AGENDA

Jefferson County Human Services Board
Jefferson County Workforce Development Center
874 Collins Road, Room 103, Jefferson, WI 53549
January 14, 2014 at 8:30 a.m.

Committee Members:

Jim Mode, *Chair*
Pamela Rogers, *Vice Chair*
Dick Jones, *Secretary*
John McKenzie
Julie Merritt
Jim Schultz
Augie Tietz

1. Call to Order
2. Roll Call/Establishment of Quorum
3. Certification of Compliance with the Open Meetings Law
4. Review of the January 14, 2014 Agenda
5. Citizen Comments
6. Approval of December 10, 2013 Board Minutes
7. Communications
    a) Heroin Series
8. Review of November, 2013 Financial Statement
9. Review and Approve December, 2013 Vouchers
10. Division Updates: Child and Family Division, Behavioral Health, Administration, Economic Support, and Aging and Disability Resource Center
11. Discuss present issues regarding billing and insurance
12. Discuss the Resolution supporting legislation requiring individuals to show proper ID when picking up prescription medication.
13. Discuss the Resolution supporting legislation allowing all levels of EMT's and first responders to be trained to administer naloxone
14. Discuss the Resolution supporting legislation updating state criminal law and state regulatory provisions concerning prescription drugs and controlled substances
15. Discuss the Resolution supporting legislation in which a person may not be prosecuted for possessing or administering naloxone to another person with the good faith belief that the other person was suffering from an overdose or controlled substance.
16. Discuss the Resolution supporting legislation to reduce the number of non-violent offenders sentenced to jail or prison for alcohol and/or other drug issues.
17. Confirm Nomination for the Crisis Intervention Techniques Award
18. Out of State travel request for Train the Trainer of Youth Mental Health First Aide
19. Updates from Wisconsin County Human Services Association
20. Set next meeting date and potential agenda items (February 11 at 8:30 a.m.)
21. Adjourn

The Board may discuss and/or take action on any item specifically listed on the Agenda

__Special Needs Request__ - Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.

JEFFERSON COUNTY HUMAN SERVICES
Board Minutes
December 10, 2013

Board Members Present: Jim Mode, Pam Rogers, Richard Jones, Augie Tietz, Jim Schultz, Julie Merritt and John McKenzie

Others Present: Human Services Director Kathi Cauley; Administrative Services Manager Joan Daniel; Aging & Disability Resource Center Manager Sue Torum; Economic Support Manager Jill Johnson; Child & Family Manager Brent Ruehlow; Office Manager Donna Hollinger; County Administrator Ben Wehmeier, and County Board Chairman John Molinaro.

1. **CALL TO ORDER**
   Mr. Mode called the meeting to order at 8:30 a.m.

2. **ROLL CALL/ESTABLISHMENT OF QUORUM**
   All present/Quorum established

3. **CERTIFICATION OF COMPLIANCE WITH THE OPEN MEETINGS LAW**
   Ms. Cauley certified that we are in compliance.

4. **REVIEW OF THE DECEMBER 10, 2013 AGENDA**
   No Changes

5. **CITIZEN COMMENT**
   No Comments

6. **APPROVAL OF THE NOVEMBER 12, 2013 BOARD MINUTES**
   Ms. Rogers made a motion to approve the November 12, 2013 board minutes.
   Mr. Jones seconded.
   Motion passed unanimously.

7. **COMMUNICATIONS**
   No Communications

8. **REVIEW OF OCTOBER, 2013 FINANCIAL STATEMENT**
   Ms. Daniel reviewed the October 2013 financial statements (attached) and said that there is a projected positive year-end fund balance of $139,619. If we have a balance unclaimed from the IM Accountable Care Act funds, we can carry it over to 2014. We are projecting to carry over $50,000. She also discussed the capital projects that have been completed and what is left to do this year. Ms. Daniel also presented the summary sheet and financial statements (attached) that detail revenue, expenses, tax levy and variance by program within each Division and discussed the areas that are having the most impact on the budget. She also presented reports showing Alternate Care and Commitment costs (attached).

9. REVIEW AND APPROVE NOVEMBER, 2013 FINANCIAL VOUCHERS

Ms. Daniel reviewed the summary sheet of vouchers totaling $421,543.10 (attached).
Mr. Tietz made a motion to approve the November 2013 vouchers totaling $421,543.10.
Mr. Jones seconded.
Motion passed unanimously.

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

Child & Family Resources:

Mr. Ruehlow reported on the following items:

- Several years ago we were a part of the YoungStar certification program for our Birth to Three program. They audit the program and award between 1 and 5 stars for the quality of childcare being provided based on many factors including education, curriculum, staff, employment records, etc. This year we were audited again. We had to do a self-evaluation and they did a site visit and a surprise site visit. We received the highest score we can in our category, which was 4 stars. Only 4% of childcare providers receive 4 stars. Because of this, we received a $1,000 mini grant to purchase additional educational materials and supplies.
- Our in-home safety services grant has been extended for another year. It provides funding and resources to build in-home safety plans to keep kids at home.
- We submitted our Children's Long Term Support Waiver audit.
- We submitted an application to be a Citizen Review Panel for the state of Wisconsin for child abuse and neglect issues and we were accepted. This group can take the lead in promoting Child Abuse Prevention month, Shaken Baby Campaign or a number of other important issues.
- This month six children found permanency.

Behavioral Health:

Ms. Cauley reported on the following items:

- Emergency Mental Health has been very busy with serious crises. Emergency detentions are up and expected to reach 150 by the end of the year compared to 122 last year.
- There is another meeting later this morning to discuss the heroin problem in our county. We are trying to identify stakeholders who would like to be on a Heroin Task Force. We also meet internally to discuss treatment options and resources to make sure that we don't have gaps in our services.
- We are working with WCHSA and a statewide county study group on billing and insurance. This will be an agenda item for next month.

Administration:

Ms. Daniel reported on the following items:

- We are submitting budgets into the state
- We are working on the 2014 contracts
- We will be having an audit at the end of month
- The electronic notes have reduced the paperwork for filing

Economic Support:

Ms. Johnson reported on the following items:

- We hired a certified application counselor to help individuals use the Marketplace website. Another organization has an individual who is bilingual and will help the Hispanic population.
- The website is working much better. Information was disbursed listing the Jefferson County Regional Enrollment Resource List for individuals who need help. (attached)
- BadgerCare may be extended through March 31; however, December 19 is the vote. Individuals will have to fill out tax information to determine benefits.
- The Call Center had 7500 calls and the questions being asked are more involved.

ADRC:

Ms. Torum reported on the following items:

- The ADRC recently received a $2,000 donation from a private citizen who wanted it to be used to help elderly people. The money will be used to help those in need who cannot be helped via the usual sources.
- The following plans and budgets are complete and have or will be sent to the Department of Health Services for review and approval:
  - ADRC Annual Update
  - Alzheimer's Family Caregiver Support Program
  - 2013 Coordinated Transportation Plan
  - s 85.21 Transportation Plan
- Two of the ED situations that Ms. Cauley mentioned involved people with dementia. She gave an example of a situation that is being closely observed at the DHS Secretary's office as the state develops an Alzheimer's Plan. The new initiative would include policies and procedures to defer placements from mental health facilities to a more appropriate placement facility or even back home with substantial supports.
- We plan on conducting a NIATx project early in 2014 regarding the agency's policies and procedures relating to volunteers.

11. REVIEW AND APPROVE THE RFP RESPONSE FOR THE BIRTH TO THREE PROGRAM

Ms. Cauley reported that the Birth to Three program sent out an RFP for bids. We received bids from Rehab Resources, who has been our provider for 14 years, and Heath Reach. A rubric provided a detailed outline to score each proposal. The rubric and a comparison sheet of the two bids were distributed. (attached) Based on the information received, Rehab Resources was the agency to award the contract to.

Ms. Rogers made a motion to approve a contract with Rehab Resources to provide services for Birth to Three.

Mr. Schultz seconded.

Motion passed unanimously.

12. REVIEW AND APPROVE 2014 TRANSPORTATION PLAN

Ms. Torum reported that the Transportation Plan is complete. Despite letters going out to all van passengers notifying them of the public hearing date and the changes, no one attended. Several people called with questions, but there were no objections to the plan's change. Chairman Mode said that he has been involved in three Coordinated Transportation Planning meetings and for the first time believes that there is interest in actually coordinating transportation at the local level. Ms. Torum said that the Brown Cab Study is nearly complete and two areas are being pursued: 1) a one-stop Transportation Call Center and 2) Intra county taxi transportation for any need. The 2014 s 85.21 plan takes the first step in addressing the second objective.

Ms. Rogers made a motion to approve the 2014 transportation plan.

Mr. Jones seconded.

Motion passed unanimously.

13. REVIEW AND APPROVE TWO PART TIME DRIVER POSITIONS

Ms. Cauley reported that this is part of the transportation plan and we would like to create two part time driver positions and eliminate a full time driver. There would be no change in the tax levy.

Ms. Rogers made a motion to approve two part time driver positions.

Mr. Tietz seconded.

Motion passed unanimously.

14. UPDATE ON COMMUNITY CARE RESOURCES

Ms. Cauley reported that the letter (attached) from the Wisconsin Dept of Children and Families states that the matter with Community Care Resources has been resolved. The agreement between the two parties states that CCR is allowed to "retain its license to operate a Child Placing Agency…."

15. REVIEW AND APPROVE CONTRACT WITH COMMUNITY CARE PROGRAMS

Ms. Cauley said that due to the CCR and DCF resolution, we would like to add this contact for 2014 as the treatment programming must now be separated out.

Ms. Rogers made a motion to approve the contract with Community Care Programs.

Mr. Jones seconded.

Motion passed unanimously.

16. UPDATES FROM WISCONSIN COUNTY HUMAN SERVICES ASSOCIATION

Mr. Schultz and Mr. McKenzie provided excellent details about the sessions they attended at the Fall WCHSA conference.

17. SET NEXT MEETING DATE AND POTENTIAL AGENDA ITEMS

The next meeting will be on Tuesday, January 14 at 8:30 a.m.

Discuss Billing/Insurance

Discuss the Resolution from Winnebago County.

18. ADJOURN

Mr. Jones made a motion to adjourn the meeting.
Ms. Rogers seconded.
Motion passed unanimously.
Meeting adjourned at 9:40 a.m.

Respectfully submitted by Donna Hollinger

NEXT BOARD MEETING

Tuesday, January 14, 2014 at 8:30 a.m.
Workforce Development Center, Room 103
874 Collins Road, Jefferson, WI 53549

Item #7a

County targets growing heroin use

By Lydia Statz, Union staff writer | Posted: Tuesday, December 31, 2013 8:49 am

"If tomorrow we had cutting-edge, state-of-the-art treatment providers, with access for everybody and treatment was free, we would still have this problem."

Kathi Cauley, director of Jefferson County Human Services, isn't kidding herself. Heroin is a big problem here, and it's not going to disappear overnight.

More county residents than ever before have turned to the drug, driven by the decreased availability of prescription opiates. The nation as a whole has become more aware of the toll of prescription drug abuse in recent years, leading to a reformulation of the popular OxyContin, the creation of prescription drug-monitoring programs, and a new reluctance among doctors to write prescriptions for unnecessary opiates.

With new obstacles in place, many who had become dependent on opiate painkillers found themselves turning to the cheaper, more readily available heroin as a substitute.

Every year since 2010, the incidence of heroin addiction in Jefferson County has risen, until the problem has flooded the Human Services Department with concerns about not only of how to treat a complex disease, but how to help people take control of their lives.

They come from all walks of life — old and young, rich and poor, people with a long history of legal problems and those who have never seen the inside of a courtroom.

"Typically, it's someone coming here who has started out with painkillers and has moved on to heroin," said Dr. Mel Haggart, the Department of Human Services' medical director. "By the time they get to us, they've probably burned quite a few bridges with family members and family is exasperated and overwhelmed and not sure what to do, so its not like you can say, 'Go stay with your family and come here for treatment.' They may not have anywhere to go."

Haggart is certified in addiction medicine, a rarity among his colleagues in the public health field. Cauley counts his expertise as crucial in helping the department cope with the tidal wave of opiate addiction that has landed on their doorstep in the last three years.

In 2008, the county's Mental Health and Alcohol and Other Drug Outpatient Clinic, one of the main ways adult patients with substance abuse problems seek treatment, saw 246 separate patients. In 2012, that number was 288, with 183 of those patients being new.

Item #7b

Heroin epidemic leads to crime, ODs, deaths: Happ

By Ryan Whisner, Union regional editor | Posted: Thursday, January 2, 2014 11:05 am

Second in a series

JEFFERSON — Heroin and oth er similar opiates have become the drugs of choice in Jeffer son County and elsewhere across the state, fueling crime, breeding unsafe living environments and hugely increasing the number of overdoses reported during the past year.

It has become an epidemic.

"It's hurting our kids," Jefferson County District Attorney Susan Happ said. "It's impacting our communities, not only in terms of sense of safety, but actually keeping our property in our homes safe and secure.

"Heroin use is not only on the rise, but it leads to increased criminal activity, overdoses and deaths," she continued. "We see far too often that people who experiment with heroin become addicted, sometimes after the first use."

While an increase in criminal activity is troubling enough, Happ said, the greatest concern to county officials is the number of overdoses — some of which have proved fatal.

"Law enforcement gets numerous calls every month to respond when heroin users overdose after injecting or snorting heroin," she said. "We've seen this happen with the user behind the wheel of a car, in a grocery store bathroom and in their home. It endangers citizens, as well as the users themselves. Sometimes we can save them. Sometimes we are just too late."

The heroin found in Wisconsin typically comes from South or Central America, traveling through Mexico to Chicago and Milwaukee and spreading from those epicenters across the area.

"The big metropolitan areas are the suppliers to the smaller rural areas," said Detective Sgt. Margareta Gray of the Jefferson County Drug Taskforce.

Depending on the location in Jefferson County, the heroin is from Madison, Milwaukee, Rockford and, in some rare cases, even Chicago.

Throughout 2013, Gray said, the Jefferson County Drug Task Force seized more than 5 grams of heroin, or approximately 250 doses. A total of 3.5 grams was seized in 2012, up from 2 grams in 2011.

"What we're seeing with the drugs is kind of a rollercoaster," she said. "You may have cocaine use on the high end and then, when you have strategies and prevention and enforcement, it comes down, but then something else comes up. It is a constant rollercoaster."

Opiates, including heroin, might remain at the top of the track for the next three to five years before officials can get a handle on it and some other drug takes their place.

"Heroin resonates with more people as opposed to someone who has an addiction to a Percocet, Vicodin or oxycotin," Happ said, adding that from her perspective, they all basically are interchangeable.

As district attorney, Happ has taken a very hard line approach on opiate dealers.

"If you deal in opiates, and heroin in particular, I'm going to recommend prison," she said. "It sounds very harsh, but you are basically handing someone a loaded gun. You are now saying, 'I'm addicted to heroin or I'm addicted to oxy and that is a personal danger to you as the user.'

"When you start actually dealing, even if its to support your own habit, you are now endangering the people you deal to," she noted. "Each and every time another person uses, that has lethal potential. From my perspective, those deliveries are prison cases."

Many of the offenders have little or no criminal history.

For cases of possession of heroin, Happ said, she focuses more on the rehabilitation aspect and recommends probation. However, when the suspect is a dealer, that is no longer the case.

"That is a component, but when you risk other people's lives because of your addiction, then my focus is on protection of the community," the district attorney said.

What has surprised her in facing these defendants is the lack of general classification. With marijuana, cocaine and other illicit drugs, law enforcement and, to a lesser extent, the general public can identify the users.

However, with opiates, she said, that discinction no longer is clear.

"It's 17-year-olds, it's 60-year-olds, it's men, it's women from all socio-economic parts of life," Happ said of users.

She noted that the problem with the opiates and heroin in particular is that first use. A person can become addicted to heroin after one "hit."

"That's why the prevention component is so important," the district attorney said.

Heroin's resurgence has its roots in a related problem: the abuse of prescription medications such as oxycodone and other painkillers that now are being prescribed.

"If you have an injury and pain associate with it, the drugs will help with the pain; if you are abusing it and not using it for what it is prescribed, that is where you get the high from," Det. Sgt. Gray said.

Initially, they start chewing the pills, and then start crushing them to snort or inject the drug.

After using these drugs — often for legitimate injuries — people can find themselves addicted. When the prescription painkillers dry up, addicts seek other sources that give them that opiate high.

"They are getting their high off that and it gets expensive, so then the next thing they do is switch over to heroin," she said, noting that pharmaceuticals are becoming more restrictive on availability.

Adding to the problem is that the price of heroin has gone way down while its purity has gone up. This puts a "rock-star high" in reach of the general public, while eliminating the unsightly need to "shoot up."

The new, purer heroin can be ingested by snorting, although after a certain length of usage, addicts eventually switch to the needle anyway for a faster high.

Users have told Gray that when injecting, there is an immediate intense high for the first five to 10 seconds and then it reaches the point at which it starts wearing off and eventually when the user becomes very lethargic. When that wears off, the user needs another fix.

Despite regulations on the prescription medications, heroin is cheaper and easier to get.

"It is pushing them away from the opioid prescription medication and into the heroin itself," she said.

Drug taskforce representatives purchased more than 5 grams of heroin in 2013 "stings." Putting that number in perspective, Gray noted, the typical dose of heroin is approximately .01 to .02 grams. Those using it more will be using more than that in one dose.

In addition, Gray said that users take their heroin soon, if not immediately after, the purchase.

"As soon as they get it, they use it," she said.

Because of that addiction and desire to maintain that high, the users feel a need to continue feeding themselves with heroin. To do that, they resort to whatever action necessary, including crime.

"We have seen a tremendous increase in thefts and burglaries by offenders who are stealing to get money to get their next heroin fix and even turning to dealing heroin to support their addiction," Happ said.

Gray estimated that at least 60 percent of property crimes are tied to some type of drug addiction. It is difficult to tabulate, unless investigators ask whether drugs are the root cause.

Multiple high-profile crimes in 2013 were linked to heroin or other drugs.

Suspects in two recent Fort Atkinson robberies allegedly told police heroin addiction was a motivation for committing their crimes.

Logan C. Simonsen has pleaded not guilty to one count each of robbery of a financial institution, theft from a financial institution in a value exceeding $500 but not exceeding $10,000, and operating a motor vehicle without the owner's consent. The charges relate to the July 1 robbery of Badger Bank in Fort Atkinson.

Upon being apprehended in Illinois, Simonsen allegedly told police that he had robbed the bank because he was addicted to heroin. He reportedly had shot heroin that morning and all he could think about was obtaining more heroin.

Fewer than two weeks later, 20-year-old Skyler Smith of Janesville admitted to two robberies, one on Monday, July 8, at the Francois Gas Station in Janesville, and another Friday, July 12, at Citgo on the Point in Fort Atkinson.

Smith reportedly told police that he had a heroin problem that had "been a problem that has gone on for many years."

Recently, drug-related charges were filed in Jefferson County Circuit Court against a 26-year-old Watertown man already facing charges for burglarizing four Johnson Creek homes. Benjamin J. Bates allegedly broke into the residences Tuesday, Oct. 22, apparently looking for money in order to buy heroin.

He pleaded not guilty to one count of burglary, arming himself with a dangerous weapon, and three counts of burglary of a dwelling. Bates faces a maximum penalty of 52.5 years in prison if convicted on all charges. An unrelated count of possession of narcotic drugs and misdemeanor bailjumping also have been filed.

Two heroin-related overdose deaths in 2012 led to homicide charges in Jefferson County.

Vanessa Hummel, 21, of the Town of Hebron pleaded no contest and was sentenced to 10 years in prison for providing the heroin that caused the Aug. 18, 2012, death of 27-year-old Ian Montony of Lake Mills.

Six other individuals were convicted of various crimes associated with Montony's death, including one allegedly involved in the drug deal in which Montony obtained the heroin.

Five other individuals entered pleas of either guilty or no-contest to either a single count of failing in their duty to aid a victim of a crime or obstruction of justice. All five suspects reportedly were

aware that Montony might have taken heroin and yet they took no action to get him medical help to prevent his death or report the alleged crime.

Also, a January trial has been set for Cynthia J. Rogalski, 24, of Watertown, who is charged with providing 17-year-old Alexis Schoeffling of Jefferson with the heroin that killed her. Rogalski faces a maximum of more than 65 years in prison if convicted on both charges, to which she pleaded not guilty in April.

County law enforcement officials have indicated that there have been other opiate- or heroin-related deaths, some of which still might be under investigation in terms of potential charging opportunities.

"If I run numbers purely on possession of heroin, it is going to grossly understate the expanse of the problem," Happ said.

As example, she cited Simonsen, who has pleaded guilty to robbing Badger Bank in Fort Atkinson.

"That's not a heroin case, but it is because he commits a robbery of a bank because after shooting up at 5 a.m., by 9 a.m. he needs another hit," the district attorney said.

Law enforcement is attempting to better track and document how chronic the opiate problem is.

"There are so many crimes where you are not going to find the heroin or charge a drug-related offense, but it is absolutely driven by addiction," Happ said. "Those are just the ones we know of that get caught. There are all these people using and abusing and are not even in our system yet."

In an attempt to prevent further tragedy, county officials from various offices have formed the Jefferson County Heroin Taskforce to educate citizens about the problem, address treatment needs and, hopefully, reduce substance abuse in Jefferson County.

"I think we all realize too that just treatment or just law enforcement can't take care of the problem," Happ said. "It's got to be everybody working together."

Item #7c

Heroin takes toll on local family

By Lydia Statz | Posted: Friday, January 3, 2014 8:31 am

"My husband and I still sit back and look at each other and say, 'How did this happen to our family?'" Lisa said. "I would never have thought that a child of mine would go to prison. That was beyond anything that I ever thought could happen to me."

"Lisa," not her real name, came forward to share her story as the mother of a son currently incarcerated for crimes he committed to fund his heroin addiction. She requested anonymity to protect her family's privacy.

Since 2010, more Jefferson County residents than ever before have turned to heroin as their drug of choice, driven by the decreased availability of prescription opiates. The nation as a whole has become more aware of the toll of prescription drug abuse in recent years, leading to a reformulation of the popular OxyContin, the creation of prescription drug-monitoring programs, and a new reluctance among doctors to write prescriptions for unnecessary opiates.

With new obstacles in place, many who had become dependent on opiate painkillers found themselves turning to the cheaper, more readily available heroin as a substitute.

"Alex," who today is 30 years old, was no exception.

"Our son, growing up, always was kind of a risk-taker. He was brilliant, helpful and kind in school. Then he hit the middle school years and that's when they say you're either going to do great or the kid's going to fall off," Lisa said. "After that, he was always dressing in black and didn't ever want to be home."

Alex got his first real taste of opiates at age 15 when he burned his hand badly and was prescribed a course of Percocet for the pain — the kind of legitimate use with which many abusers begin their downward spiral.

"He was on Percocet for a few days and he told both my husband and I, 'I like this and I want more.' And we thought, 'Well, it's not going to happen,' not realizing the significance of your 15-year-old son saying, 'I tasted this and I like it,'" Lisa said.

Throughout his teenage years, Alex had plenty of behavioral problems, which Lisa and her husband were quick to recognize and deal with. They had him evaluated multiple times for any underlying problems, and recognized that he probably was experimenting with marijuana.

"The first thing people say is, 'Where were the parents?' We weren't negligent in any of that. We were right on top of it and thought that he probably was experimenting with drugs. He'd smell like

pot once in a while, and, you know, we'd give the lecture or what-have-you," Lisa said. "So in that respect, maybe we blame ourselves because we were thinking, 'It's great we have a kid who doesn't touch alcohol.'"

After dropping out of high school, however, Alex found a way to continue his opiate use through illegally obtained Vicodin pills, which continued for many years. But it wasn't until 2010 that his use took a turn that really caught his parents' attention.

When Alex couldn't find a job during the worst part of the recession, Lisa offered him a chance to manage the family's income property, thinking it would give him something to do, and a chance to move to a different city to look for work.

It wasn't long before she got a call telling her Alex had robbed the apartment's tenant in order to fund his addiction to heroin, and that he wasn't getting out of bed.

"So I called the police, the police in Milwaukee arrested him and the police said, 'Ma'am, we're really sorry, are you sure he's doing heroin?' They said, 'Of all the drugs he could choose, that's the one that will kill him,'" Lisa recalled. "I said, 'Well, he still needs to be arrested, and hopefully he'll get some treatment.'"

At this point, Alex was selling everything he owned just to buy heroin. Pieces of his car, his winter jacket ... basic necessities gone in order to purchase the next fix.

"His teeth were falling out. He was really thin. Everything focused on this drug," said Lisa.

Instead of going to prison, Alex entered a treatment program, but he quickly learned to cheat the system. He was using synthetic urine to pass the required urine tests, and continuing to use heroin the entire time. Shortly before he was scheduled to "graduate" from the program, Alex was busted buying heroin in Racine.

"I'm not blaming that system. It's just that people who are on heroin or any drugs are just so savvy to what they can do," Lisa said. "They lie to themselves and they're so good at being able to hide what they're doing that you could offer all kinds of money and all kinds of services, but unless they're ready for those things, we're throwing money away."

At this point, her son was living in "deplorable, filthy" conditions, and telling lies that got more elaborate as the weeks passed.

"So we just kind of backed out. And that was when I just started shutting down on him, when I was seeing him destroying himself. I said to him, 'Don't come to me for anything anymore. The last thing I will give you is money,'" Lisa said.

Previously, she and her husband had been helping Alex pay some bills, such as car insurance, so he could continue to look for work. Usually, however, he would cancel the payment and pocket the money instead.

“You’re violated on so many different levels because they can con anybody,” Lisa said of heroin abusers. “And they can con their parents probably the easiest because you belive in them. They’re your kids. You want them to get better. They’re telling you story on top of story and you get hooked right in.”

Finally, however, Lisa’s relationship with her son hit an unthinkable wall when she called to have him arrested for burglarizing her own home.

“When I went into a closet and saw that something was amiss, I called the police and they came, and they were conducting a very professional investigation and I said, “My son did this. You don’t have to investigate anybody else. Just go to talk to my son.’”

About $10,000 worth of goods were stolen, but because local law enforcement had been so bogged down with similar crimes, she took it upon herself to get her valuables back. Lisa was able to follow Alex’s paper trail and find some, but not all, of the goods her son sold for drug money, and prove to detectives that he had committed the crime.

“We were able to find that stuff, call the detective and say, ‘Here, we found it. Now arrest him.’” Lisa said. “At that point, we just wanted him off the street because he was going to die. He was not going to stop using ... and I could not watch that anymore.

“I was so fragile and there’s a point in life where you say, ‘he’s going to ruin my life and his too,’ or ‘I can’t let him ruin my life and I’m moving forward no matter what happens.’”

Today, Alex is in prison for the crimes that he committed to fund his heroin habit, and the fact that he is locked away behind bars brings Lisa some bittersweet relief.

“Now that he’s finally in prison and I know that he’s in a safe place, I know that he’s not going to be out using and hurting anybody else, he’s not going to be hurting us, I can start rebuilding a relationship with him,” she said. “It doesn’t mean I’m going to turn around and say, ‘Welcome home’ when he gets out. I might never be able to have him live in my home. I can’t trust him.”

At one point, Lisa distanced herself emotionally so far from Alex that she mourned him as if he had died. She has reopened the door to a relationship with him a little bit, but said that even during those times, she pushed him away to preserve her own life. Even so, Lisa said, everything she has done has been out of love for him, and a belief that she was doing the right thing.

“Other parents might look at it and say, ‘Oh my God, how could she distance herself that much from her kid?’ But I think I did it in a loving way; I don’t think I did it in a punishing way. I don’t

think along the way I said, 'You're a no-good criminal,' Lisa said. "It was always, 'What's happening here is too painful. I can't watch it.'

Even her decision to have Alex arrested twice was motivated by a belief that if she didn't put him in jail, he was on the fast-track to death.

"Had he not gotten incarcerated, he would be dead. There's no question in my mind," Lisa said. "And that was the last thing he said to me. 'If I use again, I will die, because I'm not going back and doing all of these things that I've already done, and I won't be going back to prison.' He's already OD'd twice, and twice somebody was there to call an ambulance."

Lisa said she believes her decision to distance herself from Alex when his problem reached its peak was crucial to preserving her own mental health and personal life. Her advice to other families dealing with similar problems is to not let heroin drag the rest of the family down with it.

"If you don't take care of yourself, you're not going to survive it either," she said.

With heroin use and the crimes it fuels at unprecedented levels in Jefferson County, Lisa certainly is not alone as the parent of an abuser, but sometimes, she said, it feels that way.

"There should be a support group for parents; I don't know that there is one. Where I found support was online through websites. But it's easy to do it anonymously than to get people in your community to talk about it," she said. "I know people whose children are in kind of the same boat, and if anything, they don't want to talk about it, because it's too close."

Staying off of heroin is a monumental task, and one at which not many people succeed. Lisa said she believes Alex wants to live a better life, but she really doesn't know what the future holds for him.

"He can talk the talk, but once he gets out, the temptation is still there," she said. "You can get heroin anywhere across the whole state. Where is he going to move that it's not going to be a temptation? And he likes it. He liked getting high when he was 15 on Percocet."

And still that pull always will be there. Alex once described his addiction as feeling like being held underwater in a lake and gasping for a final breath of air. For him, heroin is that final breath of air.

"Think about how that feels and how you want that last breath of air and what you would do to get it. That's what I would do to get heroin. That's how powerful heroin is," she recalled Alex saying.

And yet, until Alex fully realizes what the lifestyle has brought him, there will be no help.

"He told me, "In here in prison, you're just a number. I don't want to be a number,'" Lisa said. "And I was like, 'Well, if you kill yourself on heroin, you're a statistic.'"

Item #7d

County taskforce formed to tackle 'heroin emergency'

By Lydia Statz, Daily Union staff writer | Posted: Monday, January 6, 2014 10:01 am

To most people, life in Jefferson County is defined by the small towns that dot its landscape: farming, good schools, outdoor activities and tight-knit communities.

But for the past few years, a "heroin emergency" has rocked the county, fueling crime, breeding unsafe living environments and hugely increasing the number of drug overdoses reported during the past year.

More county residents than ever before have turned to heroin, driven by the decreased availability of prescription opiates. The nation as a whole has become more aware of the toll of prescription drug abuse in recent years, leading to a reformulation of the popular opiate OxyContin, creation of prescription drug-monitoring programs and a new reluctance among doctors to write prescriptions for unnecessary opiates.

With new obstacles in place, many who had become dependent on opiate painkillers found themselves turning to the cheaper, more readily available heroin as a substitute.

The drug — extremely addicting due to its quick-acting, short-lived high — has played a hand in nearly every major crime in the area during the past year. Addicts, searching for ways to get their next fix, often steal from family or community members to finance their addiction, abuse and neglect children under their care, or can overdose with fatal consequences.

The epidemic has overwhelmed the county's various law enforcement and health services agencies to the point that they finally joined forces to do something about it.

Jefferson County District Attorney Susan Happ and Human Services Department director Kathi Cauley took the lead in forming the county's first heroin taskforce earlier this fall, including law enforcement from all local communities, county officials, health workers and representatives from the local hospitals. Local officials hope the taskforce will take a multi-level approach to stemming the problem and help to build new resources or find new, more efficient and cost-effective ways of fighting the influence of drugs.

Kathleen Eisenmann, family living agent at the University of Wisconsin-Extension in Jefferson County who acts as the group's organizer, said the taskforce has focused on the key principles of prevention, coordination and intervention.

Item #8

Financial Statement Summary
November, 2013

A positive fund balance of $92,860 is projected for year-end. This factors in for the new Economic Support Staff and for Maintenance Projects completed but not billed. If we have a balance unclaimed from the IM Accountable Care Act funds (ACA) we can carry these funds over to 2014. I am projecting a $50,000 carryover for these funds.

Winnebago/Mendota invoice was $36,884.91 on a net basis. One of the clients that we spent $62,000 on has Medicare and we haven't received the payment from Medicare yet. The December invoice from St Agnes Hospital was for $45,720. For December, I have $78,656 in the projected cost for hospital services. Overall expenditures for the hospital are as follows:

October Ledgers	Actual	Budget	Projection
Revenues	$ 450,056		$ 490,971
Expenditures	$1,315,933		$ 1,435,564
Net Balance $	$ 865,937	$829,501	$ 944,593

Summary of variances:

Revenue: Overall Revenues are favorable by $283,674. Projection without WPS -TPA $83,848 favorable. WIMCR came in with prior year revenue at $348,114 for the year.

Note: Revenues/Expenses need to be booked for WPS-TPA payments/revenue ($183.761) for Waiver Programs. This is a change from the budget. The State changed the directive on how this has to be recorded.

Expenditures: Unfavorable by $184,814. See note above concerning WPS-TPA. Projection without WPS is $1,053 over budget.

Our 2013 budget includes the carryover from 2012, i.e. our non-lapsing expenditures. This tax levy revenue can be found in the "Fund Balance Unreserved" category on our balance sheet.

Major Classifications impacting the Balance (based on August)

- **Salary over budget by $9,368:** No overtime was budgeted and we did incur $20,221 of overtime through October. Some of the overtime was in the ADRC area and the state provided additional revenue.
- **Fringes under budget by $258,673:** Economic support positions factored in total for projections.
- **Children Alternate Care over budget by $493.029 offset by savings for children waiver of $247,310:** Seven children were moved out of placement.
- **Children's Waiver under budget by $247,310 (No WPS-TPA):** The state changed how we need to account for the waiver program versus last year. We are now booking the revenue and the expenditures that are being paid by WPS to the providers for the waiver program. This entry nets out to zero but the revenue and the expenditures in total increases. The budget did not include the WPS payments to providers since the instructions from the state

were previously different. We were approved for 2 children in August and 2 children in October for the waiver program.

- **Hospital/Detox over budget by $115,092 (Net basis):** For State reporting, hospital revenue received is being applied against the expenditures on the books. Due to new state reporting requirements, last May we began charging this to a separate revenue account.

- **Operating Costs under budget by $180,436:** Maintenance is working on some of the non-lapsing/budget projects to finish these prior to year end. This includes remodeling three work regions at Human Services-completed, and purchasing vehicles from the sheriff's department. Roof project has been completed. In the projection, $333,312 for capital projects is forecasted versus a budget of $293,828 to be completed this year. Currently we have spent $229,421 through November. The balance of $196,109 is for projects that are outstanding. In December one of our boilers went down due to a valve problem. We are still in the process of getting a cost to fix this problem.

  2013 Projects
  Flooring Lueder Haus $10,000 - completed
  Proximity Readers (nine doors $18,000 - completed
  Bullet Proof Glass $30,000 - completed
  Boiler Repair – Dec 30th system went down due to a valve failure.

- **Other Contracted under budget by $122,840**

BEHAVIOR HEALTH DIVISION: IS PROJECTED TO BE UNFAVORABLE BY $2,014 See above information on Inpatient Services and see separate report on inpatient cost.

CHILDREN & FAMILIES DIVISION: IS PROJECTED TO BE UNFAVORABLE BY $23,381

- In the projection, carryover is based on actual invoices received. Due to timing of startup some of the programs were not able to spend the available funds.

ECONOMIC SUPPORT DIVISION: IS PROJECTED TO BE UNFAVORABLE BY $20,116

Jefferson's allocation for Fed/State FoodShare Bonus is $42,489.03. Bonus revenue allocation is due to the State having a low error rate on FoodShare benefits. The budget was revised to include the new positions approved by the board for the Affordable Healthcare Act. For July's forecast, the salary and fringe for the new staff was included. The 2013 Bonus will be applied to 2014/2015.

AGING & ARC DIVISION: IS PROJECTED TO BE FAVORABLE BY $144,073

A switch in guardianship program has saved $50,065 in tax levy by having providers collect these funds directly from the client and restructuring rates. We will be receiving an additional $30,000 to handle additional cases being processed due to change applications for moving clients from ICFMR's.

ADMINISTRATIVE DIVISION: IS PROJECTED TO BE FAVORABLE BY $298

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Revenue & Expenditures November, 2013

Summary Sheet

() Unfavorable

	Program	Annual Projection Revenue	Annual Projection Expenditure	Tax Levy	Budget Revenue	Budget Expenditure	Budget Tax Levy	Variance
Behavior Health								
5000	BASIC ALLOCATION	3,392,834	4,529,449	1,136,615	2,962,821	3,851,139	888,318	(248,296)
5003	LUEDER HAUS	130,169	463,118	332,949	111,825	483,151	371,326	38,377
5007	EMERGENCY MENTAL HEALTH	54,549	470,764	416,215	151,196	614,044	462,848	46,633
5011	MENTAL HEALTH BLOCK	26,128	24,855	(1,273)	26,128	33,081	6,953	8,226
5025	COMMUNITY SUPPORT PROGRAM	674,206	1,408,982	734,776	642,467	1,526,741	884,274	149,498
5027	COMP COMM SERVICE	347,529	654,883	307,354	449,333	660,079	210,746	(96,608)
5031	AODA BLOCK GRANT	109,299	81,881	(27,418)	109,299	109,584	285	27,703
5043	CERTIFIED MENTAL HEALTH	38,784		(38,784)	38,784		(38,784)	0
5044	EMERGENCY MENTAL HEALTH	16,600	17,570	970	15,600	15,600	0	(970)
5049	MAPT Funds	0	0	0	3,198	6,063	2,865	2,865
5063	1915i PROGRAM	37,665	136,063	98,398	53,496	222,453	168,957	70,559
	Balance Sheet Non Lapsing Funds	7,100		(7,100)	7,100		(7,100)	0
Total	**Behavior Health**	**4,834,864**	**7,787,566**	**2,952,703**	**4,571,247**	**7,521,936**	**2,950,689**	**(2,014)**
Children & Families								
5001	CHILDREN'S BASIC ALLOCATION	1,163,871	3,059,141	1,895,270	1,021,612	2,338,000	1,316,388	(578,882)
5002	KINSHIP CARE	68,244	69,851	1,606	82,192	82,327	135	(1,471)
5005	YOUTH AIDS	658,855	1,342,102	683,247	727,113	1,427,777	700,664	17,417
5006	YOUTH AIDS STATE CHARGES	11,445	0	(11,445)	11,445	60,000	48,555	60,000
5008	YOUTH INDEPENDENT LIVING	24,054	85,869	61,815	24,054	85,900	61,846	32
5009	YA EARLY & INTENSIVE INT	69,922	147,450	77,528	72,796	157,461	84,665	7,137
5010	COMM OPTIONS PROG	152,115	308	(151,807)	152,115	3,631	(148,484)	3,323
5018	FAMILY SUPPORT	66,343	8,000	(58,343)	66,343	6,000	(60,343)	(2,000)
5020	DOMESTIC ABUSE		50,000	50,000		50,000	50,000	(0)
5021	SAFE & STABLE FAMILIES	75,105	399,244	324,139	75,000	407,693	332,693	8,554
5036	SACWIS	2,533	10,922	8,389	0	0	0	(8,389)
5040	CHILDRENS LTS WAIV-DD	456,107	538,256	82,149	211,486	357,482	145,996	63,847
5041	CHILDRENS LTS WAIV-MH	232,510	304,092	71,582	251,207	546,014	294,807	223,225
5042	CHILDRENS LTS WAIV-PD	5,406	5,376	(30)	7,633	12,353	4,720	4,750
5068	FOSTER PARENT TRAINING	0	4,834	4,834	7,224	17,440	10,216	5,382
5070	IV-E TPR	54,554	169,938	115,384	67,079	195,456	128,377	12,993
5080	YOUTH DELINQUENCY INTAKE	0	553,894	553,894	0	599,158	599,158	45,265
5175	EARLY INTERVENTION	212,846	676,435	463,589	197,510	764,298	566,788	103,199
5188	BUSY BEES PRESCHOOL	4,500	38,861	34,361	8,670	55,168	46,498	12,137
5189	INCREDIBLE YEARS	(100)	14,500	14,400	0	14,500	14,500	100

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Revenue & Expenditures November, 2013

Summary Sheet

() Unfavorable

			Annual Projection			Budget			
		Program	**Revenue**	**Expenditure**	**Tax Levy**	**Revenue**	**Expenditure**	**Tax Levy**	**Variance**
		Balance Sheet Non Lapsing Funds	306,747		(306,747)	306,747		(306,747)	0
		Non- Lapsing to 2014 LSS Contract			75,000			75,000	0
Total		**Children & Families**	**3,565,058**	**7,479,072**	**3,988,814**	**3,290,226**	**7,180,659**	**3,890,433**	**(23,381)**
Economic Support Division									
	5050	NURSING HOME M.A. ADMIN.	0	0	0	0	0	0	0
	5051	INCOME MAINTENANCE	1,067,987	1,730,806	662,819	1,225,208	1,655,717	430,509	(232,310)
	5053	CHILD DAY CARE ADMIN	120,048	296	(119,752)	135,113	144,750	9,637	129,389
	5054	W-2 Administration	0	0	0				0
	5055	W-2 PROGRAM	0	0	0	0	0	0	0
	5057	ENERGY PROGRAM	102,951	102,951	0	133,000	133,000	0	0
	5071	CHILDREN FIRST	2,800	0	(2,800)	2,800	2,800	0	2,800
	5073	FSET	13,050	218	(12,832)	49,672	76,528	26,856	39,688
	5074	W-2 DAYCARE	251	0	(251)	0	0	0	251
	5100	CLIENT ASSISTANCE	22,220	0	(22,220)	0	0	0	22,220
	5105	KINSHIP ASSESSMENTS	0	2,642	2,642	7,164	8,137	973	(1,669)
	5110	Non-W2 Emergency Assistance	0	0	0	19,639	39,154	19,515	19,515
Total		**Economic Support Division**	**1,329,306**	**1,836,912**	**507,606**	**1,572,596**	**2,060,086**	**487,490**	**(20,116)**
Aging Division & ADRC									
	5012	ALZHEIMERS FAM SUPP	18,000	18,404	404	12,906	12,906	0	(404)
	5048	AGING/DISABIL RESOURCE	835,100	790,889	(44,211)	824,428	822,743	(1,685)	42,526
	5075	GUARDIANSHIP PROGRAM	9,246	41,093	31,847	104,000	165,568	61,568	29,721
	5076	STATE BENEFIT SERVICES	93,334	101,004	7,670	48,955	58,996	10,041	2,371
	5077	ADULT PROTECTIVE SERVICES	56,827	78,369	21,542	56,827	95,479	38,652	17,110
	5078	NSIP	(20,455)	21,107	41,562	21,028	21,028	0	(41,562)
	5151	TRANSPORTATION	199,902	226,218	26,317	188,776	231,559	42,783	16,467
	5152	IN-HOME SERVICE III-D	4,873	235	(4,638)	3,819	5,494	1,675	6,313
	5154	SITE MEALS	194,516	154,244	(40,272)	163,319	188,143	24,824	65,096
	5155	DELIVERED MEALS	109,510	147,678	38,167	103,241	154,503	51,262	13,095
	5157	SCSP	7,986	(1)	(7,987)	7,986	10,190	2,204	10,191
	5158	ELDER ABUSE	25,025	106,203	81,178	25,025	95,075	70,050	(11,127)
	5159	ADVOCACY PROGRAM	68,733	85,275	16,542	61,896	70,245	8,349	(8,193)
	5163	TITLE III-E	24,763	34,121	9,358	27,463	39,291	11,828	2,470
		Balance Sheet Non Lapsing Funds	2,100		(2,100)	2,100		(2,100)	0

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program Revenue & Expenditures November, 2013

Summary Sheet

() Unfavorable

	Program	Annual Projection Revenue	Annual Projection Expenditure	Tax Levy	Budget Revenue	Budget Expenditure	Budget Tax Levy	Variance
Total	**Aging & ADRC Center**	1,629,460	1,804,839	175,379	**1,651,769**	**1,971,221**	**319,452**	**144,073**
Administrative Services Division								
5187	UNFUNDED SERVICES	2,142	81,145	79,003	0	69,571	69,571	(9,432)
5190	Management		(19,091)	(19,091)		867,891	867,891	886,983
5190	Management Cleared		(2,455)	(2,455)		(865,394)	(865,394)	(862,939)
5195	Vehicle Escrow Account	22	15,147	15,126	54	20,602	20,548	5,422
5200	Overhead & Tax Levy	8,164,367	167,226	(7,997,141)	8,155,853	1,238,883	(6,916,969)	1,080,172
5200	Overhead Cleared		0	0		(1,060,424)	(1,060,424)	(1,060,424)
5210	CAPITAL OUTLAY		333,312	333,312		293,828	293,828	(39,484)
	Balance Sheet Non Lapsing Funds	126,116		(126,116)	126,116		(126,116)	0
Total	**Administrative Services Division**	8,292,647	575,284	(7,717,363)	**8,282,023**	**564,958**	**(7,717,065)**	**298**
GRAND Total		19,651,334	19,483,674	(92,860)	19,367,860	19,298,860	(69,000)	98,860

Note: Variance includes Non-Lapsing from Balance Sheet

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT
STATEMENT OF REVENUES & EXPENDITURES
For 11 Months Ended November, 2013

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2013 Budget	Year End Variance
SUMMARY								
Federal/State Operating Revenues	9,371,002	632,976	10,003,978	8,760,162	9,985,208	11,176,629	10,892,955	283,674
County Funding for Operations (tax levy & transfer in)	8,032,843	(668,304)	7,364,538	6,372,527	7,363,439	8,032,843	8,032,843	(0)
less: Prepaid Expense Transfer	0	0	0	0	0	0	0	0
Total Resources Available	17,403,844	(35,328)	17,368,516	15,132,689	17,348,647	19,209,471	18,925,797	283,674
Total Adjusted Expenditures	17,176,376	267,038	17,443,414	16,022,915	17,610,267	19,483,674	19,298,860	(184,814)
OPERATING SURPLUS (DEFICIT)	227,468	(302,367)	(74,898)	(890,226)	(261,619)	(274,203)	(373,063)	98,860
Balance Forward from 2012-Balance Sheet Operating Reserve	442,063		442,063	197,661		442,063	442,063	(0)
Sub Total NET SURPLUS (DEFICIT)	**669,531**	**(302,367)**	**367,165**	(692,565)	**(261,619)**	**167,860**	**69,000**	(98,860)
Approved Non Lapsing to 2014						(75,000)		
NET SURPLUS (DEFICIT)						92,860		
REVENUES								
STATE & FEDERAL FUNDING								
MH & AODA Basic County Allocation	1,975,715	(164,085)	1,811,630	1,646,937	1,811,630	1,976,324	1,976,324	0
Childrens Basic County Allocation	865,845	(69,726)	796,119	723,744	796,119	868,493	868,493	0
Family Care County Contribution	0	0	0	0	0	0	0	0
Childrens L/T Support Waivers	34,911	16,503	51,414	59,013	109,701	86,088	119,674	(33,586)
Behavioral Health Programs	231,221	(22,675)	208,546	248,354	230,720	254,727	251,695	3,032
Community Options Program	138,941	498	139,439	125,313	139,439	152,115	152,115	0
Aging & Disability Res Center	691,915	100,508	792,423	660,624	755,726	835,100	824,428	10,672
Aging/Transportation Programs	624,719	(51,010)	573,709	516,189	560,990	664,972	611,989	52,983
Youth Aids	643,441	(46,726)	596,715	490,535	655,925	662,407	715,554	(53,147)
IV-E TPR	52,254	(2,246)	50,008	3,779	61,489	54,554	67,079	(12,525)
Family Support Program	66,343	(5,529)	60,814	56,516	60,814	66,343	66,343	0
Children & Families	93,847	2,377	96,224	63,569	77,519	99,124	84,566	14,558
ARRA Birth to Three	0	0	0	0	0	0	0	0
I.M. & W-2 Programs	97,981	34,717	132,698	123,396	170,069	137,022	185,530	(48,508)
Client Assistance Payments	136,951	19,978	156,929	194,347	215,130	171,195	234,687	(63,492)
Early Intervention	165,564	(13,797)	151,767	137,970	152,634	166,510	166,510	0
Total State & Federal Funding	**5,819,648**	**(201,213)**	**5,618,435**	5,050,286	**5,797,905**	**6,194,973**	**6,324,987**	**(130,014)**
COLLECTIONS & OTHER REVENUE								
Provided Services	1,277,397	320,666	1,598,062	1,820,308	2,038,413	2,074,794	2,223,723	(148,929)
Child Alternate Care	163,591	0	163,591	141,767	176,769	177,928	192,839	(14,911)
Adult Alternate Care	126,343	4,564	130,907	99,375	138,771	142,808	151,386	(8,578)
Childrens L/T Support	481,325	75,949	557,274	507,215	321,431	607,935	350,652	257,283
1915i Program	21,404	13,122	34,526	42,182	49,038	37,665	53,496	(15,831)

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2013 Budget	Year End Variance
Donations	81,914	5,820	87,734	77,585	79,933	95,893	87,200	8,693
Cost Reimbursements	109,301	12,015	121,316	191,185	224,978	166,253	245,430	(79,177)
Other Revenues	1,290,078	402,053	1,692,131	830,259	1,157,972	1,678,379	1,263,242	415,138
Total Collections & Other	**3,551,353**	**834,189**	**4,385,542**	**3,709,876**	**4,187,304**	**4,981,656**	**4,567,968**	**413,688**
TOTAL REVENUES	**9,371,002**	**632,976**	**10,003,978**	8,760,162	**9,985,208**	**11,176,629**	**10,892,955**	**283,674**
EXPENDITURES								
WAGES								
Behavioral Health	1,078,016	0	1,078,016	1,087,203	1,093,835	1,175,219	1,193,275	(18,055)
Childrens & Families	1,398,141	0	1,398,141	906,789	1,285,855	1,525,744	1,402,629	123,115
Community Support	688,544	0	688,544	660,869	727,676	750,796	793,828	(43,032)
Comp Comm Services	321,053	0	321,053	306,476	296,439	350,240	323,388	26,852
Economic Support	813,566	0	813,566	771,609	871,963	914,965	951,232	(36,268)
Aging & Disability Res Center	401,816	0	401,816	399,337	430,433	438,154	469,564	(31,409)
Aging/Transportation Programs	389,797	0	389,797	580,757	353,430	424,795	385,560	39,235
Childrens L/T Support	96,604	0	96,604	99,719	97,227	105,540	106,066	(525)
Early Intervention	259,348	0	259,348	264,086	274,353	283,011	299,295	(16,283)
Management/Overhead	748,770	0	748,770	756,385	755,888	795,221	824,605	(29,384)
Lueder Haus	237,828	0	237,828	238,442	239,311	259,449	261,066	(1,618)
Safe & Stable Families	188,146	0	188,146	187,970	190,960	205,061	208,320	(3,259)
Supported Emplymt	0	0	0	0	0	0	0	0
Total Wages	**6,621,628**	**0**	**6,621,628**	**6,259,643**	**6,617,369**	7,228,195	**7,218,827**	**9,368**
FRINGE BENEFITS								
Social Security	496,395	0	496,395	480,010	484,285	543,522	553,092	(9,570)
Retirement	430,407	0	430,407	371,331	435,873	469,535	475,498	(5,964)
Health Insurance	1,722,388	0	1,722,388	1,555,683	1,963,396	1,899,968	2,141,887	(241,919)
Other Fringe Benefits	2,933	0	2,933	12,480	31,538	33,184	34,405	(1,220)
Total Fringe Benefits	**2,652,122**	**0**	**2,652,122**	2,419,504	**2,915,092**	**2,946,209**	**3,204,882**	**(258,673)**
OPERATING COSTS								
Staff Training	19,038	0	19,038	15,498	27,410	20,735	29,902	(9,167)
Space Costs	173,857	0	173,857	180,588	175,000	192,128	190,909	1,219
Supplies & Services	736,024	0	736,024	674,764	775,837	906,359	846,368	59,991
Program Expenses	109,173	0	109,173	105,025	102,277	124,854	111,575	13,279
Employee Travel	144,442	0	144,442	148,206	205,482	177,534	224,162	(46,628)
Staff Psychiatrists & Nurse	377,118	0	377,118	361,898	374,896	415,999	408,977	7,022
Birth to 3 Program Costs	201,079	0	201,079	208,222	256,098	219,301	279,380	(60,079)
Busy Bees Preschool	805	0	805	1,295	2,814	879	3,070	(2,191)
ARRA Birth to Three	0	0	0	0	0	0	0	0
Opp. Inc. Payroll Services	0	0	0	506	0	0	0	0
Other Operating Costs	10,741	0	10,741	1,978	173,018	104,121	188,747	(84,626)
Year End Allocations	(19,460)	0	(19,460)	(31,824)	71,051	(21,229)	77,510	(98,740)
Capital Outlay	229,421	0	229,421	6,491	269,342	333,312	293,828	39,484
Total Operating Costs	**1,982,238**	**0**	**1,982,238**	**1,672,646**	**2,433,226**	**2,473,992**	**2,654,428**	**(180,436)**
BOARD MEMBERS								
Per Diems	5,500	0	5,500	6,050	6,417	6,000	7,000	(1,000)

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2013 Budget	Year End Variance
Travel	8	0	8	38	0	9	0	9
Training	140	0	140	509	917	153	1,000	(847)
Aging Committee	0	0	0	0	0	0	0	0
Total Board Members	**5,648**	**0**	**5,648**	**6,597**	**7,333**	**6,161**	**8,000**	**(1,839)**
CLIENT ASSISTANCE								
W-2 Benefit Payments	200	0	200	23,006	0	**218**	0	218
Funeral & Burial	0	0	0	0	0	**0**	0	0
Medical Asst. Transportation	0	0	0	0	0	**0**	0	0
Energy Assistance	94,372	0	94,372	107,099	121,917	**102,951**	133,000	(30,049)
Kinship & Other Client Assistance	82,869	0	82,869	105,301	126,616	**92,184**	138,127	(45,943)
Total Client Assistance	**177,440**	**0**	**177,440**	**235,406**	**248,533**	**195,353**	**271,127**	**(75,774)**
MEDICAL ASSISTANCE WAIVERS								
Childrens LTS	585,950	22,910	608,859	664,046	609,362	664,210	727,759	(63,549)
Total Medical Assistance Waivers	**585,950**	**22,910**	**608,859**	**664,046**	**609,362**	**664,210**	**727,759**	**(63,549)**
COMMUNITY CARE								
Supportive Home Care	57,883	0	57,883	67,082	66,831	68,895	72,906	(4,011)
Guardianship Services	41,093	0	41,093	137,851	151,771	41,093	165,568	(124,475)
People Ag. Domestic Abuse	45,833	0	45,833	41,250	45,833	50,000	50,000	0
Family Support	4,895	0	4,895	3,523	5,500	8,000	6,000	2,000
Transportation Services	46,509	0	46,509	48,231	58,625	50,738	63,954	(13,216)
Opp. Inc. Delinquency Programs	104,863	0	104,863	104,863	120,014	114,396	130,924	(16,528)
Opp. Inc. Independent Living	0	0	0	0	0	0	0	0
Other Community Care	124,052	5,250	129,302	179,433	158,214	160,879	172,597	(11,718)
Elderly Nutrition - Congregate	53,803	0	53,803	40,389	46,660	58,694	50,902	7,792
Elderly Nutrition - Home Delivered	75,853	0	75,853	63,877	67,420	82,749	73,549	9,200
Elderly Nutrition - Other Costs	14,953	0	14,953	12,080	19,362	17,825	21,122	(3,297)
Total Community Care	**569,737**	**5,250**	**574,987**	**698,579**	**740,229**	**653,268**	**807,522**	**(154,254)**
CHILD ALTERNATE CARE								
Foster Care & Treatment Foster	381,551	0	381,551	376,148	300,179	421,896	327,468	94,428
Intensive Comm Prog	0	0	0	0	0	0	0	0
Group Home & Placing Agency	1,367,567	0	1,367,567	1,207,623	881,639	1,491,891	961,788	530,103
L.S.S. Child Welfare	0	0	0	0	0	0	0	0
Child Caring Institutions	127,619	0	127,619	158,892	167,080	139,221	182,269	(43,048)
Detention Centers	38,425	0	38,425	37,301	76,368	57,542	83,310	(25,768)
Correctional Facilities	0	0	0	22,152	55,000	0	60,000	(60,000)
Shelter & Other Care	1,508	0	1,508	5,340	7,883	5,914	8,600	(2,686)
Total Child Alternate Care	**1,916,671**	**0**	**1,916,671**	**1,807,455**	**1,488,149**	**2,116,464**	**1,623,435**	**493,029**
HOSPITALS								
Detoxification Services	40,596	0	40,596	30,270	54,083	44,287	59,000	(14,713)
Mental Health Institutes	1,235,656	82,605	1,318,261	617,024	760,376	1,438,103	829,501	608,602
Other Inpatient Care	0	0	0	0	0	0	0	0

	Y-T-D @ Ledgers	Adjust -ments	Y-T-D Projection	Prior Y-T-D Projection	Prorated Budget	Year End Projection	2013 Budget	Year End Variance
Total Hospitals	1,276,252	82,605	1,358,857	647,294	814,459	1,482,390	888,501	593,889
OTHER CONTRACTED								
Adult Alternate Care (Non-MAW)	282,633	0	282,633	342,835	415,937	328,326	453,749	(125,423)
Family Care County Contribution	416,732	156,274	573,006	715,612	573,006	625,097	625,097	0
AODA Halfway Houses	0	0	0	0	0	0	0	0
1915i Program	124,724	0	124,724	142,995	182,417	136,063	199,000	(62,937)
IV-E TPR	155,468	0	155,468	74,673	79,750	169,602	87,000	82,602
Emergency Mental Health	10,683	0	10,683	19,207	14,300	17,570	15,600	1,970
Work/Day Programs	0	0	0	0	0	0	0	0
Ancillary Medical Costs	234,655	0	234,655	213,691	240,872	255,987	262,769	(6,782)
Miscellaneous Services	60,566	0	60,566	42,471	142,234	94,131	155,164	(61,033)
Prior Year Costs	6,713	0	6,713	698	0	7,323	0	7,323
Clearview Commission	96,517	0	96,517	59,564	88,000	83,332	96,000	(12,668)
Total Other Contracted	1,388,691	156,274	1,544,964	1,611,746	1,736,514	1,717,431	1,894,379	(176,948)
TOTAL EXPENDITURES	17,176,376	267,038	17,443,414	16,022,915	17,610,267	19,483,674	19,298,860	184,814

Commitments/Inpatient
Jefferson County - HSD
2013 November

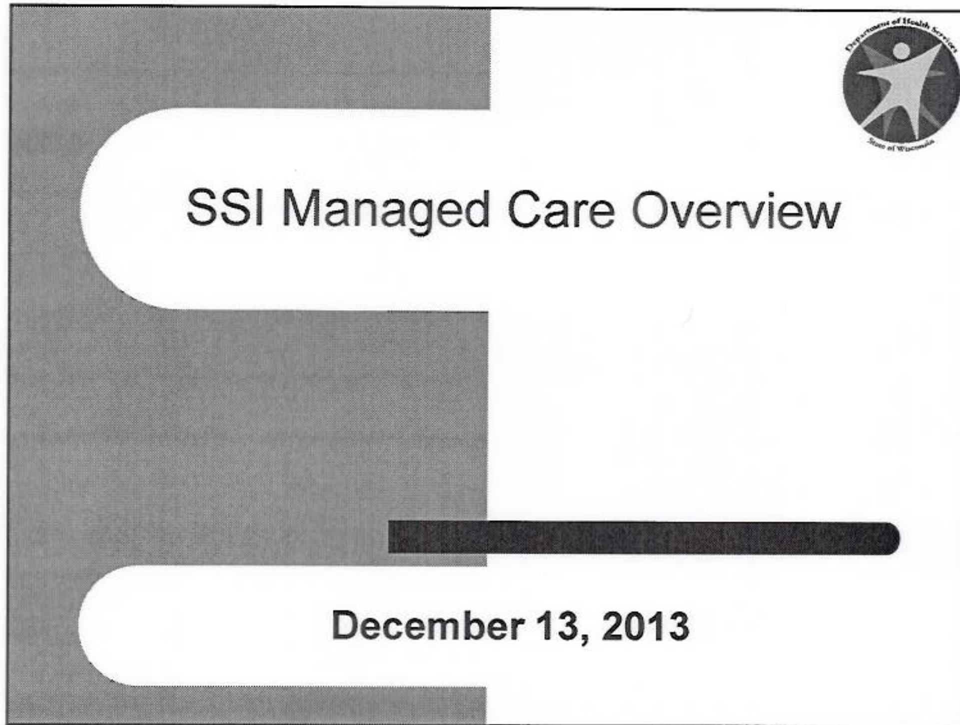
Hospital	Clients	Comments	Billed	Status
Fond du Lac Co. Health Care Center	7	Insurance will not pay because clients are not within the age group for payment. See note below.	$39,260.17	July Billed
All Saints Medical Center	1		$12,925.60	Feb Bill
Mendota Health Institute	21	Only count clients we paid for.	$300,937.75	Nov Billed
Rogers Memorial Hospital				
Stoughton Hospital Geriatric Psych Program				
St. Agnes, Fond du Lac	12		$128,854.00	Part of December
St. Marys Hospital, Madison	2		$39,493.10	April Bill
Trempealeau Co. Health Care Center	2		$53,412.91	April Bill
UW Hospital, Madison	4		$37,828.00	Feb Bill
WATERTOWN REGIONAL MEDICAL CEN	1		$3,500.00	March Bill
Winnebago Mental Health Institute	30	Only count clients we paid for.	$186,699.31	Nov billed
	80		**$802,910.84**	

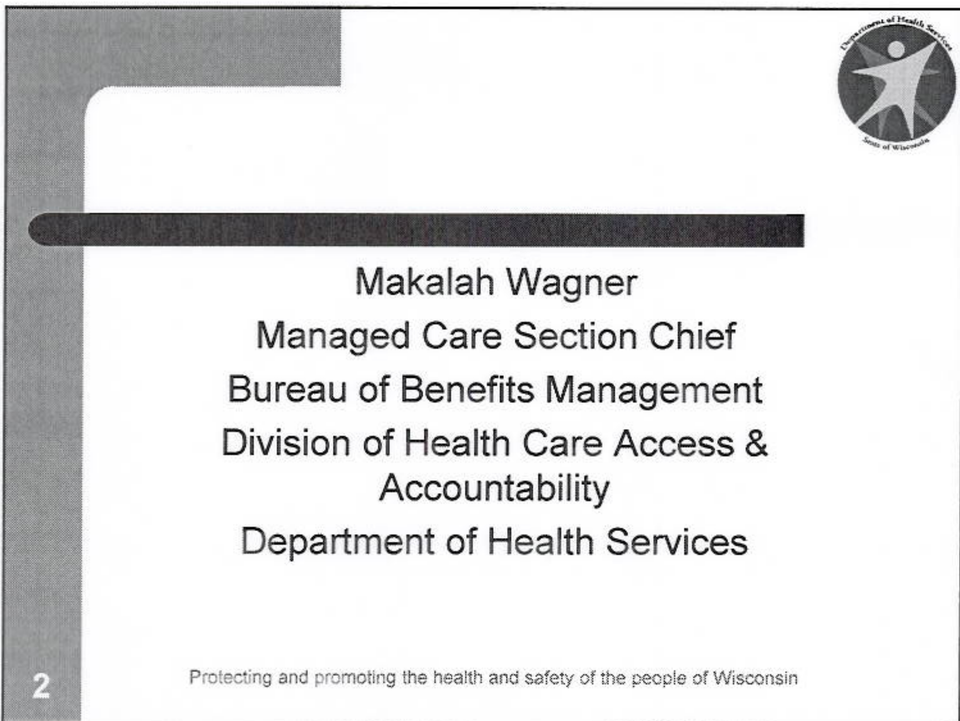
Count is based on Unduplicated Clients.

Note: Winnebago and Mendota bills Jefferson County HSD Monthly and if they collect from insurance reimburses us after the fact.

Winnebago, Mendota, and Fund du Lac Co. are IMD facility so between ages 22-64 Insurance won't pay.

Item #11





Meeting Agenda

- Overview of SSI Managed Care
- Member Eligibility & Enrollment
- Covered Services & Contractual Requirements
- HMO Covered Services, Contract Safeguards, and Quality
- Questions

Key Terms

- Medicaid members in Wisconsin may receive services through either a **fee-for-service** or **managed care** delivery model.
  - In a **fee-for-service** delivery system, health care providers are paid for each health care service by the Wisconsin ForwardHealth program. Members do not receive coordinated care management and can go to any provider that accepts their ForwardHealth ID card.
  - In **managed care**, people get most of their Medicaid services from an health maintenance organization (HMO) that is contracted with the state. HMOs provide care management services and assistance finding in-network providers, which can improve access to care, increase quality, and reduce costs.
- The **Supplemental Security Income (SSI) Managed Care program** is a group of HMOs that provide Medicaid health care services for those who receive Medicaid SSI or SSI-related Medicaid because of a disability determined by the Disability Determination Bureau.

SSI Managed Care Expansion

- SSI Managed Care began in Southeast WI in 2005.
- Since then, SSI HMOs have expanded geographic service areas to provide access to HMO coverage in most of the state.
- In 2014, DHS expects several SSI HMO expansions as well as new HMOs entering the SSI program.
- In 2013, the Department of Health Services (DHS) began working with interested HMOs to provide SSI HMO options for approximately 7,000 eligible members in Dane County, and anticipates enrollment into three SSI HMOs in 2014.

Protecting and promoting the health and safety of the people of Wisconsin

5

SSI Managed Care Enrollment

- Current SSI HMO enrollment statewide: 34,102

6

HMO Service Areas

- Providers may find useful Information about BadgerCare Plus and Medicaid SSI HMOs on www.ForwardHealth.wi.gov > Managed Care > Reports
  - Monthly HMO Enrollment Report
  - HMO "Service Area Map" or "Service Area Grid"

  - Note: The maps and grids will be updated in early 2014 after HMO expansions.

Protecting and promoting the health and safety of the people of Wisconsin

7

HMO Member Eligibility and Enrollment

Protecting and promoting the health and safety of the people of Wisconsin

8

Automated Health System, Inc

- Automated Health Systems, Inc (AHSI), is contracted with the State of Wisconsin to provide SSI Managed Care enrollment services.
- AHSI has been enrolling SSI individuals into managed care plans since 2005.
- AHSI is the first point of contact for members as they make their HMO enrollment choices.
- AHSI provides education, outreach and advocacy information regarding enrollment.

SSI HMO Eligible Population

- Age 19 or older
- Receive Medicaid and SSI or receive SSI-related Medicaid because of a disability
- Are not living in an institution or nursing home.
- Are not participating in a home and community-based waiver program.
- Voluntary Enrollment for
  - Dual eligible individuals (i.e. Medicaid & Medicare)
  - Persons in Medicaid Purchase Plan (MAPP)

Role of the Managed Care Enrollment Specialist

- Explains the benefits of Managed Care Enrollment.
- Unbiased assistance with selecting a plan that will meet the member's needs, including sharing info on HMO networks.
- AHSI can determine who their most important providers are and which HMOs they are working with.
- AHSI can assist with problem resolution by working closely with HMO Member Advocates.

11 Protecting and promoting the health and safety of the people of Wisconsin

Enrollment Process

- Members receive an enrollment packet that invites them to make an enrollment choice.
- Initial Enrollment Packet includes:
  1. Welcome Letter
  2. Wisconsin Medicaid SSI HMO Guide Book
  3. Wisconsin Medicaid SSI HMO Choice Book.
  4. Enrollment Choice Form/Prepaid Addressed Envelope.

12 Protecting and promoting the health and safety of the people of Wisconsin

Enrollment Process

- If no choice is made, a Reminder Card will be sent to the member (approximately two weeks after the initial packet is sent).
- A member will be auto assigned if they don't make a selection within four weeks. They will get a notice that advises them which HMO they have been enrolled in and the effective date of the enrollment
- DHS also mails an auto assignment card to let the member know that an HMO has been selected for them.

13 Protecting and promoting the health and safety of the people of Wisconsin

Enrollment Process

- "All in, Opt Out" Enrollment – applies to counties with 2 or more HMOs
- Persons must remain in an HMO of their choice for 60 days.
- Persons may return to fee for service or change HMOs within the first 4 months or after 12 months of enrollment.
- It is important for providers to verify a member's eligibility and HMO enrollment on each date of service.

14 Protecting and promoting the health and safety of the people of Wisconsin

Enrollment Methods

- Members can choose to enroll by sending in their choice form. Choices are entered the same day they're received.
- Members can make an enrollment choice via the telephone. Enrollment Specialists are available from 7:00 am until 6:00 pm (Monday through Friday). AHSI has bilingual Enrollment Specialists.

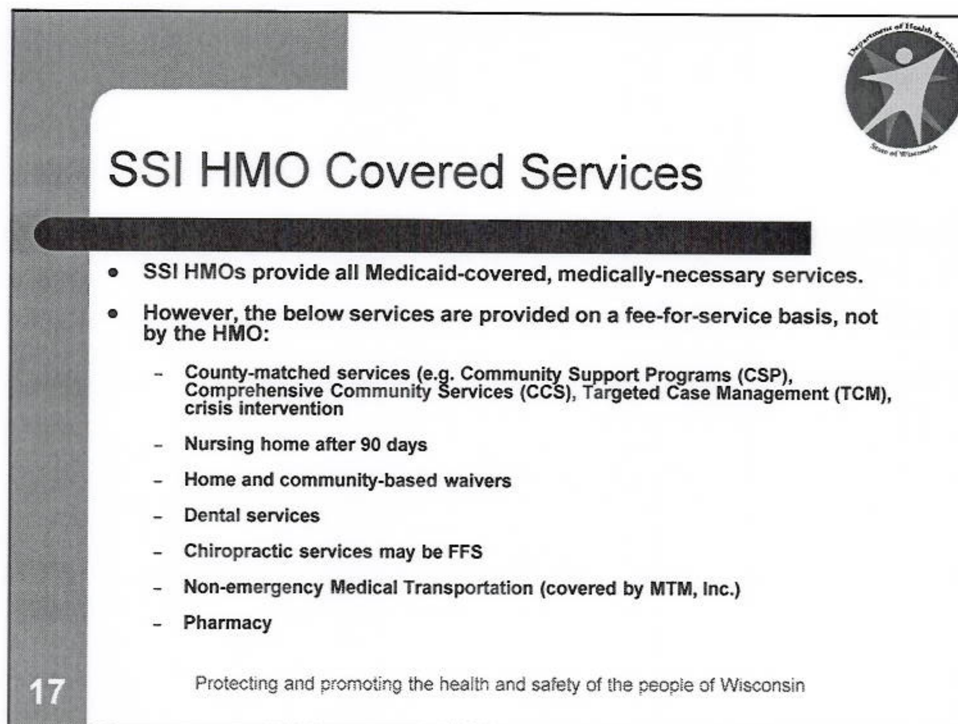
15

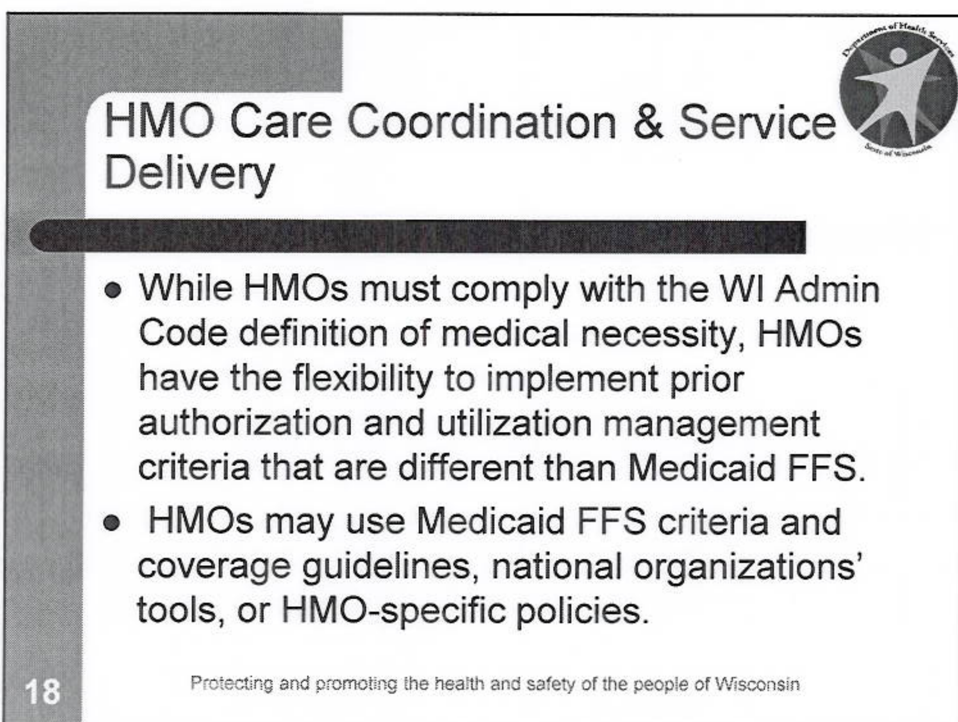
Protecting and promoting the health and safety of the people of Wisconsin

HMO Covered Services, Contract Safeguards, and Quality

16

Protecting and promoting the health and safety of the people of Wisconsin


SSI HMO Covered Services
SSI HMOs provide all Medicaid-covered, medically-necessary services.
However, the below services are provided on a fee-for-service basis, not by the HMO:
County-matched services (e.g. Community Support Programs (CSP), Comprehensive Community Services (CCS), Targeted Case Management (TCM), crisis intervention
Nursing home after 90 days
Home and community-based waivers
Dental services
Chiropractic services may be FFS
Non-emergency Medical Transportation (covered by MTM, Inc.)
Pharmacy
Protecting and promoting the health and safety of the people of Wisconsin
17


HMO Care Coordination & Service Delivery
While HMOs must comply with the WI Admin Code definition of medical necessity, HMOs have the flexibility to implement prior authorization and utilization management criteria that are different than Medicaid FFS.
HMOs may use Medicaid FFS criteria and coverage guidelines, national organizations' tools, or HMO-specific policies.
Protecting and promoting the health and safety of the people of Wisconsin
18

SSI HMO Contract Requirements: Continuity of Care

- To ensure continuity of care for new members, HMOs must authorize coverage of services with the member's current providers and honor FFS authorizations at the level authorized by FFS for the first 60 days of enrollment.
- HMOs must provide a comprehensive assessment for each new SSI member. The assessment must include the development of care plan which is member centric, culturally sensitive, and reflects the principles of recovery.
- DHS encourages HMOs to have contracts or agreements with community/faith/school-based health organizations to ensure continuity and culturally appropriate care.

19

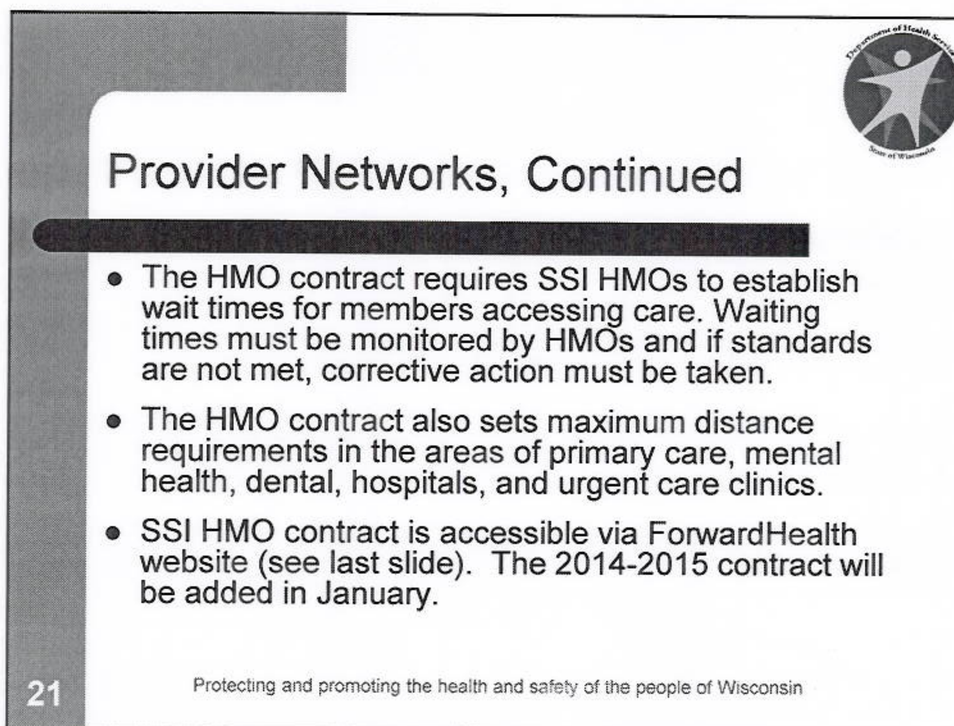
Protecting and promoting the health and safety of the people of Wisconsin

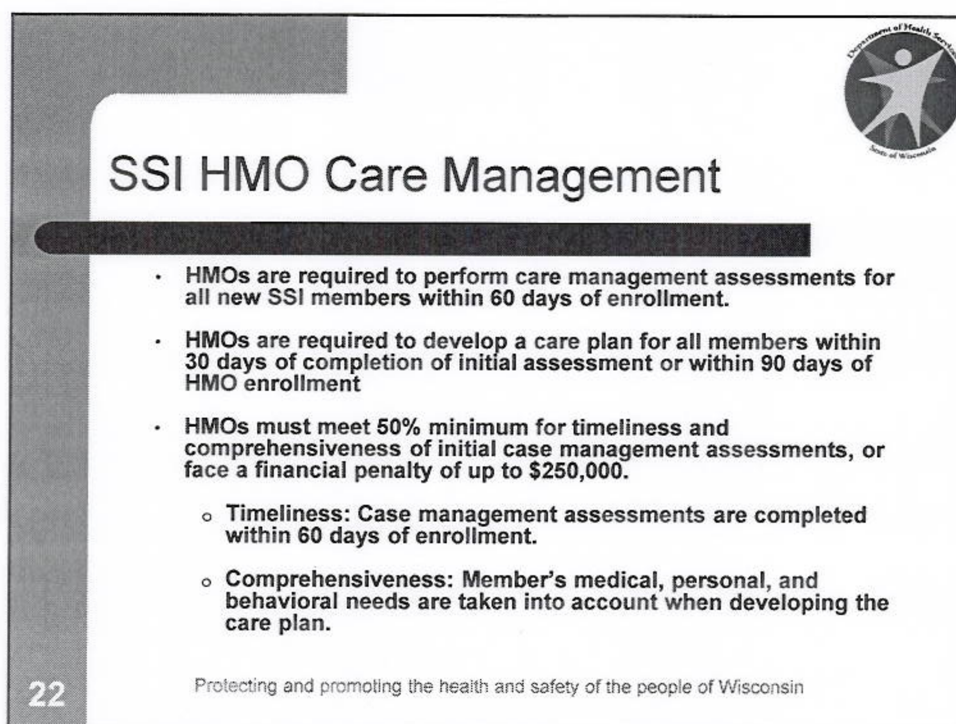
SSI Contractual Requirements: Provider Networks

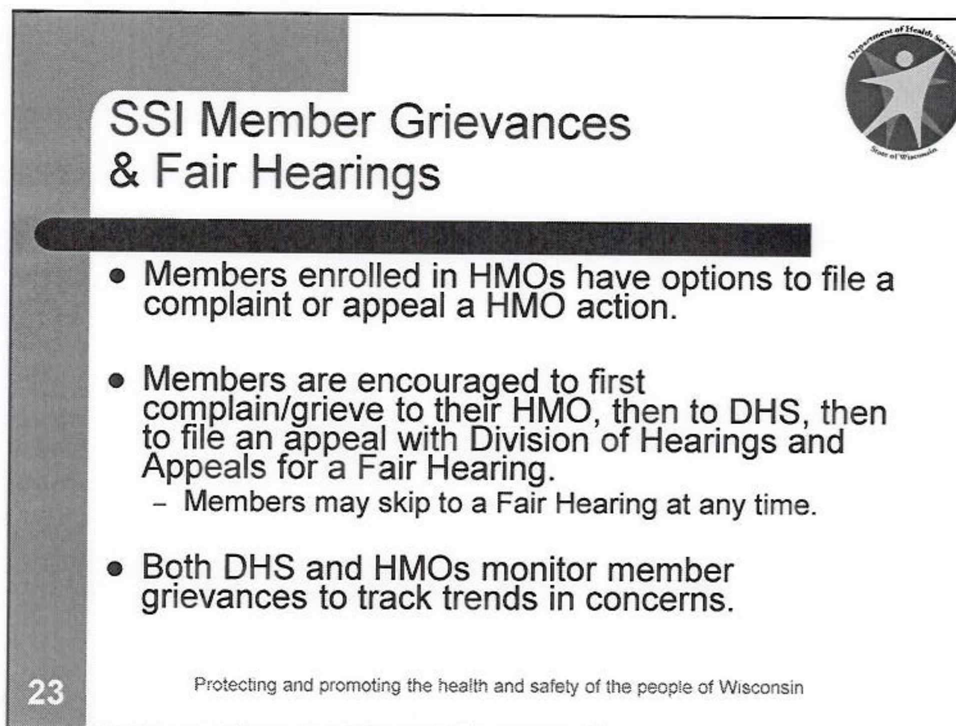
- Each HMO establishes a provider network of primary care providers, specialists, mental health professionals, hospitals, and urgent care clinics.
- DHS reviews HMO provider networks prior to signing contracts or approving service area expansions, and as needed to address access concerns.
- HMO must notify DHS and members if any providers leave the network to smooth the transition process and provide continuity of care.
- Members are assigned to a primary care provider, clinic, or specialist.
- The HMO's provider directory is sent to members upon enrollment and is available on each HMO's website.

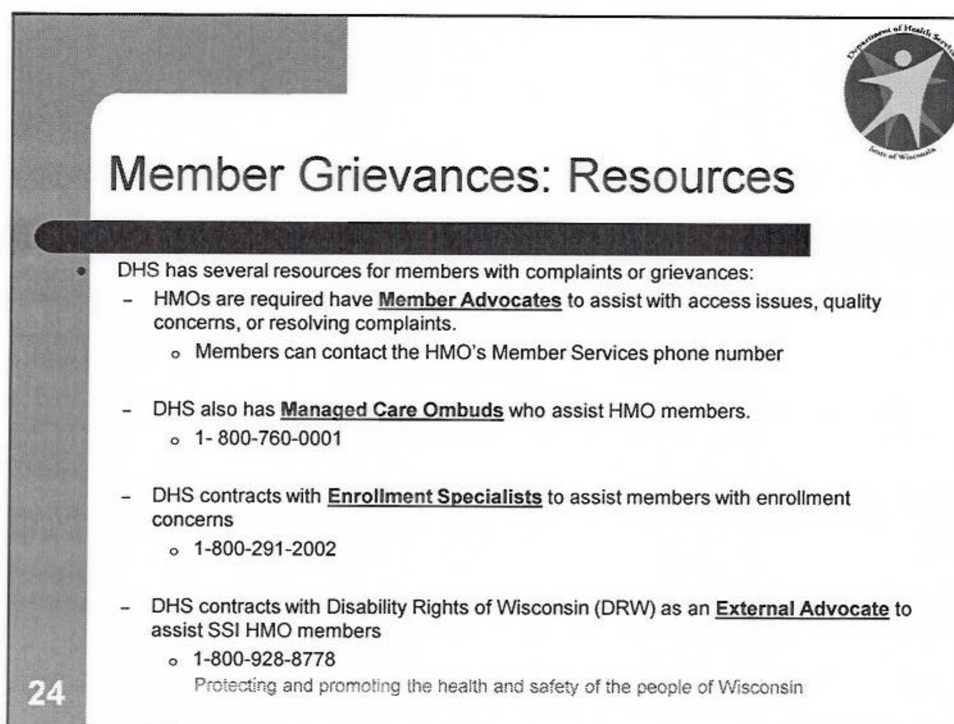
20

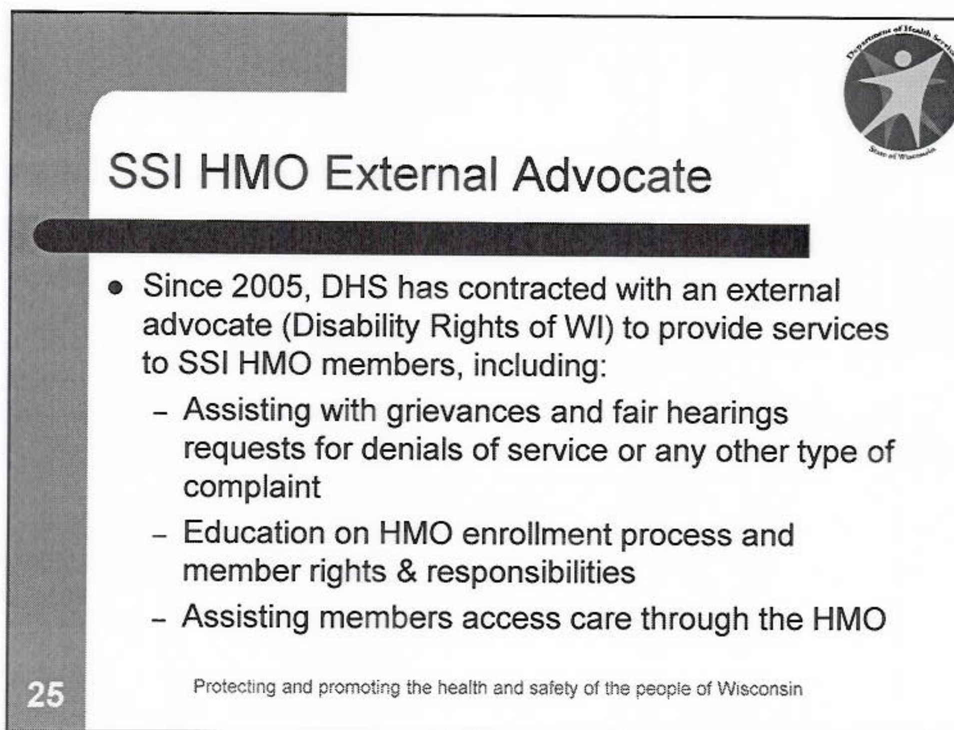
Protecting and promoting the health and safety of the people of Wisconsin

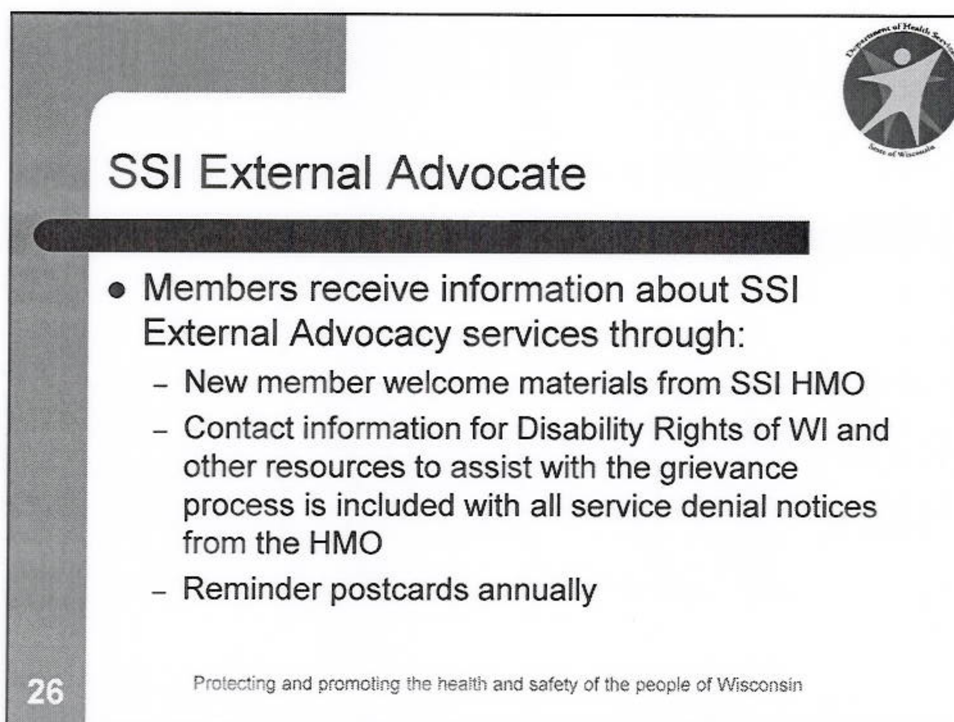

Provider Networks, Continued
The HMO contract requires SSI HMOs to establish wait times for members accessing care. Waiting times must be monitored by HMOs and if standards are not met, corrective action must be taken.
The HMO contract also sets maximum distance requirements in the areas of primary care, mental health, dental, hospitals, and urgent care clinics.
SSI HMO contract is accessible via ForwardHealth website (see last slide). The 2014-2015 contract will be added in January.
21
Protecting and promoting the health and safety of the people of Wisconsin


SSI HMO Care Management
HMOs are required to perform care management assessments for all new SSI members within 60 days of enrollment.
HMOs are required to develop a care plan for all members within 30 days of completion of initial assessment or within 90 days of HMO enrollment
HMOs must meet 50% minimum for timeliness and comprehensiveness of initial case management assessments, or face a financial penalty of up to $250,000.
Timeliness: Case management assessments are completed within 60 days of enrollment.
Comprehensiveness: Member's medical, personal, and behavioral needs are taken into account when developing the care plan.
22
Protecting and promoting the health and safety of the people of Wisconsin


SSI Member Grievances
& Fair Hearings
Members enrolled in HMOs have options to file a complaint or appeal a HMO action.
Members are encouraged to first complain/grieve to their HMO, then to DHS, then to file an appeal with Division of Hearings and Appeals for a Fair Hearing.
– Members may skip to a Fair Hearing at any time.
Both DHS and HMOs monitor member grievances to track trends in concerns.
23
Protecting and promoting the health and safety of the people of Wisconsin


Member Grievances: Resources
DHS has several resources for members with complaints or grievances:
- HMOs are required have Member Advocates to assist with access issues, quality concerns, or resolving complaints.
Members can contact the HMO's Member Services phone number
- DHS also has Managed Care Ombuds who assist HMO members.
1- 800-760-0001
- DHS contracts with Enrollment Specialists to assist members with enrollment concerns
1-800-291-2002
- DHS contracts with Disability Rights of Wisconsin (DRW) as an External Advocate to assist SSI HMO members
1-800-928-8778
Protecting and promoting the health and safety of the people of Wisconsin
24


SSI HMO External Advocate
• Since 2005, DHS has contracted with an external advocate (Disability Rights of WI) to provide services to SSI HMO members, including:
– Assisting with grievances and fair hearings requests for denials of service or any other type of complaint
– Education on HMO enrollment process and member rights & responsibilities
– Assisting members access care through the HMO
Protecting and promoting the health and safety of the people of Wisconsin
25


SSI External Advocate
• Members receive information about SSI External Advocacy services through:
– New member welcome materials from SSI HMO
– Contact information for Disability Rights of WI and other resources to assist with the grievance process is included with all service denial notices from the HMO
– Reminder postcards annually
Protecting and promoting the health and safety of the people of Wisconsin
26

Member Grievance Trends

SSI Grievances	Total SSI	Upheld	Overturned	HMO Resolved
CY 2008	12	38%	8%	54%
CY 2009	10	60%	10%	30%
CY 2010	13	46%	15%	38%
CY 2011	24	63%	17%	21%
CY 2012	42	48%	33%	19%

Protecting and promoting the health and safety of the people of Wisconsin

27

Member Fair Hearing Trends

Total SSI HMO Member Fair Hearings	
CY 2008	3
CY 2009	4
CY 2010	7
CY 2011	12
CY 2012	9

CY 2013 Grievance and Fair Hearing information will be available February 2014.

Protecting and promoting the health and safety of the people of Wisconsin

28

SSI Managed Care Provider Appeals

- Providers serving the Medicaid SSI HMO population have the right to appeal any non-payments or disputed payments first to the HMO, then to DHS.
- The HMO must inform providers of the process to appeal, which includes the provider filing an appeal to the HMO within 60 days of an HMO's payment/denial notice.
- Details on the appeal process are available from each HMO and in the ForwardHealth Provider Handbook: https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=50&s=9&c=54
- DHS monitors appeal trends and the HMO must also perform ongoing monitoring of provider appeals, and perform provider outreach and education to prevent future disputes.

29

Protecting and promoting the health and safety of the people of Wisconsin

SSI Managed Care Performance

- SSI Managed Care performance is monitored through the Healthcare Effectiveness Data and Information Set (HEDIS) indicators, a tool used by 90% of health plans nationwide to measure HMO-specific care and service.
- DHS withholds a portion of HMO payments each year, which are paid only when the HMO meets the established performance benchmarks in select measures.

30

Protecting and promoting the health and safety of the people of Wisconsin

SSI HMO Performance Measures

Focus / Measures for 2014 Contract Year
Preventative
Breast Cancer (BCS)
Chronic
Diabetes, HbA1c
Diabetes, LDL
Mental Health
Depression Medication (AMM2)
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET2)
Tobacco (counseling only)
Follow-up after inpatient discharge (FUH30)
Emergency Department
ED Visits (AMB) sans revenue code 0456

31

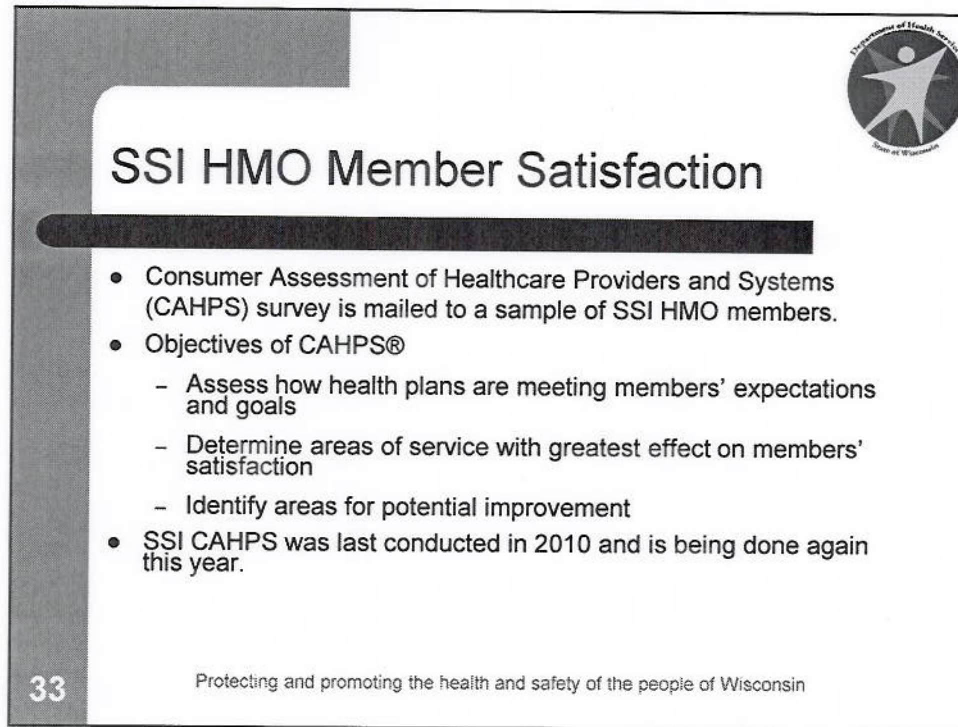
SSI HMO Performance Results

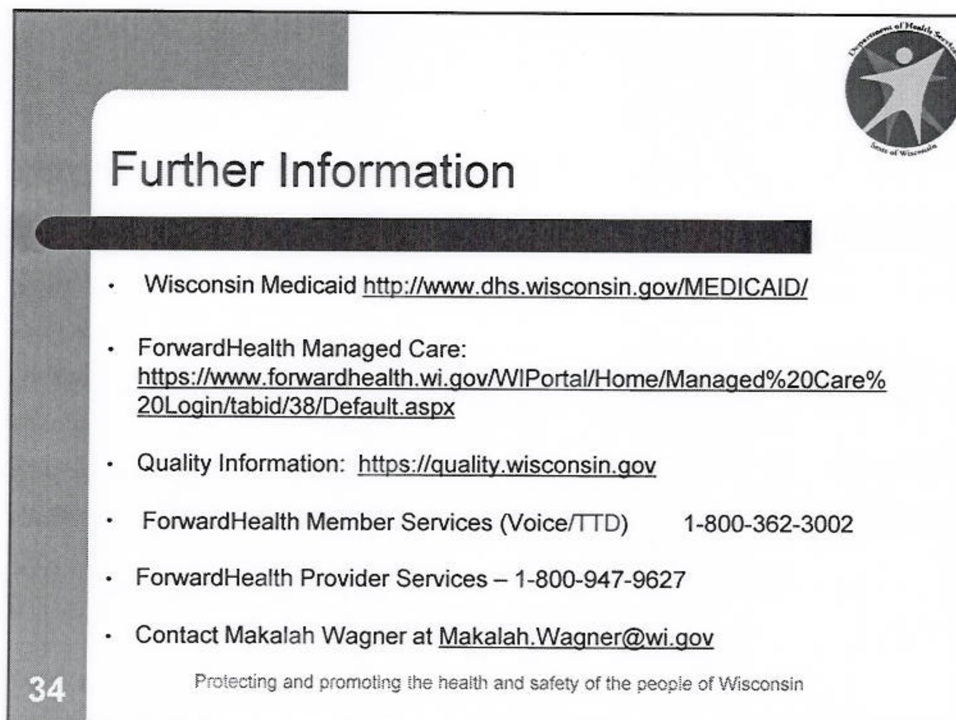
2011 WI statewide SSI HMO averages in Pay-for-Performance (P4P) measures:

- Adult access to Preventative/Ambulatory Health: 84.3%
- Diabetes HbA1c test: 81.2%
- Diabetes LDL test: 65.8%
- Follow-up after mental health hospitalization:
  - Within 7 days: 28.7%
  - Within 30 days: 55.5%

32

Protecting and promoting the health and safety of the people of Wisconsin


SSI HMO Member Satisfaction
Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is mailed to a sample of SSI HMO members.
Objectives of CAHPS®
Assess how health plans are meeting members' expectations and goals
Determine areas of service with greatest effect on members' satisfaction
Identify areas for potential improvement
SSI CAHPS was last conducted in 2010 and is being done again this year.
33
Protecting and promoting the health and safety of the people of Wisconsin


Further Information
Wisconsin Medicaid http://www.dhs.wisconsin.gov/MEDICAID/
ForwardHealth Managed Care: https://www.forwardhealth.wi.gov/WIPortal/Home/Managed%20Care%20Login/tabid/38/Default.aspx
Quality Information: https://quality.wisconsin.gov
ForwardHealth Member Services (Voice/TTD) 1-800-362-3002
ForwardHealth Provider Services – 1-800-947-9627
Contact Makalah Wagner at Makalah.Wagner@wi.gov
34
Protecting and promoting the health and safety of the people of Wisconsin

Item #12

RESOLUTION NO.: 117—2013-14

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

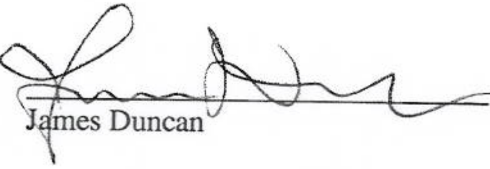
MAJORITY

1 Legislation has been proposed which would require individuals to show proper identification
2 when picking up Schedule II or III narcotic/opiate prescription medication. This would not
3 disallow others from picking up these prescriptions but allows for tracking of who is doing
4 so.
5
6 NOW THEREFORE, the undersigned members of the Public Safety Committee recommend
7 adoption of the following resolution.

8 BE IT RESOLVED, that the Outagamie County Board of Supervisors support legislation which
9 would require individuals to show proper identification when picking up Schedule II or III
10 narcotic/opiate prescription medication, and

11 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
12 of this resolution to the Outagamie County Lobbyist for distribution to the Legislature and all Wisconsin
13 Counties.

14 Dated this 19th day of November, 2013

15
16 Respectfully Submitted,
17 PUBLIC SAFETY COMMITTEE
18
19
20

21 James Duncan — Lee Hammen
22
23
24
25
26

27 Katrin Patience — James Pleuss
28
29
30
31
32

33 Tony Krueger
34

Item # 13

RESOLUTION NO.: 116—2013-14

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

MAJORITY

1 Heroin use is on the rise in Wisconsin. Increased heroin usage results in an increased
2 number of heroin overdoses. Naloxone is a drug used to counter the effects of opiate
3 overdose. Current law does not allow basic Emergency Medical Technicians (EMT's) to
4 carry naloxone. Proposed legislation allows all levels of EMT's and first responders to be
5 trained to administer naloxone. The proposed legislation also includes police and fire but
6 uses permissive language, allowing the individual community to decide whether to allow
7 public safety officers the ability to administer naloxone.
8
9 NOW THEREFORE, the undersigned members of the Public Safety Committee recommend
10 adoption of the following resolution.

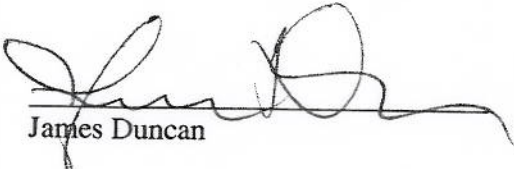
11 BE IT RESOLVED, that the Outagamie County Board of Supervisors support legislation
12 allowing all levels of EMT's and first responders to be trained to administer naloxone, and

13 BE IT FURTHER RESOLVED, that the Outagamie County Board of Supervisor support legislation
14 including police officers and fire fighters, allowing the individual community to decide whether to
15 allow public safety officers the ability to administer naloxone, and

16 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
17 of this resolution to the Outagamie County Lobbyist for distribution to the Legislature and all Wisconsin
18 Counties.

19 Dated this 19th day of November, 2013

20
21 Respectfully Submitted,
22 PUBLIC SAFETY COMMITTEE
23
24
25
26
27
28



29 James Duncan Lee Hammen
30
31

Item #14

RESOLUTION NO.: 115—2013-14

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

MAJORITY

1 Under current law, a person may not, and it is often a crime to deliver, receive, or possess
2 certain drugs unless the person is a licensed pharmacist or other licensed practitioner or has
3 a valid prescription for the drug. Proposed legislation updates state criminal law and state
4 regulatory provisions concerning prescription drugs and controlled substances in order to
5 facilitate and encourage the operation of community drug disposal programs and other
6 similar programs throughout Wisconsin. The Department of Justice (DOJ) may authorize
7 the operation of drug disposal programs in this state to receive, for destruction, drugs,
8 including prescription drugs, controlled substance and controlled substance analogs, and
9 certain medical and drug delivery devices (collectively, pharmaceutical items). DOJ must
10 approve the policies and procedures before a drug disposal program may begin operation.
11
12 NOW THEREFORE, the undersigned members of the Public Safety Committee recommend
13 adoption of the following resolution.

14 BE IT RESOLVED, that the Outagamie County Board of Supervisors support legislation
15 updating state criminal law and state regulatory provisions concerning prescription drugs and controlled
16 substances in order to facilitate and encourage the operation of community drug disposal programs and
17 other similar programs throughout Wisconsin. The Department of Justice (DOJ) may authorize the
18 operation of drug disposal programs in this state to receive, for destruction, drugs, including prescription
19 drugs, controlled substance and controlled substance analogs, and certain medical and drug delivery
20 devices (collectively, pharmaceutical items). DOJ must approve the policies and procedures before a
21 drug disposal program may begin operation, and

22 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
23 of this resolution to the Outagamie County Lobbyist for distribution to the Legislature and all Wisconsin
24 Counties.

25 Dated this 19th day of November, 2013

26 Respectfully Submitted,
27 PUBLIC SAFETY COMMITTEE
28
29

Item #15

RESOLUTION NO.: 114—2013-14

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN: ***MAJORITY***

1 Legislation has been proposed providing immunity from certain criminal prosecutions for a
2 person (aider) who brings another person to an emergency room or other health facility, who
3 summons police or emergency medical assistance, or who administers aid to another person
4 because the aider believes the other person is suffering from an overdose or other adverse
5 reaction to a controlled substance or a controlled substance analog. Under the bill, the aider
6 may not be prosecuted for possession of a controlled substance or a controlled substance
7 analog under the circumstances that led him or her to summon or provide emergency
8 assistance. Proposed legislation states that a person may not be prosecuted for possessing
9 naloxone or for administering or delivering naloxone to another person if he or she
10 administered naloxone to the other person with the good faith belief that the other person
11 was suffering from an overdose or an adverse reaction to a controlled substance or a
12 controlled substance analog and that it was necessary to deliver or administer the naloxone
13 in order the save the other person's life.
14
15 NOW THEREFORE, the undersigned members of the Public Safety Committee recommend
16 adoption of the following resolution.
17 BE IT RESOLVED, that the Outagamie County Board of Supervisors support legislation in
18 which a person may not be prosecuted for possessing naloxone or for administering or delivering
19 naloxone to another person if he or she administered naloxone to the other person with the good
20 faith belief that the other person was suffering from an overdose or an adverse reaction to a
21 controlled substance or a controlled substance analog and that it was necessary to deliver or
22 administer the naloxone in order the save the other person's life, and
23 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
24 of this resolution to the Outagamie County Lobbyist for distribution to the Legislature and all Wisconsin
25 Counties.
26 Dated this 19th day of November, 2013
27 Respectfully Submitted,
28 PUBLIC SAFETY COMMITTEE
29
30

1 236-72013 - **__CORRECTED__** Item #16

2 **RESOLUTION: Support Legislative Changes So As to Reduce the Number of Non-Violent**
3 **Offenders Sentenced to Jail or Prison for Alcohol and/or Other Drug**
4 **Issues**
5
6 **TO THE WINNEBAGO COUNTY BOARD OF SUPERVISORS:**

7 **WHEREAS**, a year-long study conducted by Human Impact Partners, from October 2011 through October
8 2012, has shown that treatment instead of incarceration for non-violent offenders who suffer from alcohol and other
9 drug-related issues, as well as those who suffer from mental health issues, is much more effective and is four times
10 more cost effective; and

11 **WHEREAS**, mental illness and substance abuse are public health issues that are not best solved through
12 incarceration; and

13 **WHEREAS**, it is in the best interests of the citizens of Winnebago County and the State of Wisconsin that a
14 justice system be designed that does not simply punish and diminish individuals with alcohol, drug, and mental health
15 issues, but restores the offenders to a productive role in our society while providing wholeness to victims of their
16 crimes; and

17 **WHEREAS**, Treatment Alternative Diversion programs (TAD), which are already in place in Winnebago and
18 other counties in Wisconsin, have proven effective in reducing recidivism rates and in restoring the offender to health,
19 thus resulting in a savings of tax dollars and conserving resources for other vital needs in challenging economic
20 times; and

21 **WHEREAS**, the incarceration rate in costs of corrections in Wisconsin has risen from less than 200 million
22 dollars per year in 1990, to more than 1.3 billion dollars per year in 2011. A reduction in the rate of the number of
23 individuals incarcerated in the Wisconsin Prison System to 11,000 inmates, which was the number incarcerated in
24 1995, would yield substantial cost savings and would place the per capita rate of incarceration in Wisconsin similar to
25 neighboring states.

26 **NOW, THEREFORE, BE IT RESOLVED** by the Winnebago County Board of Supervisors that it hereby
27 requests local state officials, legislators, and the governor to reexamine the policies which have led to historically
28 high incarceration rates in the State of Wisconsin and to amend State laws so as to result in a substantial reduction
29 in the number of low-risk, non-violent offenders in Wisconsin jails and prisons.

30 **BE IT FURTHER RESOLVED** by the Winnebago County Board of Supervisors that these changes should
31 include significant financial incentives for fewer individuals to be incarcerated in state prisons and a substantial
32 increase in dedicated funding from the State to counties to enable significant growth and cost-effective, innovative,
33 and proven local alternatives for non-violent and low-risk offenders.

34 **BE IT FURTHER RESOLVED** by the Winnebago County Board of Supervisors that the Winnebago County
35 Clerk transmit a copy of this Resolution to all legislators representing constituents in Winnebago County, the Wisconsin
36 Counties Association, the Office of Governor Scott Walker, and all county boards within the State of Wisconsin.

37 Respectfully submitted by:

38 **LEGISLATIVE COMMITTEE**

39 Committee Vote: **__14-0__**

40 ****Vote Required for Passage: __Majority of Those Present__*****