Human Services Board Agenda - Jefferson County Jefferson County Courthouse, 311 S Center Ave, Room 205 Jefferson, WI 53549

Date: Tuesday, November 10, 2020 Time: 8:30 a.m.

Topic: Human Services Board Meeting

Join Zoom Meeting

https://zoom.us/j/99891579664?pwd=aGtZNVk5cUFJdHB6eis5Q0ZPQmVLQT09

Meeting ID: 998 9157 9664

Passcode: 645879

+1 312 626 6799 US (Chicago)

Committee Members: Jones, Dick (Chair) Crouse, Cynthia (Secretary)

Kutz, Russell (Vice Chair) Schultz, Jim
Tietz, Augie Wineke, Michael

Sira Nsibirwa

1. Call to Order

2. Roll Call (Establish a Quorum)

- 3. Certification of Compliance with the Open Meetings Law
- 4. Approval of the November 10, 2020 Agenda
- 5. Public Comment (Members of the public who wish to address the Board on specific agenda items must register their request at this time.)
- **6.** Approval of October 13, 2020, Board Minutes
- 7. Communications
- 8. Review of the September 2020 Financial Statement
- 9. Discuss and Approve October 2020 Vouchers
- **10.** Division Updates: Behavioral Health, Administration, Economic Support, Aging & Disability Resource Center, and Child and Family Division
- **11.** Discussion and Possible Action on New 2020 Professional Service Contracts (Adult Alt Care, IV-E Legal, Foster Care, and Respite Care)
- **12.** Discussion and Possible Action on New 2021 Professional Service Contracts (Adult Alt Care, IV-E Legal, Foster Care, and Respite Care)
- **13.** Discussion and possible actions on Jefferson County's Specialized Transportation Assistance Program (Wis.Stat. 85.21) Application
- 14. Discussion and Possible Action on Alzheimer's Family Caregiver Support Program 2021 Budget Report
- **15.** Discussion and Possible Action on stipends for volunteer Committee members of the Nutrition Council Project and the ADRC Advisory Committee
- **16.** Director's Report
- 17. Adjourn

Next Scheduled Meetings:

Tuesday, December 8, 2020, at 8:30 a.m. Tuesday, January 12, 2021, at 8:30 a.m.

A Quorum of any Jefferson County Committee, Board, Commission, or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.

<u>Special Needs Request</u> - Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours before the meeting at 920-674-7101 so appropriate arrangements can be made.

JEFFERSON COUNTY HUMAN SERVICES

Board Minutes October 13, 2020

Board Members Present in Person: Richard Jones and Michael Wineke

Board Members Present via Zoom: Russell Kutz, Cynthia Crouse, and Jim Schultz

Absent: Augie Tietz

<u>Others Present:</u> Director Kathi Cauley; Deputy Director Brent Ruehlow; Administrative Services Division Manager Brian Bellford; Economic Support Manager Jill Johnson; Aging & Disability Resource Division Manager Sharon Olson; Office Manager Kelly Witucki; and County Administrator Ben Wehmeier.

1. CALL TO ORDER

Mr. Jones called the meeting to order at 8:30 a.m.

2. ROLL CALL/ESTABLISHMENT OF QUORUM

Tietz Absent/Quorum was established.

3. CERTIFICATION OF COMPLIANCE WITH THE OPEN MEETINGS LAW

Ms. Cauley certified that we are in compliance.

4. REVIEW OF THE OCTOBER 13, 2020 AGENDA

5. PUBLIC COMMENTS

No Comments

6. APPROVAL OF THE SEPTEMBER 8, 2020 BOARD MINUTES

Mr. Schultz made a motion to approve the September 8, 2020 board minutes.

Mr. Wineke seconded.

Motion passed unanimously.

7. COMMUNICATIONS

No communications

8. REVIEW OF AUGUST 2020 FINANCIAL STATEMENT

Mr. Bellford reviewed the August 2020 financial statement (attached) and reported that there is a projected positive year-end fund balance of \$1,973,212. This is up from our projection of \$1,598,887 last month because of increased MA revenue and reduced alternate care costs. This balance includes \$650,000 from our reserve carryover but excludes any prepaid adjustments. Projections this early in the year are very volatile and subject to change.

9. REVIEW AND APPROVE SEPTEMBER 2020 VOUCHERS

Mr. Bellford reviewed the summary sheet of vouchers totaling \$1,093,660.32 (attached).

Mr. Wineke made a motion to approve the September 2020 vouchers totaling \$1,093,660,32.

Mr. Kutz seconded.

Motion passed unanimously.

10. DIVISION UPDATES: CHILD & FAMILY DIVISION, BEHAVIORAL HEALTH, ADMINISTRATION, ECONOMIC SUPPORT, AND AGING & DISABILITY RESOURCE CENTER

Child & Family Resources:

Mr. Ruehlow reported on the following items:

- **Key Outcome Indicators** for all teams are being met
 - Our Youth Delinquency team is at 78% for keeping youth in a family setting.
- Birth to Three
 - They are at 100% compliance with DHS.
 - Jennifer Hoppenrath has been hired as the new Service Coordinator.

- The Busy Bees Preschool sent out a survey to families, and it was decided that they would start a virtual preschool. The staff will be distributing goodie bags to all of the families that will include materials for them to have at home. Through the virtual preschool, our staff will be able to lead them through activities where the children will be able to interact with our teachers from home.
- This year there was a Child Welfare Conference. For the third year in a row, we were asked to do a presentation as a county with the Children Long Term Support, Birth to 3, and Child Protective Services teams.
- A few years ago we received the Youth Innovations Grant which allowed us to train staff in Aggression Replacement Training (A.R.T.) that teaches kids self-control skills. Our Youth Justice Team is now certified in A.R.T.

Behavioral Health:

Ms. Cauley reported on the following items:

- Key Outcome Indicators for all teams are being met
 - o Through September we've had 12,965 emergency contacts, compared to 5,619 in 2012.
 - Increase in suicide calls.
- We have had 101 emergency detentions for the year. Our diversion rate is 74%.
- Our CCS program is partnering up with our outpatient clinic and is offering groups through Zoom. They are currently serving up to 165 clients.
- Our CSP program has received a Bucket Approach grant to help consumers stop smoking. We have had several consumers successfully quit smoking.
 - CSP staff is currently working on the Collaborative Assessment and Management of Suicidality (CAMS) training, which is an evidence-based practice for people who are suicidal.
- September was Mental Health Awareness month.
- A big thank you to Ben Wehmeier and the Jefferson County Sheriff's Department for a new contract for mental health services which will offer more services in the Jefferson County jail.
- We applied for the Opioid Funding for \$180k.
- The Crisis Innovation Grant is providing a new program called The Skills System by Julie Brown. This program is designed to help people of various ages and abilities to manage emotions. With this grant, we can bring Julie Brown in as a trainer and launch this skills approach.

Administration:

Mr. Bellford reported on the following items:

- Capital projects:
 - Hillside is getting new boilers. Piping, radiators, and VAV's are all being replaced.
 - The first section of the roofing project on the main building is completed, the second section will eventually start. They are currently taking down the exterior insulation and finish system and putting up metal.
 - o Radiators, piping, VAV's, and fin tubes are also being replaced in the main building.
 - o Automated logic controls are also being installed.
 - The sewer project is currently in progress. That runs from the Human Services back area across Annex Road to Wisconsin Ave.
 - We added several new swipe card doors.
 - We received additional lighting in the Human Services parking lots.
 - Two of the four buildings have had the duct cleaning completed. This will continue into next week.
 - The Highway Department is working on repaving the parking lot at the Workforce.
 - Lueder Haus is receiving a second layer of asphalt and striping.

- We are currently hiring to replace both of our front desk staff who have accepted other positions within the agency. Jennifer Hoppenrath accepted the Service Coordinator position with Birth to Three and Alyson Schmidt accepted the Billing Specialist position with Fiscal.
- The Fiscal Department is working on reorganizing duties to prepare for the new position that will be starting in 2021.

Economic Support:

Ms. Johnson reported on the following items:

- Our **Key Outcome Indicators** are being met and are as follows:
 - We have 30 days to get 100% of all applications processed. We processed 97.48% of them timely. We received 381 applications and did 379 timely.
 - The Consortium Call Center must answer calls timely within 95% of the time. The Call Center was 97.68%.
- On October 1st the Workforce Development Center lobby reopened.
- We attended our Regional Enrollment Conference virtually this year.
- In September we had our Foodshare Management Evaluation Review. DHS reviews each consortium to ensure state agencies operate following all state and federal regulations. They pulled 46 cases and only 8 need minor corrections. The completed surveys were all very positive.

ADRC:

Ms. Olson reported on the following items:

- Our **Key Outcome Indicators** are being met and are as follows:
 - ADRC For September 2020, the KOI was not met. 15 out of 16 customers were enrolled in an LTC.
 - Senior Dining Program Met. 13 new Home Delivered Meal Consumers started in September.
 No one has been denied.
 - Transportation Met. 447 1- way trips completed for the Driver Escort Program in September.
 We hired our 10th occasional part-time driver.
 - o Caregiver Coffee hour continues for a year. Second Powerful Tools for Caregivers Class scheduled for November. Book Club starting in November at full capacity of 50 people.
- Updates:
 - Senior Farmer Market voucher program distribution concluded on 9-30-20. Of the 201 vouchers, 139 were distributed.
 - The Elder Benefits Specialist programs mailed 450 letters to past consumers offering assistance with the Medicare Part D open enrollment period Oct. 15-Dec 7th.
 - The ADRC is involved in two initiatives. the No Wrong Door Return on Investment grant DHS receives to study the benefits of options counseling and to the "pilot" CST examination. Based on the pilot test results, the test may be modified before all other screeners are required to take the test in the spring.

The Dementia Care Specialist has many upcoming events including Dementia Basics Virtual training on October 13th, 9-10 am; Powerful Tools for Caregivers starting Nov. 3rd, 9-11 am; Virtual Book Club---launching November 2020; Monday Morning Caregiver Coffee Hour extended through December and a monthly Lewy Body Dementia Virtual Support Group beginning Sept 21st, 1-2 pm.

11. DISCUSSION AND POSSIBLE ACTION ON NEW 2020 PROFESSIONAL SERVICE CONTRACTS (ADAPTIVE AIDS, SPECIALIZED MEDICAL & THERAPEUTIC SUPPLIES, CONSUMER EDUCATION AND TRAINING, AND RESPITE CARE)

Ms. Cauley reported that we have four new service providers. (attached)

Mr. Jones made the motion to approve the contracts as listed.

Ms. Crouse seconded.

Motion passed unanimously.

12. DISCUSSION AND POSSIBLE ACTION ON AUTHORIZING EXECUTION OF STATE HUMAN SERVICES 2021 CONTRACTS, CONSORTIUM AGREEMENTS, AND PROFESSIONAL SERVICE AND CARE PROVIDER CONTRACTS

Mr. Bellford and Ms. Cauley reported that this authorizes the execution of contracts, agreements, and provider contracts. This resolution will be on the County Board agenda in November. Ms. Cauley discussed the potential State contracts, and Mr. Bellford reviewed the process for provider contracts.

Mr. Wineke made a motion to approve authorizing the execution of State Human Services contracts, consortium agreements, and professional/care provider contracts and to submit it to the County Board for approval.

Mr. Schultz seconded

Motion passed unanimously.

Mr. Wineke made a motion to approve authorizing the execution of State Human Services contracts, consortium agreements, and professional/care provider contracts and to submit it to the County Board for approval.

Mr. Schultz seconded

Motion passed unanimously.

13. DIRECTOR'S REPORT

Ms. Cauley reported on the following items:

- We continue to monitor how DHS is going to determine residency when Family Care is involved.
- We are seeing an increase in the number of people who are homeless. Our H.O.P.E. program will work with these individuals to get them housing, and qualifying state benefits. We also have partnered with Opportunities to assist people with employment.
- Our mission is to serve all people so we are reexamining our practices to find out how we can improve. We are looking at consulting with Harold Gates from the Midwest Center for Cultural Competence and Dr. Cox who offers training on reducing the influence of biases.
- We have numerous staff who are retiring at the end of 2020 and the beginning of 2021.
- Healthy Minds At Work is a year-long program that helps with your mental wellness.

14. ADJOURN

Mr. Kutz made a motion to adjourn the meeting.

Ms. Crouse seconded.

Motion passed unanimously.

Meeting adjourned at 9:45 a.m.

Minutes prepared by:

Kelly Witucki Office Manager Human Services

NEXT BOARD MEETING

Tuesday, November 10, 2020, at 8:30 a.m.
Jefferson County Courthouse County Board Room 205
311 S Center Ave, Jefferson, WI 53549

Financial Statement Summary September, 2020

We are projecting a positive year-end fund balance of \$2,079,936. This continues to trend upward because of increased MA revenue; reduced alternate care, hospitalization, and payroll costs; and use of CARES funding. This balance includes \$650,000 from our reserve carryover, but excludes any prepaid adjustments. Projections this early in the year are very volatile and subject to change.

Summary of Variances:

Revenue: Overall, revenues are projected to be unfavorable by \$665,198.

- CCS revenues are projected to be under budget by \$487,650, because of unfilled positions. This
 has increased since last month because of more filled staff position, increased staff workload,
 and telehealth collections. We are also not projecting any CCS WIMCR revenue, because we
 raised our rates in 2019.
- CSP revenues are projected to be under budget by \$108,107 for all of the same reasons as CCS. Similarly, these collections have increased in the past few months.
- MA Collections for Winnebago/Mendota hospitalizations are projected to be over budget by \$106,791. This is based on our actual collections through September.
- CLTS revenue is projected to be \$192,940 over budget, as we continue to provide additional services. This number has increased steadily over the past few months. We obtained increases to our CLTS contract from DHS in March and again in June of 2020. DHS has changed the CLTS contracting process going forward. Counties will be required to contribute the MOE, but the rest of the services in program will be State/Federal funding, regardless of contract amount. A contract will only be issues for Admin Expenses.

Expenditures: Overall, expenses are projected to be favorable by \$2,745,135. The favorable projection in 2020, along with comparative 2019 balances, is due to the following:

Program	2020 Projected Balance	2019 Balance
Salary and Fringe	Favorable \$981,969	Favorable \$448,570
Child Alternate Care	Favorable \$881,184	Favorable \$631,469
Hospitals & Detox	Favorable \$269,088	Favorable \$332
CLTS	Unfavorable \$171,395	Unfavorable \$486,295
Operating Costs	Unfavorable \$41,703	Favorable \$293,154
Operating Reserve	Favorable \$650,000	Favorable \$650,000

Major Classifications Impacting the Balance

- Salary expenses are projected to be under budget by \$598,531: This is because of numerous vacant or unfilled positions, most of which are in CCS, CSP, and the Management/OH teams.
- Fringes and benefit expenses are projected to be under budget by \$383,438: Most of this is due to health insurance, which can still be very volatile because of unfilled positions and changes in coverage. In 2019, we had \$2,292,257 in health insurance expenses. Our 2020 budget is for \$2,666,842. We are projecting \$2,416,570 in health insurance expenses right now for 2020.
- Children Alternate Care expenses are projected to be under budget by \$881,184.

	2020	2019
September	\$93,875	\$160,462
Monthly Average	\$121,378	\$148,329
YTD Total (through Sept)	\$1,006,370	\$1,334,959

DCF has announced another rounding of additional COVID-19 funding to foster parents and group homes. Counties will be fully reimbursed for these payments.

• Hospital/Detox is projected to be favorable \$375,879 (Net basis):

	Budget	Actual	Projection
Revenue	\$356,635	\$347,570	\$463,426
Expenditures	\$1,271,224	\$751,602	\$1,002,136
Net	\$(914,589)	\$(404,032)	\$(538,710)

We ended 2019 with a net balance of \$(912,372).

- CLTS expenses are projected to be over budget by \$94,699. This is right in line with revenue. Expenses have increased, along with revenue, as we've added more staff and children to service.
- Operating Costs are projected to be over budget by \$41,703. This includes Employee Travel, which is projected to be under budget by \$88,015, Employee Training, which is projected to be under budget by \$38,585, and Capital Outlay, which is projected to be under budget by \$30,205. This is offset by other Space Costs, which is projected to be overbudget by \$217,572, and includes: insurance settlements, liability claims, and COVID costs. We have been able to offset some COVID costs with additional revenue
- **Operating Reserve:** We are projecting a year-end balance of \$650,000 in the operating reserve.

BEHAVIOR HEALTH DIVISION: Projected favorable balance of \$141,198, because of reduced placement, staff, CRS, and hospital costs, as well as increased CCS, Clinic and Crisis billing.

In September of 2020, we received a Winnebago/Mendota charge of \$23,598. In August of 2020, we received a Winnebago/Mendota net credit of \$34,479.

CHILDREN & FAMILY DIVISION: Projected favorable balance of \$1,511,910, because of reduced alternate care costs and increased CLTS revenue.

ECONOMIC SUPPORT DIVISION: Projected unfavorable balance of \$66,384, because of uncertainty related to IM enhanced funding payments. Another round of RMS payments is anticipated for 2021.

AGING & ADRC DIVISION: Projected favorable balance of \$30,852, because of the CARES and FFCRA funding.

ADMINISTRATIVE DIVISION: Projected unfavorable balance of \$187,640, because of additional COVID and programming expenses.

OPERATING RESERVE: Projected favorable balance of \$650,000.

Statements are unaudited.

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT STATEMENT OF REVENUES & EXPENDITURES

Projection based on September 2020 - Financial Statements

	Y-T-D	Adjust	Y-T-D	Prior Y-T-D		Year End		Year End
OLIMANA DV	@ Ledgers	-ments	Projection	Projection	Budget	Projection	Budget	Variance
SUMMARY								
Federal/State Operating Revenues	10,966,746	1,746,843	12,713,589	16,644,533	13,056,985	16,886,767	17,418,258	(531,490)
County Funding for Operations (tax levy & transfer in)	6,924,385	0	6,924,385	9,291,262	7,024,666	9,232,513	9,366,221	(133,708)
Total Resources Available	17,891,130	1,746,843	19,637,973	25,935,795	20,081,650	26,119,280	26,784,479	(665,198)
Total Adjusted Expenditures	18,318,169	410,125	18,728,294	25,234,116	20,626,375	25,049,894	27,795,029	2,745,135
OPERATING SURPLUS (DEFICIT)	(427,039)	1,336,718	909,680	701,679	(544,725)	1,069,386	(1,010,550)	2,079,936
Balance Forward from 2019-Balance Sheet Operating Reserve	1,010,550		1,010,550	1,166,829		1,010,550	1,010,550	0
NET SURPLUS (DEFICIT)	583,511	1,336,718	1,920,230	1,868,508	(544,725)	2,079,936	0	2,079,936
<u>REVENUES</u>								
STATE & FEDERAL FUNDING								
MH & AODA Basic County Allocation	1,952,838	(485,426)	1,467,412	1,956,549	1,464,485	1,956,549	1,952,647	3,902
Children's Basic County Allocation	1,352,038	(338,010)	1,014,029	988,673	1,014,029	1,352,038	1,352,038	0
Family Care County Contribution	0	0	0	0	0	0	0	0
Children's L/T Support Waivers	640,976	396,614	1,037,590	1,363,700	801,441	1,257,715	1,068,587	189,127
Behavioral Health Programs	263,099	(31,646)	231,453	389,963	308,755	562,633	411,673	150,960
Community Options Program	109,787	53,802	163,589	214,748	163,589	218,118	218,118	0
Aging & Disability Res Center	480,145	259,966	740,111	1,008,024	758,830	986,814	1,011,773	(24,959)
Aging/Transportation Programs	533,829	113,666	647,495	739,184	536,501	744,658	715,335	29,323
Project YES!	0	0	0	82,289	0	0	0	0
Youth Aids	620,396	(49,280)	571,115	813,439	572,157	727,503	762,877	(35,374)
IV-E Legal and Legal Rep	38,239	701	38,940	33,160	34,556	51,920	46,074	5,846
Children & Families	204,814	(4,910)	199,904	225,794	216,216	298,035	288,288	9,747
ARRA Birth to Three	18,715	0	18,715	0	0	18,715	0	18,715
I.M. & W-2 Programs	832,940	361,031	1,193,972	1,799,615	1,211,190	1,474,095	1,614,920	(140,825)
Client Assistance Payments	215,027	20,978	236,005	273,823	226,750	301,199	302,333	(1,134)
Early Intervention	201,243	(74,423)	126,820	165,564	124,173	168,211	174,509	(6,298)
Total State & Federal Funding	7,464,086	223,061	7,687,148	10,054,527	7,432,670	10,118,201	9,919,172	205,327
COLLECTIONS & OTHER REVENUE								
Provided Services	2,189,200	1,305,900	3,495,099	4,703,208	4,234,395	4,818,231	5,645,860	(827,628)
Child Alternate Care	142,088	0	142,088	135,506	105,000	189,451	140,000	49,451
Adult Alternate Care	149,976	0	149,976	163,540	150,000	199,968	200,000	(32)
Children's L/T Support	371,265	130,729	501,993	492,308	499,134	669,324	665,512	3,813
1915i Program	(1,123)	33,622	32,500	148,971	97,825	60,120	130,433	(70,313)
Donations	75,960	0	75,960	136,239	82,778	98,444	110,371	(11,928)
Cost Reimbursements	118,069	(7,762)	110,307	171,757	114,191	145,608	152,254	(6,646)
Other Revenues	457,224	61,293	518,517	638,477	340,992	587,420	454,656	132,764

	Y-T-D	Adjust	Y-T-D	Prior Y-T-D		Year End		Year End
Total Collections & Other	@ Ledgers 3,502,659	-ments 1,523,782	Projection 5,026,441	Projection 6,590,006	Budget 5,624,314	Projection 6,768,566	Budget 7,499,086	Variance (730,520)
Total Collections & Other	3,302,039	1,323,702	3,020,441	0,330,000	3,024,314	0,700,300	1,433,000	(130,320)
TOTAL REVENUES	10,966,746	1,746,843	12,713,589	16,644,533	13,056,985	16,886,767	17,418,258	(525,192)
<u>EXPENDITURES</u>								
WAGES								(·
Behavioral Health	1,467,223	5,785	1,473,008	1,828,260	1,459,617	1,999,369	2,005,753	(6,383)
Children's & Families	1,438,022	30,037	1,468,059	1,837,513	1,438,076	1,957,412	1,961,072	(3,660)
Community Support	744,140	0	744,140	944,827	781,348	992,187	1,041,798	(49,611)
Comp Comm Services	1,266,217	5,517	1,271,734	1,294,020	1,371,728	1,695,646	1,921,713	(226,068)
Economic Support	981,324	0	981,324	1,291,718	996,487	1,308,432	1,328,650	(20,218)
Aging & Disability Res Center	384,871	0	384,871	514,079	404,957	513,161	539,943	(26,782)
Aging/Transportation Programs	372,912	0	372,912	489,419	383,047	497,216	510,730	(13,514)
Childrens L/T Support	337,259	0	337,259	346,397	351,742	449,678	468,989	(19,311)
Early Intervention	229,661	0	229,661	321,186	246,166	306,214	328,222	(22,008)
Management/Overhead	777,418	9,012	786,430	1,117,554	930,210	1,048,574	1,240,280	(191,707)
Lueder Haus	234,916	0	234,916	296,515	233,365	313,222	311,153	2,069
Safe & Stable Families	52,249	0	52,249	80,971	68,253	69,665	91,003	(21,339)
Supported Emplymt	0	0	. 0	. 0	. 0	0	0) O
Total Wages	8,286,211	50,351	8,336,562	10,362,459	8,664,998	11,150,775	11,749,306	(598,531)
FRINGE BENEFITS		_						/
Social Security	607,640	0	607,640	766,875	651,535	810,186	868,713	(58,527)
Retirement	543,423	0	543,423	661,258	577,416	724,564	769,888	(45,323)
Health Insurance	1,788,145	7,000	1,795,145	2,292,980	2,000,132	2,416,570	2,666,842	(250,272)
Other Fringe Benefits	315,283	0	315,283	332,633	203,674	320,499	349,815	(29,316)
Total Fringe Benefits	3,254,491	7,000	3,261,491	4,053,746	3,432,756	4,271,820	4,655,258	(383,438)
OPERATING COSTS								
Staff Training	30,746	0	30,746	94,847	54,899	40,818	79,403	(38,585)
Space Costs	361,912	0	361,912	287,293	198,733	482,549	264,977	217,572
Supplies & Services	859,838	27,549	887,387	1,247,888	914,985	1,169,603	1,220,980	(51,377)
Program Expenses	189,573	0	189,573	219,521	130,606	268,604	174,141	94,463
Employee Travel	46,079	0	46,079	157,283	111,249	61,438	149,453	(88,015)
Staff Psychiatrists & Nurse	311,600	0	311,600	398,405	313,477	415,467	417,969	(2,502)
Birth to 3 Program Costs	132,616		152,616		181,500			, ,
		20,000		231,964	•	203,488	242,000	(38,512)
Busy Bees Preschool	482	0	482	4,360	1,950	643	2,600	(1,957)
ARRA Birth to Three	0	0	0	0	0	0	0	0
Opp. Inc. Payroll Services	0	0	0	0	0	0	0	0
Other Operating Costs	50,984	27,648	78,632	48,038	28,928	130,185	38,571	91,614
Year End Allocations	(43,343)	(34,689)	(78,031)	(72,558)	(5,080)	(106,923)	3,870	(110,792)
Capital Outlay	137,348	0	137,348	423,205	230,805	277,535	307,740	(30,205)
Total Operating Costs	2,077,836	40,508	2,118,344	3,040,245	2,162,051	2,943,408	2,901,705	41,703

	Y-T-D	Adjust	Y-T-D	Prior Y-T-D	Prorated	Year End	2020	Year End
	@ Ledgers	-ments	Projection	Projection	Budget	Projection	Budget	Variance
BOARD MEMBERS								
Per Diems	3,025	0	3,025	4,125	3,465	4,033	4,620	(587)
Travel	96	0	96	574	554	128	738	(610)
Total Board Members	3,121	0	3,121	4,699	4,019	4,161	5,358	(1,197)
	<u> </u>							
OLIENT ACCIOTANCE								
CLIENT ASSISTANCE	0.000	0	0.000	40.007	00.700	0.005	00.000	(04.074)
Donation Expenses	6,926	0	6,926	16,607	22,732	9,235	30,309	(21,074)
Energy Assistance	83,586	0	83,586	123,925	116,662	111,448	155,550	(44,101)
Kinship & Other Client Assistance	96,288	0	96,288	103,979	66,962	128,384	89,283	39,101
Total Client Assistance	186,801	0	186,801	244,511	206,357	249,068	275,142	(26,074)
MEDICAL ASSISTANCE WAIVERS								
Childrens LTS	640,237	354,890	995,127	1,563,713	865,682	1,325,637	1,154,242	171,395
Total Medical Assistance Waivers	640,237	354,890	995,127	1,563,713	865,682	1,325,637	1,154,242	171,395
		·	·					
COMMUNITY CARE								
Supportive Home Care	13,072	0	13,072	44,602	24,750	17,430	33,000	(15,570)
Guardianship Services	38,463	0	38,463	53,294	54,316	51,284	72,422	(21,137)
People Ag. Domestic Abuse	0	0	0	0	11,250	15,000	15,000	0
Family Support	0	0	0	0	0	0	0	0
Transportation Services	39,320	0	39,320	50,583	33,750	52,427	45,000	7,427
Opp. Inc. Delinquency Programs	0	0	0	0	0	0	0	0
Opp. Inc. Independent Living	0	0	0	0	0	0	0	0
Other Community Care	496,462	97,911	594,372	803,425	599,359	779,815	799,146	(19,330)
Elderly Nutrition - Congregate	11,049	0	11,049	56,393	46,928	14,731	62,570	(47,839)
Elderly Nutrition - Home Delivered	110,381	0	110,381	129,762	95,153	147,174	126,871	20,303
Elderly Nutrition - Other Costs	3,109	0	3,109	6,833	4,650	4,146	6,200	(2,054)
Total Community Care	711,856	97,911	809,766	1,144,892	870,156	1,082,007	1,160,209	(78,201)
CHILD ALTERNATE CARE								
Foster Care & Treatment Foster	537,807	0	537,807	781,551	693,750	711,712	925,000	(213,288)
Group Home & Placing Agency	113,023	0	113,023	285,718	307,500	178,144	410,000	(231,856)
Child Caring Institutions	221,639	0	221,639	419,885	487,500	296,639	650,000	(353,361)
Detention Centers	10,500	0	10,500	101,668	93,750	14,000	125,000	(111,000)
Correctional Facilities	0	0	0	0	0	0	0	0
Shelter & Other Care	106,199	10,540	116,739	153,108	95,498	155,652	127,330	28,322
Total Child Alternate Care	989,167	10,540	999,707	1,741,931	1,677,998	1,356,146	2,237,330	(881,184)
		-,		, , , , , , ,	, , , , , , , , , , , , ,	, ,	, - ,	<u> </u>
<u>HOSPITALS</u>								
Detoxification Services	23,252	5,200	28,452	30,335	41,250	37,936	55,000	(17,064)
Mental Health Institutes	723,150	0	723,150	1,238,554	912,168	964,200	1,216,224	(252,024)
Other Inpatient Care	0	0	0	0	0	0	0	0
Total Hospitals	746,402	5,200	751,602	1,268,890	953,418	1,002,136	1,271,224	(269,088)

HS RESERVE FUND

Operating Reserve

OTHER CONTRACTED

Adult Alternate Care (Non-MAW)
Family Care County Contribution
1915i Program
IV-E TPR
Emergency Mental Health
Ancillary Medical Costs
Miscellaneous Services
Prior Year Costs

Clearview Commission

Total Other Contracted

TOTAL EXPENDITURES

Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection		Year End Projection		Year End Variance
<u> </u>							
0	0	0	0	487,500	0	650,000	(650,000)
127,625	0	127,625	251,878	159,988	164,188	213,317	(49,129)
625,097	(156,274)	468,823	625,097	468,823	625,097	625,097	0
261,037	0	261,037	332,848	293,859	334,810	391,812	(57,002)
141,745	0	141,745	90,381	93,569	188,994	124,758	64,236
2,590	0	2,590	8,894	1,500	2,988	2,000	988
160,822	0	160,822	228,725	156,689	214,430	208,919	5,511
101,909	0	101,909	246,987	123,532	132,600	164,709	(32,109)
400	0	400	82	0	533	0	533
822	0	822	24,139	3,482	1,095	4,643	(3,548)
1,422,048	(156,274)	1,265,774	1,809,030	1,301,441	1,664,735	1,735,255	(70,520)
18,318,169	410,125	18,728,294	25,234,116	20,626,375	25,049,894	27,795,029	(2,745,135)

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Projection based on September 2020 Revenue & Expenditures Financial Statement

Summary Sheet							() Unfavorable
		Annual Projection			Budg	et		
	Program	Revenue	Expenditure	Tax Levy	Revenue	Expenditure T	ax Levy	Variance
Behavior Health								
65000	BASIC ALLOCATION	3,432,018	4,299,431	867,413	3,606,272	4,584,297	978,025	110,612
65003	LUEDER HAUS	130,295	582,665	452,370	127,000	573,244	446,244	(6,126)
65007	' EMERGENCY MENTAL HEALTH	195,536	986,550	791,014	85,000	887,738	802,738	11,724
65008	CRISIS INNOVATION	101,954	97,486	(4,467)	136,576	135,830	(746)	3,721
65010	MENTAL HEALTH BLOCK SUPPLEMENT	51,678	51,678	0	0	0	0	0
65011	MENTAL HEALTH BLOCK	25,802	25,802	0	51,078	52,656	1,578	1,578
65025	COMMUNITY SUPPORT PROGRAM	607,630	1,653,654	1,046,025	715,737	1,776,274	1,060,537	14,512
65027	COMP COMM SERVICE	2,893,169	2,837,162	(56,007)	3,380,819	3,093,666	(287,153)	(231,146)
63027	FAMILY CENTERED THERAPY	0	109,451	109,451	0	228,526	228,526	119,075
65031	AODA BLOCK GRANT	109,299	128,063	18,764	158,484	178,018	19,534	770
65035	AODA BLOCK GRANT SUPPLEMENTAL	49,185	49,185	0	0	0	0	(0)
65032	OPIOID GRANT	225,635	194,905	(30,730)	100,502	199,166	98,664	129,394
65033	JAIL AODA COUNSELING	0	0	0	0	0	0	0
65043	COMMUNITY MENTAL HEALTH	97,609	0	(97,609)	97,609	0	(97,609)	0
65044	CCISY CRISIS GRANT	3,425	3,205	(220)	4,000	4,000	0	220
65063	1915i PROGRAM (CRS)	60,120	334,921	274,801	130,433	391,812	261,379	(13,423)
65090	YOUTH EMPOWERMENT SOLUTIONS	0	0	0	0	0	0	0
65034	WATERTOWN FOUNDATION TIC	10,471	10,471	0	0	0	0	0
66000	DONATIONS	992	707	(285)	0	0	0	285
Total	Behavior Health	7,994,816	11,365,336	3,370,519	8,593,510	12,105,227	3,511,717	141,198

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Projection based on September 2020 Revenue & Expenditures Financial Statement

Summary Sheet							()	Unfavorable
		Annual P	•		Budge			
Children & Femilia	Program	Revenue	Expenditure	Tax Levy	Revenue	Expenditure T	ax Levy	Variance
Children & Familie	CHILDREN'S BASIC ALLOCATION	1,658,722	2,436,101	777,379	1,552,038	2,896,203	1,344,165	566,786
	KINSHIP CARE	119,279	119,279	777,379	86,783	2,890,203 86,783	1,344,103	0
	YOUTH AIDS	641,574	1,286,588	645,014	664,202	1,955,537	1,291,335	646,321
	CHILD WELFARE COVID-19	17,882	17,882	043,014	004,202	1,933,337	1,291,333	
	YOUTH JUSTICE INNOVATION	17,002	9,962	9,962	0	0	0	(0)
		•	7,394	·				(9,962)
	CITIZEN'S REVIEW PANEL IN HOME SAFETY SERVICES	7,454 59,521	80,212	(60)	10,000	10,545 67,068	545 6,633	606
	PARENTS SUPPORTING PARENTS	27,803	27,803	20,691	60,435 77,800	77,800	0,033	(14,058) 0
				*			-	-
	YA EARLY & INTENSIVE INT	46,501	144,696	98,195	46,501	189,322	142,821	44,627
	CHILDREN'S COP	218,118	215,171	(2,947)	218,118	218,118	0	2,947
	DOMESTIC ABUSE	0	15,000	15,000	0	15,000	15,000	0
	SAFE & STABLE FAMILIES	61,036	116,650	55,614	71,586	150,656	79,070	23,455
	SACWIS	0	9,676	9,676	0	0	0	(9,676)
	CHILDRENS LTS WAIV-DD	1,630,518	1,740,282	109,764	1,330,074	1,710,631	380,557	270,794
	COMMUNITY RESPONSE GRANT	83,806	163,265	79,459	93,932	191,951	98,019	18,560
	FOSTER PARENT RETENTION	24,720	24,720	0	11,400	11,400	0	0
65068	FOSTER PARENT TRAINING	2,574	8,000	5,426	1,067	2,667	1,600	(3,826)
65060	IV-E CHIPS LEGAL	24,633	116,483	91,851	0	0	0	(91,851)
65070	IV-E TPR	26,687	70,228	43,541	30,752	109,436	78,684	35,143
65069	LEGAL REP: TPR	0	0	0	15,322	15,322	0	0
65079	LEGAL REP: CHIPS	601	2,283	1,682	0	0	0	(1,682)
65080	YOUTH DELINQUENCY INTAKE	0	881,032	881,032	0	934,912	934,912	53,879
65082	AUTISM	296,521	365,790	69,270	404,025	293,917	(110,108)	(179,378)
65175	EARLY INTERVENTION (BIRTH TO 3)	192,181	703,666	511,486	193,564	789,050	595,486	84,000
	B3: PARENTS AS TEACHERS	2,647	2,647	0	8,945	8,945	0	0
65105	KINSHIP ASSESSMENTS	6,528	6,528	0	4,643	4,643	0	0
65120	COORDINATED SERVICE TEAM	60,000	73,864	13,864	60,000	97,472	37,472	23,608
	CST SUPPLEMENT	10,259	10,259	0	0	0	0	0
	BUSY BEES PRESCHOOL	1,050	20,892	19,842	3,000	36,011	33,011	13,169
	INCREDIBLE YEARS	2,000	55,781	53,781	0	62,725	62,725	8,944
	DONATIONS	7,723	8,529	806	0	30,309	30,309	29,503
Total	Children & Families	5,230,337	8,740,664	3,510,326	4,944,187	9,966,424	5,022,236	1,511,910
F	D	<u> </u>			· · ·			•
Economic Support								(
	INCOME MAINTENANCE	1,325,900	2,105,548	779,648	1,493,597	2,167,351	673,754	(105,893)
	CHILD DAY CARE ADMIN	130,049	8,777	(121,272)	100,000	0	(100,000)	21,272
	ENERGY PROGRAM	111,448	111,448	0	155,550	155,550	0	0
	CHILDREN FIRST	2,510	0	(2,510)	4,800	0	(4,800)	(2,290)
65073		9,108	0	(9,108)	11,880	0	(11,880)	(2,772)
65100	CLIENT ASSISTANCE	23,300	0	(23,300)	0	0	0	23,300
Total	Economic Support Division	1,602,315	2,225,774	623,459	1,765,827	2,322,901	557,074	(66,384)

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Projection based on September 2020 Revenue & Expenditures Financial Statement

Summary Sheet							()	Unfavorable
		Annual Proj	ection		Budge	t		
	Program	Revenue	Expenditure	Tax Levy	Revenue	Expenditure Ta	ax Levy	Variance
Aging Division & A	ADRC							
65012	ALZHEIMERS FAM SUPP	17,366	17,366	0	33,000	33,000	0	0
65046	ADRC - DBS	0	157,254	157,254	0	181,683	181,683	24,429
65047	ADRC - DCS	0	101,496	101,496	0	94,860	94,860	(6,636)
65048	B AGING/DISABIL RESOURCE	986,814	633,247	(353,567)	1,011,773	672,202	(339,571)	13,996
65075	GUARDIANSHIP PROGRAM	1,943	27,333	25,390	0	27,422	27,422	2,031
65076	S STATE BENEFIT SERVICES	52,605	91,704	39,099	54,553	95,603	41,050	1,951
65077	ADULT PROTECTIVE SERVICES	56,827	60,313	3,486	56,827	86,914	30,087	26,601
65078	B NSIP	21,782	27,628	5,846	17,186	17,186	0	(5,846)
65151	TRANSPORTATION	245,108	298,531	53,423	286,595	317,739	31,144	(22,279)
65152	! IN-HOME SERVICE III-D	9,028	133	(8,895)	4,245	5,000	755	9,650
65154	SITE MEALS	26,050	62,563	36,513	146,084	153,261	7,177	(29,336)
65155	DELIVERED MEALS	249,143	249,143	0	172,744	217,235	44,491	44,490
65156	6 HDM COVID-19	0	12,113	12,113	0	0	0	(12,113)
65157	SENIOR COMMUNITY SERVICES	5,938	0	(5,938)	7,986	0	(7,986)	(2,048)
65158	B ELDER ABUSE	25,025	171,003	145,978	25,025	136,075	111,050	(34,929)
65159	III-B SUPPORTIVE SERVICE	102,639	96,552	(6,088)	66,543	75,760	9,217	15,304
65163	TITLE III-E (FAMLY CAREGIVER SUPPORT)	25,710	51,534	25,824	29,918	41,000	11,082	(14,742)
65195	VEHICLE ESCROW ACCOUNT	133	18,176	18,043	0	39,427	39,427	21,384
63010	MOBILITY MANAGER	80,000	103,281	23,281	80,000	102,227	22,227	(1,055)
66000	DONATION	0	0	0	0	0	0	0
Total	Aging & ADRC Center	1,906,111	2,179,372	273,261	1,992,479	2,296,592	304,113	30,852
Administrative Se	rvices Division							
	UNFUNDED SERVICES	12,538	39,787	27,250	0	48,317	48,317	21,067
	DODGE STREET HOUSE	0	6,702	6,702	0	0	0	(6,702)
	MANAGEMENT	0	8,991	8,991	0	6,500	6,500	(2,491)
65200	OVERHEAD AND TAX LEVY	9,354,448	116,092	(9,238,356)	9,488,475	130,754	(9,357,721)	(119,365)
65200	Overhead Cleared	0	0	0	0	0	0	0
	CAPITAL OUTLAY	0	259,359	259,359	0	268,313	268,313	8,954
	. COVID-19	18,715	107,817	89,102	0	0	0	(89,102)
	Balance Sheet Non Lapsing Funds	1,010,550	0	(1,010,550)	1,010,550	0	(1,010,550)	0
Total	Administrative Services Division	10,396,250	538,749	(9,857,501)	10,499,025	453,885	(10,045,141)	(187,640)
Human Services R	eserve Fund							
	Operating Reserve	0	0	0	0	650,000	650,000	650,000
	Reserve Fund	0	0	0	0	650,000	650,000	650,000
	-		-		-			,-,-
GRAND Total		27,129,830	25,049,894	(2,079,936)	27,795,029	27,795,029	(0)	2,079,936

Note: Variance includes Non-Lapsing from Balance Sheet

Children - Alternate Care Costs

Type of Placement	# of Children	# of Days	Cost	Cost per Day	Cost Per Child
January-20				•	
Foster Care	58	1,660	\$77,177	\$46	\$1,331
Group Home	3	74	\$16,574	\$224	\$5,525
Kinship Care	36	1,116	\$9,144	\$8	\$254
Subsidized Guardianship	17	527	\$6,869	\$13	\$404
RCC's	2	62	\$25,607	\$413	\$12,803
RCC's - Out of State	2	62	\$33,325	\$538	\$16,663
Total January 2020	118	3501	\$ 168,696	\$48	\$1,430
	20	2020 YTD Avg. per Month			
	2019 YTD Avg. per l	Month (thru January 2019)	\$156,643		
February-20					
Foster Care	55	1,534	\$69,688	\$45	\$1,267
Group Home	3	74	\$16,549	\$224	\$5,516
Kinship Care	43	1,259	\$10,988	\$9	\$256
Subsidized Guardianship	17	493	\$6,869	\$14	\$404
RCC's	2	58	\$23,954	\$413	\$11,977
RCC's - Out of State	2	58	\$31,175	\$538	\$15,588
Total February 2020	122	3476	\$159,224	\$46	\$1,305
	20	20 YTD Avg. per Month	\$163,960		
	2019 YTD Avg. per M	lonth (thru February 2019)	\$142,249		
March-20					
Foster Care	54	1,525	\$68,765	\$45	\$1,273
Group Home	2	17	\$3,868	\$228	\$1,934
Kinship Care	46	1,331	\$10,906	\$8	\$237
Subsidized Guardianship	18	558	\$7,553	\$14	\$420
Supervised Independ Living	1	26	\$5,200	\$200	\$5,200
RCC's	2	62	\$25,607	\$413	\$12,803
RCC's - Out of State	2	36	\$17,855	\$496	\$8,928
Total March 2020	125	3555	\$139,754	\$39	\$1,118
		20 YTD Avg. per Month	\$155,891		
	2019 YTD Avg. pe	r Month (thru March 2019)	\$141,269		

Children - Alternate Care Costs

Type of Placement	# of Children	# of Days	Cost	Cost per Day	Cost Per Child
April-19		,			
Foster Care	56	1,640	\$90,536	\$55	\$1,617
Group Home	0	0	\$0	\$0	\$0
Kinship Care	46	1,336	\$11,299	\$8	\$246
Subsidized Guardianship	18	540	\$7,553	\$14	\$420
Supervised Independ Living	1	24	\$3,432	\$143	\$3,432
RCC's	2	19	\$15,200	\$800	\$7,600
RCC's - Out of State	1	30	\$14,400	\$480	\$14,400
Total April 2020 **	124	3589	\$142,421	\$40	\$1,149
	202	20 YTD Avg. per Month	\$152,523		
	2019 YTD Avg. pe	er Month (thru April 2019)	\$137,660		
**\$17,882 of these cost	s are additional COVID-	19 costs that are offset w	ith State funding		
May-20					
Foster Care	61	1,812	\$75,528	\$42	\$1,238
Group Home	1	26	\$5,688	\$219	\$5,688
Kinship Care	40	1,144	\$9,373	\$8	\$234
Subsidized Guardianship	18	558	\$7,553	\$14	\$420
RCC's	1	5	\$2,099	\$420	\$2,099
RCC's - Out of State	1	31	\$14,880	\$480	\$14,880
Total May 2020	122	3576	\$115,121	\$32	\$944
	202	20 YTD Avg. per Month	\$145,043		
2020 YTD Avg	. per Month w/out add	itional COVID-19 costs	\$141,467		
	2019 YTD Avg. p	er Month (thru May 2019)	\$139,269		
June-20					
Foster Care	61	1,638	\$65,717	\$40	\$1,077
Group Home	2	36	\$8,005	\$222	\$4,002
Kinship Care	38	1,104	\$9,339	\$8	\$246
Subsidized Guardianship	17	510	\$6,453	\$13	\$380
RCC's	0	0	\$0	\$0	\$0
RCC's - Out of State	1	30	\$14,400	\$480	\$14,400
Total June 2020	119	3318	\$103,913	\$31	\$873
	202	20 YTD Avg. per Month	\$138,188		
2020 YTD Avg	. per Month w/out add	itional COVID-19 costs	\$135,208		
	2019 YTD Avg. pe	er Month (thru June 2019)	\$139,810		

Children - Alternate Care Costs

Type of Placement	# of Children	# of Days	Cost	Cost per Day	Cost Per Child
July-20					
Foster Care	54	1,563	\$54,617	\$35	\$1,011
Group Home	3	84	\$19,501	\$232	\$6,500
Kinship Care	38	1,128	\$9,245	\$8	\$243
Subsidized Guardianship	18	550	\$7,195	\$13	\$400
RCC's	0	0	\$0	\$0	\$0
RCC's - Out of State	1	8	\$3,840	\$480	\$3,840
Total July 2020	114	3333	\$94,398	\$28	\$828
	20	20 YTD Avg. per Month	\$131,932		
2020 YTD Avç	g. per Month w/out add	ditional COVID-19 costs	\$129,378		
	2019 YTD Avg.	per Month (thru July 2019)	\$144,107		
August-20					
Foster Care	58	1,595	\$54,252	\$34	\$935
Group Home	3	93	\$21,656	\$233	\$7,219
Kinship Care	38	1,156	\$9,521	\$8	\$251
Subsidized Guardianship	18	558	\$7,453	\$13	\$414
RCC's	0	0	\$0	\$0	\$0
RCC's - Out of State	0	0	\$0	\$0	\$0
Total August 2020	117	3402	\$92,882	\$27	\$794
	20	20 YTD Avg. per Month	\$127,051		
2020 YTD Avg	g. per Month w/out add	ditional COVID-19 costs	\$124,816		
	2019 YTD Avg. per	Month (thru August 2019)	\$146,812		
September-20					
Foster Care	56	1,575	\$56,116	\$36	\$1,002
Group Home	3	90	\$20,958	\$233	\$6,986
Kinship Care	38	1,131	\$9,568	\$8	\$252
Subsidized Guardianship	17	510	\$7,233	\$14	\$425
RCC's	0	0	\$0	\$0	\$0
RCC's - Out of State	0	0	\$0	\$0	\$0
Total September 2020	114	3306	\$93,875	\$28	\$823
	20	20 YTD Avg. per Month	\$123,365		
2020 YTD Avg	g. per Month w/out add	ditional COVID-19 costs	\$121,378		
	2019 YTD Avg. p	per Month (thru Sept 2019)	\$148,329		
		Projected 2020 Cost	\$1,456,535		
		2020 Budget	\$2,046,788		

Detox/AODA CBRF Jefferson County - HSD

Detox Facility	Clients *	Comments	Billed YTD **	Days **
Tellurian Community	42	September 2020	\$32,240	62
Matt Talbot Recovery	0	September 2020	\$0	0
Nova Counseling	3	September 2020	\$8,027	47
Lutheran Social Services	0	September 2020	\$0	0
Hope Haven	11	September 2020	\$67,695	248
Friends of Women	2	September 2020	\$30,128	162
Meta House, Inc	1	September 2020	\$5,565	21
Blandine House	4	September 2020	\$12,402	106
All - September 2020	63	2020 total through September	\$156,057	646
All - September 2019	57	2019 total through September	\$186,945	746

^{*} Count is based on Unduplicated Clients.

Costs by Month

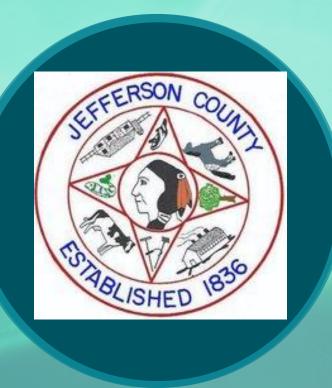
Month	Detox	AODA
January	\$5,200	\$18,123
February	\$3,120	\$15,015
March	\$6,760	\$20,224
April	\$5,200	\$12,942
May	\$1,560	\$10,875
June	\$1,040	\$12,939
July	\$2,600	\$10,072
August	\$1,560	\$10,445
September	\$5,200	\$13,182
October - estimated	\$3,582	\$13,215
November		
December		

Total Estimated Costs for 2020 (Thru Sept) \$172,854
Total Costs for 2019 (Thru Oct) \$208,853

^{**} Count is based on bills paid to-date with a service date in Comments column.

202	0 P	rovider Contra	acts (11/3/20	020)							
	tract nber	Provider	Service	Target	2019		2020				
20-	377	Willow Winds Living LLC	Adult Alt Care	MH	0.00 pe	month	4,401.00	per	month	#DIV/0!	52,812
20-	378	Goeschko Law Offices	IV-E Legal	Child	180.00 pe	hour	180.00	per	hour	0.0%	25,000
20-	379	Fischer Law Offices	IV-E Legal	Child	180.00 pe	hour	180.00	per	hour	0.0%	25,000
20-	380	Christensen, Tammy	Foster Care	Child	0.00 pe	month	1,700.00	per	month	#DIV/0!	20,400
20-	381	The Bees Knees	Respite Care	Child	0.00 pe	session	150.00	per	session	#DIV/0!	7,800

2021 P	rovider Cont	tracts (11	/3/202	<u> 20)</u>							
Contract Number	Provider	Service	Target	2020			2021				
21- 340	Willow Winds Living LLC	Adult Alt Care	MH	4,401.00	per	month	4,401.00	per	month	0.0%	52,812
21- 196	Goeschko Law Offices	IV-E Legal	Child	180.00	per	hour	180.00	per	hour	0.0%	25,000
21- 185	Fischer Law Offices	IV-E Legal	Child	180.00	per	hour	180.00	per	hour	0.0%	25,000
21- 135	Christensen, Tammy	Foster Care	Child	1,700.00	per	month	1,700.00	per	month	0.0%	20,400
21- 309	The Bees Knees	Respite Care	Child	150.00	per	session	150.00	per	session	0.0%	7,800



Jefferson County Human Services Outpatient Mental Health and AODA Clinic Jefferson, WI

WHO WE ARE...

Jefferson County Human Services, Outpatient Mental Health and AODA Clinic serves the residents of Jefferson County. Our clinic includes the Medical Director, Dr. Mel Haggart, the Clinic Supervisor, Holly Pagel, 12 Mental Health/AODA therapists, a Community Outreach Worker and Administrative Assistant.

Vision Statement: All citizens have the opportunity to access effective and comprehensive human services in an integrated and efficient manner.

Mission Statement: Enhance the quality of life for individuals and families living in Jefferson County by addressing their needs in a respectful manner and enable citizens receiving services to function as independently as possible, while acknowledging their cultural differences

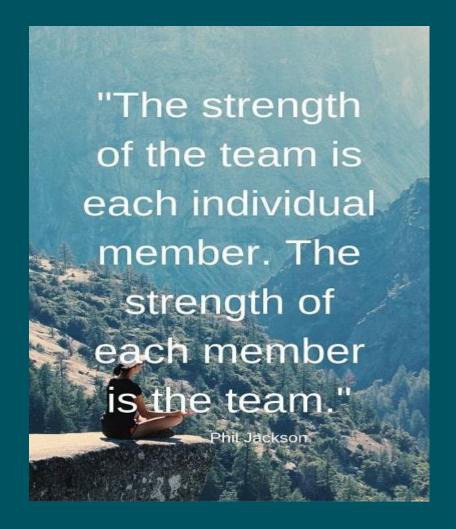


MEET THE TEAM...

Kathi Cauley, *Director*

Holly Pagel, *Clinic Supervisor*

Llana Majeres, Administrative Assistant

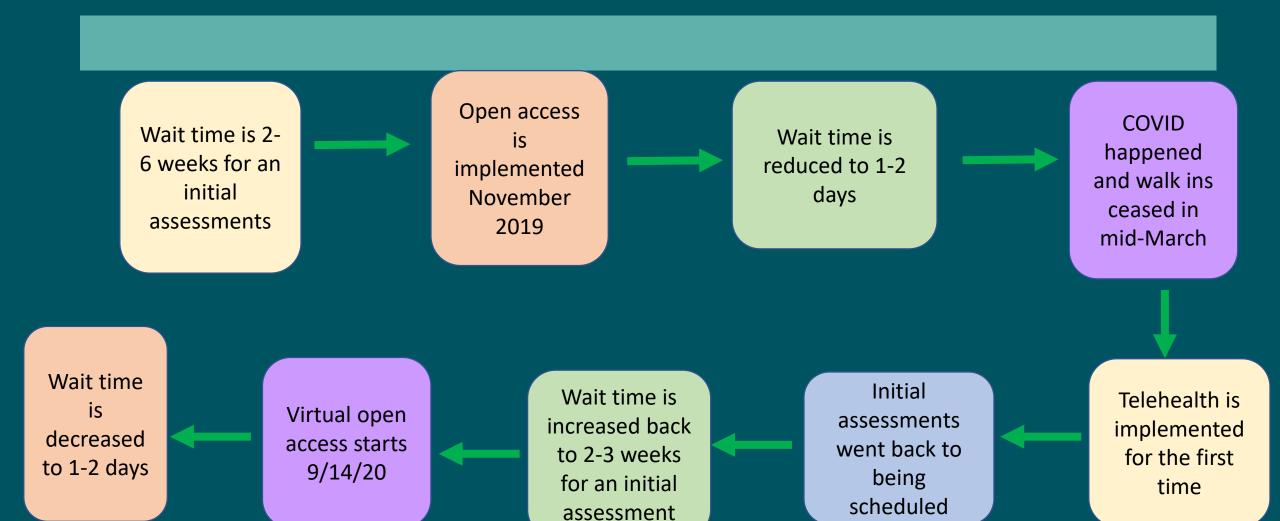


AIM STATEMENT

Increase Assessment Capacity by Improving Access, Decreasing No-Shows, and Reducing Wait Time for Assessments



CHANGE CYCLES



DATA

- Wait times for initial assessments decreased from 2+ weeks to 1-2 days
- Decreased wait times = fewer no shows



Image from import.io

CHALLENGES OR WINS, AND FINAL AIM STATEMENT OUTCOME

GOAL MET?

Yes!

FINAL OUTCOME

Virtual open access has been a success! It was launched 9/14/2020 and we have opened 64 people since implementation!

IMPACT



Images from forbes.com

Same day access seemed like it would be impossible to implement last fall, little did we know that we would master in person open access in November of 2019 and have virtual open access in September of 2020. Telehealth has removed many barriers and having virtual/telehealth same day access has decreased wait times significantly. Staff time is not wasted (no shows) and people are being seen sooner.

VEHICLE INVENTORY

County of Jefferson

Instructions: Please provide your **entire** specialized transit vehicle inventory. (Include all vehicles used to transport seniors or individuals with disabilities.)

Vehicle Type		Model Year Current Mileage	No. of Ambulatory / Wheelchair Positions	Funding Source (mark with X)			indicate if vehicle is	
(Minivan, Medium Bus, etc.)	Model Teal	Current Mileage	(Ambulatory/Non-Ambulatory)	5310	85.21	Other	leased to another party.	
(#37) Chevy Impala 4267	2014	165,187	3/0		х			
(#36) Chevy Impala 4261	2014	137,158	3/0		х			
(#49) Dodge Caravan 8238	2017	68,437	7/0		х			
(#58) Ford Fusion 3937	2018	58,984	3/0		х			
(#59) Ford Transit 2875	2018	30,782	4/2		х			
#63 Chevy Malibu	2020	14,495	3/0		х			

If you have more vehicles than can fit onto one sheet, please add another copy of this sheet.

*Right click on the tab, select Move or Copy, select Vehicle Inventory, check the box to Create a copy, click OK.

THIRD PARTY PROVIDERS

County of

Instructions: Please complete the table below for any existing or anticipated third party contracts for your specialized transportation services. Upload a copy of the lease or contract to a folder in the **Resources** tab. (If there are no projects or vehicles that are contracted or leased out, please put **None** in the first gray box.)

Project Name	Anticipated or Known Contractor Name	Type of Agreement (Lease or Contract)	Bidding Required (Yes or No)	Start Date (MM/DD/YY)	Expiration Date (MM/DD/YY)	
Wheelchair Accessible Transportation	C & W Rides LLC	Contract	no	01/01/2021	12/31/2021	
Wheelchair Accessible Transportation	LaVigne Bus Company	Contract	no	01/01/2021	12/31/2021	
Wheelchair Accessible Transportation	St. Coletta	Contract		01/01/2021	12/31/2021	
				Maria de la companya		
					W N	

*/	If you have more vehicles than can fit onto one sheet, please add a copy of this sheet. *Right click on tab, select Move or Copy, select Vehicle Inventory, check the box to Create a copy, click OK.					et. click OK .

TRUST FUND SPENDING PLAN

County of Jefferson

Instructions: Please record your plan on how your county will spend down their trust fund over the <u>next three years</u>.

Be as specific as possible. Do NOT include 2020 purchases made with trust funds.

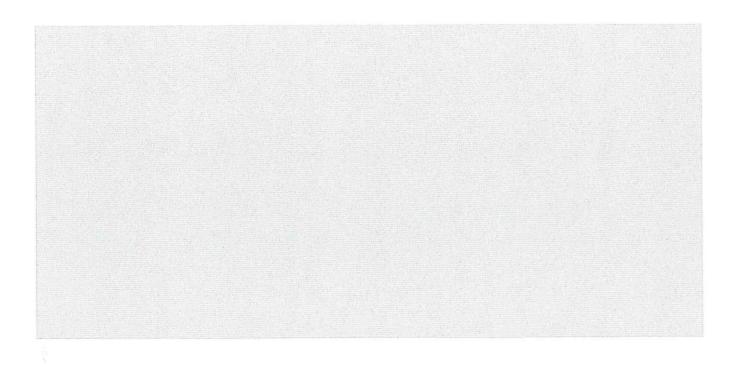
Expending If non-vehicle capital purchase, please	diture Item provide description on second p	Planned year of purchase (YYYY)	Project Cost	
Match of 5310 Grant			2020	\$8,200.00
	Го	tal projecte	d cost of 3-year plan	\$ 8,200.00
Estimated amount of state aid to 12/31/2020	be held in trust on			
Will auto calculate based on year entered above	Enter the amount of funds to next three years. If non			
Spending plan for 2021 = \$-	Funds added for 2021 =	\$500.00	Estimated balance on 12/31/21 =	\$ 500.00
Spending plan for 2022 = \$-	Funds added for 2022 =	\$500.00	Estimated balance on 12/31/22 =	\$ 1,000.00
Spending plan for 2023 = \$-	Funds added for 2023 =	\$500.00	Estimated balance on 12/31/23 =	\$ 1,500.00
Date complete				
Prepared by				
Narrative for non-vehicle equexception. If already received WisDO				

For additional space to complete your narrative, please scroll down to second page.

TRUST FUND SPENDING PLAN

Continued

arrative for non-vehicle ed nt: Use "ALT" and "Enter" to start a	new paragraph.)		



PROJECT 1 DESCRIPTION

County of	Jefferson

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.

Project Name Driver Escort/Vo	olunteer P	rogram			
nird Party Provider					
ate contract last updated					
rpe of Service (Place an "x" next	to the type	of service you will l	be providir	ng for this project	·.)
		_			- -
Volunteer Driver	X	Voucher	Program		
Vehicle Purchase	Х	Manageme	ent Study		
Planning Study		Brief description of Study			
Other (provide explanation)					
eneral Project Summary (Provide a brief d	lescription o	of this project Use Al	T and Ente	er to start a new na	ragraph)
The driver escort program is into					
for persons with disabilities of					
Service is provided to non-elder persons with disabilities shall no					iis. Elueis aliu
persons with disabilities shall in	ot no do	ou u muo to uccon		/tilo.c.	

PRO.	IFCT	DESC	RIPTION	Continued
1110			INII IIVIN.	Continuca

^		- 60	and the second
-andra	nnv	OT SO	rvica
Geogra	DIIV		VICC

(List the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)

Service is provided to Jefferson County residents residing within the cities of Cambridge, Dousman, Eagle, Edgerton, Fort Atkinson, Helenville, Ixonia, Jefferson, Johnson Creek, Lake Mills, Marshall, Milton, Oconomowoc, Palmyra, Sullivan, Waterloo, Watertown and Whitewater. Also includes residents who live within other municipalities such as townships and villages located within Jefferson County. Service is provided across county lines when specialized medical care or treatment is needed.

Service Hours (Indicate your general hours of service for this project.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		6:00 a.m.					
End Time		6:00 pm.					

i	
Additional description	
(if applicable)	
NO: 10:50	

Service Requests (Briefly describe how your service is requested for this project.)

Passengers are asked to call the Transportation Office four days in advance to reserve a ride.	Late
requests are accommodated to the fullest extent of availability.	

Passenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)

Passengers eligible for this service are residents who are 60 years of age or older and/or individual	s with
a disability regardless of age.	

Passenger Revenue (Briefly describe passenger revenue requirements for this project.)

Passengers are subject to a copayment of \$1.50 per trip for in-county trips and \$7.50 copayment per trip that is located out of the county. A consumer may request a reduction or waiver of transportation copayment. Requests will be reviewed by the ADRC Advisory Committee.

	PROJECT B	BUDGET
Section	Description	Amount
Annual I	Expenditures	
Enter th	ne amount of total expenditures for this project.	T 4 1 5
provid	se note: Breakdown of expenses is not required at this time. You we de the breakdown of actual expenses in the Annual Financial Rep will submit at the end of the calendar year.	
SINGLE STATE OF THE STATE OF TH	Revenue	
	ne amount for <u>each</u> funding source that will be used for complete, please scroll to bottom of this page to ensure the	
A. §8	35.21 funds from annual allocation	Total from A. \$209,259
B. §8	35.21 funds from trust fund	Total from B.
C. C	ounty Match Funds	Total from C. \$44,567
D. Pa	assenger Revenue	Total from D. \$9,000
E. O	lder American Act (OAA) funding	Total from E.
F. §	5310 Operating or Mobility Management funds	Total from F.
G. 0	ther funds (Provide name and/or description and record total amount is box to the right of the description. Include sources such as	
1.	mco	Total \$25,000
2.		Total
3.		Total
4.		Total
5.		Total
6.		Total
		Revenue Total \$287,826
	Expenditures should e	qual revenue \$0

PROJECT 2 DESCRIPTION

County of **Jefferson**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	Senior Dinin	ng Transportation Program
Third Party Provider	Watertown Sen	nior Center - Fort Atksinson Senior Center
Date contract last updated	11/2020	
Type of Service	(Place an "x" nex	at to the type of service you will be providing for this project.)
V	olunteer Driver	Voucher Program
Ve	hicle Purchase	Management Study
	Planning Study	Brief description of Study
Other (provid	de explanation) T	axi and a susbsidy program
		f description of this project. Use ALT and Enter to start a new paragraph.)
is secured by t reduce the fare	the Senior Cente by \$.75 per trip	egate Senior Dining Program are eligible to use public transportation that er in Watertown or Fort Atkinson at a reduced rate. This program will to attend the meal at the nutrition site. The local Taxi service is poration in Jefferson and Lake MIIIs.

			PROJECT	DESCRIPTION	ON, Contin	ued	
	y of Service	citios/aroas that	are serviced thou	ah this project 1	Iso Al T and F	nter to start a new lir	no)
, 00		inty: cities of F					10.)
۰e H	ours (Indicate	e your general hou	urs of service for	this project)			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
art	Carracy			HAME SHAD VISIOUS AT P			- Para - Al-Si
ne nd		10:00 a.m.	10:00 a.m.	10:00 a.m.	10:00 am	10:00 a.m.	
ne		1:00 p.m.	1:00 p.m.	1:00 p.m.	1:00 p.m.	1:00 p.m.	
	tional description (if applicable) equests (Brie		vour service is red	guested for this r	project)		
eĸ	For Brown Ca	ab, passengers	call the Cab C	ompany direc	tly to reques	t a ride. For the lip and in Fort Atk	
		ort Senior Cent		Sellioi Celite	i to set up tii	p and in i oit Atk	ilisoli, passe
,	r Eliaibility /	Driefly indicate no	ooongor oligibility	, roquiromonto fo	r this project \		
nac	r Eligibility (Briefly indicate pa				eir spouse of any	age, as well
nge	This program						
nge	Telegraph of the last of the l	may have a dis	ability, who wo	ould like to atte	end the Senic	or Dining Progran	n.

Passenger Revenue (Briefly describe passenger revenue requirements for this project.)

Passengers pay a reduced fee to the cab company or the Senior Center. The balance up to \$0.75 is invoiced to the county per one way trip.

PROJECT BUDG	ET
Section Description	Amount
Annual Expenditures	
Enter the amount of total expenditures for this project.	2
Tota	Expenses \$200
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report that you will submit at the end of the calendar year.	
Annual Revenue	
Enter the amount for <u>each</u> funding source that will be used for this pro *When complete, please scroll to bottom of this page to ensure the <u>Expendit</u>	
A. §85.21 funds from annual allocation	Total from A. \$200
B. §85.21 funds from trust fund	Total from B.
C. County Match Funds	Total from C.
D. Passenger Revenue	Total from D.
E. Older American Act (OAA) funding	Total from E.
F. §5310 Operating or Mobility Management funds	Total from F.
G. Other funds (Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)	Total from G. \$0
1.	Total
2.	Total
3.	Total
4.	Total
5.	Total
6.	Total
	nue Total \$200
Expenditures should equal revenue	\$0

PROJECT 3 DESCRIPTION

County of Jefferson

- Use this section to describe a specific project that will use s.85.21 funds.
- · Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	Wheelchair Acc	essible Transportation	on
Third Party Provider Date contract last updated	Brown Cab, LaVign	e's, C & W Med Rides an	nd St. Coletta
Type of Service	(Place an "x" next to	the type of service you will	I be providing for this project.)
V	olunteer Driver	Vouche	er Program
Ve	hicle Purchase	Managem	ment Study
	Planning Study	Brief description of Study	
Other (providence)	de explanation) Spec	ialized Transportation Pr	roviders
This project pr persons with o	ovides rides across lisabilities (any age)	municipal boundaries to	o older adults (over 60 years of age) and dical care in another community, when there is rtation.

PROJECT DESCRIPTION, (Continued	I
------------------------	-----------	---

_					_								
ഭ	20	A.	-3	n	h	11	of	C	0	PT	/i	0	0
O.	CU	ч	a	μ		v	VI.	J	C	. 1	,,	C	C

(List the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)

Residen				CANADA CONT		EAST DO NOT THE REAL PROPERTY.			
and Dar									

Service Hours (Indicate your general hours of service for this project.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		6:00 a.m.					
End Time		7:00 p.m.					

1	
Additional description	
(if applicable)	
**** *********************************	

Service Requests (Briefly describe how your service is requested for this project.)

Requests for	this type of	service are th	rough the Tr	ansportatio	n Office and	are autho	rized by th	ie
Transportation	on Coordina	tor where thei	e are no avai	ilable volun	teers or paid	d drivers to	accommo	date the
trip.								

Passenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)

Passengers eligible for this service are people	aged 60 years and older and / or for individuals with a
disability who need access to medical care or	nutrition.

Passenger Revenue (Briefly describe passenger revenue requirements for this project.)

The passenger pays a co-payment directly to the driver and 85.21 funds are invoiced for the balance per an agreed upon schedule. The copayment is \$1.50 per one way trip for appointments within Jefferson County and \$7.50 per trip outside of Jefferson County limits.

Annual Expenditures Enter the amount of total expenditures for this project. Total Expenses *Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report that	Amount \$5,000
Enter the amount of total expenditures for this project. Total Expenses *Please note: Breakdown of expenses is not required at this time. You will	\$5,000
Enter the amount of total expenditures for this project. Total Expenses *Please note: Breakdown of expenses is not required at this time. You will	\$5,000
*Please note: Breakdown of expenses is not required at this time. You will	\$5,000
you will submit at the end of the calendar year.	
Annual Revenue	
Enter the amount for <u>each</u> funding source that will be used for this project. *When complete, please scroll to bottom of this page to ensure the <u>Expenditures minus Revenue en</u>	quals \$0 .
A. §85.21 funds from annual allocation Total f	rom A. \$4,750
B. §85.21 funds from trust fund Total f	rom B.
C. County Match Funds Total f	rom C.
D. Passenger Revenue Total f	from D. \$250
E. Older American Act (OAA) funding Total f	rom E.
F. §5310 Operating or Mobility Management funds Total f	from F.
G. Other funds (Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other	rom G. \$0
grants and/or programs.) 1. Total	
2. Total	
3. Total	
4. Total	
5. Total	
6. Total	
Revenue Total Expenditures should equal revenue	\$5,000 \$0

PROJECT 4 DESCRIPTION

County of Jefferson

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- · Be sure to complete all three pages for each project.

De sure to doi	Implete all tillee pag		T project.		
Project Name	Day Trip Proje	ect			
Third Party Provider Date contract last updated					
Type of Service	(Place an "x" next	to the type	of service you will be providi	ng for this project.)	
	Volunteer Driver	Х	Voucher Program Management Study		
	Planning Study ide explanation)		Brief description of Study		
New project fo The Day Trip I to enjoy uniqu Jefferson Cou social lifestyle	or 2021. Project would provide places and population. The overall eall year round.	vide a tran ular attrac goal of th	sportation service for senion service for senion service for senion tions that can be reached wis project would be to help one of the day trips would be and cultural experiences as	ors and people living vithin 1-2 hours of dr individuals to have a se selected to appeal	with disabilities iving time from in active and to a variety of

variety of locations inslucing museums, local attractions or shopping centersm etc. We will welcome

ideas from our patrons.

PROJECT DESCRIPTION, Continued

_				
Gec	ora	phv	of S	ervice

(List the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to start a new line.)

This is a service for Jefferson County residents, and the locations of the day trips would could be reached within 1 - 2 hours of driving time from Jefferson County. There has been 16 destinations targeted for 2021. This will need to be modified to accomadate the CDC guidelines.

Service Hours (Indicate your general hours of service for this project.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time		TBD	TBD	TBD	TBD	TBD	
End Time		TBD	TBD	TBD	TBD	TBD	

(if applicable)

Additional description It is expected that each complete day trip up would take about 8 hours 1 day a month.

Service Requests (Briefly describe how your service is requested for this project.)

Reservations are required to contact the Mobility Manager. Seat are limited and by reservation only. There will need to be at minimum of 2 passengers per trip, the bus trip may be canceled on short notice due to weather, non- participation or unforeseen issues. Passengers are picked up at a pre-arranged group location usually between the hours of 8:30 am and 9:30 am. Passengers are then returned to their pick up location usually between the hours of 3:30 pm and 4:30 pm.

Passenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)

Reservation are taken at the ADRC office. A reservation can be made for passenger and one other persons. Seats will be assigned based on a first call basis. When the trip fills up, we will create a watiing list. All riders will be called with specific details 48 hours before the trip. Any opening will be filled by those on the waiting list.

Passenger Revenue (Briefly describe passenger revenue requirements for this project.)

The cost of transportation for the trip would be suggested at \$5.00 per trip. If a patron is not able to pay the trip fee would be considered a donation.

PROJECT BUDG	BET
Section Description	Amount
Annual Expenditures	
Enter the amount of <u>total</u> expenditures for this project.	¢2 220
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report tha you will submit at the end of the calendar year.	al Expenses \$3,220
Annual Revenue	
Enter the amount for <u>each</u> funding source that will be used for this pr *When complete, please scroll to bottom of this page to ensure the <u>Expend</u>	
A. §85.21 funds from annual allocation	Total from A. \$2,920
B. §85.21 funds from trust fund	Total from B.
C. County Match Funds	Total from C.
D. Passenger Revenue	Total from D. \$300
E. Older American Act (OAA) funding	Total from E.
F. §5310 Operating or Mobility Management funds	Total from F.
G. Other funds (Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other	Total from G. \$0
grants and/or programs.) 1.	Total
2.	Total
3.	Total
4.	Total
5.	Total
6.	Total
Rev	enue Total \$3,220
Expenditures should equal revenue	\$0

PROJECT 5 DESCRIPTION

County of **Jefferson**

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
 Be sure to complete all three pages for each sure to complete all three pages for each sure to complete all three pages.

Be sure to con	npiete all three pag	jes for each	project.		
Project Name	GoJeffCo Sho	opping Va	n Service		
Third Party Provider Date contract last updated					
Type of Service	(Place an "x" next	to the type o	f service you will be provi	ding for this project	.)
Ve	hicle Purchase Planning Study de explanation)	X	Voucher Program Management Stud Brief description of Study		
disabilities to t Corridor in Jef Jefferson Cour ADRC vehicle a	an project would ravel between the ferson County. Anty. This intercity and staffed by AD	provide a to e 4 major m At present, to service wo PRC employ	this project. Use ALT and Erransportation service founicipalities that exist a here is no affordable into buld be provided by the ees. The proposed pro and down the Highway	r seniors and peo long the State Tru tercity transportat ADRC of Jeffersor Dject would provid	ple living with nk Highway 26 ion service in n County using an le funding to operate

			PROJECT	DESCRIPTION	ON, Continu	ed	
	hy of Service	a citica/araga that	are consisted that	ugh this project II	oo Al T and Ent	torto otarta nove	lina l
tne co	Service provid	s cities/areas that a ded to Jefferson hnson Creek ar	n County Resid	dents with a ro	ute starting fr	om Fort Atkins	on through
ice H	lours (Indicat	e your general hou	urs of service for	this project.)			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start			10a				
ime Ind			2n				
ime			3p			and drug of the Wall	
	Reservations There will nee		contact the Mo	obility Manager sengers per trip	. Seat are lim		
enge	Minimun is 2	Briefly indicate pa	pace is reserv	ed for people o	ver the age o		

Passenger Revenue (Briefly describe passenger revenue requirements for this project.)

Cost is \$3.00 for the round trip. Mobility Manager will be able to identify if passenger should file a waiver for the cost.

PROJECT BUDGET	
Section Description	Amount
Annual Expenditures	
Enter the amount of <u>total</u> expenditures for this project. Total Ex	penses \$6,108
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report that you will submit at the end of the calendar year.	75,100
Annual Revenue Enter the amount for <u>each</u> funding source that will be used for this project *When complete, please scroll to bottom of this page to ensure the <u>Expenditures</u>	
A. §85.21 funds from annual allocation	Total from A. \$5,708
B. §85.21 funds from trust fund	Total from B.
C. County Match Funds	Total from C.
D. Passenger Revenue	Total from D. \$400
E. Older American Act (OAA) funding	Total from E.
F. §5310 Operating or Mobility Management funds	Total from F.
G. Other funds (Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other	Total from G. \$0
grants and/or programs.) 1.	Total
2.	Total
3.	Total
4.	Total
5 .	Total
6.	Total
Revenue	Total \$6,108
Expenditures should equal revenue	\$0

PROJECT 6 DESCRIPTION

O	1 . CC
County of	Jeffersor

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	
Third Party Provider	
Date contract last updated	
Type of Service (Place an "x" next to the type	of service you will be providing for this project.)
Volunteer Driver	Voucher Program
Vehicle Purchase	Management Study
Planning Study	Brief description of Study
Other (provide explanation)	
General Project Summary (Provide a brief description o	f this project. Use ALT and Enter to start a new paragraph.)

rice Hours (Indicate your general hours of service for this project.) Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Inne Additional description (If applicable) rice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.) senger Revenue (Briefly describe passenger revenue requirements for this project.)	rice Hours (Indicate your general hours of service for this project.) Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) rice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	graphy	of Service						
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) rice Requests (Briefly describe how your service is requested for this project.) seenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) rice Requests (Briefly describe how your service is requested for this project.) seenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)			cities/areas that a	are serviced thou	igh this project. U	se ALT and En	ter to start a new l	ine.)
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Find Fine Additional description (if applicable) Frice Requests (Briefly describe how your service is requested for this project.) Seenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Find Fine Additional description (if applicable) Frice Requests (Briefly describe how your service is requested for this project.) Seenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)								
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)								
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)								
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	3							
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)								
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) rice Requests (Briefly describe how your service is requested for this project.) seenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) rice Requests (Briefly describe how your service is requested for this project.) seenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)								
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)								
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)		<i></i>			// · · · · · · · · · · · · · · · · · ·			
Start Time	Start Time	rice Ho							
Time	Time		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	STATE OF THE STATE							
Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	End							
rice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	rice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Time		520.750					
senger Revenue (Briefly describe passenger revenue requirements for this project.)	senger Revenue (Briefly describe passenger revenue requirements for this project.)	senger [r Eligibility (B	riefly indicate pa	ssenger eligibility	y requirements foi	r this project.)		
senger Revenue (Briefly describe passenger revenue requirements for this project.)	senger Revenue (Briefly describe passenger revenue requirements for this project.)								
senger Revenue (Briefly describe passenger revenue requirements for this project.)	senger Revenue (Briefly describe passenger revenue requirements for this project.)	2							
senger Revenue (Briefly describe passenger revenue requirements for this project.)	senger Revenue (Briefly describe passenger revenue requirements for this project.)								
senger Revenue (Briefly describe passenger revenue requirements for this project.)	senger Revenue (Briefly describe passenger revenue requirements for this project.)								
senger Revenue (Briefly describe passenger revenue requirements for this project.)	senger Revenue (Briefly describe passenger revenue requirements for this project.)								
senger Revenue (Briefly describe passenger revenue requirements for this project.)	senger Revenue (Briefly describe passenger revenue requirements for this project.)		17 - 47 1 - 47 - 54 - 7						
senger Revenue (Briefly describe passenger revenue requirements for this project.)	senger Revenue (Bnefly describe passenger revenue requirements for this project.)								
		senger	Revenue (Bi	netly describe pa	ssenger revenue	e requirements for	this project.)		
		3							
		8							
		3							

PRO	JECT BUDGET
Section Description	Amount
Annual Expenditures	
Enter the amount of total expenditures for this project	ct.
	Total Expenses
*Please note: Breakdown of expenses is not required at this provide the breakdown of actual expenses in the Annual Fi ll you will submit at the end of the calendar year.	
Annual Revenue	
Enter the amount for <u>each</u> funding source that will be *When complete, please scroll to bottom of this page to e	
A. §85.21 funds from annual allocation	Total from A.
B. §85.21 funds from trust fund	Total from B.
C. County Match Funds	Total from C.
D. Passenger Revenue	Total from D.
E. Older American Act (OAA) funding	Total from E.
F. §5310 Operating or Mobility Management fu	inds Total from F.
G. Other funds (Provide name and/or description and record total box to the right of the description. Include source	
grants and/or programs.) 1.	Total
2.	Total
3.	Total
4.	Total
5.	Total
6.	Total
	Revenue Total \$0
Expenditures should e	equal revenue \$0

PROJECT 7 DESCRIPTION

County of Jefferson

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- · Be sure to complete all three pages for each project.

Be calle to complete an allies pages for	energy Englisher
Project Name	
Third Party Provider	
Date contract last updated	
Type of Service (Place an "x" next to the	type of service you will be providing for this project.)
Volunteer Driver	Voucher Program
Vehicle Purchase	Management Study
Planning Study	Brief description of Study
Other (provide explanation)	

rvice Hours (Indicate your general hours of service for this project.) Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Hime Hours (Indicate your general hours of service for this project.) Additional description (If applicable) rvice Requests (Briefly describe how your service is requested for this project.) ssenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	PROJECT DESCRIPTION, Continued	
rvice Hours (Indicate your general hours of service for this project.) Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) rvice Requests (Briefly describe how your service is requested for this project.) ssenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	eography of Service	
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) ssenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	t the counties, as well as cities/areas that are serviced though this project. Use ALT and Enter to si	art a new line.)
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) ssenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)		
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) seenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)		
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) seenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)		
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) seenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)		
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) seenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)		
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) seenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)		
Start Time End Time Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)		day Saturday
Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)		lay Caturday
Additional description (if applicable) vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	Time Fnd	
vice Requests (Briefly describe how your service is requested for this project.) senger Eligibility (Briefly indicate passenger eligibility requirements for this project.)		
	ssenger Eligibility (Briefly indicate passenger eligibility requirements for this project.)	
ssenger Revenue (Briefly describe passenger revenue requirements for this project.)		
ssenger Revenue (Briefly describe passenger revenue requirements for this project.)		
ssenger Revenue (Briefly describe passenger revenue requirements for this project.)		
ssenger Revenue (Briefly describe passenger revenue requirements for this project.)		
ssenger Revenue (Briefly describe passenger revenue requirements for this project.)		
ssenger Revenue (Briefly describe passenger revenue requirements for this project.)		
	ssenger Revenue (Briefly describe passenger revenue requirements for this project.)	

PROJECT BUD)GET
Section Description	Amount
annual Expenditures	
Enter the amount of total expenditures for this project.	
*Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the Annual Financial Report you will submit at the end of the calendar year.	that
nnual Revenue	
Enter the amount for <u>each</u> funding source that will be used for this *When complete, please scroll to bottom of this page to ensure the <u>Expe</u>	
A. §85.21 funds from annual allocation	Total from A.
B. §85.21 funds from trust fund	Total from B.
C. County Match Funds	Total from C.
D. Passenger Revenue	Total from D.
E. Older American Act (OAA) funding	Total from E.
F. §5310 Operating or Mobility Management funds	Total from F.
G. Other funds (Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other	
grants and/or programs.) 1.	Total
2.	Total
3.	Total
4.	Total
5.	Total
6.	Total
R	evenue Total \$0
Expenditures should equal reven	ue \$0

PROJECT 8 DESCRIPTION

220	100			
County	. ~£	1-6	fers	
	<i>i</i> () (. 101	TOTAL	som
Count	y O:	001	1010	

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: Alt and Enter will go to the next line.
- Be sure to complete all three pages for each project.

Project Name	
Third Party Provider	
Date contract last updated	
Type of Service (Place an "x" next to the t	ype of service you will be providing for this project.)
Volunteer Driver	Voucher Program
Vehicle Purchase	Management Study
Planning Study	Brief description of Study
Other (provide explanation)	
General Project Summary (Provide a brief descripti	ion of this project. Use ALT and Enter to start a new paragraph.)

			PROJECT	DESCRIPTION	ON, Continu	red	
	of Service	W. 2 02 101					
he coul	nties, as well as	cities/areas that a	are serviced thou	ugh this project. U	lse ALT and En	ter to start a new l	ine.)
P. H.							
N.							
rice Ho		your general hou			T T		
Start	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							
End Time							
senger	Eligibility (E	Briefly indicate pa	ssenger eligibilit	y requirements fo	r this project.)		
senger	Revenue (B	riefly describe pa	ssenger revenue	e requirements for	r this project.)		

	PROJECT BUDGE	ΕΤ
Section	Description	Amount
Annual I	Expenditures	
1904 811 810	he amount of <u>total</u> expenditures for this project.	
		Expenses
provid	se note: Breakdown of expenses is not required at this time. You will de the breakdown of actual expenses in the Annual Financial Report that will submit at the end of the calendar year.	
Annual	Revenue	
	he amount for <u>each</u> funding source that will be used for this project of the complete, please scroll to bottom of this page to ensure the <u>Expenditure</u>	
A. §8	85.21 funds from annual allocation	Total from A.
B. §8	85.21 funds from trust fund	Total from B.
C. C	ounty Match Funds	Total from C.
D. Pa	assenger Revenue	Total from D.
E. 0	lder American Act (OAA) funding	Total from E.
F. §	5310 Operating or Mobility Management funds	Total from F.
G. 0	ther funds (Provide name and/or description and record total amount in the box to the right of the description. Include sources such as other	Total from G. \$0
1.	grants and/or programs.)	Total
2.		Total
3.		Total
4.		Total
5.		Total
6.		Total
		uue Total \$0
	Expenditures should equal revenue	\$0

COUNTY ELDERLY TRANSPORTATION 2021 PROJECT BUDGET SUMMARY

•	วั
4	_
(2
-	Ē
;	ธ
	30.44

Jefferson - 222,837

	Escory volunteer Program	Transportation Program	Accessible Transportation	Day Trip Project	Van Service	0	0	0	Totals
Project Expenses									
Total Project Expenses	\$287,826.00	\$200.00	\$5,000.00	\$3,220.00	\$6,108.00	\$0.00	\$0.00	\$0.00	\$302,354.00
Project Revenue by	/ Funding Source	90							
§85.21 Annual Allocation	\$209,259.00	\$200.00	\$4,750.00	\$2,920.00	\$5,708.00	\$0.00	\$0.00	\$0.00	\$222,837.00
§85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$44,567.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$44,567.00
Passenger Revenue	00.000,6\$	\$0.00	\$250.00	\$300.00	\$400.00	\$0.00	\$0.00	\$0.00	\$9,950.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
§5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$25,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,000.00
_	\$25,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,000.00
2.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
.5	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

(H)			

2021 AFCSP Budget Report F-21343 (10/2020)

Response ID:20 Data

1. (untitled)
1. County, counties or tribe included in budget:*
Jefferson
2. Name of designated AFCSP lead agency:*
Jefferson County Human Services
3. Your name:*
Sharon Olson
4. Your email address:*
sharono@jeffersoncountywi.gov
5. Your telephone number (include area code):*
920-674-8139
6. 2021 allocation in dollars:*
\$35,502.00
7. Number of households anticipated to be enrolled and served in the coming year:*
9
8. DOLLARS planned for respite services*
\$29,932.00
9. AMOUNT planned for each type of respite*
Adult day services: \$860.00
Caregiver self-care: \$860.00
Homemaker/chores: \$1,720.00
In-home general respite: \$18,757.00
In-home personal care: \$6,875.00
Overnight facility respite: \$860.00
10. PERCENT planned for all respite services*
84.3%
11. DOLLARS planned for purchasing other goods and services*
\$860.00
12. DOLLARS planned for the development of new or expanded services (Note: If any expenditures are planned, please
complete item 22)*
\$0.00

\$860.00

13. DOLLARS planned for outreach activities and public awareness*

14. DOLLARS planned for support group development or assistance*

\$0.00

15. DOLLARS planned for staff training (new category added)*

\$300.00

16. DOLLARS planned for program administration*

\$3,550.00

17. PERCENT planned for program administration (maximum 10%)*

10%

18. Do you plan to make payments to service providers for direct care as a method of distributing these funds? (Wis. Admin. Code § DHS 68.09)*

Yes

19. Do you plan to make payments to households of persons with Alzheimer's Disease (i.e., cash grant for agreed-upon service/goods)? (Wis. Admin. Code § DHS 68.09)*

Yes

20. Indicate the county's or tribe's maximum amount payable in the calendar year to or on behalf of any participating person*

\$4.000

- 21. If maximum amount payable in Question 19 is less than \$4,000, indicate amount of maximum:*
- 22. Briefly describe any limitations being placed on goods and services that are to be provided, purchased, or contracted. See Wis. Admin. Code § DHS 68.06(2)(b) for list of possible services. Generally speaking, all services should be made available to AFCSP enrollees and approved based on the family's needs and preferences. If no limitations, indicate none.*

none

23. Briefly describe any new programs or expanded services planned for the coming year, see definitions under Wis. Admin. Code § DHS 68.02(8) and (13). Indicate if this is year one, two, or three of the program development or expansion.*

Grandpa and Lucy Project through the CLIMB program.

The Humming Bird Project and Arm Chair Tours.

Weekly Caregiver Coffee Hour - virtual

Powerful Tools for Caregivers

Dementia Friendly Community Training will be provided to 2 business each yar for 2019, 2020 and 2021.

Caregiver Book review started in 2020.

24. Explain your program's waiting list policy, including how many families have been told they must wait for services*

At this time, the wait list has been cleared. Funding is allocated to all households at the beginning of the year with an estimate if caregiver will be using all services. When consumers are added to AFCSP wait list, they are also added to the National Family Caregiver waitlist and Title 3 Supplemental Services list, if eligible. Consumers stays on AFCSP wait list even if served through another program as the caregiver then has the option of which program is better to serve their need.

25. Explain how your program, aging unit, and/or ADRC will provide outreach to families living with or newly diagnosed with Alzheimer's or dementia. Include specific plans for marketing and providing education to families and community partners about the benefits of enrolling in AFCSP.

Jefferson County has a Dementia Care Specialist. The DCS provides outreach to families and community partners. Outreach will be conducted to find caregivers that have not been in contact with ADRC or are working with newly diagnosed care

recipients.

Our DCS sets up monthly memory screening but that has been but on hold due to COVID.

DCS will be working with caregivers that struggle with a Wellness Recovery Action Plan.

2. Thank You!

New Send Email

Nov 02, 2020 09:48:29 Success: Email Sent to: sharono@jeffersoncountywi.gov