ADRC of Jefferson County

ADRC Advisory Committee, 1541 Annex Road, Jefferson, WI 53549

2015 Quarter 3 Report

November is American Diabetes Month

U.S. Dept of Health and Human Services

Diabetes is one of the leading causes of disability and death in the United States. It can cause blindness, nerve damage, kidney disease, and other health problems if it's not controlled.
One in 11 Americans have diabetes — that's more than 29 million people. And another 86 million adults in the United States are at high risk of developing type 2 diabetes.

The good news? People who are at high risk for type 2 diabetes can lower their risk by more than half if they make healthy changes. These changes include: eating healthy, increasing physical activity, and losing weight.

How can American Diabetes Month make a difference?

We can use this month to raise awareness about diabetes risk factors and encourage people to make healthy changes.

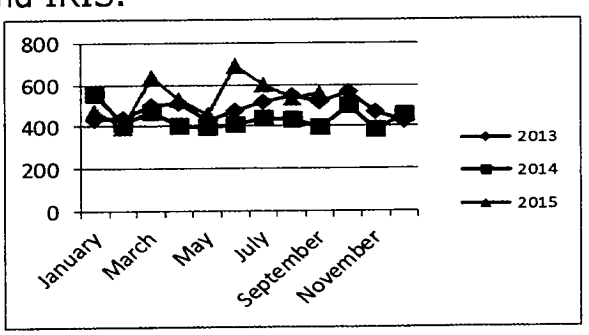
Here are just a few ideas:

- Encourage people to make small changes, like taking the stairs instead of the elevator.
- Talk to people in your community about getting regular checkups. They can get their blood pressure and cholesterol checked, and ask the doctor about their diabetes risk. Ask doctors and nurses to be leaders in their communities by speaking about the importance of healthy eating and physical activity.

Role of the ADRC

Aging and Disability Resource Centers (ADRCs) provide a central source of reliable and objective information about a broad range of programs and services. They help people understand and evaluate the various options available to them. By enabling people to find resources in their communities and make informed decisions about long term care, ADRCs help people conserve their personal resources, maintain self-sufficiency and delay or prevent the need for potentially expensive long term care. ADRCs also serve as the single access point for publicly funded long term care, including Family Care and IRIS.

	2011	2012	2013 *	2014	2015
January	364	483	431	558	473
February	386	413	439	417	395
March	545	500	502	472	638
April	406	539	511	402	532
May	412	473	424	395	461
June	387	393	474	407	702
July	345	449	520	442	605
August	425	448	548	436	535
September	495	389	516	396	563
October	482	451	569	499	
November	427	420	468	383	
December	452	314	426	458	
Totals	5126	5272	5828	5265	4904



ADRC Contacts

Aging and Disability Resource Centers (ADRC's) offer the general public a single entry point of access for information and assistance on issues affecting older people and people with disabilities, regardless of their income. Individuals, family members, friends or professionals working with issues related to aging, physical disabilities, or developmental disabilities can receive information specifically tailored to each person's situation.

In July, we reported 605 contacts, August, 535 contacts and September 563 contacts.

2015 Number of Contacts per Month and the Average Day

No. of contacts	Month	No. of working days	Average per day
473	January	21	23
395	February	20	20
638	March	22	29
532	April	21	25
461	May	20	23
702	June	22	32
605	July	22	27
535	August	21	25
563	September	21	27
	October	22	0
	November	19	0
	December	21	0
4904	Total	252	23

Contact Types, Age, and Disability 2015	Jan - March	April - June	July - Sept
Incoming Phone Call	632	689	718
Outgoing Phone Call	316	308	294
Office Visit Scheduled	69	63	47
Walk-in	58	222	56
Home Visit	147	149	197
Email	99	132	186
Fax/Written	185	132	205
Consumer Age 18 - 59	446	478	432
Consumer Age 60 - 150	894	1051	1085
Developmental Disability	164	228	201
Elderly	855	942	1053
Mental Health	129	176	136
Physical Disability	386	329	345
Substance Use/AODA	23	15	17
Unknown	166	210	143

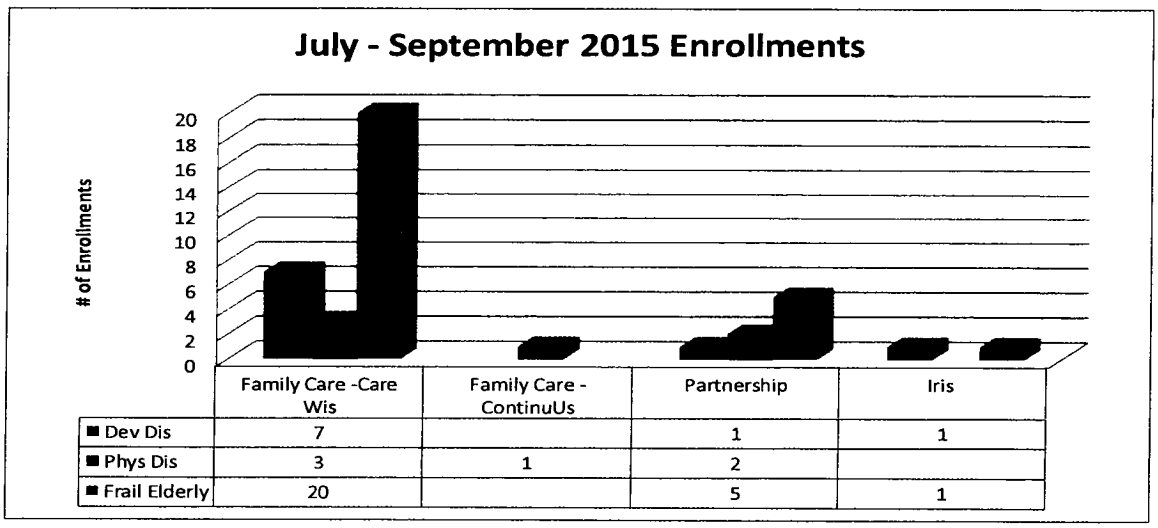
ADRC Activities:			
No. of Calls Jan - Mar	No. of Calls Apr - Jun	No. of Calls Jul - Sep	ADRC Activity
1,471	1,672	1,682	01-Provided Information & Assistance
47	41	56	02-Provided options counseling
125	131	130	03-Provided follow-up
52	52	56	04-Administered long-term care functional screen
8	16	16	05-Referred to economic support
101	90	114	06-Provided assistance with Medicaid application process
24	28	20	07-Referred for financial-related needs other
35	16	19	08-Referred for private pay service options
8	13	11	09-Provided brief or short-term services or service coordination
9	3	4	10-Provided youth transition support
58	50	53	11-Provided enrollment consultation
10	7	15	12-Provided disenrollment consultation
6			13-Provided assistance/referral for health promotion or information
1	2		14-Referred for mental health services
1506	**1695**	**1703**	**Total**

The ADRC shall provide information and assistance on a wide variety of topics.

2015 Topic Categories discussed during call:			
No. of Calls			Topic Category
Jan - Mar	Apr - Jun	Jul - Sep	
16	27	34	Abuse & Neglect
5	2		Addictions
141	236	181	ADRC printed material
22	33	29	Advocacy
1			Animals
44	47	40	Assistive Technology
121	117	127	Caregiving
	1	2	Clothing
16	20	20	Community I&R
6	21	12	Complaints
21	14	6	Education
34	28	15	Employment
50	59	69	End of Life
31	49	66	Financial Assistance
47	258	106	Food
316	297	342	Health
378	369	378	Housing
302	274	362	In-home services
51	46	63	Insurance
160	139	170	Legal Services
47	66	42	Mental Health
1,192	1,190	1,284	Public Benefits
13	15	12	Recreation/Socialization
4	3	4	State Reporting
11		2	Taxes
46	33	41	Transportation
25	30	26	Unmet Needs
9	6	18	Veterans
1464	**1672**	**1670**	**Total**

The Aging and Disability Resource Center shall assure that customers who appear to need long term care and appear to be eligible for publicly funded long-term care services are informed of, and assisted in accessing, these services.

The ADRC assisted 41 consumers to enroll in a long term care program this quarter.



Supporting **Individuals with**

AUTISM

Transitioning from

School to Work

Sponsored by

Jefferson County Transition Network

November 6, 2015 8 am to noon

From School to Work for Students with Autism

Jefferson High School,

700 W Milwaukee St., Jefferson, WI 53549

Park in Teacher lot on Taft Ave

Presented by: Kate McGinnity, Autism Consultant

Open to the Public!

2015 Initiative

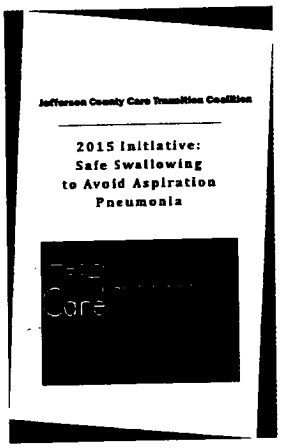
In September, the Jefferson County Care Transition Coalition met with 12 representative staff from

5 Community Based Residential Facilities

3 AFH and

2 local nursing homes.

Next event will



ADRC Aiming for Excellence Projects

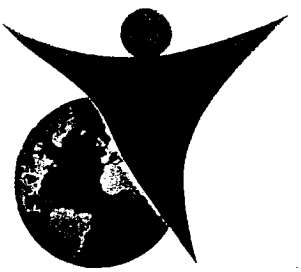
Going Paperless Starting in November 2015 , the ADRC will be processing paperless enrollments. As always, if a consumer or their family/guardian request a paper copy instead of receiving an email, staff will be happy to send a copy. This has been an extremely long process but we are finally at that step.

Outreach to Hispanic Community– Flyers of the ADRC Poster translated into Spanish has been distributed to 42 locations. The Youth Transition Road Map has ben translated and distributed to locals schools.

ADRC Website enhancements— This project has also taken some time, and will be closed and revisited in the future. Marketing of the ADRC and the website has increased unique visitors, per the data obtained from Google Analytics. This is an ongoing, sustainable process to maintain improvement.

For Alzheimer's and Dementia Awareness Month in November Cathy Kehoe and the Aging and Disability Resource Specialists will be offering a free memory screening day At the Aging and Disability Resource Center on November 10th, between the hours of 9 to 4 pm.

WE ARE



DEMENTIA FRIENDLY

Dementia & Caregiving Initiatives in Jefferson County

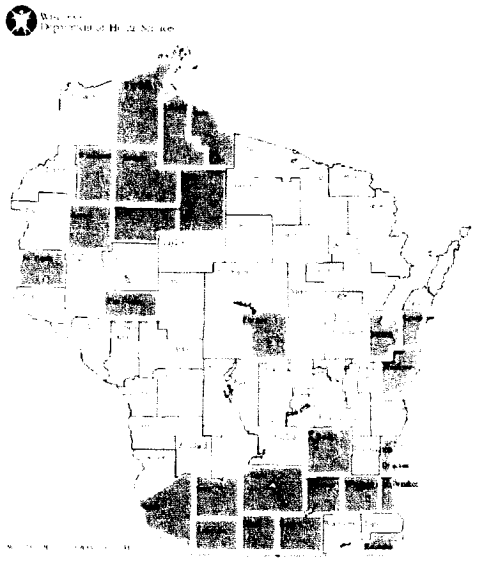
Sue Torum, Manager ADRC Division
Cathy Kehoe, Dementia Care Specialist

State of Wisconsin Dementia Redesign

- Add Dementia Care Specialists to 26 Counties
- Dementia Friendly Community Tool Kit
  - All can be downloaded or ordered from State Department of Health Services web site
  - **https://www.dhs.wisconsin.gov/dementia/index.htm**
- Dementia Friendly Employer Tool Kit
- Guiding Principles for Dementia Care
- Dementia Capable Training Site

  Training for providers, family caregivers and Communities
  - **https://wss.ccdet.uwosh.edu/stc/dhsdementia**

Aging and Disability Resource Center
Dementia Care Specialists
2014



Dementia Care Specialist

Three Areas of Job Focus

1. Work with Family Caregivers and people living with dementia to access services and some funding sources (AFCSP/NFCSP)

Memory Care Connections – Family support program to help families communicate and plan long term to keep people with dementia at home

LEEPS – Language Enriched Exercise Plus Socialization (for people in early stage dementia)

- 2 days per week volunteer for 2 hours, 1 day exercise, 1 day social activities *We are recruiting volunteers!

Dementia Care Specialist

Three Areas of Job Focus

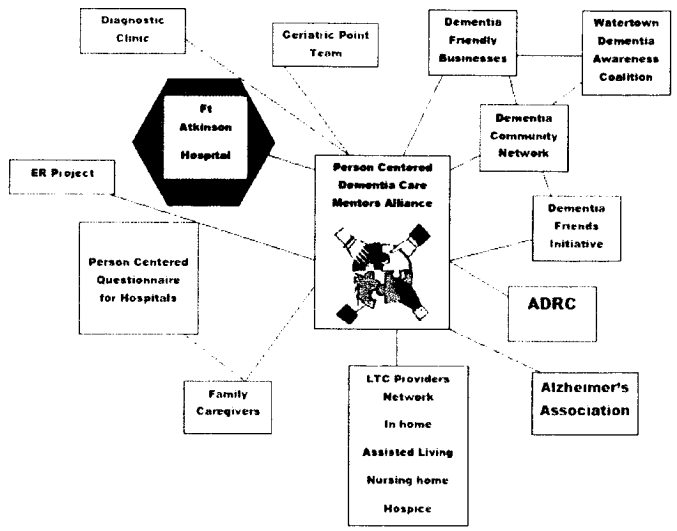
2. Develop a dementia friendly Aging and Disability Resource Center
   - All of Jefferson County Government to be trained in 2016

*Additional Programs Offered
- Powerful Tools for Caregivers class
- Honoring Choices for people with dementia and caregivers

Dementia Care Specialist

Three Areas of Job Focus

3. Be a catalyst for Dementia Friendly Communities
   - Dementia Community Network
     - **Person Centered Dementia Care Mentors Alliance**
       - **Providers who support each other in practicing PCC**
     - Work with **Fort Atkinson Memorial Hospital**
       - Introduced dementia friendly hospital program
       - Inservice that was taped for staff
     - Piloting **Person Centered Questionnaire for Hospitals**



Aging and Disability Resource Center

- The ADRC is recognizing caregivers during November as it is ***National Family Caregiver Month.***
- The ADRC helps caregivers via several programs:
  - Alzheimer's Family Caregiver Support Program (AFCSP)
  - National Family Caregiver Support Program (NFCSP)

AFCSP

- Eligibility:
  - 40,000 annual income; does NOT look at assets;
  - Must have an Alzheimer's disease or other dementia diagnosis;
  - Must reside in a natural home environment (not assisted living).

AFCSP

- Benefit: Up to $4,000 per year. The higher the family income, the lower the benefit based on Uniform Fee System.
- Limited Funding to Counties. Jefferson County's annual allocation is $19,000.
- Pays for goods & services to help maintain person in their own home.

NFCSP

- Eligibility
  - Adult family members or other informal caregivers who are providing care to:
    - Individuals 60+;
    - Individuals of any age with a dementia DX;
    - Grandparents and other relatives (NOT parents) 55+
      - Providing care and residing with grandchildren under the age of 18;
      - Providing care to adult children age 18-59 with disabilities

NFCSP

- BENEFIT: $500-$750 per calendar year
- Funding is to be used to support 5 core areas:

1. Information & assistance;
2. Access to services;
3. Counseling, support groups or caregiver training;
4. Respite care; and
5. Supplemental services.

Caregiver Network

- As a condition of funding, counties are to belong to a caregiver coalition if there is one, or facilitate discussions about developing one.
- Jefferson County does not have a Caregiver Coalition.
- Forming a Caregiver Network

Caregiver Network

- Top 5 reasons to join a caregiver network:

1. To stay up-to-date on what is available to help caregivers across the county;
2. To become knowledgeable of advocacy issues;
3. To recognize caregiver issues as "stand alone" issues;
4. To brainstorm on ways to address unmet needs; and
5. To receive all the free caregiving resources your email inbox can handle!

2016-2018 Aging Unit Plan Goals

1. In order to strengthen and educate the county's caregiving network, information on caregiving will be shared quarterly with Community Care Alliance members;

2. In order to raise awareness about caregiver programs and resources available through the ADRC, marketing materials specifically for caregivers will be developed;

1. In order to increase awareness and coordination between the **organizations that serve and support caregivers** (YOU) the ADRC will distribute a quarterly communique via an organized list serve by 12/31/2017.

ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM

Providing help for caregivers

The Alzheimer's Family and Caregiver Support Program (AFCSP) was created in response to the stress and needs of families caring for someone with Alzheimer's Disease or other irreversible dementia. The purpose of AFCSP is to make an array of community services available to these families in hopes of enhancing lives and keeping people in their homes as long as possible.

HOW DOES THE PROGRAM WORK?

Funds are available in each county for qualified individuals to purchase goods and services needed to care for someone with irreversible dementia.

WHAT DOES THE PROGRAM PAY FOR?

Typical goods and services include:

- Respite care or home care services (personal care assistance, meal prep, medication assistance and monitoring, homemaker services, yard work and snow removal, etc.)
- Emergency response system
- Transportation expenses
- Incontinence supplies
- Home safety modifications
- Medications for dementia
- Home-delivered meals
- Specialized clothing
- Activity or hobby supplies
- Other needed services to help

AFCSP funds are also used to facilitate support groups and offer caregiver education to the community. Each county determines the most beneficial use of their AFCSP funds.

BENEFITS OF RECEIVING HELP

Caring for someone with Alzheimer's disease impacts every aspect of daily life. Preparing and protecting yourself, working to understand your loved one's experience and accepting help from others can help to minimize the hazards and enhance the joys of your caregiving experience. All who give care must also receive care.

WHO IS ELIGIBLE?

To be eligible the person must meet three criteria:

1. Diagnosis of Alzheimer's disease or a related dementia
2. Reside in a home setting (not facility)
3. $40,000 max gross income of person and spouse (cost related to the care of the individual can be deducted)

HOW DO I APPLY?

Contact the Jefferson County Aging & Disability Resource Center (ADRC) for more information.

ADRC of Jefferson County

1541 Annex Road, Jefferson, WI

920-674-8734
1-866-740-2372

Chapter DHS 68

SUPPORT FOR PERSONS WITH ALZHEIMER'S DISEASE AND THEIR CAREGIVERS

Note: Chapter HSS 68 is renumbered chapter HFS 68 under s. 13.93 (2m) (b) 1.,Stats., and corrections made under s. 13.93 (2m) (b) 6. and 7., Stats., Register, July, 1997, No. 499. **Chapter HFS 68 was renumbered to chapter DHS 68 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.**

DHS 68.01 Introduction. (1) AUTHORITY AND PURPOSE. This chapter is promulgated pursuant to ss. 46.87 and 227.11 (2) (a), Stats., and section 3023 (28m) of 1985 Wis. Act 29 to establish procedures and criteria for distributing funds to county boards and private nonprofit organizations for the provision of service payments, goods and services to persons with Alzheimer's disease and to their caregivers. The payments, goods and services provided in accordance with this chapter are intended to help 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.

(2) TO WHOM THE CHAPTER APPLIES. The chapter applies to the department, county boards, administering agencies designated by county boards under s. 46.87 (3) (c), Stats., and private nonprofit organizations selected by the department under s. DHS 68.04 (3).

History: Cr. Register, March, 1989, No. 399, eff. 4–1–89.

DHS 68.02 Definitions. In this chapter:

(1) "Administering agency" means a county agency or the private nonprofit organization selected by the department under s. DHS 68.04 (3) to receive and administer program funds.

(2) "Adult family home" means:

(a) A home certified by a county department of social services established under s. 46.215 or 46.22, Stats., or a county department of human services established under s. 46.23, Stats., in which one or 2 adults unrelated to the operator reside and which provides a structured living arrangement for residents whose physical, developmental and emotional functioning is likely to be maximized in this family–type living arrangement; or

(b) A home certified under s. 50.032, Stats., and ch. DHS 82.

(3) "Alzheimer's disease" means a degenerative disease of the central nervous system characterized especially by premature mental deterioration, and includes any of the following related diagnoses which are similarly marked by irreversible deterioration of intellectual faculties with concomitant emotional disturbance resulting from organic brain disorder:

(a) Creutzfeldt–Jakob syndrome;

(b) Friedreich's ataxia;

(c) Huntington's chorea;

(d) Irreversible multi–infarct disease;

(e) Parkinson's disease;

(f) Pick's disease;

(g) Progressive supranuclear palsy;

(h) Wilson's disease; or

(i) An unspecified disease or condition resulting in irreversible dementia.

(4) "Caregiver" has the meaning prescribed in s. 46.87 (1) (b), Stats., namely, any person other than a paid provider who provides care for a person with Alzheimer's disease.

(5) "Community–based residential facility" or "CBRF" means a facility licensed under ch. DHS 83 in which 3 [5] or more unrelated adults reside and receive care and treatment or services above the level of room and board but not including nursing care.

(6) "County agency" means an agency designated by a county board under s. 46.87 (3) (c), Stats., to administer the program, namely, a county department of social services created under s. 46.215 or 46.22, Stats., a county department of community programs created under s. 51.42, Stats., a county department of developmental disabilities services created under s. 51.437, Stats., a county department of human services created under s. 46.23, Stats., or a county aging unit.

(7) "Department" means the Wisconsin department of health services.

(8) "Expand services" means to expand, after January 1, 1986, the staffing, size of physical plant or programming for an existing service offered by a service provider and included in a category listed under s. DHS 68.06 (2) (b) in order to increase by at least 10% over the number served prior to expansion the number of persons with Alzheimer's disease or their caregivers who are served by the provider, or to significantly improve, in the judgment of the administering agency contracting with the provider, the quality of services or service delivery for persons with Alzheimer's disease or for their caregivers. A service is no longer defined as "expanded" 3 years after the starting date of its expansion.

(9) "Goods and services" means, unless otherwise qualified, goods and services purchased or provided under any of the categories listed under s. DHS 68.06 (2) (b).

(10) "Household" means a person with Alzheimer's disease living alone or a person with Alzheimer's disease and the caregiver or caregivers with whom he or she lives, except that for purposes of determining financial eligibility under s. DHS 68.07 (3) and for purposes of determining ability to pay for the cost of program goods and services under s. DHS 68.08 (1) (c), "household"means only the person with Alzheimer's disease and his or her spouse.

(11) "Income" means gross earnings including money, wages or salary, net income from non–farm self–employment and net income from farm self–employment, and unearned income including social security, dividends, interest on savings or on money loaned, income from estates or trusts, net rental income or royalties, public assistance, pensions or annuities, unemployment compensation, worker's compensation, maintenance payments under s. 767.56, Stats., child support, family support, veterans' pensions, and educational grants given for living expenses.

Note: "Public assistance" includes but is not limited to programs such as aid to families with dependent children (AFDC) and supplemental security income (SSI).

(12) "Medical assistance" means the assistance program operated by the department under ss. 49.43 to 49.497, Stats.

(13) "New program" means any goods or services under one or more of the categories listed under s. DHS 68.06 (2) developed

or offered for the first time on or after January 1, 1986, by a service provider under contract with an administering agency, to clients or beneficiaries, at least half of whom are persons with Alzheimer's disease or their caregivers. A program is no longer defined as "new" 3 years after its starting date.

(14) "Private nonprofit organization" has the meaning prescribed for"nonprofit organization" in s. 108.02 (19), Stats.

(15) "Program" means, unless otherwise qualified, the Alzheimer's family and caregiver support program under s. 46.87, Stats.

(16) "Residential facility" means an adult family home or a community–based residential facility.

History: Cr. Register, March, 1989, No. 399, eff. 4–1–89; correction in (2) (b) made under s. 13.93 (2m) (b) 7., Stats., Register December 2004 No. 588; **corrections in (2) (b), (5), (7) and (11) made under s. 13.92 (4) (b) 6. and 7., Stats., Register November 2008 No. 635.**

DHS 68.03 Allocation of funds. (1) The department shall allocate funds available under s. 20.435 (7) (b) and (o), Stats., for the program to each county by using the following equally weighted factors, except that no county may be allocated less than $4,000 in any calendar year:

(a) Each county's proportion of the state's monthly average medical assistance caseload for a 12 month period;

(b) Each county's ranking on an urban–rural scale which shall be determined by the county's percentage of population living in cities, towns and villages with populations of 2,500 or more;

(c) Each county's ranking as determined by the ratio of the full value of all taxable property in the county as defined in s. 70.57, Stats., to the county's population; and

(d) Each county's proportion of persons in the state who are 75 years of age or older.

(2) For the purpose of determining allocations under sub.(1), the department shall use the same statistical and data sources that are used in distributing funds under s. 20.435 (7) (b) and (o), Stats., for the purchase and provision of community social, mental health, developmental disabilities and alcoholism and drug abuse services.

History: Cr. Register, March, 1989, No. 399, eff. 4–1–89; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538; corrections in (1) (intro.) and (2) made under s. 13.93 (2m) (b) 7., Stats., Register December 2004 No. 588.

DHS 68.04 Selection and reporting responsibilities of administering agencies. (1) PROGRAM ADMINISTRATION. (a) The program shall be administered in each county by a county agency or, if the county board is not participating in the program, by a private nonprofit organization selected by the department under sub.(3).

(b) The department may suspend the requirement in par. (a) for a county in which a care management organization is under contract with the department to deliver the family care benefit under ch. DHS 10.

(2) COUNTY AGENCIES. A county board that wishes to participate in the program shall submit to the department a letter of intent to participate, except that a county board which submitted a letter of intent prior to the effective date of this chapter and which continues to participate in the program each year is not required to submit an additional letter. If the county board terminates participation in the program and in a subsequent year wishes to renew participation, it shall submit to the department another letter of intent to participate. The letter of intent shall include a statement signed by the county board chairperson indicating the county's intent to participate in the program, identifying the county agency, naming that agency's responsible contact person, estimating the number of households and residents of residential facilities to be enrolled and served in the next calendar year, identifying the maximum amount payable in a calendar year to or on behalf of any participating person with Alzheimer's disease, describing the goods and services related to Alzheimer's disease, describing the goods and services related to Alzheimer's disease which the county intends to develop or expand, and stating the policy which the county intends to use in placing applicants on and taking them off a waiting list. The categories of information required in the letter of intent shall constitute the criteria for the approval of a county board's proposed program pursuant to s. 46.87 (3) (b) and (4), Stats. The department may reject a county's participation in the program if it determines that the information provided by the county board in the letter of intent is insufficient or inconsistent with the purposes and procedures of the program as defined in s. 46.87, Stats., and this chapter.

(3) PRIVATE NONPROFIT ORGANIZATION. If a county board does not submit a letter of intent or if it notifies the department of its decision to terminate participation in the program, the department shall:

(a) Solicit applications from private nonprofit organizations to administer the program in the county for the calendar year; and

(b) Select from the application or applications submitted under par. (a) a private nonprofit organization to be the administering agency for the county based on the adequacy of the organization's program budget submitted under s. DHS 68.05 (2), the organization's demonstrated knowledge of Alzheimer's disease, the organization's demonstrated ability to manage supportive service programs and the organization's experience in assessing and meeting the needs of persons with Alzheimer's disease and their caregivers.

(4) CHANGE OF ADMINISTERING AGENCY. If a county board that is not participating in the program submits a letter of intent to participate under sub.(2), the private nonprofit organization selected to administer the program under sub.(3) shall continue as the administering agency for the remainder of the calendar year.

(5) NOTIFICATION TO THE DEPARTMENT OF CHANGES. Pursuant to s. 46.87 (7), Stats., the county board or the private nonprofit organization selected under sub.(3) to administer the program shall notify the department in writing within 15 working days after any of the following occurs:

(a) The county board designates a new county agency;

(b) The county board or private nonprofit organization selected under sub.(3) to administer the program decides to terminate participation in the program; or

(c) The county board or private nonprofit organization selected under sub.(3) to administer the program decides to make a change in the program or services which would result in a substantial difference from the description of the county's program and services contained in the letter of intent most recently submitted by a county board or in the application most recently submitted by the private nonprofit organization. The county board or private nonprofit organization selected under sub.(3) shall notify the department when it decides to:

1. Contract with a service provider to develop a new program or expand services;

2. Discontinue providing, purchasing, or making payments for goods and services under one or more categories listed in s. DHS 68.06 (2) (b);

3. Change its waiting list policy;

4. Establish a maximum payment of less than $4,000 in a calendar year for each person with Alzheimer's disease who is participating in the program; or

5. Change the agency it contracts with to provide goods and services under any of the categories listed under s. DHS 68.06 (2) (b).

(6) NOTICE TO PARTICIPANTS OF CHANGES. The administering agency shall notify each affected caregiver in writing of any change identified under sub. (5) (b) or (c) 2. or 5. at least 10 working days prior to implementing that change.

(7) RECORDS AND REPORTS. The administering agency shall maintain program records and submit reports as required by the department.

History: Cr. Register, March, 1989, No. 399, eff. 4–1–89; am. (1), Register, October, 2000, No. 538, eff. 11–1–00; **correction in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register November 2008 No. 635.**

DHS 68.05 Program budget requirement. **(1)** COUNTY AGENCY. (a) A county agency shall annually prepare a distinct budget for this program and shall submit the budget to the department each year by September 30. This distinct budget shall be part of either the proposed budget required under s. 46.031, Stats., or the plan for older people required by the department and prepared by the county aging unit under s. 46.87 (3) (c) 4., Stats. The budget shall include at least the following information:

1. The total amount of allocated funds anticipated for the program for the calendar year;

2. The number of households anticipated to be enrolled and served for the calendar year;

3. The planned distribution of allocated funds by purpose under s. DHS 68.06 (1);

4. The method or methods for paying for goods and services under s. DHS 68.09;

5. The maximum amount payable in a calendar year to or on behalf of any participating person with Alzheimer's disease, if that amount is less than $4,000;

6. A brief description of any limitations on goods and services that are to be provided, purchased or contracted for;

7. Brief descriptions of any new programs or expanded services;

8. A summary of the waiting list policy; and

9. The name and phone number of the principal contact person at the county agency for the program.

(b) The department may terminate a county's participation in the program if it determines that the information provided by a county agency in the distinct budget is insufficient or inconsistent with the purposes and procedures of the program as defined in s. 46.87, Stats., and this chapter, or the county agency does not submit the distinct budget by September 30.

(c) The county's contract with the department under s. 46.031 (2g) (a), Stats., shall include the name of the county agency and the amount of the allocation for the contract year.

(2) PRIVATE NONPROFIT ORGANIZATION. (a) A private nonprofit organization applying to be an administering agency shall submit with its application and annually thereafter a program budget that includes:

1. The total amount of allocated funds anticipated for the program for the calendar year;

2. The number of households anticipated to be enrolled and served for the calendar year;

3. The planned distribution of allocated funds by purpose under s. DHS 68.06 (1);

4. The method or methods for paying for goods and services under s. DHS 68.09;

5. The maximum amount payable in a calendar year to or on behalf of any participating person with Alzheimer's disease, if that amount is less than $4,000;

6. A brief description of any limitations on goods and services that are to be provided, purchased or contracted for;

7. Brief descriptions of any new programs or expanded services;

8. A summary of the waiting list policy; and

9. The name and phone number of the principal contact person for the program at the private nonprofit organization.

(b) The department may terminate an organization's participation in the program if it determines that the information provided by the organization in the budget is insufficient or inconsistent with the purposes and procedures of the program as defined in s. 46.87, Stats., and this chapter or the organization does not submit the budget by the required date or the county board of the county in which the organization is operating the program submits a letter of intent to participate for the subsequent calendar year.

History: Cr. Register, March, 1989, No. 399, eff. 4–1–89.

DHS 68.06 Allowable use of funds. **(1)** PURPOSES. As permitted by s. 46.87 (5), Stats., the administering agency in each county may use allocated funds for the following purposes:

(a) To pay for the cost of goods and services provided to or purchased for or by households and for or by persons living in residential facilities who are found eligible to participate in the program under s. DHS 68.07;

(b) To contract with service providers to develop new programs or expand services;

(c) To provide outreach, that is, to search out persons in need of support by the program, or to provide activities designed to develop or enhance public awareness of Alzheimer's disease;

(d) To develop or assist support groups for persons with Alzheimer's disease or their caregivers; or

(e) To pay for program administration, except that no more than 10% of funds allocated for the program may be used for this purpose.

(2) GOODS AND SERVICES. (a) A household or a person living in a residential facility who is participating in the program may not be restricted from purchasing goods and services listed under this subsection and identified under s. DHS 68.08 (1) (a) from providers who are located outside of the county to which application is made.

(b) The administering agency at the time of need determination under s. DHS 68.08 (1) (a) shall enumerate to households and individuals participating in the program the goods or services that may be purchased or provided to accomplish the purposes listed under sub. (1), which shall be limited to goods and services that can be provided under the following categories:

1. Adult family home;
2. Advocacy and legal assistance;
3. Case management or service coordination;
4. Community–based care or treatment facility;
5. Community organization and awareness, including all activities designed to start or support Alzheimer's support groups;
6. Community support;
7. Congregate meals;
8. Counseling and therapeutic resources;
9. Crisis intervention;
10. Daily living skills training;
11. Day center services or treatment;
12. Health screening and accessibility;
13. Home–delivered meals;
14. Housing and energy assistance;
15. Information and referral;
16. Inpatient treatment;
17. Intake and assessment;
18. Interpreter services and adaptive equipment;
19. Outreach;
20. Protective payment or guardianship;
21. Recreation and alternative activities;
22. Respite care;
23. Shelter care;
24. Specialized transportation and escort;

25. Supportive home care;

26. Work–related services; and

27. Any other goods and services that are necessary to maintain the person with Alzheimer's disease as a member of the household.

(3) ADMINISTRATION. Administering agencies may use program funds to pay for the cost of administering the program only if the costs are incurred under one or both of the following categories:

(a) Training and development; or

(b) Agency and systems management.

Note: For descriptions of the categories listed under subs.(2) and (3), write the Division of Disability and Elder Services, Bureau on Aging and Long–Term Care Resources, P.O. Box 7851, Madison, Wisconsin 53707.

History: Cr. Register, March, 1989, No. 399, eff. 4–1–89.

DHS 68.07 Client eligibility. In accordance with s. 46.87 (5), Stats., the administering agency in each county shall determine the eligibility of each household or person living in a residential facility in that county who applies to participate in that county's program by establishing that the household or person meets all of the following conditions:

(1) DIAGNOSIS OF CONDITION. At least one member of the household or the person who lives in a residential facility has received a final, tentative or preliminary written diagnosis of Alzheimer's disease from a physician;

(2) COUNTY OF RESIDENCE. (a) The person in the household who has Alzheimer's disease or that person's caregiver resides in the county; or

(b) The person with Alzheimer's disease lives in a residential facility located in the county; and

(3) HOUSEHOLD INCOME. The person with Alzheimer's disease and that person's spouse are expected to have a joint income of no more than $40,000 for the 12–month period immediately following application for the program, except that in determining the income of a household with a joint gross income of more than $40,000, the administering agency shall subtract any expenses attributable to the Alzheimer's–related needs of the person with Alzheimer's disease or of the person's caregiver. If the net income determined by subtracting Alzheimer's–related expenses for a household is $40,000 or less, the household shall be considered as having met the household income eligibility condition.

History: Cr. Register, March, 1989, No. 399, eff. 4–1–89.

DHS 68.08 Payment calculation. (1) DETERMINATION OF NEED. For the purpose of calculating the funds to be paid to or expended for a household or individual participating in the program, the administering agency in the county shall determine:

(a) The goods and services needed by the household to enable it to maintain the person with Alzheimer's disease as a member of the household, or the goods and services needed by a person with Alzheimer's disease living in a residential facility;

(b) The cost of each good and service that is needed; and

(c) The ability of the household to pay for the goods and services identified under par. (a), using as the basis for this determination the uniform system of fees for services established by the department under s. 46.03 (18), Stats., and ch. DHS 1, except that in determining income of eligible households with gross incomes of more than $40,000 the administering agency shall use gross income and not net income as the basis for determining ability to pay.

(2) COST SHARING. If the administering agency determines under sub.(1) (c) that an applicant household or person with Alzheimer's disease is able to pay for goods and services identified under sub.(1) (a), the administering agency:

(a) Shall require as a condition of participation that the household or person pay for all or a portion of the costs of goods and services to accomplish the purposes under s. DHS 68.06 (1) (a). The amount of payment shall be determined according to the uniform system of fees for services established by the department under s. 46.03 (18), Stats., and ch. DHS 1; and

(b) May require the household or person to pay for all or a portion of the costs of goods and services to accomplish the purposes under s. DHS 68.06 (1) (b). The amount of payment shall be determined according to the uniform system of fees for services established by the department under s. 46.03 (18), Stats., and ch. DHS 1.

(3) APPLICATION OF REVENUES. If revenues are received by an administering agency from cost–sharing payments, these revenues may only be used for the non–administrative purposes under s. DHS 68.06 (1) (a) to (d) and only for the goods and services under s. DHS 68.06 (2).

(4) LIMIT. The administering agency in each county may pay to or expend on behalf of a participating household or on behalf of a person with Alzheimer's disease living in a residential facility the costs of any goods and services identified under sub.(1) (a) minus the amount the household or person with Alzheimer's disease is able to pay, as determined under sub.(1) (c), except that the amount paid or expended may not exceed $4,000 in any calendar year for each person with Alzheimer's disease in the household or for each person with Alzheimer's disease living in a residential facility.

History: Cr. Register, March, 1989, No. 399, eff. 4–1–89; **corrections in (1) (c), (2) (a) and (b) made under s. 13.92 (4) (b) 7. Stats., Register November 2008 No. 635.**

DHS 68.09 Method of payment. The payment by an administering agency for goods and services shall be made using one or more of the following methods:

(1) Payment made to a service provider on behalf of the person with Alzheimer's disease or of the person's caregiver;

(2) Payment made to a service provider under contract with the administering agency to develop new programs or to expand services;

(3) Payment made to the household of a person with Alzheimer's disease pursuant to accounting requirements set forth by the administering agency; or

(4) Payment made to the manager of a residential facility in which a person with Alzheimer's disease resides for the purchase of goods or services, or both, pursuant to accounting requirements set forth by the administering agency.

History: Cr. Register, March, 1989, No. 399, eff. 4–1–89.

DHS 68.10 Hearing. (1) JURISDICTION. Any household or individual participating in the program or caregiver may appeal the following actions by an administering agency:

(a) Denial of an application to participate in a county's program;

(b) The calculation of funds to be paid to or expended for a household or a person with Alzheimer's disease living in a residential facility and participating in the program;

(c) Reduction, suspension, limitation or termination of goods and services provided under this chapter;

(d) Change of provider of goods and services provided under this chapter;

(e) Change of method of payment for goods and services provided under this chapter; and

(f) Change of the maximum amount payable in a calendar year to or on behalf of any participating person with Alzheimer's disease.

(2) NOTIFICATION OF APPEAL RIGHTS. At the time an administering agency takes any of the actions under sub. (1), it shall inform the household, individual participating in the program, any caregiver, and any guardian or protective payee, in writing, of the right to a hearing under this chapter and of the procedure for requesting a hearing.

(3) REQUEST FOR HEARING. A household or individual participating in the program or caregiver wishing to contest an action under sub. (1) shall file a written request for a hearing with the department of administration's division of hearings and appeals within 45 days after the date of the action for which review is sought. A hearing request shall be considered filed on the date of receipt by the division of hearings and appeals.

Note: The mailing address of the Office of Administrative Hearings is P.O. Box 7875, Madison, Wisconsin 53707–7875.

(4) ARRANGEMENTS FOR A HEARING. In response to a request for a hearing under this section, the director of the office of administrative hearings shall appoint a hearing examiner, set a date for the hearing and notify the parties at least 10 days before the hearing of the date, time and place of the hearing and of the procedures to be followed.

History: Cr. Register, March, 1989, No. 399, eff. 4–1–89.

DHS 68.11 Exceptions to requirements. The department may grant an exception to an administering agency of any requirement made of the administering agency under this chapter, except a requirement under s. DHS 68.03 or 68.10 (2), if the department is convinced that an alternative to the requirement meets the intent of and is in compliance with s. 46.87, Stats. The department shall respond in writing to a written request for an exception within 30 days after receiving the request.

History: Cr. Register, March, 1989, No. 399, eff. 4–1–89.

WAUKESHA COUNTY DRUG TREATMENT COURT

POLICIES & PROCEDURES MANUAL

WAUKESHA, WISCONSIN

Created February 2012

Waukesha County Drug Treatment Court
Policies & Procedures Manual
TABLE OF CONTENTS

I. Steering Committee

The Executive Committee of the Criminal Justice Collaborating Council (CJCC) will serve as the Steering Committee for the Drug Treatment Court (DTC). The Committee meets on a monthly, defined, basis and will regularly review program outcomes as well as resolve policy and operational issues if they arise and cannot be resolved by the DTC staffing team.

The CJCC Executive Committee consists of six members:

- Waukesha County Executive
- Chief or Presiding Judge
- Waukesha County Board Chairperson
- District Attorney
- Waukesha County Director of Health & Human Services
- First Assistant State Public Defender

II. Planning Team

The working group of justice system professionals who are involved in planning and implementing the drug treatment court program. Those denoted with a (*) are members of the core planning team who met on a regular basis to develop the program. The core group regularly meets as a team, as well as provides updates to the Steering Committee.

- Hon. William Domina*
  Circuit Court Judge
  Waukesha County
- Hon. Kathryn Foster*
  Circuit Court Judge
  Waukesha County
- Tim Suha*
  Assistant District Attorney
  Waukesha County
- Sara Carpenter*
  Multi-County Administrator
  Wisconsin Community Services
- Jim Dwyer
  County Board Chairman
  Waukesha County
- Brad Schimel*
  District Attorney
  Waukesha County
- Sam Benedict*
  First Assistant State Public Defender
  Waukesha County
- Rebecca Luczaj*
  CJCC Coordinator
  Waukesha County
- Andrea Will*
  Assistant District Attorney
  Waukesha County
- Mike DeMares
  Clinical Services Manager
  Waukesha County

- Shawn Lundie
  Chief of Staff
  Waukesha County
- Tony Cotton
  Defense Attorney
  Private Bar
- Karl Held
  Field Supervisor
  WI Department of Corrections
- Mary Lynn Murphy
  Probation Agent
  WI Department of Corrections
- Nicole Masnica
  Assistant State Public Defender
  Waukesha County
- Chuck Wood
  Sheriff's Department Captain
  Waukesha County
- Susan Andrews
  AODA Supervisor
  Waukesha County
- Jean LaTour
  Assistant State Public Defender
  Waukesha County
- Joan Sternweis
  Incoming Clinical Services Manager
  Waukesha County

III. Mission Statement

A brief statement developed by the DTC Planning Team that reflects the purpose of the drug court.

The mission of the Waukesha County Drug Treatment Court is to advance public safety, reduce crime, reduce costs to our community, and improve individual and community health by providing intensive, integrated, evidence-based court supervision and comprehensive treatment services for drug dependent offenders.

IV. Goals and Objectives

Goals are general statements about what you need to accomplish to meet your mission and address major issues facing the drug court.

Objectives are specific activities or action steps necessary to implement each goal.

GOAL 1	IMPROVE THE TREATMENT OUTCOMES FOR ADDICTED OFFENDERS.

Rationale: The Waukesha County Drug Treatment Court Program is a post-plea, pre-judgement program that targets high risk offenders with a history of drug dependence. Through effective collaboration with the criminal justice and health care systems, the drug court program can help participants achieve long-term sobriety.

Objectives:

1) To achieve at least 6 continuous months of sobriety for 100% of those participants recommended for graduation from the Drug Treatment Court program.

2) To engage 100% of program graduates in aftercare planning.

3) To decrease the number of drug-using days per participant by at least 60% per year.

GOAL 2	**DEVELOP AND IMPLEMENT A HOLISTIC, COMPREHENSIVE PROGRAM MODEL THAT IS SPECIFIC TO THE TREATMENT NEEDS OF EACH PROGRAM PARTICIPANT.**

Rationale: The drug court treatment model is built upon a foundation of individualized treatment supported through a comprehensive program of supervision, monitoring, and other program elements supported through a system of rewards and sanctions. Through a more comprehensive, longer-term approach to treatment and supervision, the Drug Treatment Court Program offers a new alternative for rehabilitation and recovery not currently available to offenders in Waukesha County.

Objectives:

1) To secure an agreement to participate in the program for at least 75% of those assessed as program-eligible.

2) To develop individualized, initial treatment plans for 100% of program participants within 15 days of acceptance into the Drug Treatment Court program.

3) To achieve a graduation rate of at least 65% of those who enroll in the Drug Treatment Court program.

GOAL 3	REDUCE RECIDIVISM AMONG DRUG COURT PARTICIPANTS.

Rationale: Successful intervention in the cycle of addiction will result in lower rates of recidivism among graduates of the drug court program.

Objectives:

1) To avoid re-arrest on any criminal charge for at least 65% of program participants after completion of Phase I of the Drug Treatment Court program.

2) To assess re-arrest rates for 100% of program participants at the completion of the program and again at 6 months and 1 year post-graduation.

GOAL 4	REDUCE COSTS TO THE COMMUNITY BY PROVIDING AN ALTERNATIVE TO LONG-TERM INCARCERATION FOR OFFENDERS WHO SUCCESSFULLY GRADUATE FROM THE DRUG COURT PROGRAM.

Rationale: Through enrollment in, and the successful completion of the drug court program, the offender can avoid his/her exposure to long-term incarceration and the county and state avoid the substantial costs associated with that incarceration.

Objectives:

1) To reduce the reliance on incarceration as the primary sanction for criminal offenses by maintaining at least 25 offenders in cost-effective, efficient community-based treatment programs and supervision delivered through the Drug Treatment Court program.

2) To successfully engage addicted offenders with the Drug Treatment Court model to avoid the imposition of incarceration for at least 75% of program participants.

GOAL 5	ENGAGE THE COMMUNITY IN THE RECOVERY PROCESS THROUGH EDUCATION AND AWARENESS OF THE CYCLE OF DRUG DEPENDENCE AND THE ROLE OF THE DRUG COURT IN PROVIDING A PUBLIC SAFETY SOLUTION.

Rationale: Community involvement is vital to the success of drug court participants and the program itself. Through education and awareness, an improved understanding of the cycle of drug dependence can promote community support for the recover process.

Objectives:

1) Solicit public speaking engagements by individuals representing the Drug Treatment Court and graduates at community forums and other group meetings to improve awareness of the cycle of addiction and the role of the DTC at least 2 times per year.

2) Solicit local businesses to support drug court participants toward recovery through public-private partnerships that provide tangible rewards for success.

3) Solicit locations for the placement of program participants in meaningful community service and/or part-time/full-time employment.

V. Structure/Model

The Waukesha County Drug Treatment Court is a post-plea, pre-judgement program for offenders charged with a non-violent crime. Participants must meet the eligibility requirements for entry into the drug court program (as defined under the section "Eligibility Criteria") and must have a verifiable history of substance abuse and drug dependence.

Procedurally, defendants may be referred to the drug court program by 1) their attorney, 2) the District Attorney's Office, or 3) one of the Waukesha County pre-trial programs. Once eligibility screening is complete and the defendant agrees to the terms of the Deferred Prosecution Agreement, the drug court staffing team makes the final decision on enrollment.

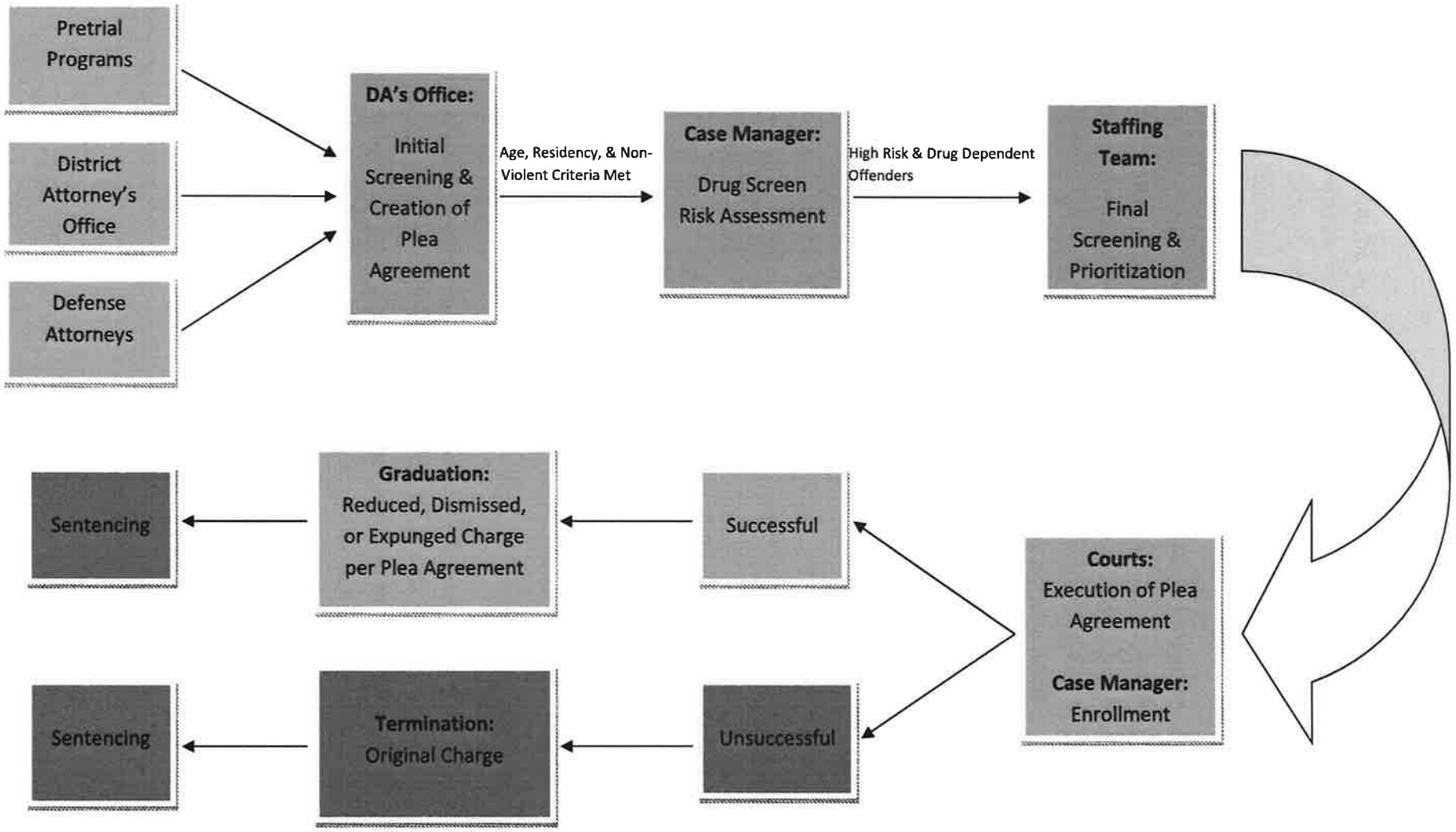
Once enrolled in the program, drug court participants should anticipate that they will remain enrolled in the program for at least 12 months while participating in a structured, four-phase program that involves treatment, urinalysis, breath analysis, case management, and other program-related requirements (see Section X "Phases").

Upon successful completion of the Drug Treatment Court program and approval by the staffing team for graduation, the terms of the plea agreement will be executed.

The following flow chart depicts the Waukesha County Drug Treatment Court program from referral through discharge:

WAUKESHA COUNTY DRUG TREATMENT COURT PROGRAM
FLOW CHART: REFERRAL TO DISCHARGE

Referral Sources



The Waukesha County Drug Treatment Court is an offender-focused rehabilitation model that recognizes the powerful influence of substance abuse as a driver of behavior. Recognizing that recovery from addiction is vital to community safety and individual accountability, the Waukesha County DTC leverages four characteristics of its program as its foundation for participant support toward recovery:

- Unique involvement of the Drug Court Judge
- A non-adversarial, collaborative approach to treatment
- Recognition, rewards, and positive reinforcement for progress
- Rapid imposition of negative sanctions to improve compliance and to modify negative behaviors

VI. Target Population

The Waukesha County Drug Treatment Court targets non-violent offenders where there is a reasonable assumption that the offender's criminal activity is connected directly to the ongoing, chronic, and habitual abuse of substances. Absent an interruption in their cycle of addiction, it is likely that criteria-eligible offenders will continue to commit crime, re-enter the criminal justice system and be exposed to long-term incarceration or other negative consequences that often result from traditional, less resource-intensive approaches to case disposition.

Typically, offenders enrolled in the DTC program will have social histories hallmarked by prior contacts with law enforcement, previous exposure to alcohol and drug treatment systems, and a history of relapse into substance abuse. The Waukesha County DTC targets high-risk offenders who require more intensive focus on treatment, monitoring, and judicial intervention.

The Waukesha County DTC recognizes that substance abuse contributes to a wide variety of criminal acts. As a result, the program does not limit program participation to involvement in a drug-related offense. Adult offenders assessed as high risk and drug dependent, with approval by the DA's Office, will be afforded access to the program.

Through effective intervention in the cycle of addiction, the DTC transitions program participants from addicted persons to productive citizens capable of meeting daily life challenges.

VII. Eligibility Criteria

Offenders entering the DTC program must meet the following eligibility criteria:

- Waukesha County resident
- 17 years of age or older
- Non-violent offender (per federal definition)
- High-risk (per the Risk and Needs Triage assessment)
- Drug dependent (per the Texas Christian University Drug Screen II)
- Approved by the District Attorney's Office
- Voluntary consent to the Deferred Prosecution Agreement (plea agreement)

VIII. Discharge Criteria

Enrollment and participation in the Waukesha County Drug Treatment Court is an opportunity for an offender to overcome his/her dependence on drugs and/or alcohol. Through successful completion of the DTC program, offenders will overcome their addiction and avoid future criminal activity. Offenders may be discharged from the program if it is in the interests of the community and/or the credibility of the DTC program to do so. The following are some examples of circumstances that may lead to discharge; this list is not all-inclusive, as it is difficult to identify every circumstance that may lead to discharge.

- Committing a violent crime, or the DTC becoming aware of behavior that is violent or threatening to the safety of others as defined by the standards of the Bureau of Justice Assistance (BJA)
- Co-occurring disordered individuals whose mental illness is so severe to prevent active and full participation in the DTC program
- A demonstrated lack of capacity or willingness to engage in treatment or comply with program requirements
- Continuing criminal activity while under the supervision of the DTC
- Acts of violence while under the supervision of the DTC, which includes any violence, or threats of violence, in the participant's home, place of work, or at treatment centers/programs

IX. Entry Process

Entry into the Drug Treatment Court program must be initiated through a binding plea agreement in a criminal case.

The offender, his/her Defense Counsel, and the State's Attorney must agree to the terms of the Deferred Prosecution Agreement. No Drug Court participant will be enrolled in the program over the objection of the District Attorney's Office. Once a binding plea agreement has been reached, the offender will be assessed for Drug Court eligibility. Criteria-eligible offenders will be admitted to the Drug Court under the direction of the presiding Drug Court Judge. If the offender is determined to be ineligible for Drug Court enrollment, the case will be returned to the District Attorney's Office to resume traditional case processing.

X. Phases

Drug court enrollees participate in a four-phase treatment model designed to transition the offender from alcohol and drug dependence to successful recovery. The DTC is designed as a 12-month program, but participants should expect to be in the program longer if setbacks prevent them from being promoted to subsequent phases. Each phase of the program has specific elements and program criteria that must be completed prior to moving to the next phase. In some cases, participants may be returned to a lower phase as part of a sanction or if the staffing team decides that he or she could benefit from the more intensive requirements of a lower phase.

Following is the phase chart for the Waukesha County Drug Treatment Court program:

WAUKESHA COUNTY DRUG TREATMENT COURT PHASE CHART

	Phase I	Phase II	Phase III	Phase IV
	120 Days	**90 Days**	**90 Days**	**60 Days**
Court Obligations	► Judicial status hearing every two weeks	► Judicial status hearing every two weeks	► Judicial status hearing once a month	► Judicial status hearing once a month
Supervision & Monitoring Requirements	► Random drug testing three times per week ►PBT's three times per week ► Meet with case manager at least once a week	► Random drug testing at least twice per week ►PBT's at least twice per week ► Meet with case manager at least once every two weeks	► Random drug testing at least twice per week ►PBT's at least twice per week ► Meet with case manager at least once every two weeks	► Random drug testing at least twice per week ►PBT's at least twice per week ► Meet with case manager at least once a month
Treatment Requirements	► Complete assessment and individualized treatment plan ► Attend treatment as identified in assessment ► Attend at least three self-help meetings per week ► Obtain a sponsor within 30 days	► Attend treatment as identified in assessment ► Attend at least three self-help meetings per week	► Attend treatment as identified in assessment ► Attend at least two self-help meetings per week	► Develop aftercare treatment plan ► Attend AODA recovery group 1 time/month ► Attend two self-help meetings per week
Other Requirements	►Determined on an individual, as-needed, basis	►Determined on an individual, as-needed, basis	►Determined on an individual, as-needed, basis	► Pre-graduation conference and exit interview ► Alumni program participation

XI. Graduation Criteria

Participants must have met all of the following criteria to graduate from the Drug Treatment Court program:

- Successful completion of all program requirements
- Payment of all fines, court costs, and program fees (if any)
- Six (6) consecutive months of sobriety, to include clean urinalysis and negative breathalyzer/SCRAM results
- No missed court dates, treatment sessions, or case management appointments within six (6) months of graduation
- A positive recommendation for graduation from the Drug Court staffing team
- The approval of the Drug Court Judge
- Completion of an aftercare plan with the case manager

XII. Rewards and Sanctions

The Drug Treatment Court program employs a variety of rewards to recognize and reinforce progress, and applies a process of graduated sanctions to address non-compliance.

Rewards

The reward process recognizes the positive achievements of Drug Court participants as they progress through the phases of the program, from active addiction to sobriety. Behavioral changes that may result in a reward are discussed by the staffing team and recommended at the status review hearing. Rewards may take many forms and will be consistent with the goals and objectives of the participant's treatment plan. Rewards may include, but are not limited to, the following:

- Encouragement and praise from the Drug Court Judge
- Ceremonies and tokens or certificates of progress
- Decreased frequency of court appearances
- Graduation ceremonies
- Promotion to a higher program phase
- Gift cards
- Using imposed and stayed sanctions when appropriate, at the discretion of the judge, in order to recognize a participant's overall positive performance

Sanctions

Non-compliance is addressed at the status review hearing. Since sanctions are most effective when applied immediately, participants violating the terms and conditions of their enrollment in Drug Court will be required to report in person to the next scheduled Drug Court docket. Thus, the non-compliance issue(s) can be addressed as early as possible. The Drug Court staffing team will discuss and agree upon the mandatory sanction to be imposed for non-compliance, emphasizing a team, rather than an adversarial process. Sanctions may include, but are not limited to, the following:

- Warnings and admonishments by the Drug Court Judge in open court
- Increased frequency of court appearances
- Increased frequency of drug testing and/or breath testing, or other elements of the defined treatment program
- Writing assignments
- Community service hours
- Extension of the time required to complete any given phase of the program
- Demotion to a lower program phase
- Escalating periods of jail confinement
- Termination from Drug Court, resulting in a null and void plea agreement with return to a non-Drug Court judge for sentencing on original charge

Failure to appear for any Drug Court hearing may result in a bench warrant to be served forthwith by the Waukesha County Sheriff's Department, with the defendant to be held without bond pending the next Drug Court docket.

XIII. Treatment Protocol

The treatment protocol provides for intensive therapeutic interventions for alcohol and drug dependent persons enrolled in the Waukesha County Drug Treatment Court program. The treatment model is outpatient; however, participants may be referred to and required to successfully complete a residential treatment program if necessary. The program also has a treatment protocol for those who have co-occurring mental health and substance abuse disorders.

Consistent with the Drug Court model, treatment begins with a thorough and complete assessment of an offender's history and level of involvement with alcohol and other

drugs. Based on this assessment, the assigned therapist will develop a treatment plan which may include the following elements:

- Individual outpatient treatment
- Group outpatient treatment
- Intensive outpatient treatment
- Inpatient treatment
- Day treatment
- Residential treatment
- Medication-assisted treatment
- Mandatory attendance at self-help meetings, such as Narcotics or Alcoholics Anonymous (NA & AA)
- Mandatory urinalysis and/or breathalyzer testing
- Ongoing reassessments
- Relapse prevention groups
- Aftercare planning

The Case Manager will remain in constant communication with the therapist to assist in facilitating the treatment plan and coordinate treatment requirements (i.e. drug and alcohol testing) to avoid duplicating services.

XIV. Supervision Protocol

Supervision is a shared responsibility among all members of the Drug Court Staffing Team, which is achieved through effective collaboration, decision-making, and rapid response to conditions that may lead to relapse or further criminal activity by program participants. Unique to the Drug Treatment Court model is the active, personal involvement of the Drug Court Judge at weekly/bi-weekly hearings with each of the program participants.

However, the primary responsibility for day-to-day supervision of program participants rests with the assigned Case Manager. The Case Manager will develop an individualized treatment and supervision plan with each participant enrolled in the program. Working in collaboration with the staffing team, the Case Manager will meet weekly or bi-weekly with each Drug Court participant and report his/her status at the weekly Drug Court Staffing Team meeting. For those participants also on probation, the designated agent from the Department of Corrections will coordinate with the Case Manager and share supervision and monitoring responsibilities to avoid duplicating services.

All members of the staffing team will keep the Case Manager informed of any conditions that might negatively impact the capacity or ability of the Drug Court program to successfully monitor and supervise participants.

XV. Testing Protocol

Drug Court participants will participate in mandatory, random urinalysis and breath testing consistent with the requirements of each phase of the program (see Section X "Phases"). Random drug and alcohol testing will never be less than twice a week throughout the duration of the program, and will be more frequent during Phase I. Frequency of testing may be increased at any time as a sanction for non-compliance with program requirements.

In addition, program participants may be required to wear a SCRAMx (Secure Continuous Remote Alcohol Monitoring) bracelet, if determined necessary by the Drug Court staffing team.

XVI. Evaluation Design

Overview

Two different evaluations will be conducted of the Waukesha Drug Court during the time it is funded by the Bureau of Justice Assistance (BJA). These evaluations are consistent with BJA expectations and will include an (1) Implementation Evaluation and a (2) Process and Outcome Evaluation of the program.

Implementation Evaluation

The implementation evaluation of the program is a process evaluation that will focus specifically on the first year of the program. Of particular focus will be providing an in-depth description of the Waukesha Drug Court and comparison of its implementation during its first year of operations against two benchmarks. The first benchmark will be the program narrative of the grant application funded by the Bureau of Justice Assistance. Careful comparisons will be made between what the application proposed to do and what was realized in the first year of operations. The second benchmark will be the *10 Key Components* (OJP 1997; 2004). Comparison against these benchmarks will determine whether an implementation failure occurred in either the operational model of the program (reflected in the grant narrative) or in the execution of the program in terms of adherence to an accepted theoretical model for drug courts (reflected in the 10

Key Components). Any departure from these two benchmarks will be noted and specific recommendations given for how to improve the implementation of the Waukesha Drug Court.

For this evaluation, data (described in more depth below) will come from program records and documentation, interviews with the team, a focus group, and self-reports of program adherence to the *10 Key Components.* Data collection is guided by the overarching evaluation questions that the implementation evaluation seeks to answer, including "Was the Waukesha Drug Court implemented well?" and "To what extent were the 10 Key Components implemented in the Waukesha Drug Court." To reach conclusions with regards to these broader questions, numerous specific evaluation questions will be addressed including the following:

1) What is the Waukesha Drug Court's target population? What types of admission and exclusion criteria are used by the court? To what extent do the characteristics of the participants match the planned target population for the program?
2) Are eligible participants quickly identified and placed in the drug court and treatment? How are participants referred to the program?
3) What is the planned capacity of the program? Does the program achieve its stated capacity?
4) What is the phase structure of the drug court? How do phases differ in terms of services, supervision, and expected duration?
5) How are participants supervised? What types of mechanisms and processes are used to accomplish participant supervision?
6) Does the drug court program integrate substance abuse treatment with justice system case processing?
7) Do the defense and prosecuting attorneys work together in a non-adversarial manner ensuring the participants' interests are protected as well as the community?
8) Are participants given access to a continuum-of-care for both substance abuse and other problems?
9) Is abstinence from drugs routinely monitored via drug testing?
10) Is there a coordinated approach for sanctioning non-compliant behavior and rewarding compliant behavior?
11) Do participants have on-going contact with the drug court judge?
12) To what extent do staff and team members engage in continuing education?
13) How well is the drug court connected with the local community?

Process and Outcome Evaluation

The process evaluation of the program will focus on updating the implementation evaluation, comparing what happened in the 3rd year of program operations with those documented during the 1st year of implementation. In addition to using the implementation evaluation as a benchmark for comparison, the process evaluation will use both the program narrative of the grant application funded by the Bureau of Justice Assistance and the *10 Key Components* (OJP 1997; 2004). Comparison against these benchmarks will identify any significant changes made to the program (reflected in deviations from the implementation evaluation findings), determine whether an implementation failure occurred in either the operational model of the program (reflected in the grant narrative) or in the execution of the program in terms of adherence to an accepted theoretical model for drug courts (reflected in the 10 Key Components).

For this process evaluation, the same data collection methods for the implementation evaluation will be used. The data collection procedure is described in more depth below. Data collection is guided by overarching evaluation questions including "Were significant changes made to the drug court program model," "Was the Waukesha Drug Court implemented well?" and "To what extent was fidelity to the 10 Key Components maintained." To reach conclusions with regards to these broader questions, numerous specific evaluation questions will be addressed including the following:

1) Were there significant changes in the demographic profile of drug participants?
2) Did enrollments in the program meet projections set forth in the program narrative funded by the Bureau of Justice Assistance?
3) What was the retention rate of participants in the program?
4) What participant characteristics predict program dropout?
5) What was the average length of program stay and were goals expressed in the grant application reached?
6) Were there major changes in the implementation of the program and what served as the impetus for such changes?
7) Were there major changes in the manner in which the court adhered to the Key Components of drug courts?

Building upon the information collected during the process evaluation that describes what the program did, an outcome evaluation also will be completed to describe what the drug court accomplished. That is, what was the program's effectiveness at reaching its operational goal of reducing recidivism among drug offenders? Specifically, this

outcome evaluation will examine the time while the participants are in the drug court as well as 1-year and 2-year intervals following the participants' discharge from the drug court. It will focus on examining multiple indicators of recidivism (i.e., rearrests, reconvictions, and reincarceration) and comparison of drug court graduates with drug court non-completers. If resources permit and one can be identified, a non-drug court comparison group will be identified and included in the comparisons. Questions for the outcome evaluation include:

1) What was the number/percentage of participants arrested for a new offense while in the program?
2) Does drug court graduation reduce the number and percentage of participants arrested for a new crime?
3) Does drug court graduation reduce the number and percentage of participants convicted for a new crime?
4) Does drug court graduation reduce the number and percentage of participants incarcerated for a new crime?

Data Collection Procedure

Near the end of the first year of program implementation and again in the third year of program implementation, near the end of the BJA funding, process data will be collected including (1) interviews with team members, (2) a focus group with the team, (3) self-assessments of drug court adherence to the 10 key components, (4) and program self-documentation. Additionally, data will be collected from the Wisconsin Court Consolidated Access Program (CCAP) on any new arrests, charges, convictions and incarcerations experienced by drug court participants once they entered the drug court program. If resources permit, these data also will be collected for a comparison group of drug offenders who did not participate in the drug court.

Face-to-face structured interviews, similar to those used by Logan and colleagues (2000), will be conducted by a Temple Research Team member with each stakeholder/staff to capture data and perceptions of the target population, screening and assessment, case processing, program length, urinalysis testing, treatment resources, ancillary services, court services, sanctions and incentives, and many more aspects of the program.

These interviews will be complemented with a structured focus group that develops a logic model of the program that captures the target population, therapeutic resources, short- and long- term goals, as well as the interrelationships among these (see Hiller,

Malluche, Bryan et al., 2010). Detailed notes of the discussion during the focus group will be taken by a research assistant.

The *Drug Court Components Questionnaire* (Hiller, Belenko, Taxman et al., 2010) will be administered to each team member following the interviews or the focus group to capture their impressions of how well they are adhering to the *10 Key Components.* This questionnaire will be completed in private by each individual who will not put any identifiers on it so it will be completely anonymous to help ensure frank responses from the staff.

In addition to the data collected during the interviews, the focus group, and the *Drug Court Components Questionnaire,* information also will be gleaned from several program-generated sources including the narrative of the grant application submitted to the Bureau of Justice Assistance, the policy and procedure manual, minutes of steering committee meetings, the participant handbook, and the intake application collected by case managers on individuals who request to be in the program.

Recidivism data will be abstracted from the publicly available information on the Wisconsin Consolidated Court Automation Program (CCAP) for every drug court graduate and dropout. If a non-drug court comparison group can be identified recidivism information also will be collected for them. A search for each individual will be conducted to identify offense date, conviction date, incarceration date, length of sentence, and incarceration information for any new cases for an individual in the CCAP system subsequent to the one that led to his or her participation in the drug court. Only information from criminal traffic cases (i.e., OWI and operating after revocation, OAR) and for other types of criminal cases (e.g., theft, assault, disorderly conduct, bail jumping) will be coded. Other information that will be coded for each offense will be the date of arrest, the charge, and the level of charge (misdemeanor or felony).

XVII. Ethics and Confidentiality

Drug Courts transition the roles of every member of the drug court team from their traditional separation and independence to a collaborative effort focused on the recovery of drug court participants. Judges become part of a collaborative decision-making team that includes prosecutors, defense counsel, and law enforcement agents. Prosecutors and defense counsel coordinate their efforts in new ways to achieve a participant's recovery from alcohol or drug addiction, muting their traditional

adversarial relationship. Typical courtroom decorum where lawyer-advocates speak on behalf of their clients may give way to direst conversations between the judge and defendant. Defendants become "participants" and may actively engage in discussions on their progress, or lack of progress, with a broader range of "actors" in the criminal justice system. Substance abuse treatment professionals actively engage with the Court and other members of the team far earlier than is the case in more traditional referrals from the court for treatment and monitoring. These and other transitions in the professional roles of judges, lawyers, treatment professionals, and law enforcement agents are crucial to the drug court model.

That transition from traditional roles, however, requires that drug courts be consciously aware of ethical and confidentiality considerations to ensure that those who enroll in the program are confident that each member of the drug court team maintains the highest standards of ethical conduct. Drug courts, forging new models of collaboration and information exchange, do not redefine the ethical standards of each profession involved in the drug court process. Properly understood, canons of ethics strengthen the drug court model by promoting each member of the team as a unique contributor to the recovery process.

As in any other criminal case, each member of the drug court team has a specifically defined role. Although the roles of the judge, prosecutor, defense attorney, treatment personnel, and law enforcement agents promote a unified interest in participant recovery and program success, they have not abandoned their roles as advocates for their respective disciplines. Rather, in the context of the drug court, that advocacy role broadens to reflect the benefit(s) that may accrue to the drug court participant, and the community, in the event the participant successfully graduates from the program and recovers from alcohol and/or other drug dependence.

Most often, the ethical issues related to drug court practices involve the *non-adversarial* nature of the proceedings. It is important to note that *non-adversarial* does not equate to *non-advocacy*. Rather, each member of the drug court team best represents his or her professional responsibilities by advocating a perspective that is consistent with their professional interests as members of a team who contribute equally, through the lens of their respective professions, to the outcome of recovery for every participant in the program. In the context of a drug court, the traditional concepts of the attorneys as "courtroom opponents" or "opposing counsel" give way to a common commitment to the best interests of the participant toward ending his or her addictive behaviors.

Similarly, although the drug court judge will have more intimate and direct involvement with program participants, their counsel, and the other members of the drug court team, the judge maintains his or her traditional role as an impartial, independent decision-maker who is advised by other professionals on his or her options to foster compliance with the terms and conditions of the plea agreement, and to strengthen each participant's capacity to engage in the drug court process and graduate from the program.

Substance abuse treatment professionals, operating from a medical, rather than a legal, model, most often interact with the criminal justice system through the process of reporting compliance with conditions imposed by the court or probation. Due diligence must be taken to ensure compliance with confidentiality requirements as the traditional insulation of treatment providers from the arena of the courtroom gives way to an active, advisory role to the judge on treatment options that most closely meet the goal of recovery for each participant.

To enhance awareness of the ethical standards and confidentiality requirements for every member of the team, and to be clear on the ethical dimensions involved in a drug court practice, the Waukesha County Drug Treatment Court program will:

- Promote and foster the duties of professional competence and due diligence from every member of the drug court team
- Maintain, recognize, respect, and value the distinct roles of every member of the team
- Foster a spirit of collaboration where every member of the team is expected to exercise independent professional judgement and render candid advice on how best to meet the treatment goals and expected outcomes for each participant in the program
- Add value to the drug court process by promoting authentic advocacy that is consistent with the professional responsibilities of each member of the drug court team
- Ensure that every member of the team is fully aware of the drug court model, how it operates, and be able to articulate its risks and benefits to program participants and to the community
- Promote competency and knowledge on professional ethics and confidentiality and how they may be consistently applied in a drug court setting
- Ensure that program participants are fully informed on the drug court process, that they give voluntary, informed consent to participate in the drug court

program, and that they are aware of the risks and benefits that are involved with their participation in the program

- Require that program participants sign appropriate Waivers of Confidentiality that demonstrate that the participant provides informed consent on the consequences of that Waiver, that it is given voluntarily, and that he or she has had the opportunity to discuss the terms and conditions of that Waiver with counsel
- Provide on-going education on the ethical and confidentiality dimensions of drug courts by directing members of the team to current research and writing that address the issues of ethics and confidentiality in drug courts
- Hold information discussed during pre-trial interviews, assessment, drug court team staffing meetings, drug court status hearings, and treatment sessions in confidence
- No results or statements made by participants during drug court proceedings shall be admissible against participants other than in drug court proceedings to prove a violation of the drug court rules or to establish grounds for termination of a defendant from the drug court program

To promote a full understanding of the discussions related to ethics and confidentiality in drug court programs, members of the team are directed to the following documents as sources of information and guidance on applied ethics in drug court programs. Through education and exposure to important areas of debate, the Waukesha County Drug Treatment Court Team will continue to demonstrate ethical standards that will withstand the scrutiny of professionals in the field, participants in the drug court program, and the community at large.

Ethical Considerations for Judges and Attorneys in Drug Court
National Drug Court Institute
October, 2002
http://www.ndci.org/publications/monograph-series/ethical-considerations-judges-and-attorneys-drug-court

Federal Confidentiality Rules and How They Affect Drug Court Practitioners
National Drug Court Institute
April, 1999
http://www.ndci.org/publications/monograph-series/federal-confidentiality-laws-and-how-they-affect-drug-court-practition

MSSION STATEMENT

The mission of Jefferson County Alcohol Treatment Court (JCATC) Program is to reduce the number of repeat drunk drivers (OWI) by allowing OWI offenders to participate in alcohol and other substance abuse treatment under strict judicial and community supervision. The ATC will use community and justice system resources in a cost effective and efficient manner while holding offenders accountable and enhancing public safety.

Wisconsin Treatment Court Standards Training Action Plan (1) OWI/Drug Court (Evidence- Based Practices)

Topic Areas	Where would you like to be?	Steps to get there?	What barriers will you face in implementing the changes?	Resources Needed?	Persons Responsible?	Target dates
Mission Statement	Have a statement that the CJCC reviews & validates	On CJCC Agenda 10/28/2015	-Different points of view -Publish & disperse -Further education of stake holders	-Share 4 questions w/stakeholders	-CJCC	10/28/15
Advisory Board Expansion -Victim W -Business -Hospital -Local Media	-Board review membership & include other potential stakeholders -Possible establish sub-committees	On CJCC Agenda 10/28/2015	-Lack of availability & willingness -Size of groups -Length of Term	-Education of members & possible members -Outreach -Marketing -Time – Lack of Coordinator	-Team training members -CJCC - Chief Judge	To start 10/28/2015
Committees to review Policy and Procedure Handbook	-Sub-Committees -Develop & complete P & P manual & handbook	-Create Sub-Committee -Appoint members -Parameters set forth	-Hard to find volunteers -Time	-Leaders for Committees -Good writers -Evaluator	- Corporation Counsel -DA - WCS	12/31/2015
Eligibility & Equal Treatment	Equivalents -Access -Retention -Treatment -Incentive & Sanction -Dispositions -Training	-Demographics -Review Eligibility & Access	-Interpreter w/ specific credentials - Access to Compass Data	-Data -Analyst	-District Attorney -CJCC - Treatment Court Judge	12/31/2015

Wisconsin Treatment Court Standards Training Action Plan (2) OWI/Drug Court (Equal Treatment)

Topic Areas	Where would you like to be?	Steps to get there?	What barriers will you face in implementing the changes?	Resources Needed?	Persons Responsible?	Target dates
Conference & Records	Review & update P & P	-Outline protocol for case file -Develop flow by agency type			Carla Robinson J. Blair Ward Kristi Gusse	End of 2015
Team Meeting Protocol	Develop opportunity and process for treatment team				Kristi Gusse	November 2015
Gender Specific Court Appearance	-Look at separating offender for staffing -Pilot program				CJCC	End of 2015

Wisconsin Treatment Court Standards Training Action Plan (3) OWI/Drug Court (Planning Process)

Topic Areas	Where would you like to be?	Steps to get there?	What barriers will you face in implementing the changes?	Resources Needed?	Persons Responsible?	Target dates
Eligible for RX C+	All Say Yes					
What steps can be used to improve the referral process for the treatment court	-Increase objectivity -Increase referral points to program based on training-	-Discussion at CJCC about referral points	- Transition from status quo	CJCC Advisory Board		1/1/2016
How to Improve	Multiple tool use	Get DOC help with Compass	Need DOC		WCS	December 2015

Wisconsin Treatment Court Standards Training Action Plan (4) OWI/Drug Court (Teams)

Topic Areas	Where would you like to be?	Steps to get there?	What barriers will you face in implementing the changes?	Resources Needed?	Persons Responsible?	Target dates
Clients working to manipulate the system	Yes, but we think case managers or team could catch	-Testing more -Using more tools to find possible offenders -Facebook? -Potential Tips	Defense Attorney may avoid being forthwith	Testing at appointments and sue some P.O. testing as well.	Team working together	12/31/15
Effectiveness of Team	-Training -Staffing -Better Policies	More open talks	Come together to discuss and implement new policies		-Team -CJCC	12/31/15

Wisconsin Treatment Court Standards Training Action Plan (5) OWI/Drug Court (Judicial Interaction/Role)

Topic Areas	Where would you like to be?	Steps to get there?	What barriers will you face in implementing the changes?	Resources Needed?	Persons Responsible?	Target dates
Issues of Due Process Identified	Improving knowledge of due process procedures	-Due process education for team and program participants -Informing participants of process for terms & sanctions	-More adversarial approaches/perspectives -Lack of due process knowledge -Impressions of pre-disposition -Time-Appropriate procedures/proceedings	Funding for additional testing	Team Members	End of Calendar Year
-Review of Current Termination Procedures -Accounting for Due Process	Appropriate & Timely Terminations	-Direct & Open Communication between Team Members -Substantive & Procedural Due Process Procedures -Education of Substance Abuse & Mental Illness that Lead to Relapses and Terminations	-Conveying decisions/ actions appropriately -Lack of knowledge regarding Termination Proceedings & Policy			End of Calendar Year

Wisconsin Treatment Court Standards Training Action Plan (6) OWI/Drug Court (Due Process and Community Safety)

Topic Areas	Where would you like to be?	Steps to get there?	What barriers will you face in implementing the changes?	Resources Needed?	Persons Responsible?	Target dates
Treatment Representative on the Team	Treatment Representative as a permanent member of OWI/Drug Court Team	CJCC will Review on 9/23/2015	Time	Staff person available 1 Hour per Week	CJCC Members	12/2015
Treatment Available	Increase awareness of Tx options available	Schedule a meeting between Human Services & Tx Court	Time Coordinating Schedules	-Staff time -Meeting location	Holly Pagel Kathi Cauley Human Services staff will schedule	12/2015
Case Planning Process	Increased coordination between Tx Court staff and Tx providers	Schedule meetings	Time coordinating schedules	-Staff time -Meeting location	Holly Pagel Kathi Cauley Human Services staff will schedule	12/2015

Wisconsin Treatment Court Standards Training Action Plan (7) OWI/Drug Court (Record Keeping)

Topic Areas	Where would you like to be?	Steps to get there?	What barriers will you face in implementing the changes?	Resources Needed?	Persons Responsible?	Target dates
Incentive Sanctions Response Grids	Create grid	-Work w/CJCC -Create Sub-Committee -Have more of a range response	-Team consensus -Cookie cutter approach is not OK -Time -Overdosing w/ sanctions -Judges to learn incentives doesn't always come easy	Look at other ___ grids	TEAM	End of Year

Wisconsin Treatment Court Standards Training Action Plan (8) OWI/Drug Court (Confidentiality)

Topic Areas	Where would you like to be?	Steps to get there?	What barriers will you face in implementing the changes?	Resources Needed?	Persons Responsible?	Target dates
-Planning for Evaluation *Process Evaluation -When to Conduct	2 Years from begin – Due process evaluation	-Continued data collection -Determine evaluation criteria	Not built into budget	-Data from WCS -Data from DA's Office -Evaluation criteria	Unknown	September 2016
Outcome Evaluation	3-5 Years	Find outside evaluator	Not built into budget	-Evaluator -Determine funds needed in budget	Unknown	3-5 Years
Community Outreach		Make outreach to community groups	Institutional CJS and county culture	-Letterhead -Time from ATC leaders -Follow-Up		3-6 Months

Wisconsin Treatment Court Standards Training Action Plan (8) OWI/Drug Court (Confidentiality)

Topic Areas	Where would you like to be?	Steps to get there?	What barriers will you face in implementing the changes?	Resources Needed?	Persons Responsible?	Target dates
Better Tracking of Sanctions & Incentives per P.M. ___	Accurate data	In Court Case Worker records all	None	-Case Workers -Pen/Paper	Case Worker	Immediately
Track amount of Time Spent with Each Participant	Ensure consistency with each Participant (avoid less time w/ later participants)	In Court Case Worker records	None	Case Worker w/timer	Case Worker	Immediately
Follow-Up on Action Plan be Created Earlier this _____						

Committee Meeting Sign-In Sheet

Committee/Board Name: **Date of Meeting:**

Name (Please Print)	City or Township	Person/Firm Representing	Item # or General Comment
Alexa Zoellner		Daily Union	
Michael Neimon		DCA	