these volunteer activities are not suitable. In some cases, lack of transportation or the time of day or evening prohibit them from participating. The Department is able to include opportunities to volunteer within programs the seniors are already attending.
- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability, or legal issues)**
If volunteers were not available to provide services such as medical transportation, there could be an increased cost, as we could be required to pay a contract agency or staff to provide the transportation. The meal site overall cost could increase, as we would need to add staff time for activities currently done by the senior program participants/volunteers.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
Volunteers are priceless. Using minimum wage, their value in 2008 was \$143,556 for 21,917 hours.
- 12. Is this program currently duplicated by another County department or provider in the community?**
No, again these services are integrated into other aging programs.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
The responsibility of supporting the volunteers for the dining sites could be assigned totally to the Meal Site Managers. The Courthouse Greeter Program could possibly be continued solely through the efforts of TRIAD. The volunteer drivers for medical escort would be very difficult to continue without the coordination of this program and may need to be eliminated. The Peer Counselor program would likely not continue due to lack of support and training for those who volunteer. It may also impact on an individual's willingness to attend the meal site as those who are not able to fully contribute the recommended amount take pride in volunteering.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Public Health

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: SCHOOL HEALTH – VISION & HEARING SCREENING PROGRAM

- 1. Describe the program, its purpose and goals.**
The purpose of this program is to identify hearing and vision deficits of students which may have negative effects on their ability to succeed in the school setting.
- 2. Who is the program intended to serve? How many are served?**
This is a population-based service provided to kindergarten students in all Sheboygan County public and private schools. Due to staffing and budgetary constraints, the level of services to the schools was significantly reduced beginning in the 2008-2009 school year. In the 2007-2008 school year, 10,650 screens were conducted with 286+ children requiring treatment for vision and/or hearing deficits. The 2008-2009 program is in progress; statistics are not yet compiled. It is anticipated that the number of screens have been reduced to approximately 2,800.
- 3. Are the program benefits long-lasting and essential to the service populations?**
Yes. The benefits associated with healthy vision and hearing are long-lasting. Early identification of amblyopia (lazy eye) is critical to the vision health of children, as delay in identification reduces ability to obtain treatment success. Two students during this school year have been found to have profound hearing loss, requiring placement of hearing aids. Long-lasting benefits are evident.
- 4. Is this program directly or indirectly related to or does it support any other program in this Department or another Department? If so, how?**
Division of Public Health staff work with families who cannot afford medical or optometric care for evaluation and treatment, gain financial assistance through BadgerCare, as well as local service group such as the Lions Club, etc.
- 5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?**
The Public Health staff conducting the screening program represent the Division of Public Health in the schools and facilitate communication between the school and the Division of Public Health.
- 6. How do you determine/measure if this program has been effectively provided and implemented?**
Screening statistics are monitored. Referral responses demonstrate numbers of students found to have hearing or vision deficits requiring treatment. 3,111 hearing screens and 7,548 vision screens were completed in 2008 resulting in 603 referrals.
- 7. Could the County cost-effectively subcontract this program?**
Current services would be difficult to subcontract in a cost-effective manner. Screening services are provided in a cost-effective manner with the use of limited term screener technicians and school volunteers under the direction of the Public Health Nurse
- 8. State the numerical ranking of this program compared to all discretionary programs in your Department and briefly explain.**
This program was rated 20 out of 22 by the Department.

9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?

Following announcement of reduction in screening services this year, the Division of Public Health has offered use of screening equipment to school districts to screen students in other grades. In response to this offer, the Sheboygan Area School District borrowed equipment, but had minimal success in securing volunteers to conduct screenings at the Early Learning Center. We will continue to offer this option to schools and community groups.

10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?

A reduction in early identification of vision and hearing deficits would take place.

11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)

The impact and effectiveness related to this program is on an individual level relating to those students who have been successfully treated for vision and hearing deficits. Families and classroom teachers best describe the significant impact that treatment has on some of these children.

12. Is this program currently duplicated by another County department or provider in the community?

The program is not duplicated by others in the community.

13. What adjustment or plan of action would you implement if funding is reduced?

Program would be eliminated.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program must be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Community Programs and Elder Support

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: FAMILY CARE

1. Describe the program, its purpose and goals.

Family Care is the redesign of all of Wisconsin's publicly funded long-term care services (formerly Community Options and Community Integration Programs) for the elderly and adults with physical or developmental disabilities. In Sheboygan County, the State of Wisconsin contracted with Community Care, Inc., a private, non-profit managed care organization to manage the Family Care Program and deliver services. Community Care has opted to contract with Sheboygan County Health and Human Services for case management and nursing services, administrative support, and rental of a portion of the Annex. Community Care also directly employs case managers and nurses to meet caseload demands as people who had been on the wait list enter this community-based service delivery system. Community Care decided to contract with Sheboygan County to provide case management to ensure continuity for consumers previously served by Sheboygan County.

2. Who is the program intended to serve? How many are served?

Family Care serves adults age 18 and older who meet functional (nursing home) and financial (Medicaid) eligibility. The target groups served by Family Care are elderly and adults with physical and/or developmental disabilities. There are 689 Sheboygan County residents enrolled in Family Care at this time. (The majority are former Community Option or Waiver consumers).

3. Are the program benefits long-lasting and essential to the service populations?

Family Care will be an entitlement for Sheboygan County residents who are financially and functionally eligible beginning February 2011. At that time, there will no longer be a wait list to access services needed to remain in the community. Currently, individuals who have no private resources and who meet the eligibility criteria may enter a nursing home or be placed on a community-based services wait list. Before Family Care, some people with developmental disabilities had been waiting seven years to receive services and some of the elderly had been waiting four years before receiving services. The benefit of the partnership between Sheboygan County and Community Care is stability for our consumers and shared expertise including a professional relationship with the consumer and his/her family, knowledge of community resources, and continuity of care. The 689 Sheboygan County residents currently enrolled in Family Care, if Family Care was not available, would be eligible for nursing home care. This would equal approximately 3.5 nursing homes with each nursing home having a bed capacity of 195.

4. Is this program directly or indirectly related to or does it support any other program in this department or another department? If so, how?

The Aging and Disability Resource Center has the responsibility of providing Options counseling and enrolling people into Family Care or IRIS, which is self-directed care by the consumer. Community Care has contracted with Health and Human Services for services provided by the County's MA-certified Community Support Program (PACE). In addition, Community Care shares a provider network with Behavioral Health. Individuals and families may also need to access crisis services, public health services, and economic support programs (Medicaid, FoodShare and Energy Assistance).

5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?

Wisconsin Statutes speak to the County responsibility to provide services to people with developmental disabilities and for individuals with mental health or substance abuse needs. A significant number of Family Care consumers also have these needs. Conversely, a number of county-funded consumers also have health and functional problems that make them eligible for the Family Care program. A collaborative effort is needed to guard against cost shifting. Working collaboratively with Community Care ensures that all County departments enable the elderly and adults with disabilities to appropriately access community-based services and programs that ensure their safety.

6. How do you determine/measure if this program has been effectively provided and implemented?

Family Care requires performance measures established by the state and monitored by Metastar, a contracted auditing agency. In addition to the annual review by Metastar, Community Care's internal quality assurance staff conduct 5-10 full chart audits per month. The chart below shows some of the performance indicators from Sheboygan's most recent audit. In 2008, for each performance indicator, the targeted goal was 90% completion. In 2009, the targeted goal has increased to 95%.

Initial Contact(w/in 3 days)	Monthly Contact	Face-to-Face Contact	Comprehensive Assmnt	RN	Service Plans Updated Timely
100%	83%	100%	100%		100%

7. Could the county cost-effectively subcontract this program?

Sheboygan County is the sub-contractor in this program.

8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.

This program is ranked 21 out of 22 programs. Sheboygan County residents would continue to receive services even if the County was not involved.

9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?

In order to meet the stated goal of a smooth transition and continuity for consumers, there are no other alternatives available. As stated previously, any needs for increased staff are met by Community Care through their recruitment and hiring. Eventually through attrition the County will opt out of this contract or Community Care will opt not to contract with Sheboygan County.

10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?

As with all programs, there are ramifications for other service delivery areas due to staff displacement through the layoff process. In addition, the Family Care program would lose the most experienced and knowledgeable case managers and nurses. This would have a negative impact on the quality of services received by the most vulnerable of Sheboygan County's residents. Currently if the County did not have this contract, 13 bargaining group staff would be laid off. This would impact on 3 bargaining groups and could potentially impact on an unknown number of County departments.

11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)

During the first 6 months of transition (February 2008 to August 2008), over 600 community-based consumers (eligible for nursing home care – comparable to 3.5 consumers eligible for Rocky Knoll) were transitioned to Family Care. This moved the responsibility for long-term care services from Sheboygan County to Community Care and will end wait lists and ensure entitlement to community-based services by February, 2011. The cost of nursing home care is typically greater than community-based care, individuals opting to wait for services often present safety risks increasing contacts by other community agencies including law enforcement. Individuals who remain in their own homes continue to pay property taxes.

12. Is this program currently duplicated by another County department or provider in the community?

Either because Community Care opts not to contract with the County or the County opts not to contract with Community Care, the County will no longer be a care coordination/case management service provider. No other County Department provides this specialized care coordination service.

13. What adjustment or plan of action would you implement if funding is reduced?

Health and Human Services has begun phasing out this part of the service delivery system. In 2006, before the opening of the Aging and Disability Resource Center, there were two case management units implementing the Community Options and Waiver programs, with a total of 23 staff and 2 supervisory positions. At the present time, there are 13 staff and 1 supervisor remaining.

SHEBOYGAN COUNTY PROGRAM EVALUATION QUESTIONNAIRE
January 28, 2009

INSTRUCTIONS: For each program, list the Scheduled Review Date, the Department, the Department Mission Statement and the Program Title at the top of the page, and answer the following questions for each program. The overall response for each program should be no greater than two (2) pages in length and in Arial Font size 10.

SCHEDULED REVIEW DATE: April 20, 2009

DEPARTMENT: Health and Human Services – Division of Community Programs and Elder Support

DEPARTMENT MISSION STATEMENT:

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

PROGRAM: INFORMATION AND ASSISTANCE & ALZHEIMER'S FAMILY CARE

1. Describe the program, its purpose and goals.

The National Association of State Units on Aging has developed the following purpose statement:

“The primary purpose of the Older Americans Act Information and Assistance System is to support all older persons and their caregivers in assessing their needs, identifying the most appropriate services to meet their needs, and linking the older person and caregiver to the agencies providing these services. In addition, this service information and assistance system collects and makes available data to support community needs assessment and community planning activities.”

Aging units are required to ensure that Information and Assistance (I & A) services are available to older persons and caregivers in the county or tribe served by the aging unit. I & A services occur over the telephone, over the Internet, or in person, as in the case of a home or office visit by an older person, caregiver, or family member.

The goals of the program are to make sure elderly persons and their caregivers have access to an easily identifiable source of current information and assistance to meet their current and future needs. Since 2006, this goal is addressed by the function of the Aging and Disability Resource Center.

The purpose of the Alzheimer's Family Caregiver Program is to make available a diverse array of community services directed at preventing or delaying institutionalization of persons who have Alzheimer's disease and enhancing the quality of their lives, and to provide assistance to family members and others who take care of persons with Alzheimer's disease without compensation.

The goal of the program is to provide assistance to caregivers to enable them to care for their loved one in the community.

2. Who is the program intended to serve? How many are served?

The Information and Assistance Program serves all older persons aged 60 or older and their caregivers or family members. In 2008, 2,193 contacts were recorded.

In the Alzheimer and Family Caregiver Program, 8 persons made use of adult day care services, 10 persons used in-home respite services, and 30 families attended the monthly support group meetings in 2004.

3. Are the program benefits long-lasting and essential to the service populations?

The program benefits are easy access to current information that older persons and their caregivers can use to make informed choices regarding community and institutional care options.

The Alzheimer Family Caregiver Program assists families in dealing with concerns of caring for a person with Alzheimer's disease and reduces the potential for abuse and or neglect due to caregiver stress. It provides a means of assisting the families financially to help them keep their loved one in the community and helps prevent premature institutionalization.

- 4. Is this program directly or indirectly related to or does it support any other program in this Department or another Department? If so, how?**
Indirectly related to other services of the Division on Aging such as Benefit Specialist services, caregiver support, and home-delivered meals. It is also a link to Economic Support services and the Long Term Care unit. Referrals are made between the units. For many seniors, the Information and Assistance is the first link to any Health and Human Service program. The Alzheimer Family Caregiver Program is often the first step in setting up basic services.
- 5. How does this program make the Department or County government more effective or efficient, including any intergovernmental relationship?**
The ability to link seniors with the correct needed service provider saves time and money. People receive current information when they need it.
- 6. How do you determine/measure if this program has been effectively provided and implemented?**
Direct customer and service provider contact are utilized. The Aging and Disability Resource Center utilizes a monthly satisfaction survey.
- 7. Could the County cost-effectively subcontract this program?**
It is possible with consideration given to contracting an array of services and the County would be required to provide a minimum match.
- 8. State the numerical ranking of this program compared to all discretionary programs in your department and briefly explain.**
This program was rated 22 out of 22 by the Department.
- 9. Are there current alternatives to this program available in the community? Can this program be provided through alternative arrangements with other providers?**
Since 2006, the Information and Assistance portion of this program has been provided through the Aging and Disability Resource Center.

The Alzheimer's Family and Caregiver Support Program mandates that recipients apply for Family Care if they would qualify. The specific funding for this program will be eliminated in 2010.
- 10. If this program were eliminated, what would be the ramifications for the County (i.e., added risk, liability or legal issues)?**
There would be no risk to the County as the Information and Assistance function is not being covered by the Aging and Disability Resource Center. The services delivered through the Alzheimer's Grant will be transitioned to Family Care, if possible, or eliminated over the course of this year.
- 11. What is the program impact and effectiveness related to the program cost? (Provide data if available.)**
The Alzheimer Family Caregiver Program is fully covered by grant funding with no match required. This funding will end in 2009.
- 12. Is this program currently duplicated by another County department or provider in the community?**
No.
- 13. What adjustment or plan of action would you implement if funding is reduced?**
Information and Assistance will continue through the Aging and Disability Resource Center. Alzheimer's Support will be transitioned to Family Care if possible. The Alzheimer's Support Group will be transferred to the Caregiver Program.