

CHIPPEWA COUNTY DEPARTMENT OF HUMAN SERVICES

2004 ANNUAL REPORT



Included in this Report:

- Chippewa River Industries
- Children & Family Services
- Economic Support
- Long Term Support Services
- Mental/Behavioral Health Services
- Transportation
- Fiscal Services

FROM THE DIRECTOR

The 2004 Annual Report for the Department of Human Service (DHS) includes information regarding the past year's service levels and outcomes, planning activity, budget detail and discussion regarding larger system issues that affect our department. This year's report is presented in an updated format designed to enhance its readability.



In 2002 the Human Services Board approved guidelines limiting the scope of DHS services to legislated and non-legislated crisis services, court ordered services and services that reduce Chippewa County's overall mandated service cost liability. Since 2002, DHS staff has worked to restructure its service delivery design and narrow its service array in order to effectively implement these guidelines throughout the department. In that period, many beneficial services that did not fall within these guidelines were eliminated. In addition, many citizens whose needs did fall within these guidelines were placed on waiting lists. Those waiting lists are growing.

DHS began 2004 with three less positions. Two positions were eliminated from its Economic Support unit and the third floor receptionist position was also eliminated. 2004 also saw reorganization activity to better integrate mental health services as well as consolidate the management of child welfare and disability services. These moves along with an increase in the county tax portion of the 2004 budget temporarily neutralized a structural deficit in the department's annual budget. The structural deficit is caused by service growth within existing programs, State mandates requiring new and expanded human services and non-county funding that does not keep pace with the rising costs of these services.

Additional mandates for further human service expansion loom. State funding shortfalls for existing as well as these new human services are projected. These challenges are very serious. The staff and board of DHS are meeting these challenge by determining and tirelessly advocating for the types and levels of services necessary to effectively protect and serve the young, the elderly, the disabled and the poor of Chippewa County.

Human Services Board

- Evelyn Maloney (Chair)
- John C. Halbleib (Vice-Chair)
- Mary Ellen Brehm (As of Nov)
- Jerilyn Brost (Jan - April)
- Jim Dahl (Jan - April)
- Gary Frederick
- Don Hable (As of March)
- Mike Henke (As of April)
- Marilyn Holte
- Vernon Kellen
- Linda Oldenberg (Jan - Feb)
- Trent Shakal (As of April)
- Shirley Sippel (Jan - Oct)

CHIPPEWA RIVER INDUSTRIES



2004 marked the 36th year of operation for Chippewa River Industries (CRI). CRI continued to develop in many positive ways throughout 2004. As space issues mounted, significant steps were taken towards the planning and development of a new building for CRI. As of the end of 2004, bids were nearing the advertisement stage. As part of this planning, CRI applied for and received a \$350,000 Community Development Block Grant from the Department of Commerce to use towards construction costs. CRI also experienced a 40% increase in the amount of time clients spent on paid work activities. Further, CRI's vocational services area continued to expand through the award of a Supported Employment grant from the Division of Vocational Rehabilitation.

There were a total of 144 unduplicated clients who received work services and supported employment in 2004; 2 more than 2003. Of those individuals, 77 were male (53%) and 67 (47%) were female.

Age demographics of the individuals served in 2004 are as follows:

Age Range	Number of Clients	Percentage of Clients
80-89	1	1%
70-79	2	1%
60-69	10	7%
50-59	22	15%
40-49	39	27%
30-39	31	22%
18-29	39	27%

The following is geographic information for the 144 individuals served in 2004. All individuals maintained County residency while receiving services.

Residence Area	Number of Clients	Percentage of Clients
Chippewa	84	58%
Holcombe	11	8%
Bloomer	10	7%
Cadott	8	6%
Cornell	8	6%
Stanley	8	6%
Eau Claire	5	3%
Boyd	4	3%
New Auburn	4	2%
Jim Falls	1	.5%
Elk Mound	1	.5%



2004 CRI Work Services

- | | |
|---|---------|
| 1. Average productivity: | 20% |
| 2. Satisfaction Percentage: | 92% |
| 3. Units of service provided: | 137,643 |
| 4. Percentage of terminees with a positive outcome: | 54% |
| 5. Percentage of time spent on paid work. | 92% |

Supplemental Measures:

- | | |
|---|----|
| 1. Number of new referrals: | 38 |
| 2. Number of new starts: | 23 |
| 3. Number of individuals placed in SE from CRI: | 5 |

2004 CRI Supported Employment and Direct Placement

- | | |
|--|----------------|
| 1. Number placed: | 8 (6-SE, 2-DP) |
| 2. Average percentage of job coaching required to maintain employment: | 24% |
| 3. Total number employed (ytd): | 33 |

Supplemental Measures

- | | |
|--|--------|
| 1. Average number of hours worked per week per client: | 19 |
| 2. Average starting wage: | \$5.85 |
| 3. Units of service provided (direct job coaching): | 2,953 |

CHIPPEWA RIVER INDUSTRIES STATISTICS (2000-2004)

YEAR →	2004	2003	2002	2001	2000
MEASURE					
Clients placed in supported employment	6	5	1	4	7
Total earnings by CRI clients	\$169,813	\$134,614	\$111,634	\$121,013	\$161,659

CHILDREN & FAMILY SERVICES

FOSTER CARE

There is a wide variety of foster parents throughout Chippewa County. We are also in a unique position compared to other counties in the state as there are more foster families waiting for placements than children needing placement. There are 40 foster families currently licensed in the county and only 15 homes currently have placements. The number of foster children needing placement can fluctuate from month to month; however over the past few years there have typically been about 24 -40 children in foster care at any given time. We have done a much better job of keeping siblings together, keeping children in their same school, and allowing kids to have more contact with their parents. The success in these areas is a result of having a large pool of well trained foster parents throughout the county.

We continue to train and license new families. We are always in need of families who can take children with very demanding behaviors, severe developmental delays or medical conditions, and adolescents who are referred because of drug, truancy, and delinquent behaviors. At times foster families have adopted children in their care if the parents' rights are terminated. This benefits the children because they can then remain in the same home and not have to endure the trauma of moving to another family. However, when this occurs, a family sometimes decides not to take any other foster children into their home.

Overall, the foster families in the county have done an excellent job of providing care to very needy and demanding children. We are fortunate to have these dedicated people in our communities. We have learned as an agency how critical it is to support these families. The social workers have done a good job of including foster families in decision making and responding quickly during crisis situations.

KINSHIP CARE

Kinship Care is a state funded program for children who reside with relatives. This relative placement can be either temporary or long term, as well as self arranged by the family or ordered by the Court as an alternative to foster care. Relatives receive \$215 per month along with Medical Assistance to care for the child until the child turns 18 or 19 (if the child is enrolled in a secondary school and working toward a high school or high school equivalency diploma. There are eligibility requirements for both the children and the relative family that must be met. Additionally, a referral is made to the Child Support Agency in an attempt to offset state funding through a child support order against the child's parents.

In 2004, 32 children/families received services through Kinship. Due to decreases in state funding, Chippewa County has been forced to implement a waiting list for Kinship. By state regulation, children who are placed with relatives via a court order receive priority status. Individuals interested in receiving Kinship benefits are encouraged to contact DHS to have their names placed on our waiting list.

INTAKE

The Intake Team is responsible for receiving reports of abuse and neglect requests for services, as well as responding to requests for information and referrals. The expansion of responsibilities of the Intake Team around both adult and child protective services that were implemented in

2003 continue. Intake workers regularly make follow-up telephone calls and conduct record checks to gain more complete information. The benefits have been two-fold – first, investigating social workers now have more complete information before initiating the investigation; second, there has been a slight increase in the number of calls screened out (also due to more complete information).

The Intake Team has also seen increased responsibilities through the now mandated eWISACWIS (Wisconsin State Automated Child Welfare Information System). All reports alleging child abuse and/or neglect are to be entered into the system. The system is cumbersome and has added significantly to the amount of time it takes to complete a single call. Currently the Department is not in compliance with this State mandate due to a lack of staff.

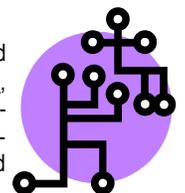
Yearly Intake Statistics

<i>Year</i>	<i>Total Intakes</i>	<i>LTS Intakes</i>	<i>Monthly Average</i>
1999	1392		116
2000	1692		141
2001	1627		136
2002	1803		150
2003	1651	144	138
2004	1634	195	136

MANDATED CHILDREN'S SERVICES

Chippewa County Department of Human Services is mandated to provide services to children under what is commonly called the Children's Code, or Chapter 48, of Wisconsin Statutes. Briefly, the legislative purpose of this Chapter is to provide for what is in the best interest of children.

- Protect children, preserve families when appropriate, and not reunite children and families when it is not in the best interest of children. We also are required to find permanence for children who cannot live with their families and/or parents. This may mean a termination of parental rights and adoption.
- Our Department is required to assure fair hearings, recognizing that individuals' constitutional and legal rights are observed and enforced while protecting the public's safety.
- It is our role to make sure that children have their basic needs met – adequate food, clothing and shelter, and to make sure they are free from physical, sexual or emotional injury OR exploitation.
- We are required to provide services to unborn children in cases where a mother may be using alcohol or drugs which may cause harm to the unborn fetus.
- DHS is required to provide innovative and effective strategies for prevention, intervention, and treatment approaches, including collaborative community efforts and the use of community based programs as we serve children and families.



ABUSE DEFINED

Physical neglect is defined in the Statutes as “failure, refusal or inability on the part of a parent, guardian, legal custodian or other person exercising temporary or permanent control over a child, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care or shelter, so as to seriously endanger the physical health of the child”

Physical abuse is defined as “physical injury inflicted on a child by other than accidental means.” This includes non-accidental injury inflicted by any other person. Physical injury “includes, but is not limited to lacerations, fractured bones, burns, internal injuries, severe or frequent bruising or great bodily harm, as defined in s.939.22(14).

Sexual abuse is defined by cross-referencing several crimes in the Wisconsin Criminal Code section of the Statutes. Briefly, sexual abuse includes the following:

- Sexual intercourse or sexual contact with a child 15 years of age or less.
- Sexual intercourse with a 16 or 17 year old child without his or her consent.
- Inducement of a child to engage in sexually explicit conduct in order to videotape, photograph, etc. that child, or videotaping, photographing, etc. a child for such purposes, or producing, distributing, selling or otherwise profiting from such a videotape, photograph, etc.
- Encouragement by or permission of a person responsible for a child’s welfare for a child to engage in sexually explicit conduct for the purpose of videotaping, photographing, etc.
- Causing a child to view or listen to sexual activity.
- Exposing genitals to a child.
- Permitting or encouraging a child to engage in prostitution.

Emotional abuse is defined as “emotional damage for which the child’s parent, guardian or legal custodian has neglected, refused or been unable for reasons other than poverty, to obtain the necessary treatment or to take steps to ameliorate the symptoms.”

INVESTIGATION STANDARDS

In the state of Wisconsin we are required to provide assessment and intervention where abuse has occurred, both within a child’s family of origin and outside of their family of origin. Thus, in the state of Wisconsin, we are still required to assess and involve law enforcement in all cases of abuse to children, not just cases which occur within a family setting. One of the largest categories that is investigated includes sexual abuse cases which are non-familial. The state of Wisconsin also requires the Department to determine if a child may be in imminent risk of maltreatment. All of these child abuse investigations must be initiated within 24 hours after the receipt of the report, and completed within 60 days. The investigation assessment begins with a supervisor determining response time needed from a child protection worker. Child abuse investigations follow the Wisconsin Department of Health and Family Services 1994 Publication *Child Protective Service Investigation Standards*.

STATISTICS

The 2003 Child Abuse and Neglect Report from the Department of Health and Family Services estimates that Chippewa County’s child population increased to 15,172 in 2003 (up from 14,602 in 2001 and 14,978 in 2002). There were a total of 198 reports received alleging abuse or neglect, with 79 of those reports substantiated for maltreatment against children. Chippewa County’s substantiation rate continues to be higher (39.9%) than the State’s average of 19.8%.



ALLEGATIONS BY TYPE

Total reports received: 182

Physical Abuse				Sexual Abuse				Neglect			
S	U	N	Total	S	U	N	Total	S	U	N	Total
5	28	0	33	52	41	4	97	22	27	3	52

S - Substantiated for abuse/neglect U - Unsubstantiated for abuse/neglect N - Not able to substantiate

Emotional Abuse				Abuse Likely To Occur			
S	U	N	Total	S	NF	N	Total
0	0	0	0	0	0	1	1

STAFF TO CASE RATIO

There are currently five social workers in the protective service team. Workers are responsible for conducting child abuse and neglect assessments and investigation, as well as providing ongoing case management services. These investigations can take from a few hours to weeks to complete. These workers are also responsible for adult protective service investigations, as well as voluntary child welfare services which will likely prevent out of home placement. Such services would include services to children with mental illness, physical and emotional disabilities, parents with alcohol and drug dependency, and parents with cognitive disabilities. There are currently 95 family cases, an average of 19 cases per worker. In late 2004, the Department began to see an increase in meth related cases.

MANDATED DELINQUENCY AND STATUS OFFENDERS

The Chippewa County Department of Human Services is mandated to provide services via the Wisconsin Legislature to promote a juvenile justice system capable of dealing with the problem of juvenile delinquency, a system which will protect the community, impose accountability for violations of law, and equip juvenile offenders with competencies to live responsibly and productively. It is the responsibility of this Department under what is commonly called "The Juvenile Justice Code" or Chapter 938 of the Wisconsin Statutes to provide the following:

- To protect citizens.
- To hold juvenile offenders directly accountable.
- To provide individualized assessments for each juvenile in order to prevent further delinquent behavior.
- To provide due process to each juvenile offender and assure fair hearings and legal rights are recognized and enforced.
- To divert juveniles from the Juvenile Justice system through early intervention.
- To provide juvenile offenders care and treatment, using effective intervention.
- To ensure victim rights.

POPULATIONS SERVED

A delinquent is a juvenile who is over 10 years of age who has violated any state or federal crime, which if committed by an adult would lead to criminal prosecution. The Department of Human Services is also required to serve juveniles alleged to be in need of protection or services, or JIPS cases. These are children whose parents or guardians have signed a petition requesting jurisdiction of the Court, indicating that these children are uncontrollable. The same hold true for students who are referred from the school district as truants. Children who are under the age of 10 at the time they commit a delinquent act are also considered a JIPS case, as well as children who have committed a delinquent act and are found not guilty by reason of mental disease or defect, and therefore are not competent to proceed in a criminal court of law. Many of the children served by the delinquency team struggle with mental illness, physical, substance or behavioral disabilities, or alcohol and drug abuse issues. Some children remain in alternate care until age 18 because their parents are unable to care for them.

The state of Wisconsin also requires us to provide what is called independent living services to any juvenile over the age of 15 who is in foster care. This program is designed to give juveniles the tools necessary to move into adult living situations.

It is important to note that all referrals to the delinquency unit come to the Department of Human Services from court-attached Juvenile Court Intake.

STAFF TO CLIENT RATIO

There are four social workers in the delinquency team. There are currently 189 cases in the unit, with most of these juveniles under a court order for up to one year. The ability to extend an order is at the discretion of the delinquency case manager, and must have final approval via court order. The four delinquency workers currently average 47.25 cases. Statistically, when you look at other Human Service Departments providing the same service, we continue to rank as one of the highest case counts of juveniles under court supervision per worker.

JUVENILE COURT REFERRALS TO DHS AND OTHER SERVICES

	2002			2003			2004		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Delinquency	146	54	200	110	32	142	115	66	181
JIPS	13	23	36	10	16	26	13	16	29
CHIPS	5	7	12	3	5	8	2	3	5
72 holds secure	33	28	61	78	25	103	82	39	121
72 holds non-secure Delinquency	55	47	102	77	18	95	81	31	112
JIPS/CHIPS	33	35	68	19	41	60	24	46	70
Home Detention Delinquency	31	14	45	16	7	23	28	5	33
JIPS	2	2	4	1	10	11	1	6	7
Electronic Monitoring	11	8	19	13	2	15	7	8	15

ECONOMIC SUPPORT

During 2004 the Economic Support Unit experienced significant growth in workload while also experiencing a reduction of two and a half positions (effective 1/1/04). Two positions were eliminated and a half position transferred to another area of DHS following large decreases in State funding for Economic Support programs for 2004 and future years. With these changes, Economic Support staff levels were reduced 13%. With the funding cuts in 2004, the State provided assurances that a 15% workload reduction for Medical Assistance and Food Stamp case work would be achieved through automation and streamlining. The positions were cut based on the expectation that workload reduction would occur and that caseload growth would be minimal. Unfortu-

nately, the State's efforts to increase automation and otherwise streamline workflow actually had the opposite effect. These State efforts created inaccurate data and client confusion and the need for additional work in order to correct these errors. At the same time, the State assigned new work tasks to our Economic Support staff. As a result, the overall workload burden was increased. The staff situation took another blow in June when Economic Support Supervisor Mark Nelson began an 18 month military leave to serve in Iraq with the Army National Guard.

From the end of calendar year 2003 to the end of 2004, Chippewa County experienced substantial case increases in the following Economic Support services:

	2003 Cases	2004 Cases	% Increase from 03 to 04
Medical Assistance	7923	8697	9.8
Food Stamps	2873	3458	20.4
Food Stamps Employment & Training	67	89	32.8
Welfare to Work (W2)	6	20	233.3
Child Care	283	303	7.1

The large W2 caseload increase of 233.3% merits description. Wisconsin is one of 3 states to participate in the resettlement of 10,000 Hmong individuals that have been living in a refugee camp in Thailand. Our State government estimated Chippewa County would resettle 1 refugee family and provided a level of resettlement W2 funding that corresponded to that estimate. By the end of 2004, Chippewa County had added 15 Hmong families to its W2 program with more families to come. This unanticipated increase in the W2 caseload had placed Chippewa County's historically fiscally stable program in financial jeopardy. Additional funding to compensate for these costs has been requested; it is unknown whether the State will approve this request.

These three factors: staff cuts, more workload per case and increased cases have hurt service quality despite our staffs best efforts. These factors have created much longer waits for service application processing in 2004. Clients that, before the staff cuts, used to wait only 7 days for an application to be processed and benefits approved now wait close to 30 days. If Chippewa County were to exceed 30 days, Chippewa would fail to meet the required timeline which would expose the County to State and Federal sanctions while forcing the need for the client to start the application process from the beginning. With less worker time per case, we also saw an increase in errors made while processing Food Stamp cases (up to 8.2%) to the point that Chippewa County's error rate exceeds the national tolerance level (5.5%). Wisconsin is fined by the federal government when the State overall exceeds the national tolerance

level. It is important that this same unit, before recent staff cuts and caseload increases, won a State award for achieving a zero error rate for Food Stamp cases.

With the State's 2005 plan to implement ACCESS, an ambitious outreach effort creating a system for customers to apply online, additional caseload growth is predicted. Also in the offing for 2005 is a new, large, unfunded and mandated scanning project for our Economic Support staff to sort and scan thousands of paper case records into the computer system. In light of where we are at and what is coming in the near future, our Economic Support unit faces a stiff challenge to continue to accurately provide safety net economic support services within required timeframes. The State has fully funded economic support county staff in the past but this is changing quickly. The State has at least acknowledged this developing problem in a 2004 study by the Department of Health and Family Services that determined State funding of economic support staffing levels needed for effective management of existing caseloads had fallen to 56% in Chippewa County and 53% statewide. This problem works against good customer service and inhibits the timely, accurate completion of casework. What must occur is for the State to work with Counties to develop a plan to adequately fund Economic Support services.



LONG TERM SUPPORT SERVICES

Community Options Program

In existence since 1983 this program has served as the foundation of the community effort to reduce the reliance on nursing home care through the development of an array of in-home supports and services. Consisting entirely of state dollars, this program funds the assessment and service plan development for potential consumers. Formerly, it also was the primary source of funding for the provision of ongoing case management and service provision. However, with the advent and growth of the federally funded Medicaid Waivers, Community Options Program funds have been utilized primarily as a source of local match funding for those federal dollars. As a result, the Community Options Program currently provides ongoing service funding only to those who are not eligible for a Medicaid waiver program.

During calendar year 2004 we had completed 94 COP assessments and 38 service plans. This compares to 127 and 67, respectively, for 2003. Please note that during 2003 several community aids cases were opened to the Community Integration Program, thus artificially inflating the Community Options assessments and plans.

Alzheimer Family and Caregiver Support Program

This is a state funded program to address the needs of caregivers of those with Alzheimer's disease. This modest allocation of \$25,149 served 9 consumers in 2004. This compares to 14 consumers served in 2003. The primary service need funded by these dollars is respite and day care services.

Family Support Program

This is a state funded program to address the needs of families with children with severe disabilities. This is a highly flexible program that is able to fund a wide variety of goods and services with the goal of reducing the family stress that is inevitably a bi-product of raising children with severe challenges. There is a \$3000 annual authorization limit per child. The Family Support budget for 2004 was \$55,842. DHS served 32 children during 2004. Nine children were removed from the Family Support waiting list to receive services in 2004 and five children were converted to Children's Long Term Support Waiver funding due to intense level of need. In 2004, 45 children were served.



Supportive Home Care Program

In 2002 DHS converted persons participating in the Supportive Home Care Program to waiver programs, thus capturing federal monies for services provided. One consumer received services through this Community Aids funded program in 2004 with a total of \$2258 being spent.

Medicaid (MA) Waivers

Medicaid waivers are a source of federal funding for Long Term Support services for persons whose care needs are at a level that makes them eligible for MA funded institutional services. By utilizing various county funding sources (COP, Community Aids, Family Support), DHS can provide match dollars to draw down federal revenue. This combination of local and federal funding takes the form of various programs that provide comprehensive services for consumers who wish to remain in non-institutional, community settings. At year end of 2004, 67 individuals were on waiting lists for a variety of services including durable equipment, supportive home care, prevocational services, respite, etc. The approximate cost to address the needs of the individuals on the waiting list is approximately \$525,000.

In calendar year 2004, the CIP 1A and 1B programs served 175 consumers with developmental disabilities, with a budget of \$4,468,636, of which \$3,840,582 was state/federal revenue. During 2004, six individuals were relocated from the Northern Wisconsin Center for the Developmentally Disabled to various community settings with a budget of \$325,603, all of which was state/federal revenue.

In 2004, the Brain Injury Waiver served three consumers with a budget of \$189,080. This was overspent by \$7,885 due to intensive need of consumers.

In calendar year 2004, the COP Waiver and CIP II Programs, which serve the frail/elderly and consumers with physical disabilities, served 140 consumers with a budget of \$1,352,125, all of which was state/federal revenue.

In 2004 a new Medical Assistance waiver program for children birth through age 21 with developmental, physical, and mental disabilities was initiated. During 2004, five children and their families were served with a budget of \$82,616, of which \$77,515 was state/federal revenue and \$5,501 was Family Support and Community Aids match.

Birth to Three Program

The Birth to Three Program is an entitlement program for eligible infants and toddlers with developmental delays or disabilities. The budget for 2004 was \$242,573, of which \$113,800 came from the Department's Community Aids budget.

The Birth to Three Program is an entitlement (waiting lists are not permitted) for those eligible children and families, and is Wisconsin's answer to the federal mandates of the Individuals with Disabilities Act. This program, originally began in Chippewa County in 1979 with 2 children enrolled. During 2004 Chippewa County Birth to Three served 83 children. DHS staff (certified teachers), not only provide special instruction but also provide Service Coordination to these children. This involves assessment services, and the identification, location, arrangement for, and access to needed services. These services include specialty medical services, speech/physical/occupational therapies, audiology and nutrition services, and family education.



Adult Family Homes

Chippewa County Department of Human Services continues to certify Adult Family Homes for the care of one or two adult residents. The Adult Family Home provides for the care and supervision of an adult resident in a family setting that promotes a warm and nurturing environment best suited to meet the needs of the resident. Chippewa County currently has 24 certified Adult Family Homes.

The Adult Family Homes also provide respite care services for families who are providing for the care of their friends or relatives who suffer from the infirmities of aging, mental illness, developmental disabilities, and/or medical concerns. This is a greatly valued service for the families who are providing for the ongoing care of their relatives.

The demand for respite care services is steadily increasing due to the level of care residents are requiring and the economic costs of other respite programs. Additional adult family homes are being sought to assist in giving both family and other care providers a time of relief from the intensities and pressures that day-to-day care creates.

DHS is also looking into the possibility of establishing an emergency adult family home whose function would be to provide emergency short-term placement services for adult who require the least restrictive form of placement conducive to their needs until permanent placement can be established.

Long Term Support Committee Members

Community Options

- Marilyn Holte, Chair
- Jim Leschensky, Co-Chair
- Sue Berry
- Wynne Cook
- Gary Garton
- Michael Goettl
- Mary Hendricks
- Evelyn Maloney
- Lila McConville
- Delores Price
- Trent Shakal

Family Support / B-3

- Peggy Crank, Chair
- Steve Byrd, Co-Chair
- Sally Anderson
- Amy Bohl
- Denise Buckli
- Wynne Cook
- Jane Cooper
- Penny Holzwarth
- Rose Marsh
- Susan Peggarr
- Patty Rood
- McKinzi Simonsen
- Sharon Starr
- Keri Wilson / Patty LeMay



MENTAL/BEHAVIORAL HEALTH

Behavioral/Alcohol/Drug Services

In 2004 we experienced a significant increase in methamphetamine labs and meth use within Chippewa County. L.E. Phillips Libertas Center, along with other interested parties in the area, came together to form a meth task force to begin looking at how to best deal with this problem. The Human Services Department has statutory responsibility to provide a full range of mental/behavioral health and alcohol/drug services. Alcohol/drug services are purchased through L.E. Phillips Libertas Center, Council on Alcohol and Other Drug Abuse, and other AODA providers in the community and surrounding areas. Mental health services are provided through the Chippewa County Guidance Clinic and the Chippewa County Community Support Program. Additional mental health services for children and families are purchased from L.E. Phillips Libertas Center, as well as psychiatric inpatient hospital units, and community based residential facilities. These services are complemented with services purchased from other mental health service providers.



Rehabilitation

Intoxicated Driver Assessments

<i>Date</i>	<i>Assessments</i>	<i>Completed Inpatient</i>	<i>Completed Outpatient</i>	<i>Completed Group Dynamics</i>	<i>Referred Completed Traffic Safety</i>
2004	252	3	118	155	29
2003	226	0	125	131	41
2002	263	1	162	129	19
2001	194	5	124	76	14
2000	207	0	149	108	25

Emergency Detentions

<i>Date</i>	<i>Total Detentions/Petitions</i>	<i>Commitment/Recommitment</i>	<i>Court Approved Settlement</i>	<i>Convert to 55</i>	<i>Dismissals/Transfers</i>
2004	294	73	22	6	197
2003	272	66	11	0	195
2002	280	54	19	1	214
2001	290	55	16	1	218
2000	265	36	19	2	198

Mental Health

In July 2004 the Human Services Board authorized restructuring of the Department for a number of reasons. One was in order to bring all mental health services together under management and supervision of a Human Services administrator. This included outpatient mental health, Community Support services, family based services, and Child Come First. This change was made to move from a separate "Guidance Clinic" model to an integrated mental health service model. As of October 1, 2004, all mental health treatment services have been under the supervision of Sue Klinger, LCSW.

The goal of DHS mental health services reorganizations is to provide CCDHS with integrated mental health services. The populations we want to target are individuals and families who receive services from DHS, staff in DHS who are requesting mental health consultation in cases they are serving, and those county residents lacking resources necessary to access mental health services provided in traditional outpatient settings. This includes the indigent, uninsured, under insured, and Medical Assistance recipients.

In order to achieve this mission, the CCDHS Mental Health Services Priority Policy was passed by the Human Services Board. This policy outlines who will be a priority for service and determines scheduling priorities into crisis, urgent, and routine appointments.

With the reorganization, several changes have and are taking place. Deb Lynch was hired as the DHS nurse, Keith Hartman as the DHS psychiatrist. Carol Pulkrabek was hired as the Child and Family Services supervisor and her position and unit came under the Mental Health and Child/Family Services administrator, Sue Klinger. Family based services were brought into the mental health unit by closing cases that were not engaged in psychotherapy services and were case management in nature, and contracting with L.E. Phillips for a clinician, Elizabeth Bushek. Elizabeth is also able to fill in for our nurse as she carries two licenses - one for nursing and one for professional counseling.

We have reorganized some staffing patterns as well as the office in order to provide efficient services. Pat Des Jardin has been given the role of CSP coordinator, along with Tom LaMartina. Angela Theisen has

been given the role of clinic coordinator. Staff are cross training in order to provide necessary integrated services rather than program specific services.

Mental health staff began rotating the task of emergency worker on a daily basis in order to provide emergency mental health services as needed, including the jail. The emergency procedures for the jail were rewritten and now includes a checklist for suicidal/homicidal behaviors that may be seen at the jail in order to help determine the risk level of behaviors an inmate is exhibiting. This also helps determine when someone needs to be seen by mental health staff.

Mental health services provide assessment and treatment for a wide range of mental health problems:

- Individuals who are on court commitment or settlement agreements.
- Individuals requiring follow-up to hospitalization, including medication monitoring from state hospitals, psychiatric hospitals, and other hospitals.
- Individuals requiring follow-up from emergency care, Department of Human Services on-call system(s), physicians, police, and other urgent referrals.
- Chippewa County patients placed outside the county or referred from other institutions outside the county.
- Adults, adolescents, and children requiring court ordered assessments and treatment.
- Chippewa County jail inmates requiring crisis assessment and treatment.
- Chippewa County Employee Assistance Program services.
- Department of Human Services' program areas, other Chippewa County programs, and the community providing mental health consultation, education, and training.
- Community Support Program for persons with chronic mental illness.
- Children Come First Program for children with persistent and severe emotional problems.
- Indigent Drug Program for persons who cannot afford medication they receive from the DHS psychiatrist.

TRANSPORTATION

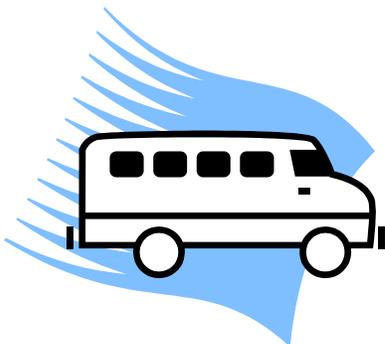
With the increase in transportation needs for elderly and disabled persons, Chippewa County Transportation Program added a lift equipped, mid-size bus to its fleet in September. Communications equipment was updated with the purchase of new cellular phone and two-way radios. To accommodate the additional transportation needs, another employee was added to the driver staff, bringing total number of drivers to 11 halftime drivers and one LTE driver.

The Transportation Program operates seven lift equipped vehicles on a daily basis. Four 15-passenger vans bring the total number of vehicles to 11. This increase in the number of persons needing lift equipped vehicles is show below.

NON-AMBULATORY TRIPS

	2001	2002	2003	2004
<i>Elderly</i>	620	939	1059	1137
<i>Non-Elderly</i>	2375	2335	2335	2757
<i>Total</i>	2995	3274	3414	3894

Demand for services and mileage are shown in the charts below:



MILES

1996	209,253 trip miles
1997	205,928 trip miles
1998	220,966 trip miles
1999	224,540 trip miles
2000	231,065 trip miles
2001	219,469 trip miles
2002	236,945 trip miles
2003	241,355 trip miles
2004	244,873 trip miles

TRIPS

	Medical	Employment	Nutrition/ Aging	Social/ Recreation	Education/ Training	Total Trips
1996	595	43,365	1,676	235		45,871
1997	421	46,847	1,564	56	109	48,997
1998	384	47,420	1,354	101	113	49,372
1999	407	48,621	1,118	205	133	50,484
2000	653	48,316	802	872		50,643
2001	789	49,046	266	954		51,055
2002	1086	51,869	358	1039		54,352
2003	2889	49,965	314	1103		54,271
2004	6041	49,098	32	1213		56,384

FISCAL SERVICES

The department's first Fiscal Supervisor was hired on January 20, 2004 and supervises a staff of 5 employees in the fiscal area. The Fiscal Supervisor provides the department with financial information in a timely manner for up to date expenditures and revenue balances. With the close monitoring of expenses, information on spending trends per program is more readily available and is useful in the preparation of the budget. The Fiscal Services Division continues to have a working relationship with the Chippewa County Auditor to better use some of his expertise in revenue captures. Financial statements for the Guidance Clinic, CSP Program and Chippewa River Industries were also developed. Audit issues regarding the receipting of revenues have been addressed. With the implementation of the MA-PCW (Personal Care Worker) program, the Fiscal Supervisor works with the Long Term Support Supervisor and Gemini employees to insure proper record keeping, program development and revenue capture. In the absence of the Economic Support supervisor, the Fiscal Supervisor has become more involved in the operations of Economic Support department.

A grant provided for the AODA module of the HSF5 (Human Services Reporting System) has made the transmission of data more simplified by sending the information directly to the state through our own system and bypassing the HSRS system. Charges for the Guidance Clinic, CSP Program and case management continue to be filed electronically due to the HIPAA implementation in late 2003. 2004 was the first year we began billing the jail for Guidance Clinic services provided to out of county inmates.

The audited amounts of expenditures \$15,615,849 exceeded the audited amount of revenues \$15,582,656 resulting in a deficit of \$33,192. \$298,218 in revenue, based on 2003 expenditures, was received from the State of Wisconsin and recognized in 2004. These revenues arrived after the 2003 books were closed. The ending balance for 2004 for the COP Risk Reserve is \$153,359.91. Non Lapsing fund balances are as follows: Transportation: \$259,814.57, CRI: \$129,990.42, Human services undedicated: \$2,149,839.81. \$702,700 of the undedicated funds will be used in 2005 for the CRI building project. In addition, \$500,000 of undedicated funds will be used for the new CRI building costs and will be replenished with the sale of the old building.

**2004 Chippewa County
Department of Human Services
Audited Expenses**



**2004 Chippewa County
Department of Human Services
Audited Revenues**

Program	2004 Expenses
Administration	1,030,540
Alcohol & Other Drug Abuse Services	473,821
Intoxicated Driver Program	55,900
Mental Health Services	2,254,084
General Relief Program	15,387
Wisconsin Home Energy Assistance	83,820
Income Maintenance	977,181
W - 2	337,794
Adult, Children & Family Services	4,500
Abused & Neglected Children Services	897,952
Children & Family	125,848
Delinquency Services	1,473,420
Kinship Care Program	77,924
Adults & Elderly Services	1,199,947
Birth to Three Program	261,348
Developmentally Disabled Services	5,407,999
Physically & Sensory Disabled Services	545,573
Ram Project	32,361
Transportation Program	360,454
Total Expenses	15,615,849

Source	2004 Revenues
County Levy	\$ 1,549,627
County Indirect	\$ 270,278
State Contract**	\$ 10,312,139
W-2 Program/Child Care	\$ 424,587
Youth Aids	\$ 724,500
Elderly Abuse	\$ 24,203
JAIBG	\$ 18,974
LIHEAP	\$ 83,699
Community Intervention	\$ 26,561
RAM	\$ 53,947
Supported Empl Grant	\$ 17,481
Transportation Grant	\$ 90,018
Deficit Reduction for 2003/2004	\$ 71,746
Transportation Non Lapsing Interest	\$ 3,375
Collections	\$ 1,911,522
Total Revenues	\$ 15,582,656

** \$298,218 from 2003 Expenses. Final funding came after 2003 books were closed.