

**CHIPPEWA COUNTY
DEPARTMENT OF HUMAN SERVICES**

2010 Performance Report



assisting > empowering > strengthening





MESSAGE FROM
LARRY WINTER, DIRECTOR

Greatness for a social sector organization is defined as, “An organization that delivers superior performance and makes a distinctive impact over a long period of time.” For business, financial returns are a perfectly legitimate measure of performance. For a social sector organization; however, performance is relative to its mission, not financial returns. For our organization, the critical question is, “How effectively do we deliver on our mission and make an impact in the lives of the consumers we serve relative to the resources we receive from the public?” We realize the current environment we live in is difficult. There are irrational and difficult constraints facing us. However, we are committed to being forward thinking and making calculated leaps ahead. This is one of the single most important characteristics in being recognized as a ‘great’ organization. Jim Collins in his book *Good to Great and the Social Sectors* states, “Greatness is not a function of circumstances. Greatness, it turns out, is largely a matter of conscious choice and discipline.”

DEPARTMENT ACHIEVEMENTS, INITIATIVES & GOALS

ACHIEVEMENTS

In 2010 the Human Services Board and entire staff worked collaboratively to accomplish several important initiatives. These initiatives included:

- Updating the Program Priority Review (there are 36 programs within the department).
- Continuing to implement the three-year strategic plan (2010 to 2012).
- Approving 16 new policies and procedures for the organization.
- Planning began to create a Mental Health and Substance Abuse Recovery Advisory Committee for adults.
- Creating the Western Region Recovery and Wellness Consortium to address mental health and alcohol/drug issues.
- Developing a plan to remodel the third floor of the courthouse in order to move the Economic Support Division (2011) from the first to the third floor.
- Planning began to create a Consumer Financial Services program. This service will evaluate the capacity of consumers to contribute financially to the services they receive and ensure financial investment in their services.

LESSONS LEARNED

- The State of Wisconsin faces a \$3 billion budget deficit for the 2011-2013 biennial budget.
- We need the support of citizens, law-enforcement, courts, schools, and providers to utilize community-based services whenever possible. Research indicates this practice shift sustains long-term individual change. This means a decrease on the utilization of institutions and out-of-home placement.
- Public opinion of public services is at an all-time low. We must focus on delivering outcomes and then show the public the value of their financial investment in our services.
- We must continue to partner within the courthouse, communities in Chippewa County, other counties, and the state to sustain or reshape the manner in which we deliver services.
- We are building our organizational structure so that it functions horizontally rather than vertically. This means reducing bureaucracy in order to be adaptable, make quicker decisions, and meet the needs of consumers.
- We are learning the importance of roles within the organization to create opportunities for consumers to change their lives. Specifically, it is the role of senior leadership to lead, and the role of staff to ensure day-to-day operations are running smoothly.

COUNTY STRATEGIC GOALS

Our department accomplishments during 2010, in addition to continued planning and goal setting, complements the strategic goals and objectives of the Chippewa County Board of Supervisors:

- Coordinate and collaborate with other government entities at all levels to ensure effective and efficient government services.
- Strive to enhance our internal operations to better address future needs.
- Address the fiscal challenges of Chippewa County Government while providing the right mix and level of public service.
- Provide a safe, healthy, and prosperous environment for Chippewa County employees, clientele, and citizens.

ORGANIZATIONAL STRATEGIC INITIATIVES FOR 2010 TO 2012

STRATEGIC INITIATIVE 1

All divisions within the department will define safety, functional skills, quality of life, and types of consumers the organization will serve.

STRATEGIC INITIATIVE 2

Increase intra/inter-departmental, regional, and community participation in meeting needs of consumers.

STRATEGIC INITIATIVE 3

Maximize all available sources of revenue.

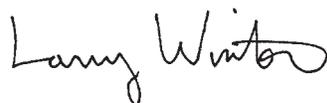
STRATEGIC INITIATIVE 4

Promote a healthy work environment.

STRATEGIC INITIATIVE 5

Engage in continuous quality improvement in all programs within the organization.

The 2010 Annual Performance Report serves three purposes. First, it reviews the department's performance in 2010; second, it is a social marketing tool that informs citizens in Chippewa County about the inner workings of the Department of Human Services; and third, it informs taxpayers how we invest their financial resources in order to create opportunities for individuals facing challenges to attain positive outcomes in their lives.



VISION

Through community partnerships and collaboration, Chippewa County Human Services will be considered a leader and innovator – creating opportunities and changing lives.



MISSION

Our mission is to assist, empower, and build upon the strengths of children, youth, and adults facing challenges to achieve positive outcomes.



VALUES

Accountability

Collaboration

Commitment

Continuous Quality Improvement

Respect

Teamwork

PHILOSOPHY & PRACTICE

RESULTS THAT LAST

How do we hardwire behavior that will move our organization toward fulfilling its mission and empower consumers to reach positive outcomes?

FIRST, we must implement objective evaluation systems that tell our organization, citizens, and consumers what we are supposed to be doing, but also sets priorities.

SECOND, we must agree to implement behavioral strategies to ensure that every employee and consumer receives a consistent experience. Aligning behaviors forces us to address service and performance gaps.

THIRD, we must implement processes that allow staff and consumers to open doors to effectively accelerate progress and achieve results.

HOW WILL WE KNOW WE ARE FULFILLING OUR MISSION AND EMPOWERING CONSUMERS TO REACH POSITIVE OUTCOMES?

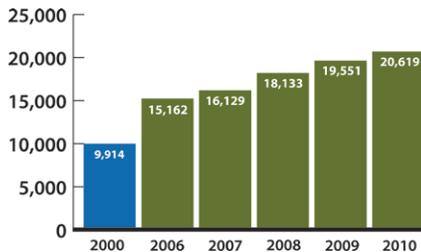
We will know we are delivering superior performance... by creating efficiencies in our work and producing results that reflect the social mission of the organization.

We will know we are making a distinct impact... when everyone in our organization makes a unique contribution to the consumers and communities we touch and when everyone works with such excellence that if the organization were to disappear, the hole that would be created will not easily be filled.

We will know we are achieving lasting endurance... when everyone is committed to delivering exceptional results over a long period of time, beyond any single leader, great idea, trend, or single-funded program. When hit with setbacks, we will bounce back even stronger than before.

CONSUMERS SERVED BY PROGRAM 2006-2010

TOTAL CONSUMERS SERVED
2006-2010

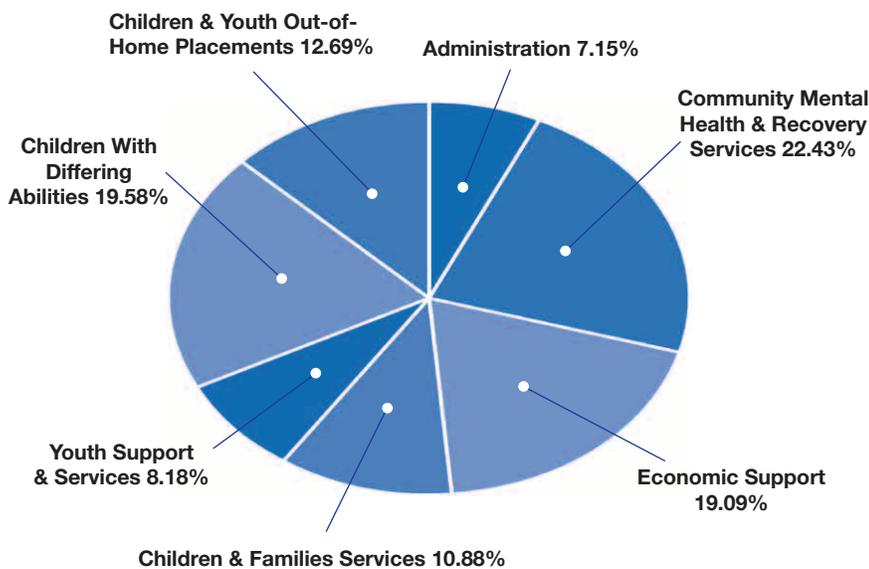


| PROGRAMS / SERVICES | 2000 | 2006 | 2007 | 2008 | 2009 | 2010 |
|--|--------------|---------------|---------------|---------------|---------------|---------------|
| Adult Protective Services (CMHRS) | 0 | 27 | 29 | 36 | 43 | 65 |
| Birth to 3 Program (CWDA) | 59 | 108 | 221 | 188 | 189 | 174 |
| Children & Families Services (CYF) | 1,692 | 1,413 | 1,170 | 940 | 1,195 | 1,374 |
| Children's Waiver Services (CWDA) | 0 | 32 | 66 | 67 | 73 | 95 |
| Community Options Program (CMHRS) | 0 | | | | | 4 |
| Community Support Program (CMHRS) | 40 | 72 | 61 | 46 | 56 | 50 |
| Crisis Services (CMHRS) | 0 | 234 | 397 | 430 | 489 | 682 |
| Drug Court (CMHRS) | 0 | 0 | 4 | 8 | 5 | 3 |
| Emergency Detentions / Petitions (CMHRS) | 265 | 179 | 154 | 169 | 133 | 138 |
| Family Support Program (CWDA) | 34 | 26 | 34 | 32 | 32 | 36 |
| Food Share Program (ES) | 618 | 1,581 | 1,755 | 2,056 | 2,420 | 2,938 |
| Guardianship / Protective Placement Services (CMHRS) | 0 | 20 | 25 | 35 | 33 | 32 |
| Juvenile Justice Services (CYF) | 205 | 178 | 125 | 141 | 108 | 88 |
| Medical Assistance Program (ES) | 5,542 | 8,816 | 9,247 | 10,777 | 11,333 | 13,290 |
| Mental Health Services (CMHRS) | 640 | 582 | 556 | 551 | 390 | 57 |
| Protective Placement / Watts Reviews (CMHRS) | 0 | 130 | 132 | 134 | 109 | 116 |
| Substance Abuse Services (CMHRS) | 0 | 0 | 0 | 85 | 291 | 126 |
| Wisconsin Home Energy Assistance Program (ES) | 808 | 1,755 | 2,144 | 2,428 | 2,641 | 2,813 |
| TOTAL | 9,903 | 15,153 | 16,120 | 18,123 | 19,540 | 22,081 |

NOTE: CMHRS is Community Mental Health & Recovery Services. CYF is Children, Youth & Families. CWDA is Children With Differing Abilities. ES is Economic Support.

2010 FISCAL REPORT

| | |
|----------------|----------------------|
| EXPENSE | \$9,767,045. |
| REVENUE | \$10,685,985. |
| SURPLUS | \$918,940. |



EXPENSES

| | |
|--|---------------------|
| Administration | \$698,000. |
| Children & Families Services | \$1,062,821. |
| Children With Differing Abilities | \$1,912,309. |
| Community Mental Health & Recovery Services | \$2,191,108. |
| Economic Support | \$1,864,169. |
| Youth Support & Services | \$799,132. |
| Children & Youth Out-of-Home Placements | \$1,239,506. |

HUMAN SERVICES 2010 DIVISIONS AND TABLE OF CONTENTS

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Sue Klinger, *Manager*
Tom Diel, *Lead Worker*

8 Economic Support Division

Mark Nelson, *Manager*

10 Children With Differing Abilities Division

Tim Easker, *Manager*
Melissa Christopherson, *Lead Worker*

12 Children, Youth & Families Division

Children & Families Services Unit

Michelle Brown, *Manager*
Ann Holm, *Lead Worker*

Youth Support & Services Unit

Michelle Brown, *Manager*
Rose Baier, *Lead Worker*

15 Outputs and Outcomes

17 Performance Outcomes

19 Partnering & Collaborating with the Community

PROGRAMS & SERVICES
**COMMUNITY MENTAL
 HEALTH & RECOVERY
 SERVICES**

- **Adult Family Home**
- **Adult Protective Services**
- **Alzheimer's Program**
- **Chapter 51 Case Management & Residential Services – Adults**
- **Chippewa County Drug Court**
- **Community Support Program for the Chronically Mentally Ill**
- **Community Options Program – Adults**
- **Guardianships**
- **Indigent Medication Program**
- **Mental Health Emergency Services**
- **Mental Health Inpatient Services Acute and Long Term Care**
- **Mental Health Services to Chippewa County Jail**
- **Nursing Services**
- **Outpatient Mental Health Services**
- **Outpatient Substance Abuse Services**
- **Protective Placements / Watts Reviews**
- **Work Related Services**



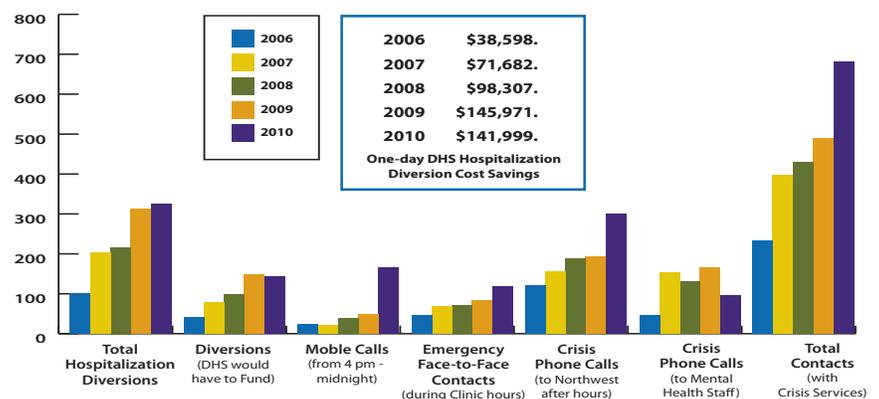
COMMUNITY MENTAL HEALTH & RECOVERY SERVICES DIVISION

In 2010 Community Mental Health and Recovery Services Division (CMHRSD) adopted a policy addressing the framework of health and safety practices in the division. This policy is meant to be a guide in assessing individual needs, developing outcomes, and creating person-centered recovery plans that are cost effective.

Person-centered planning helps staff to ensure sustainability and community integration when supporting an individual experiencing a mental health crisis, persistent mental illness, or substance abuse. Our staff works collaboratively with the individual, their support network, and local service programs in areas affecting quality of life.

Mental Health and Substance Abuse services are provided to consumers entering CMHRSD services through crisis or internal referrals. Crisis stabilization services are intensive, community-based, individualized plans used to avoid inpatient hospitalization or residential placement.

EMERGENCY CRISIS SERVICES SUMMARY 2006 - 2010



ACHIEVEMENTS

- Implemented the 24/7 face-to-face mobile crisis services for persons experiencing a mental health crisis in Chippewa County. Walk-in services are also available during county work hours. Of the 682 incidents of crisis services, 285 (42 percent) were face-to-face contacts. There were 325 hospital diversions, including 143 that would have been County funded.
- Collaborative efforts took place between CMHRSD staff, Northwest Connections, law enforcement officers, and consumers in crisis in the development of safety/response plans that allow for community-based intervention whenever possible. These safety plans allow individuals to stay in the community with the assistance of their natural support system during times of crisis.
- Reorganization to allow for one staff member to concentrate on Adult Protective Services. This has helped streamline that program and has revitalized the Interdisciplinary Team.

■ Staff members continue to focus on service coordination. The Community Support Program (CSP) utilizes a team approach to promote recovery for the most severe mentally ill adults in the community.

■ CSP also worked with Chippewa River Industries to develop a Supportive Employment Program, billable to Medical Assistance under CSP.

■ CMHRSD began contracting with Chippewa Area Recovery Resources (CARR) to provide outpatient Alcohol and Other Drug Abuse (AODA) treatment. This collaborative effort with Lutheran Social Services focuses on consumers' readiness to change their own lives, promoting accountability of each consumer in his or her own recovery program.

■ A primary focus of the Adult Protective Services (APS) unit is to empower elderly and/or vulnerable adults to change their lives permanently. Access to services is facilitated by mandatory adult protective services that must be provided by the county.

LESSONS LEARNED

■ When a crisis call involves a consumer with an established provider, linkage services must involve coordination with the treating physician for continuity of care.

■ Motivational interviewing helps staff assess when consumers are ready for change, leading to the authorization to fund services that are cost effective.

■ Involving the nurse with consumers who have significant medical issues helps coordinate medication management between multiple physicians, lessening the side effects and misuse of medications.

■ Multi-county programming must start with full support of the county administration and boards, and co-mingling of county funds.

■ An APS coordinator streamlines the program, creates an effective intake process, and has proven to be an efficient use of staff time.

■ Computer training led to the ability for office associates to assist more with gathering and visual presentation of data.

■ Conveying the Recovery Model to consumers has led to more investment by consumers in their own progress toward change.

■ New program initiatives must start with consumer input.

Susan Klinger, LCSW

STRATEGIC INITIATIVES FOR 2010 TO 2012

Build upon the strengths of the dedicated staff and utilize all resources, private and public, to empower consumers to achieve positive outcomes.



Utilization of all funding sources.



Work effectively with consumers in crisis.



WE MAKE A DIFFERENCE

Deb is an intelligent and witty woman who struggles daily with the emotional turmoil of Bipolar Disorder.

Deb initially presented in crisis early 2010. She struggled with drastic mood swings, depression, and paranoid thoughts. During her involvement in the crisis program, Deb was provided with several services that included mental health therapy, dialectic behavioral therapy, psychiatric services, and psychotropic medications. Deb received crisis services for approximately nine months. Along with her crisis worker, she developed an effective crisis plan. This plan was accessible to crisis workers seven days a week, 24 hours a day. This very specific tool provided Deb, and those assisting her, with support when she was struggling emotionally. Deb was transitioned to Marshfield Behavioral Health.

Deb was enrolled in Chippewa Valley Technical College throughout this difficult time of her life. With her determination, along with the support and guidance of crisis team members, Deb has stabilized and is planning to graduate the summer of 2011 with an Associate Degree in Accounting/Paralegal.

PROGRAMS & SERVICES
ECONOMIC SUPPORT

- **Income Maintenance**
- **Temporary Assistance Program / General Relief**
- **Wheels for Work**
- **Wisconsin Home Energy Assistance Program**
- **Wisconsin Shares Child Care**



ECONOMIC SUPPORT DIVISION

The sluggish economy and high unemployment rates in 2010 continued to increase Economic Support program usage to (or in most cases) above record levels. As a result, the Economic Support Division was challenged to seek a more efficient service delivery despite stagnant funding levels.

ACHIEVEMENTS

Providing services to an ever increasing population without additional staff is in itself an achievement and one that is seldom recognized; however, we accomplished achievements in 2010 regarding changes in subcontracted services (Food Stamp Employment Training) and collaboration on regional services (Regional Change Center). These not only created efficiencies in service delivery and enhanced customer service, but also created the environment needed for a successful transition to the consortium delivered services that will be required beginning in 2012. In short, the extent of what was accomplished through regionalization and collaboration in 2010 will be magnified in 2011 and to 2012 as we transition to a new way of providing services.

LESSONS LEARNED

Now more than ever, agencies need to be in tune to the winds of change acting in a proactive fashion, as change is evitable. Those who fail to prepare should prepare to fail. Operating in a vacuum and the “business as usual” approach is no longer an option.

STRATEGIC INITIATIVES FOR 2010 TO 2012

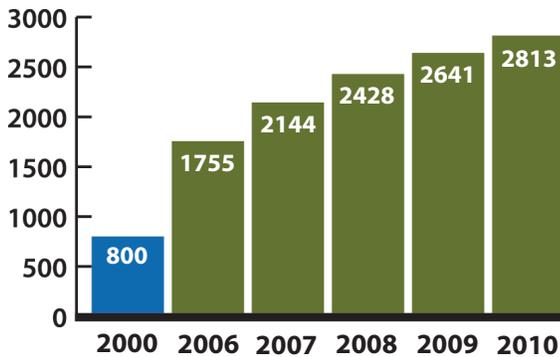
-  **STRATEGIC INITIATIVE 1**
Education and raise public awareness.
-  **STRATEGIC INITIATIVE 2**
Improve efficiency.
-  **STRATEGIC INITIATIVE 3**
Improve morale.

A handwritten signature in black ink that reads "Mark A. Felder". The signature is written in a cursive, flowing style.

WE MAKE A DIFFERENCE

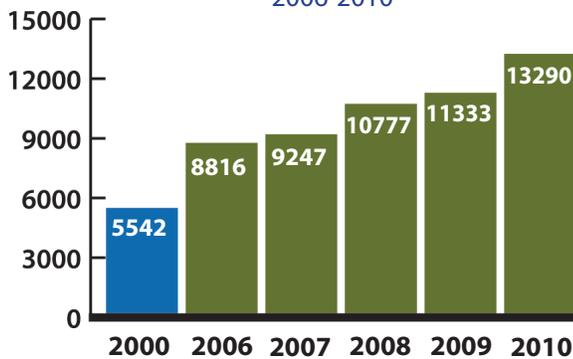
WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP) APPLICATIONS

2006-2010



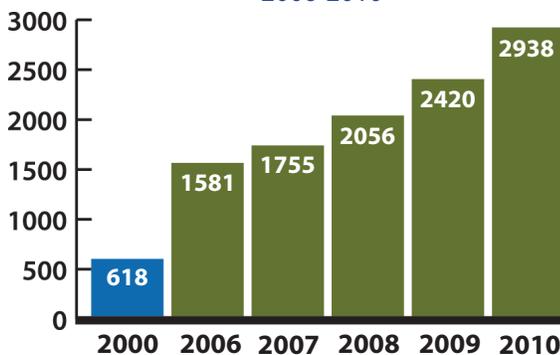
MEDICAL ASSISTANCE RECIPIENTS

2006-2010



FOOD SHARE CASES

2006-2010



Paul originally came to the Economic Support Division requesting subsidized child care assistance. At that time, both Paul and his wife were unemployed. Unfortunately, Paul was beset with major health issues and could no longer work. To compound his problems, his wife left him with three small children to raise.

Recognizing his situation, Paul's Economic Support Specialist began closely working with him to obtain services, devices, and skills that would assist him and his family. One of the biggest challenges that Paul faced was a hearing impairment. To address this, our specialist coordinated with AT&T and was able to obtain a telecommunications device for the deaf (TDD). In addition, she assisted him in acquiring specialized visual alarms to improve the safety of his home. The worker then set about the task of seeing that Paul learned the skills he would need as a single parent and helped him enrolled in parenting classes.

Given his health issues, Paul's ability to be competitive in the workforce was very limited. An alternative source of income was needed to sustain him and his family. Knowing this, his worker assisted and advocated on his behalf. As a result, Paul successfully obtained Social Security Disability benefits.

Paul has publically stated that he "couldn't have made it" without the assistance he received through the Economic Support Division. He is so appreciative that he now does volunteer work in order to give something back to the community.



CHILDREN WITH DIFFERING ABILITIES DIVISION

PROGRAMS & SERVICES

CHILDREN WITH DIFFERING ABILITIES

- **Children's Foster Care**
- **Children's Long Term Support Waivers – Physical, Developmental, and Mental Health Disability; Autism**
- **Early Intervention Services for Children from Birth to 3 with Developmental Needs**
- **Family Support Program**
- **Independent Living Services**



In 2010 the Children with Differing Abilities Division (CWDAD) was responsible for Children's Waiver Program services, Birth to 3 Program, Family Support, and Foster Care. The core principles and values for support are as follows:

- 1) People are people first. The primary focus will be on the person. The secondary focus will be on the problem and/or disability.
- 2) People are best supported in the context of their community.
- 3) Consumers will have convenient access to service coordination. We

also believe collaboration is the best way to provide comprehensive services. Consumers' perspectives and presence will be considered in all aspects of the system (e.g. family centered approach).

ACHIEVEMENTS

- Developed a new single point of access for referrals regarding children and families. Callers wishing to refer children with special needs, request services for children and families, and/or report child abuse and neglect were directed to the same point of access.
- Developed a comprehensive community resource guide using the resources of the Children with Differing Abilities (CWDA) Advisory Committee and agency staff. The resource guide is for families, staff, and community providers.
- Developed a Health and Safety Policy with input from the CWDA Advisory Committee. The policy defines "health and safety" in practice within the division. It also provides a guide for assessing children's needs, developing outcomes, and creating individual service plans.
- Allocated stimulus dollars for system enhancements including technology improvements and professional development. This included but was not limited to the funding of a community and staff seminar on Trauma Informed Care and a community forum/training on Autism and various treatment options.
- Collaborated between the Chippewa and the Eau Claire County Birth to 3 programs to assist in the development of evidence-based practices. The first part of this process involved the development of "coaching" skills with the ultimate goal of implementing a primary coaching method of service delivery.

LESSONS LEARNED

- Sustained meaningful change is not necessarily the result of having more funding or purchasing goods and services. It comes through the development of family-centered teams who assist, and sometimes direct, but always supporting families in meeting the goals they have set. The development of formal and, oftentimes more importantly, informal supports are critical to a family's success.
- Consistent monitoring of financial indicators, along with ongoing communication with our fiscal department, is necessary for the most efficient utilization of waiver funding.

■ The concept of health and safety requires the ongoing attention of staff who in turn provide continuous education for the community and families we serve. Waiver funding is in fact the funding of “last resort.” Therefore, quality of life issues remain the responsibility of the community. Health and safety issues remain our paramount concern.

■ Change, while not always welcome, is a constant that not only affects our division but also our consumers and the community at large. As a result, it is more critical than ever that through ongoing professional development, we learn to thrive in this dynamic environment in order to provide the consistent, quality service our families depend on.

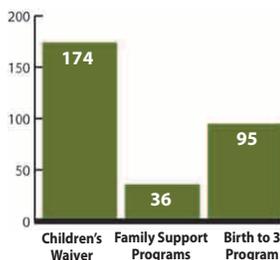


STRATEGIC INITIATIVES FOR 2010 TO 2012

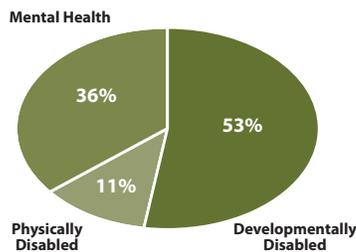
 **STRATEGIC INITIATIVE 1**
Division Development.

 **STRATEGIC INITIATIVE 2**
Policy, program, and practice changes.

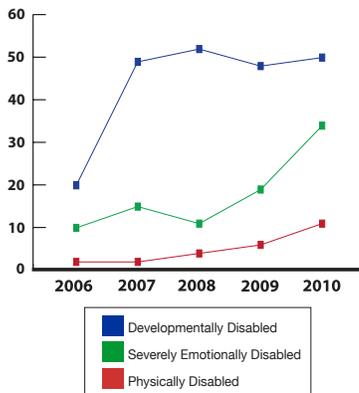
CHILDREN SERVED BY PROGRAM
2010



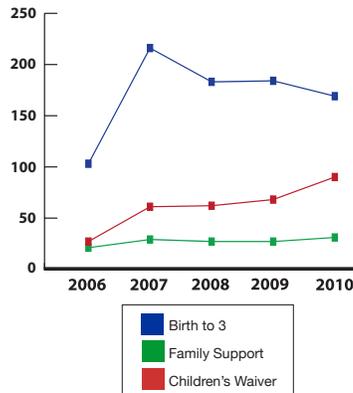
CHILDREN'S WAIVER SPECIAL NEEDS
2010



CHILDREN'S WAIVER BY DISABILITY
2006-2010



SPECIAL NEEDS CHILDREN SERVED BY PROGRAM
2006-2010



WE MAKE A DIFFERENCE



When Greg and Denise got married, they dreamed of having a large family and were delighted when they learned of impending parenthood. All was progressing normally until a routine ultrasound showed their baby's head was enlarged, and they were given a prenatal diagnosis of congenital hydrocephalus (abnormal buildup of water-like fluid in the brain). Alexander was born prematurely. Genetic testing performed after his birth revealed a diagnosis of L1 Cam Syndrome. Greg and Denise were told he was “one in a million.” However, 22 months later, their second son Jeremiah was born with the same diagnosis. Both boys have cerebral palsy secondary to congenital hydrocephalus and have delays in all areas of development. In most cases, hydrocephalus is a lifelong condition that is treated rather than “cured.”

Alexander and Jeremiah, are two of only three children in Wisconsin with this diagnosis. Greg and Denise have met and maintain regular contact with the parents of the other child in Wisconsin.

The Chippewa County Department of Human Services provided services to the boys, beginning with the Birth to 3 program in which a team consisting of the family, therapists, teachers and a service coordinator developed an individualized service plan based on the unique needs of each. Following completion of the program, the boys transitioned into the Family Support Program that provided funding for adaptive aids including a touchscreen to help Jeremiah communicate. The boys are currently enrolled in the Children's Long Term Support Waiver, a program that worked collaboratively with the family, natural supports, and the community to create an outcome-based support plan for each of the boys. At this time, the plan includes occasional respite care, allowing the children to be in a supportive family setting that meets their physical, social, and emotional needs while Greg and Denise have a short break from the intensity of providing for the boys' extensive care needs. The waiver has also assisted by purchasing various adaptive aids, a wheelchair ramp, and making handicap accessible modifications to the home. Recently, an electric wheelchair ramp was installed in the family van to transfer the growing boys in and out of the vehicle safely.

Alexander and Jeremiah's health has remained stable over the years. Greg and Denise's home is filled with happy sounds of children. They have the large family they always dreamed of, and Alexander and Jeremiah are the protective big brothers to five younger adopted siblings!

CHILDREN, YOUTH & FAMILIES SERVICES DIVISION

PROGRAMS & SERVICES

CHILDREN & FAMILY SERVICES

- **Child & Family Specialist**
- **Child Protective Services**
- **Kinship**
- **Access**



PROGRAMS & SERVICES

YOUTH SUPPORT & SERVICES

- **Community Service Program**
- **Delinquency Ongoing**
- **Electronic Monitoring**
- **Home Detention Service**
- **Shelter & Secure Detention**

In 2010 the Children and Families Services Division and the Youth Support and Services Division combined to create one division: the Children, Youth and Families Division (CYFD). Within this division, we will continue to have two units: the Children and Families Services (CFS) Unit and the Youth Support and Services (YSS) Unit.

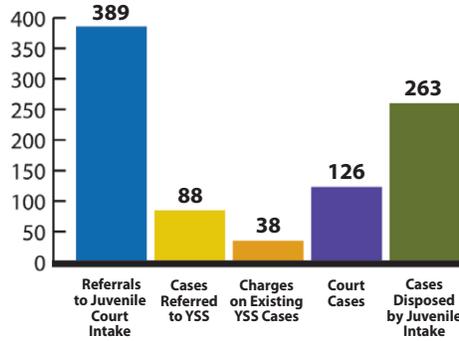
The merger has given us opportunities to combine resources and streamline services to families. Families will notice more consistency between units and workers and more opportunities to receive services without adding additional court processes. An important initiative toward this end will be our continued implementation of team based practice. We participated in a three day training designed to improve our facilitation of team-based services.

ACHIEVEMENTS

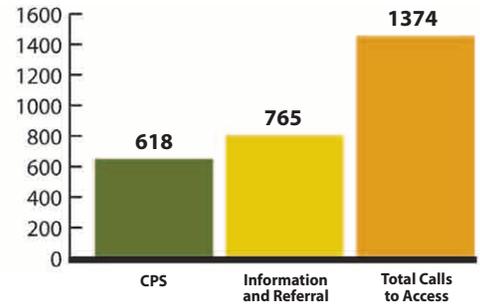
- The CYFD wrote several requests for proposals that will provide needed services starting in 2011. These proposals include the Prime for Life, Strengthening Families, and Family Interaction programs.
- Participated in a mandatory reporter training to help recognize the month of April as Child Abuse Prevention/Awareness Month.
- Held a Child Welfare Forum at various sites throughout Chippewa County, bringing information to the community about upcoming initiatives and changes in the law relevant to child protective services. The Forum included information on new initiatives such as Alternative Response, Community Response, and Coordinated Services Teams; as well as information on new laws and acts that affect Child Welfare.
- Participated in a “Day in the Life” event for journalists, Human Services, and County Board members and other elected officials. The CYFD had several participants who went on home visits and attended team meetings with social workers. They had the opportunity to meet with families and observe firsthand some of the services we provide, while hearing directly from children and families.
- The CYFD completed its first Quality Service Review (QSR). Each county in Wisconsin has participated or will participate in a QSR process with the intention of enhancing local practice, creating policies related to service provision, and identifying target areas of training and technical assistance in order to improve outcomes for children and families. While the QSR is largely focused on services within the CFS unit, the YSS unit also participated in the process.

■ Chose an evidence-based assessment tool to utilize in the YSS unit. The Juvenile Assessment and Intervention System (JAIS) was chosen as the model that most closely aligns with our vision, mission, and values. This tool provides valuable information needed to assist and empower families, helping understand youths' needs, and how to address those needs from a juvenile justice perspective. The tool will provide us with a level of risk for re-offense for each youth, along with information on what type of case management will likely benefit the youth and their family. The web based application allows us to view reports generated by the system as well as creating customized reports for areas such as classification, risk level, needs, gender, ethnicity, and time frames. This information can also be shared across counties, thus opening the door for further future collaboration between counties using JAIS.

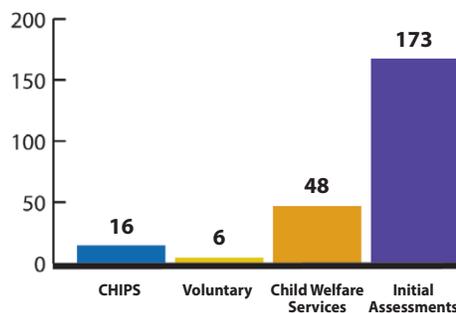
YOUTH SUPPORT & SERVICES UNIT
FAMILIES SERVED in 2010



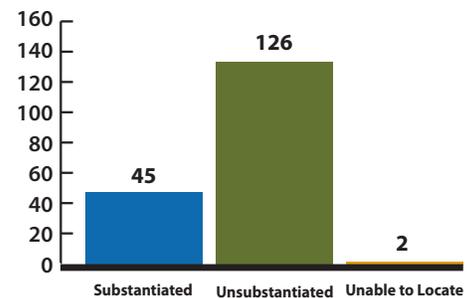
CHILDREN & FAMILIES SERVICES UNIT
CALLS TO ACCESS in 2010



CHILDREN & FAMILIES SERVICES UNIT
NEW CASES OPEN in 2010



CHILDREN & FAMILIES SERVICES UNIT
TOTAL INITIAL ASSESSMENTS in 2010



WE MAKE A DIFFERENCE

In 2010 Steve was referred to Juvenile Court for possession of marijuana and placed on Formal Supervision. He had previously been referred for disorderly conduct and endangering safety with a dangerous weapon. With his disorderly conduct referral, he had been referred to Youth Court, where he was seen before a jury of his peers. As part of his court order, he was required to attend an Accountability Workshop, outpatient Alcohol and Other Drug Abuse (AODA) counseling, take random Urine Analysis (UA), go to school regularly, and avoid committing any new crimes.

When Steve was first placed on his court order, he was non-compliant, disrespectful, and outwardly displayed dislike for his situation stating, "I feel no remorse for anything, go ahead write it down." Steve was angry and presented as very hostile, swearing, and throwing his phone at his worker.

After being transferred to the Alternate Middle School in Chippewa Falls, Steve's academics, as well as his attendance, began to improve. Steve responded positively

to receiving incentives for perfect attendance, and he made the Merit Roll. He began AODA counseling as part of his court order. After seven months he completed counseling and remained clean for the duration of his supervision.

One of Steve's goals was to visit his brother over the summer, which would require him to be off supervision. Steve achieved his goal and was allowed to visit his brother. When discussing Steve's success with his mother, she stated that a huge turning point for Steve was when the social worker took away his cell phone, "He never thought that was going to happen." Chippewa County Department of Human Services provided much needed support for Steve's mother, as well as accountability, consequences, and incentives for Steve.

WE MAKE A DIFFERENCE



A sibling group of young children became involved with the Children and Families Unit when it became necessary to place them in out-of-home care due to their father's incarceration. The children were placed with relatives and a Child in Need of Protection Services (CHIPS) petition was granted allowing Chippewa County Department of Human Services (CCDHS) to provide supervision and services to the family.

Upon his release from jail, the father demonstrated an ability to parent the children and complied with the CHIPS order. Services provided to the family included regular team meetings, parent education, supervised visits, Alcohol and Other Drug Abuse (AODA) services, mental health services, and financial services. Services were provided by community agencies as well as CCDHS. The children were subsequently reunified with their father. Following reunification with their father, the family continued to receive services including respite care, parent education, team meetings, and ongoing AODA services. The respite care was provided by the relatives who had previous placement of the children to help support the reunification.

When the father was subsequently arrested on a probation violation and once again incarcerated, these same relatives provided for the children's care, thus the children experienced little disruption or new trauma. Over the next few months, the father continued to receive services from CCDHS and community agencies. He was able to be reunified with his children in January 2011. Although the father has had a few setbacks, he continues to persevere and has grown into a mature, loving, and dedicated father. The relatives continue to support the family reunification, and the children have remained with their father.

LESSONS LEARNED

- Outcome-based contracts allow us to track results of programs, leading to more effective programming and positive outcomes for our families.
- Collaboration with community providers results in our ability to stretch limited resources and provide community-based and family-based services, having a greater impact on family functioning.
- In order for us to provide the best services possible to our consumers, we have to work well together internally as a team.

STRATEGIC INITIATIVES FOR 2010 TO 2012

YOUTH SUPPORT & SERVICES UNIT



STRATEGIC INITIATIVE 1

Provide adequate supervision and accountability with less resources.



STRATEGIC INITIATIVE 2

All Youth Support and Services case workers will use a validated risk assessment tool to determine the best method of case planning and resource allocation.



STRATEGIC INITIATIVE 3

Incorporate evidence-based practice in our Division work.

CHILDREN & FAMILIES SERVICES UNIT



STRATEGIC INITIATIVE 1

Implementation of Coordinated Service Teams.



STRATEGIC INITIATIVE 2

Improve training to be more efficient and less duplicative.



STRATEGIC INITIATIVE 3

Define Community Response and Alternative Response and how this fits with the Children and Families Services.

A handwritten signature in black ink that reads "Michelle Bowe". The signature is written in a cursive, flowing style.

OUTPUTS AND OUTCOMES

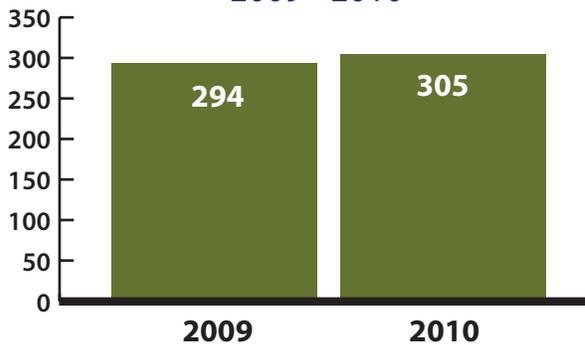
CHILDREN WITH DIFFERING ABILITIES DIVISION:

A resource access system was implemented in 2010 for children with special needs in Chippewa County. This single point of entry allows caregivers and community members one access point to efficiently meet the needs for children with behavioral, mental health, developmental, and physical disabilities. This model is similar to the Aging and Disability Resource Center (ADRC) for adults.

CHILDREN WITH DIFFERING ABILITIES

CHILDREN SERVED

2009 - 2010

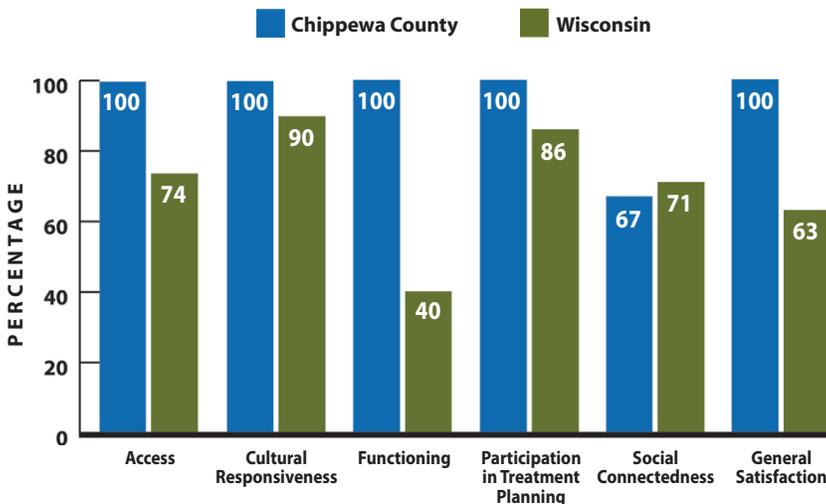


CHILDREN WITH DIFFERING ABILITIES DIVISION:

A survey was conducted, by the State of Wisconsin, to gather information on those consumers served by the coordinated services team approach in the Children With Differing Abilities Division. The following chart shows parent satisfaction based on a 33 percent response of families surveyed with this service.

CHILDREN WITH DIFFERING ABILITIES

PARENT SATISFACTION SURVEY in 2010



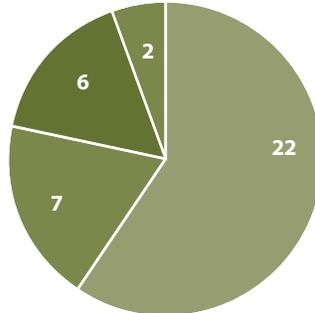
OUTPUTS AND OUTCOMES

OUTREACH AND OUTCOMES

COMMUNITY MENTAL HEALTH & RECOVERY SERVICES DIVISION

COMMUNITY SUPPORT PROGRAM:

MENTAL HEALTH DIAGNOSIS FOR ACTIVE CONSUMERS



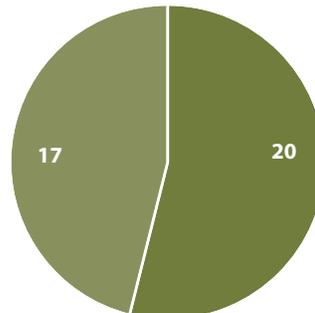
Major Depressive Disorder (2)
Bipolar (7)
Schizoaffective (6)
Schizophrenia (22)

SIGNIFICANT HEALTH CONCERNS FOR ALL CONSUMERS



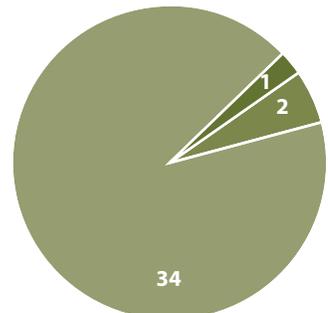
Cerebral Palsy (1) Hypertension (5)
Cardio Disorder (1) No Significant Health Concerns (5)
Hyperlipidemia (2) Obesity (6)
Severe Skin Disorder (2) Diabetes (11)
Chronic Obstruction Pulmonary Disease (3)
Thyroid Disorder (1)

ACTIVE CONSUMERS WITH SUBSTANCE ABUSE DIAGNOSIS



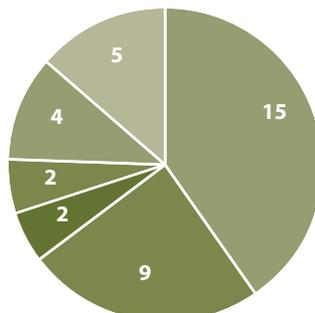
Alcohol & Other Drug Abuse Diagnosis (20)
No Alcohol & Other Drug Abuse Diagnosis (17)

LIVING ARRANGEMENTS FOR ACTIVE CONSUMERS



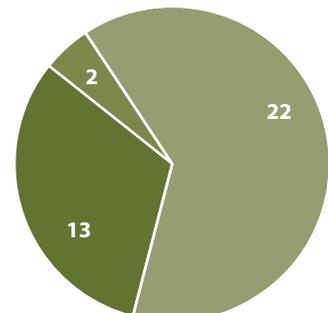
Adult Family Home (1)
Community Based Residential Facility (2)
Home Setting/Apartment (34)

CONSUMERS WHO ARE EMPLOYED



Competitive (2)
Pre Voc - Chippewa River Industries (2)
Retired (4)
Not Working, But Wanting Employment (5)
Supported Employment (9)
Not Working, Not Wanting Employment (15)

CONSUMERS HAVING INFORMAL SUPPORT WITH DAILY LIVING



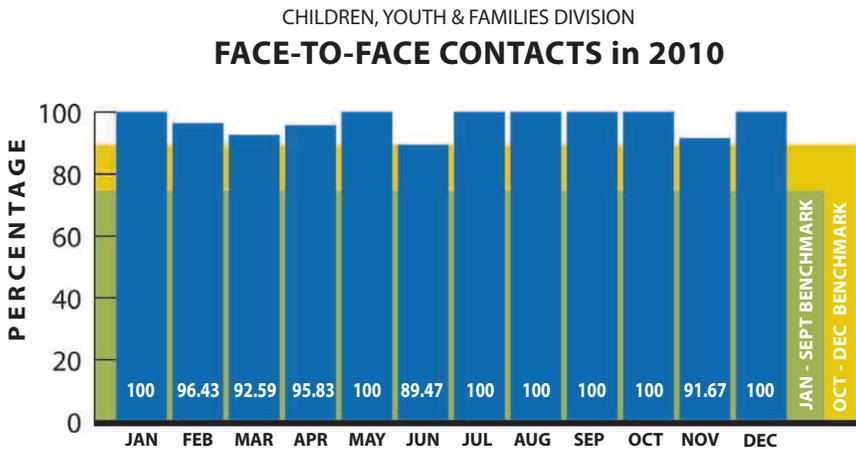
Friends (2)
Family (13)
None (22)

Note for all 6 pie charts above: There were 50 total clients in 2010. On December 31, 2010, there were 37.

PERFORMANCE OUTCOMES

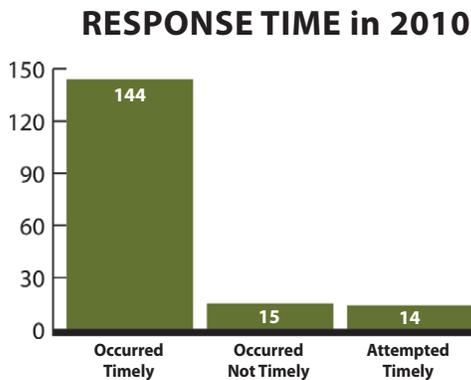
CHILDREN, YOUTH & FAMILIES DIVISION:

As part of Child Welfare Reform, the federal government requires all states to track outcomes related to child welfare services. One such outcome is monthly face-to-face contacts with all children and youth who are placed in out-of-home care. By meeting face-to-face with each youth or child in placement, we are ensuring their continued safety as well as moving their cases forward toward permanent resolution. For federal fiscal reporting in 2009-2010, the benchmark was set at 75 percent. For federal fiscal year 2010-2011, the bench mark is set at 90 percent. The Children, Youth and Families Division has committed itself to meeting or exceeding these benchmarks.



CHILDREN & FAMILIES SERVICES UNIT:

Another important benchmark specific to the Children & Family Services Unit is the timeliness for initial contact in Initial Assessment cases. When an access report is screened in, a response time is indicated based on safety factors identified in the report. The desirable benchmark is 100 percent timeliness in meeting the initial face-to-face contact; however, due to the nature of making unannounced, face-to-face visits, this can be challenging. In 2010 Chippewa County missed this benchmark overall; however, in cases where a present danger threat was identified, we made initial face-to-face contact within the required timeline 100 percent of the time.



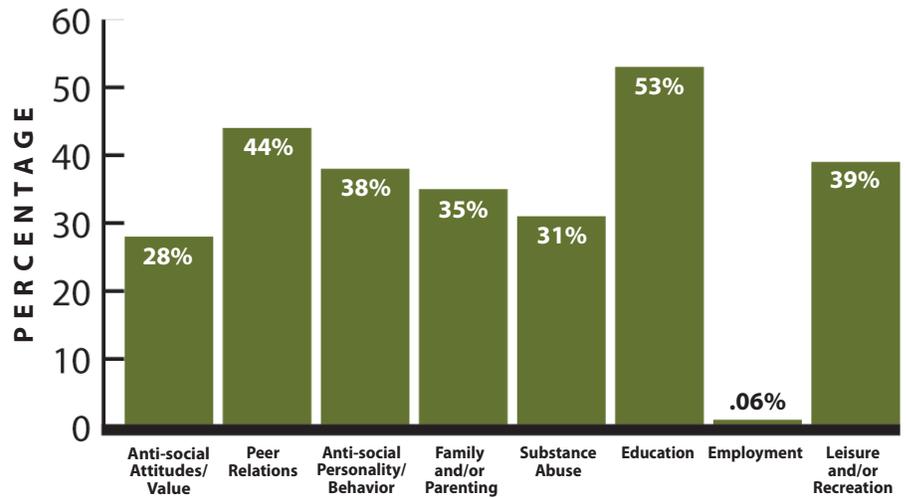
PERFORMANCE OUTCOMES

YOUTH SUPPORT & SERVICES UNIT:

In determining what programming will be important to craft into the continuum of services for youth and their families in the Youth Support & Services (YSS) Unit, staff assessed 88 youth to determine criminogenic tendencies. Education, peer relations, and leisure/recreation are identified as the primary level of need. This led to implementing a mentoring and daily living skills program. The secondary need areas the data identified are anti-social attitudes/values and anti-social personality/behavior. Therefore, the unit is securing a provider to implement an evidence-based cognitive thinking program.

YOUTH SUPPORT & SERVICES UNIT
CRIMINOGENIC NEEDS

IDENTIFIED BY 88 CHIPPEWA COUNTY YOUTH in 2010



ECONOMIC SUPPORT DIVISION:

The State of Wisconsin Department of Health Services reported zero food stamp errors for the Economic Support Division of the Chippewa County Department of Human Services. The sample size was 11 cases.

PARTNERING & COLLABORATING WITH THE COMMUNITY

Our vision is that through community partnerships and collaboration, Chippewa County Human Services will be considered a leader and innovator – creating opportunities and changing lives. We recognize the following Chippewa Valley entities we have partnered with throughout 2010. Thank you for your service and support.

- | | |
|---|--|
| A & J Mobility | Human Services Board |
| Applied Behavioral Intervention Services (ABIS) | Integrated Project Solutions |
| Arbor Place Inc. | J and B Medical |
| Autism Society – Chippewa Valley Chapter | Kids USA |
| Badgerland Youth Services | L.E. Phillips Libertas Center |
| Brotoloc | Lifenet Inc. |
| Burzynski Adult Family Home | Local and County Law Enforcement |
| Callier Clinic | Luther Hospital |
| Carey Group | Luther Midelfort Behavioral Health |
| Carroll's Friendship Farm | Lutheran Social Services |
| Catalyst for Change Consultants | Marriage & Family Health Services |
| CESA 10 | Marshfield Clinic Behavioral Health |
| Child Abuse and Neglect Committee | Musical Medicine |
| Children with Differing Abilities Advisory Committee | National Council on Crime and Delinquency |
| Children's Service Society of Wisconsin | Natures Edge |
| Chippewa County Aging & Disabilities Resource Center (ADRC) | New Hope CBRF |
| Chippewa County Department of Public Health | Northwest Counseling & Guidance Center |
| Chippewa County Housing Authority | Northwest Regional Detention Center |
| Chippewa County Jail | Office of Justice Assistance |
| Chippewa County Job Center | Omne Clinic |
| Chippewa County Mental Health and Substance Abuse Recovery and Coordinating Committee | Phoenix Alternatives |
| Chippewa County Parks & Rec | Pine Ridge Adult Family Home |
| Chippewa County Public Health | Positive Alternatives |
| Chippewa County Schools | Rachel's Place Early Learning Center |
| Chippewa County Veterans Office | Realtors Association of Northwestern Wisconsin Foundation (RANWW) |
| Chippewa County Workforce Resource | Reliant Rehab |
| Chippewa Health Improvement Partnership (CHIP) | ResCare Homecare |
| Chippewa River Industries | River Source Family Center |
| Chippewa Valley YMCA | Rosebud and Friends |
| Clinicare Corporation | Rutledge Charities |
| Community Counseling Services | Sacred Heart Behavioral Health |
| Community Health Partnership (CHP) | Serenity Sober Living |
| Coordinated Community Response to Domestic Violence and Sexual Assault | Social Security Administration – Eau Claire Office |
| Department of Corrections | Soft Landings |
| Dove Health Care | Special Friends |
| Eau Claire County Human Services | SPOTS House – St. Joseph's Hospital |
| Eau Claire Regional Detention Center | St. Joseph's Hospital |
| Eau Claire Schools | Starting Points |
| Educational Solutions | Think and Say Tutoring |
| Fahrman Center | Thunder Creek Adult Family Home |
| Family Support Center | Trinity Equestrian |
| Fuhrer Psychological Services | United Cerebral Palsy (UCP) |
| Gemini Cares | Western Regional Center for Children and Youth with Special Health Care Needs |
| Grace Adult Day Services | Wisconsin Early Autism Project (WEAP) |
| Heinz Psychological Services | Wisconsin VA/Veterans Assistance Center |
| | Women's Way |

BOARD MEMBERS



TOP (l to r): Don Hable, John C. 'Jack' Halbleib, and Evelyn Maloney.
MIDDLE: Larry Marquardt, Dave Martineau, and Christine Maslonkowski.
BOTTOM: Gary Misfeldt, Paul Michels, and Hunter Oemig.

LEADERSHIP TEAM



FRONT (l to r): Ann Holm, Mark Nelson, Michelle Brown, Sue Klinger, Tom Diel, and Rose Baier.
BACK: Melissa Christopherson, Linda Hebert, Mary Zachau, Larry Winter, Pauline Spiegel, and Tim Easker.

IN MEMORY OF VERNON KELLEN



1926 - 2011

Vern served on the Chippewa County Board for 21 years and the Human Services Board for eight years. The Chippewa County Department of Human Services dedicates this Performance Report in Vern's memory for his many years of dedicated service to the consumers of Chippewa County.



“Greatness for a social sector organization is defined as, ‘An organization that delivers superior performance and makes a distinctive impact over a long period of time’.”

“Our inner strengths, experiences, and truths cannot be lost, destroyed, or taken away. Every person has an inborn worth and can contribute to the human community. We all can treat one another with dignity and respect, provide opportunities to grow toward our fullest lives, and help one another discover and develop our unique gifts. We each deserve this, and we all can extend it to others.”

Mark Twain, 1835-1910



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