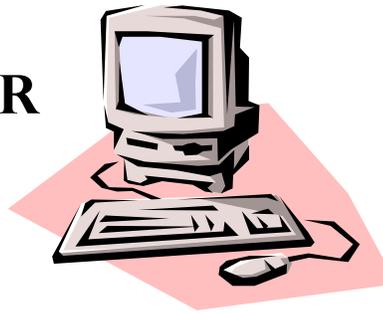


## 2005 ANNUAL REPORT



### 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 2005 Annual Report for the Department of Human Services (DHS) includes information regarding the past year's services levels and outcomes, planning activity, budget detail, and discussion regarding current issues affecting the department. If you have questions or would like to discuss any portion of this report, please do not hesitate to contact myself or any of our program managers.

2005 was a year of shifting State mandates and emphasis in the human services area. Those changes directly affected DHS. Due to decreased State funding, Chippewa County decided to not continue to be a provider of the Wisconsin Works (W-2) Program. Downsizing of the Northern Wisconsin Center and area nursing homes has resulted in community placements of Chippewa county residents that have increased DHS caseloads and budget. Development of mental health crisis services was well underway in 2005 to create a safe alternative to psychiatric hospitalization, a resource that is shrinking due to low State reimbursement. State initiated Long Term Care service system reform gathered steam in the past year to move that system fully into a managed care environment in five years. This reform could potentially dramatically change DHS's role as a Long Term Care provider and Chippewa County's legal responsibility to provide services to disabled and elderly people. During all this, a new work center for Chippewa River Industries was successfully constructed in the Wissota Business Park. These are but a few of the issues regarding the services provided by DHS; more information is found within this report.

As we completed 2005 and looked toward the needs of Chippewa County residents in 2006, additional county funding was built into the 2006 budget to meet those needs and to replace some of the declining State and Federal revenue. Given some of the uncertainties about the funding of human services and the ever changing mandates, future planning for the provision of effective and quality human services continues to be a challenge for the staff of DHS, the Human Services Board, and the County Board. As we look forward, we realize it is a challenge we must meet in order to serve and protect 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
- Gary Frederick
- Don Hable
- Mike Henke
- Marilyn Holte
- Vernon Kellen
- Trent Shakal
- Shirley Sippel

# CHIPPEWA RIVER INDUSTRIES

2005 marked the 37th year of operation for Chippewa River Industries (CRI). CRI experienced significant change in 2005. Major developments were: (1) The construction of a new facility was completed in December 2005, (2) production sales reached record numbers for the fifth consecutive year, and (3) downtime was minimized significantly. This activity is a byproduct of CRI's 2001 strategic plan developed to foster improved services to both consumers and production customers. A new strategic plan will be developed in 2006 to plan CRI's growth for the next five years.



## 2005 CRI Work Services

- |   |         |
|---|---------|
| 1. Average productivity:                            | 16%     |
| 2. Satisfaction Percentage:                         | 94%     |
| 3. Units of service provided:                       | 133,512 |
| 4. Percentage of terminees with a positive outcome: | 38%     |
| 5. Percentage of time spent on paid work.           | 93%     |

## Supplemental Measures:

- |   |    |
|---|----|
| 1. Number of new referrals:                     | 38 |
| 2. Number of new starts:                        | 31 |
| 3. Number of individuals placed in SE from CRI: | 9  |

## 2005 Client Demographics

There were a total of 163 unduplicated clients who received work services and supported employment in 2005; 19 more than 2004. Of those individuals, 87 were male (53%) and 76 were female (47%).

Age demographics of the individuals served in 2005 are as follows:

Age Range	Number of Clients	Percentage of Clients
70-79	3	2%
60-69	11	7%
50-59	28	17%
40-49	31	19%
30-39	39	24%
20-29	42	26%
19 & Less	9	6%

The following is geographic information for the 163 individuals served in 2005. All individuals maintained County residency while receiving services.

Residence Area	Number of Clients	Percentage of Clients
Chippewa	97	60%
Stanley	12	7%
Eau Claire	11	7%
Cadott	10	6%
Bloomer	9	6%
Holcombe	7	4%
Cornell	7	4%
Boyd	5	3%
New Auburn	4	2%
Elk Mound	1	1%

## 2004 CRI Supported Employment and Direct Placement

- |  |                  |
|--|------------------|
| 1. Number placed:  | 11 (10-SE, 1-DP) |
| 2. Average percentage of job coaching required to maintain employment: | 35%              |
| 3. Total number employed (ytd):  | 20               |

## Supplemental Measures

- |  |        |
|--|--------|
| 1. Average number of hours worked per week per client: | 13     |
| 2. Average starting wage:                              | \$5.81 |
| 3. Units of service provided (direct job coaching):    | 3,180  |

## CHIPPEWA RIVER INDUSTRIES STATISTICS (2001-2005)

YEAR →	2005	2004	2003	2002	2001
<b>MEASURE</b>					
Clients placed in supported employment	10	6	5	1	4
Total earnings by CRI clients	\$146,102	\$169,813	\$134,614	\$111,634	\$121,013

# CHILDREN & FAMILY SERVICES

## **FOSTER CARE**

Foster Care is a temporary alternative for children who are unable to live with their birth families. There are number of reasons children come into foster care, each bringing with them unique backgrounds, experiences, and needs. The Department of Human Services case workers strive to achieve permanence for children in foster care and make every effort to reunify children with their birth families.

Chippewa County currently has 38 licensed foster homes, with four more families currently going through the licensing process. Chippewa County tries to keep sibling groups together. In addition, several foster families have opened their homes to birth parents for visitation purposes. It is essential that both the foster parent and the birth parent work together along with agencies to facilitate smooth transitions, less trauma, and timely reunifications.

Chippewa County requires all foster parents to complete 36 hours of training prior to becoming licensed. This training is beneficial in that it gives the foster parents skills needed to handle tough and challenging situations, guides them through the system of foster care, and educates them on varying needs of children and families they come across.

The foster families in Chippewa County are a very admirable group of people who truly make a difference in the lives of children. In addition to social workers' support to families, the Foster Care and Adoption Resource Center offers support to foster families.

## **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 2005 Chippewa County's state allocation for Kinship Care decreased by \$58,000, which once again forced the Department of Human Services to continue it's waiting list

for individuals requesting Kinship Care benefits. By state regulation, children who are placed with a relative via juvenile court order receive priority status and must be granted Kinship Care benefits as long as the relative meets certification guidelines. In 2005 ten additional children were placed via juvenile court order with relatives who met the Kinship Care certification guidelines. These additional court ordered placements contributed to Chippewa County exceeding Kinship allocation by \$10,804.

## **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.

**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 2004 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**

Year	Total Intakes	LTS Intakes	Monthly Average
2000	1692		141
2001	1627		136
2002	1803		150
2003	1651	144	138
2004	1634	195	136
2005	1591	242	153



**Intake Statistics 2005**

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CATEGORY TOTALS
Wisacwis Screen Out	50	54	63	46	47	39	44	60	41	47	57	43	591
Wisacwis Intake	14	19	18	12	22	17	27	20	28	23	26	22	248
Service Intake	0	2	1	1	0	1	2	2	3	4	3	3	22
Cop Referral	0	0	0	1	0	0	0	0	0	0	0	0	1
Info & Referral	30	36	26	48	28	44	40	47	51	62	44	40	496
Referral to Worker	6	2	7	16	11	5	6	14	17	12	8	12	116
Service Request	0	0	1	2	0	0	0	0	0	1	0	0	4
Referred another County	7	3	8	1	3	7	1	5	4	3	5	2	49
Referred to Law Enforcement	2	1	1	4	3	1	2	1	1	3	3	1	23
Record Checks	0	1	2	1	2	2	3	6	6	5	4	9	41

<b>Monthly Totals:</b>	109	118	127	132	116	116	125	155	151	160	150	132
<b>Cases to Date:</b>	109	227	354	486	602	718	843	998	1149	1309	1459	1591

Category changes effective June - PS notes became Wisacwis Screen Out, PS Intake became Wisacwis Intake

## **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 that 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 the day the report is received.

## **STATISTICS**

There were a total of 248 reports received alleging abuse or neglect, an increase of 50 cases over the previous year.



**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. The juvenile system places a strong emphasis on services for rehabilitation of the delinquent versus punishment. 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 adult correctional 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. Some stay past 18 to allow their final year of high school and graduate.

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 42 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 in the state of Wisconsin for juveniles under court supervision per worker.

**JUVENILE COURT REFERRALS TO DHS AND OTHER SERVICES**

	2003			2004			2005		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Delinquency	110	32	142	115	66	181	126	39	165
JIPS	10	16	26	13	16	29	11	17	28
CHIPS	3	5	8	2	3	5	16	23	39
72 holds secure	78	25	103	82	39	121	82	47	137
72 holds non-secure Delinquency	77	18	95	81	31	112	41	40	81
JIPS/CHIPS	19	41	60	24	46	70	24	46	70
Home Detention Delinquency	16	7	23	28	5	33	28	5	33
JIPS	1	10	11	1	6	7	4	8	12
Electronic Monitoring	13	2	15	7	8	15	8	7	15

# ECONOMIC SUPPORT

As usual, 2005 saw many changes in program requirements, as well as policy and procedures in regards to the services provided by the staff of the Economic Support Unit. Workload reduction initiatives started at the end of 2004 did in fact reduce the 2005 workload, but unfortunately it was the work required for customers to apply for programs more so than that associated with intake and ongoing case management. In addition less stringent eligibility requirements encouraged those who were previously ineligible for programs to apply, ergo resulting in substantially higher caseloads for the Economic Support Specialists. (This has been the trend since 2000 and continues into 2006 See graph in bottom right column) Shortfalls in funding both the W2 and Income Maintenance programs (Medical Assistance, Food Share) eliminated the option of filling any staff vacancies in order to reduce the caseload per worker rates.

Cares Worker Web (CWW), an internet based case management computer system, was rolled out in 2005 replacing the Client Assisted Re-Employment System (CARES). Touted as more user friendly, CWW was/is in fact slower and less forgiving than it's predecessor, causing many problems during its transition period in 2005 and continuing into 2006. Despite numerous problems, the staff was able to provide services within the allotted time frames but substantially longer processing times than in previous years.

Services provided by the Economic Support Unit are largely unrecognized by the public in general, but the economic impact in the community should not be. In 2005 over 49 million dollars was placed into the economy as a result of the work done by the Economic Support staff.

<b>Medical Assistance</b>	\$45,723,432
<b>Food Share</b>	2,324,772
<b>Energy Assistance</b>	617,328
<b>W-2 Payments</b>	212,220
<b>Child Care Payments</b>	(approximate) 215,024



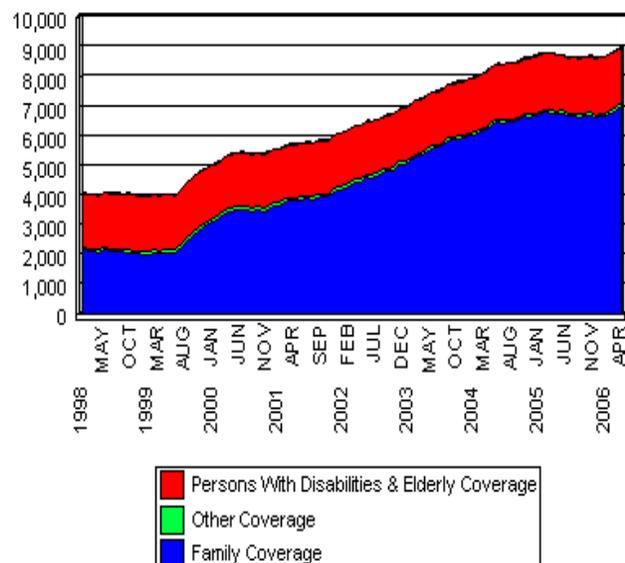
## Families/Individuals Served 2005

<b>Medical Assistance</b>	7,735 Recipients
<b>Food Share</b>	1,440 Households
<b>Energy Assistance</b>	1,958 Households
<b>W-2</b>	48 Families
<b>Child Care</b>	306 Families

2005 saw an unusual number of elder abuse incidents discovered by Economic Support Specialist Kelly Goettl. Not to be confused with physical abuse, these cases involved guardians who misappropriated large amounts of cash and and/or other assets of an institutionalized and incompetent individual. Two cases are currently pending in the court system with the remainder having been settled through the Department of Health and Family Services Administrative Hearing process.

Largely through the efforts of W2 Specialist Cathy Jensen, Chippewa County provided excellent case management and job placement services and was awarded the Right of First Selection for the 2006-2007 W2 contract; however, as a result of severely reduced funding and the potential of having to utilize local levy dollars, the decision was made July 2005 not to provide the service in 2006. (Current statistics indicate this to be a wise decision.)

On November 15 Economic Support Manager Mark Nelson returned from Iraq (much to the relief of the staff and Dave Rynders) and re-assumed management of Economic Support.



# 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 2005 we had completed 105 COP assessments and 66 service plans. This compares to 94 and 38, respectively, for 2004. Please note that during 2005, the closure of Lakeside Nursing and Rehabilitation was announced and during the last quarter 21 participants moved into the community.

## 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

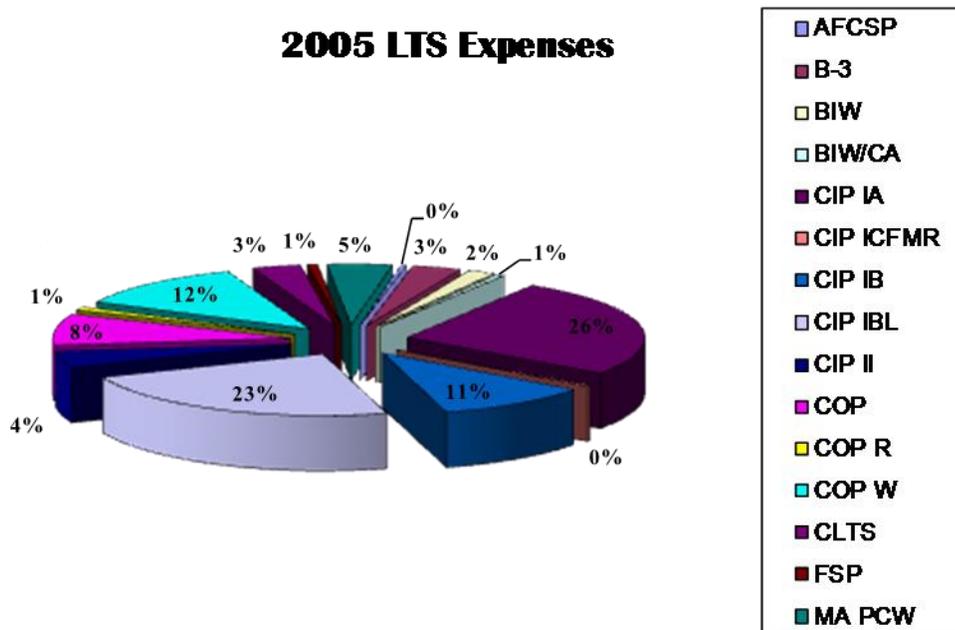
federal revenue. This combination of local and federal funding takes the form of various programs that provide comprehensive services for consumers who wish to remain in non-institutional, community settings. At year end of 2005, 70 individuals were on waiting lists for a variety of services including 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 \$800,000.

In calendar year 2005, the CIP 1A and 1B programs served 195 consumers with developmental disabilities, with a budget of \$5,083,926, of which \$4,395,135 was state/federal revenue. During 2005, two individuals were relocated from the Northern Wisconsin Center for the Developmentally Disabled and one individual was moved from Rocky Knoll ICFMR to various community settings with a budget of \$282,736, all of which was state/federal revenue.

In 2005, the Brain Injury Waiver served four consumers with a budget of \$200,151. This was underspent by \$20,292. Unspent funds were returned to the state fund.

In calendar year 2005, the COP Waiver, CIP II, and Community Relocation Programs, served 150 frail/elderly, physically disabled, and relocated individuals with a budget of \$1,788,741, all of which was state/federal revenue.

In 2005 the CLTS waiver program for children birth through age 21 with developmental, physical, and mental disabilities served 25 children with a budget of \$276,732, of which \$219,472 was state/federal revenue and \$57,260 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 2005 was \$228,923, of which \$111,226 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 two children enrolled. During 2005 Chippewa County Birth to Three served 97 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.

**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 byproduct of raising children with severe challenges. There is a \$3000 annual authorization limit per child. The Family Support budget for 2005 was \$55,842. DHS served 29 children during 2005. Eight children were removed from the Family Support waiting list to receive services in 2005 and three children were converted to Children's Long Term Support Waiver funding due to intense level of need.

**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.

**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 27 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**

- 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
- Patty LeMay/Keri Wilson



# MENTAL/BEHAVIORAL HEALTH

## Behavioral/Alcohol/Drug Services

In 2005 meth production and use in Chippewa County continued to be a major problem. The Meth Task Force with the help of L.E. Philips Libertas Center and several other community agencies sponsored a Meth Community Awareness event that was extremely well attended. A second event is planned for 2006 to be held at McDonnell Central High School on April 24. The Task Force has several subcommittees that continue to meet regularly to plan how to best deal with the meth problem in Chippewa County.

The Department of Human Services has a statutory responsibility to provide a full range of alcohol/drug services. Alcohol/drug services are purchased through L.E. Phillips Libertas Center, the Council on Alcohol and Other Drug Abuse, Serenity House, and other AODA providers in the community and surrounding areas. In 2005 the length of stay for inpatient treatment was cut from ten days following detox to ten days including the detox days. Detox under normal circumstances takes one to three days longer for meth addicted patients. Planned budget cuts for 2006 will result in AODA halfway house stays being cut from a maximum of 90 days to a maximum of 60 days and a major reduction in our purchase contract with the Council on Alcohol and Other Drug Abuse. As the drug and alcohol abuse problem in our community continues to grow, we continue to cut the resources needed to deal with the problem.

### 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>
2005	205	1	121	142	27
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>
2005	223	54	16	3	150
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 who are clients within DHS program.

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.

In August 2005 Dan Brandt joined staff to provide intensive in-home services that are billable to Medical Assistance. This program served nine families and estimated saving of \$56,823 in out of home care costs. The mental health unit implemented emergency crisis mental health services with hope of becoming HFS34 III certified in early 2006.

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. In-depth crisis planning is an important upgrade being done within crisis service.

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.
- Intensive in-home services for families referred by DHS staff from September 2005 to Jan 1, 2006.
- Indigent Drug Program for persons who cannot afford medication they receive from the DHS psychiatrist.



# TRANSPORTATION

The Transportation Program replaced two vehicles in 2005. A large bus with a capacity of 22 ambulatory and four wheelchair riders replaced a similar bus with 154,550 miles. A mid-size bus with a capacity of 6 ambulatory and 4 wheelchair riders replaced a mid-size bus with 133,447 miles. For more efficient transportation services, when only one or two persons ride, a small van with a ramp was added to the fleet bringing the total number of vehicles operated by the Transportation Program to 12.

Driver positions proved hard to fill in 2005. The program operated almost six and a half months with a driver shortage. An LTE driver was added to the staff midyear, alleviating some of the workload.

A continued increase in requests for social/recreational transportation was evident. A monthly average of four group outings were scheduled in 2005, compared to in an average of three per month in 2004.

Medical transportation needs grew 13 percent in 2005.

An increase in the number of persons needing lift-equipped vehicles is shown below:

## NON-AMBULATORY TRIPS

	2001	2002	2003	2004	2005
Elderly	620	939	1059	1137	1172
Non-Elderly	2375	2335	2335	2757	2904
Total	2995	3274	3414	3894	4076

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



## 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
2005	259,315 trip miles

## TRIPS

	Medical	Employment	Nutrition/ Aging	Social/ Recreation	Education/ Training	Total Trips
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
2005	6808	46,549	0	1233		54,590



In early 2005 the Department of Human Services began entering their time on the Payroll Entry System used by the rest of the county. Employees were gradually added by department to the system. In addition, employee's expenses for meals, mileage, etc are now reimbursed through the payroll system.

In May 2005 we received our certification from Medicaid to be a personal care provider that allows us to do our own billing for personal cares provided to our clients by Gemini Employee Leasing, Inc.. Previously, billing was completed by the Center for Independent Living at a cost of \$.20 per unit. Billing is now completed through free software through the state. Personal care services are provided in lieu of supportive home care services and are reimbursed directly to us at \$15.96 per hour. Supportive home care services are billed to the waivers often requiring county match dollars. In addition to personal care allowing clients to stay in the home and out of placement, it provides relief for families who have been caring for the disabled or elder member of the family.

The audited amounts of expenditures \$17,227,179 exceeded the audited amount of revenues \$16,477,434 resulting in a deficit of \$749,745. A spend-down of \$186,365 occurred in the Transportation non-lapsing fund balance due to the States demand to de-obligate any funds over \$80,000. In the development of CRI to an Enterprise Fund, a transfer to Human Services non-lapsing fund of \$105,410 occurred in the asset transfer due to county contributions. The ending balance for 2005 for the COP Risk Reserve is \$156,304. Non-lapsing fund balances are as follows: Transportation: \$79,533, Human services undedicated: \$1,834,548.

**2005 Chippewa County  
Department of Human Services  
Audited Expenses**

**2005 Chippewa County  
Department of Human Services  
Audited Revenues**

Program	2005 Expenses
Administration	995,429
Alcohol & Other Drug Abuse Services	498,628
Intoxicated Driver Program	53,456
Mental Health Services	2,537,526
General Relief Program	30,263
Wisconsin Home Energy Assistance	89,138
Income Maintenance	970,682
W - 2	358,922
Abused & Neglected Children Services	936,311
Children & Family	79,978
Delinquency Services	1,445,290
Kinship Care Program	94,259
Adults & Elderly Services	1,318,565
Birth to Three Program	289,638
Developmentally Disabled Services	6,426,646
Physically & Sensory Disabled Services	572,247
Ram Project	0
Transportation Program	530,202
<b>Total Expenses</b>	<b>17,227,179</b>

Source	2005 Revenues
County Levy	1,437,116
County Indirect	298,266
State Contract**	10,816,302
W-2 Program/Child Care	343,158
Youth Aids	696,939
Elderly Abuse	24,203
LIHEAP	87,172
Community Intervention	26,476
Transportation Grant	93,000
Deficit Reduction - WIMCR	289,257
Collections	2,365,545
<b>Total Revenues</b>	<b>16,477,434</b>

